2018

Polk County Community Health Assessment

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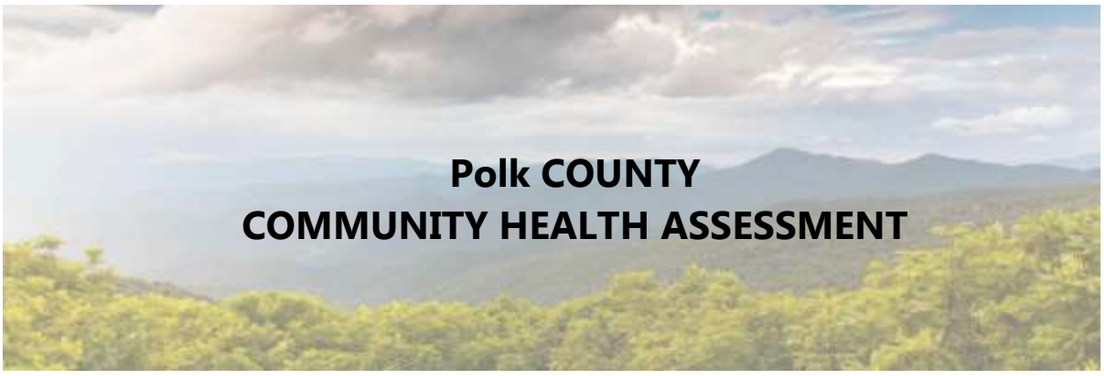
04/02/2019

RUTHERFORD POLK MCDOWELL HEALTH DISTRICT



ACKNOWLEDGEMENTS

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

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Kathy Woodham	St. Luke's Hospital	Member of CHA Advisory Committee & Data Analysis	Fall 2018 - Winter 2019	http://www.saintlukeshospital.com/
Michele Trofatter	St. Luke's Hospital	Member of CHA Advisory Committee & Data Analysis	Fall 2018 – Winter 2019	http://www.saintlukeshospital.com/
Linda Greensfelder	Polk Fit, Fresh and Friendly	Member of CHA Advisory Committee & Data Analysis	Fall 2018 – Winter 2019	http://www.polkfitfreshandfriendly.org/
David Pope, CEO	St. Luke's Hospital	Data Analysis	Fall 2018	http://www.saintlukeshospital.com/
Kathy Heffner	St. Luke's Hospital	Data Analysis	Fall 2018	http://www.saintlukeshospital.com/
George Alley	Thermal Belt Outreach Ministry	Data Analysis	Fall 2018	http://www.tboutreach.org/
Wanangwa Hartwell	Polk County Library	Data Analysis	Fall 2018	https://polklibrary.org/

Our community health assessment process and products were supported collaboratively by **WNC Healthy Impact**, a partnership between hospitals and health departments to improve community health in western North Carolina. This innovative regional effort is coordinated, housed and financially supported by **WNC Health Network**, the alliance of western NC hospitals working together to improve health and healthcare. Learn more at www.WNCHN.org.

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Polk COUNTY 2018 COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

Healthy, Happy and Active People in Polk County

Community Results Statement

Healthy, happy and active people in Polk County.

Leadership for the Community Health Assessment Process

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

Name	Agency	Title	Agency Website
Yanet Cisneros	Rutherford-Polk-McDowell Health District	Health Educator/Healthy Communities Coordinator	http://www.rpmhd.org
Kathy Woodham	St. Luke's Hospital	Director, Marketing/Public Relations	http://www.saintlukeshospital.com/
Michele Trofatter	St. Luke's Hospital	Foothills Health Network Coordinator	http://www.saintlukeshospital.com/
Linda Greensfelder	Polk Fit, Fresh and Friendly	Board Member	http://www.polkfitfreshandfriendly.org/

Partnerships

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

Name	Agency	Title	Agency Website
Kathy Woodham	St. Luke's Hospital	Director, Marketing/Public Relations	http://www.saintlukeshospital.com/
Michele Trofatter	St. Luke's Hospital	Foothills Health Network Coordinator	http://www.saintlukeshospital.com/
Linda Greensfelder	Polk Fit, Fresh and Friendly	Board Member	http://www.polkfitfreshandfriendly.org/

David Pope	St. Luke's Hospital	CEO	http://www.saintlukeshospital.com/
Kathy Heffner	St. Luke's Hospital	CNO	http://www.saintlukeshospital.com/
George Alley	Thermal Belt Outreach Ministry	Executive Director	http://www.tboutreach.org/
Wanangwa Hartwell	Polk County Library	Technical Services Librarian	https://polklibrary.org/
Jimmi Buell	NC Cooperative Extension	Extension Agent, Family and Consumer Sciences	https://polk.ces.ncsu.edu/
Jerry Stensland	Polk County Parks and Recreation	Recreation Director	http://www.polknc.org/recreation.php#.XKKOSlVKjIU
Ben Ellington	Polk Fit, Fresh and Friendly	Board Member	http://www.polkfitfreshandfriendly.org
Sandra McGriff	Blue Ridge Health – Polk	Practice Manager	www.brchs.com
Mary Prioleau	Polk Fit, Fresh and Friendly	Board Member	http://www.polkfitfreshandfriendly.org
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Josh Kennedy	Consolidated Human Services Agency	Director	http://www.polknc.org/consolidated_human_services/index.php#.XKKSDFVKjIU
Scott Dadson	Isothermal Planning and Development Commission	Executive Director	https://regionc.org/
Laurie Knoespel	United Methodist Church – Columbus and Saluda	Pastor	https://www.facebook.com/columbusmethodist/ https://www.facebook.com/Saluda-United-Methodist-Church-1138564339548403/

Regional/Contracted Services

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

Theoretical Framework/Model

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

Through WNC Healthy Impact, all hospitals and their public health partners can access tailored Results-Based Accountability training and coaching; scorecard licenses and development

(including the electronic Hospital Implementation Strategy); and scorecard training and technical assistance.

Collaborative Process Summary

Polk's collaborative process is supported by WNC Healthy Impact, which works at the regional level.

Locally, our process begins with the collection of data that is completed through a partnership with WNC Healthy Impact to conduct this assessment from January 2018 through December 2018. In working with WNC Healthy Impact, the CHA Advisory Committee had the opportunity to assist with collecting primary data, which included telephone surveys of 200 residents and 25 key informant surveys completed by community key leaders. Team members also accessed the WNC Healthy Impact Secondary Data Workbook including a comprehensive set of secondary data from the NC State Center for Health Statistics, US Census Bureau, CDC's Behavioral Risk Factor Surveillance System, and other sources, and maps from Community Commons. All collected data, which is not only specific to the health status of Polk County, but also demonstrates how it relates to the Western North Carolina region, was then analyzed and prioritized with the input of a preliminary data team. This initial data team, which is composed of several community partners, chose the top 4 health priorities utilizing a prioritization process based on the Rating/Ranking Key Health Issues (Health Resources in Action) worksheet. The top four health priorities and data were then presented to Polk Fit, Fresh and Friendly and with the input of the diverse members present, these were narrowed down to the top two health priorities again utilizing a process based on the Rating/Ranking Key Health Issues (Health Resources in Action) worksheet. These two Health priorities were selected for the community to focus efforts on, aiming to create collective impact over the next three years.

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

Key Findings

In 2016 the total population of Polk County was 20,324 (U.S. Census Bureau, 2018). There is a slightly higher proportion of females than males (52.1% female, 47.9% male). The majority of residents are White (91.2%) with minorities represented as follows: Black or African American (5.3%), Hispanic or Latino (5.7%), Asian (0.1%), American Indian/Alaska Native (0.2%), and Native Hawaiian and other Pacific Islander (0%) (U.S. Census Bureau, 2018). Additionally, the population for Polk County is expected to change at a rate of 4.4% from 2020 to 2030 with a projected population total of 22,452 in 2030. (U.S. Census Bureau, 2018).

In 2015 the Health Priorities included: Tobacco, Healthy Eating and Active Living, and Mental Health. Throughout the last several years, the community has placed great effort in each priority area making progress and identifying areas that still need attention. First, cancer continues to be the number 1 leading cause of death in Polk County in 2018 as it was in 2015 (North Carolina State Center for Health Statistics, 2018). Further, the percentage of current smokers increased from 14.1% in 2015 to 16.2% in 2018 (WNCHN – WNC Healthy Impact Community Health Survey, 2018). Secondhand smoke exposure at worksites doubled as it increased from 6.2% in 2015 to 12.9% in 2018 (WNCHN – WNC Healthy Impact Community Health Survey, 2018). Lastly, many local leaders feel it is important to continue to increase access to mental health services as there have recently been several suicides within Polk County and surrounding counties. Also, the rate of suicide mortality increased from 16.9 in 2011-2015 to 18.9 in 2012-2016 (North Carolina State Center for Health Statistics, 2018). Polk County's suicide rate is much higher than that of the state (12.9).

Other findings to note include that 68.6% of Polk County adults are overweight or obese in 2018 and 17.9% of Polk County adults have self-reported that they do not engage in leisure-time physical activity (WNCHN – WNC Healthy Impact Community Health Survey, 2018). Also, childhood poverty rates slightly increased from 25.3% in 2011-2015 to 27.8% in 2012-2016 indicating that this continues to be a challenge in Polk County. The total population poverty rate was 14.5% in 2012-2016 (U.S. Census Bureau, 2018).

Health Priorities

- **Mental Health**
- **Healthy Eating and Active Living**

Next Steps

RPMHD has shared the CHA findings with the Wellness Coalition and members of St. Luke's Hospital. An electronic copy will be made available on the RPMHD website at rpmhd.org and printed copies will be made available at the Health Department, the local library, and printed upon request.

A community forum was held on January 17, 2019 at Isothermal Community College, Polk Campus. CHA data was reviewed, and evidence-based strategies were explored to address the two chosen health priority areas. Findings from the CHA and input gathered during the forum will influence strategic planning across the community including the development of the Community Health Improvement Plan.

In partnership with community leaders and existing work groups, RPMHD will support planning and taking action around the health priorities. We will better understand the story and root causes behind the priority issues and will engage with existing and new partners to help improve these issues and move the needle in the right direction towards the common goal of making Polk County a healthier place to live, work, and play.

CHAPTER 1 – COMMUNITY HEALTH ASSESSMENT PROCESS

Purpose

Community health assessment (CHA) is an important part of improving and promoting the health of county residents. A community health assessment (CHA) – which is a process that results in a public report – describes the current health indicators and status of the community, what has changed, and what still needs to change to reach a community's desired health-related results.

What are the key phases of the Community Health Improvement Process?

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

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

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

Definition of Community

Community is defined as "county" for the purposes of the North Carolina Community Health Assessment Process. Polk county is included in St. Luke's Hospital's community for the purposes of community health improvement, and as such they were key partner in this local level assessment.

WNC Healthy Impact

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

This regional initiative is designed to support and enhance local efforts by:

- Standardizing and conducting data collection,
- Creating communication and report templates and tools,
- Encouraging collaboration,
- Providing training and technical assistance,

- Addressing regional priorities, and
- Sharing evidence-based and promising practices.

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

Data Collection

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

Core Dataset Collection

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

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

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

Health Resources Inventory

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

Community Input & Engagement

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

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

In addition, community engagement is an ongoing focus for our community and partners as we move forward to the collaborative planning phase of the community health improvement process. Partners and stakeholders with current efforts or interest related to priority health

issues will continue to be engaged. We also plan to work together with our partners to help ensure that programs and strategies in our community are developed and implemented with community members and partners.

At-Risk & Vulnerable Populations

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

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

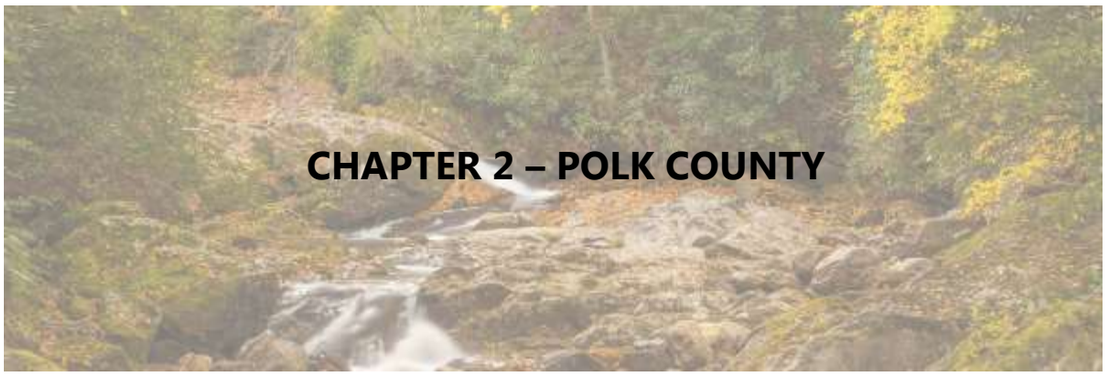
- Low-income
- Minority
- Un-insured or under-insured
- Current smokers and/or who abuse substances
- Those who are sedentary and who are obese/overweight
- Those experiencing health disparities
- The elderly
- Children
- The disabled

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

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

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

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



CHAPTER 2 – POLK COUNTY

Location, Geography, and History of Polk

Location & Geography

Polk County is in the western region of North Carolina, nestled in the foothills of the Blue Ridge Mountains, bordering South Carolina. The land area of the county is 237.16 square miles. The total area is 0.31% water. The county's largest body of water is Lake Adger, located about 5 miles north of Columbus. Forested land comprises 77.6% of the county compared to 62% for NC. Total land acreage is 152,512 acres. Polk County's terrain varies from lowlands to foothills. There is one significant river running through the county, the Green River. The highest elevation in the county is Tryon Peak in Mill Spring at 3280 feet.

Adjacent Counties include: Rutherford County, NC, to the north and east, Spartanburg County, SC, to the southeast, Greenville County, SC to the southwest, and Henderson County to the west. The county is divided into six townships: Columbus, Cooper Gap, Green Creek, Saluda, Tryon, White Oak.

Polk County became one of the first counties in the state to complete a plan through the North Carolina Agricultural Development and Farmland Preservation Trust Fund (ADFPTF) to for local agricultural development and farmland preservation plans, i.e. a strategic approach to the future of local agriculture. The percent of county land in farms is 20.2%. Farmers grow crops, vegetables, fruits, nut berries, greenhouse and nursery items, and limited livestock.

Polk County is a beautiful county located in the central Blue Ridge Mountains and foothills. The mountain slopes of the region experience a climatic phenomenon known as the "Thermal Belt". This is due to a temperature inversion that results in a belt, rather indefinite in width, wherein the frosts of the valley - or the freezes of the higher altitudes- do not occur. Botanically, the area is rich in native flora. The thermal belt moderates the year-round temperatures resulting in cooler summers and warmer winters. This phenomenon allows for a longer growing season and greater food growing potential than surrounding counties.

History

The Cherokee Indians first arrived in the Smoky Mountain region in about 1000 A.D. and are believed to have been a breakaway group of New England's Iroquois.

By 1540, some 47 years after Columbus discovered the New World, Hernando De Soto had arrived in the mountain country near Polk County, where he found the Cherokee Tribe already in an advanced state of civilization.

The area was a fine place in which to live, as the first white settlers quickly learned. Several decades before the Revolution a sprinkling of families had set down their roots in the mountain coves in the midst of the Cherokee hunting lands.

Although Cherokee Indians did exist peacefully with early settlers, continued land acquisition by settlers eventually forced the Cherokee people from their homelands.

The discovery of gold in the mountains of northern Georgia and Polk County sealed the Cherokees' fate and in 1830, president Andrew Jackson signed the Removal Act, mandating the removal of all native peoples east of the Mississippi River. This was known as the Trail of Tears. With the removal of all native peoples and the "gold rush," Polk County was well prospected. White settlers came to establish farms and plantations. The number of African American slaves in the county is not known.

The original formation of Polk County took place in 1847 and the area was named in honor of the late Colonel William Polk of American Revolutionary War fame.

Polk was scarcely six years old and had just begun to function in the family of North Carolina counties when the Civil War intervened. In the ensuing four years of conflict (1861-1865) her economy, as in other counties in the state, was severely taxed. At the end of the war, Polk residents were in dire straits. Polk County did not recover from paralyzing lethargy following the Civil War until about 1900.
During the administration of Governor Charles Brantley Aycock, 1901-1905, there was an awakening along educational lines. One of Polk County's first major schools, still used today, was the Stearns School in Columbus, made possible by Mr. Frank Stearns who settled in Columbus from Cleveland, Ohio. Mr. Stearns gave land and funds to help build the school which had a major influence on education in the area. Hundreds of 14 children from the mountains went to Stearns School in the days when there was a dearth of school facilities.

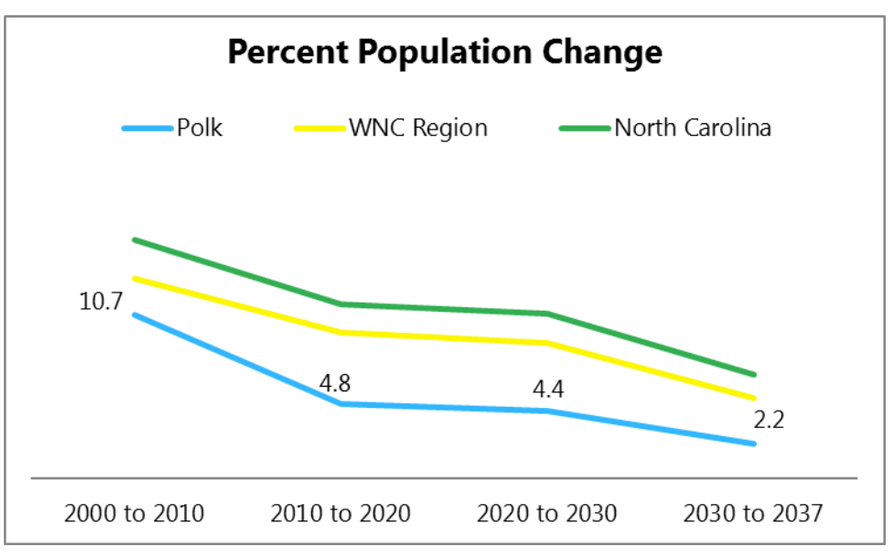
Descendants of many of the original families helping to establish and settle Polk County still live here.

The past two decades have seen an influx of retirees into the county who relocate from all parts of the United States drawn by the horses, the beauty and the climate. When aggregate income data is reviewed, the relative affluence of the newcomers gives a false picture of the true extent of poverty among long-established residents. Polk County is designated as a Tier Two County when in fact, there are many pockets of dire poverty within the county.

Population

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

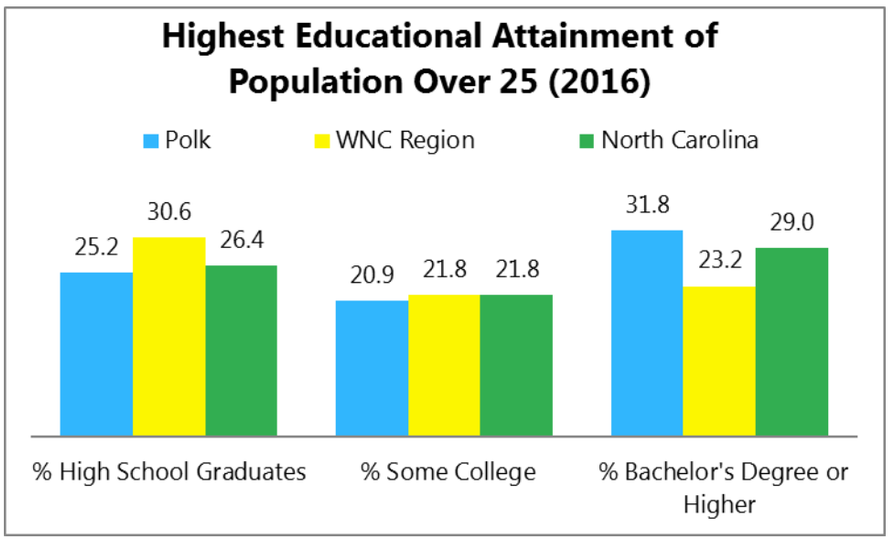
In 2016 the total population of Polk County was 20,324 (U.S. Census Bureau, 2018). There is a slightly higher proportion of females than males (52.1% female, 47.9% male). The majority of residents are White (91.2%) with minorities represented as follows: Black or African American (5.3%), Hispanic or Latino (5.7%), Asian (0.1%), American Indian/Alaska Native (0.2%), and Native Hawaiian and other Pacific Islander (0%) (U.S. Census Bureau, 2018). Additionally, the population for Polk County is expected to change at a rate of 4.4% from 2020 to 2030 with a projected population total of 22,452 in 2030. (U.S. Census Bureau, 2018).



Source: NC Office of State Budget Management

The median age in Polk County is 51.3 while the median age in the region is 45.9 and 38.3 in the state (U.S. Census Bureau, 2018). It is projected that in 2037, 34.9% of the population will be 65 years and older (North Carolina Office of State Budget and Management, 2018). Meanwhile, the birth rate trend has remained relatively steady over the last several years at a rate between 6.8-6.9 since the time period 2008-2012 ending with a rate of 7.1 during 2012-2016.

Furthermore, among the total population age 25 and older, Polk County has a 25.2% High School Graduation rate, 20.9 % some college with no degree and 31.8% who have a bachelor's degree or higher (U.S. Census Bureau, 2018). The high school graduation rate is lower than that of the state (26.4%) and the region (30.6%) and the percentages of some college and bachelor's degree or higher are fairly in line with the state rate, but higher than the region. Lastly, 5.0% of Polk County households are non-English speaking (U.S. Census Bureau, 2018).



Source: U.S. Census Bureau

CHAPTER 3 – A HEALTHY POLK COUNTY

Elements of a Healthy Community

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

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

- Access to Care/Services
- Awareness/Education
- Recreational/Outdoor Activities
- Employment

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

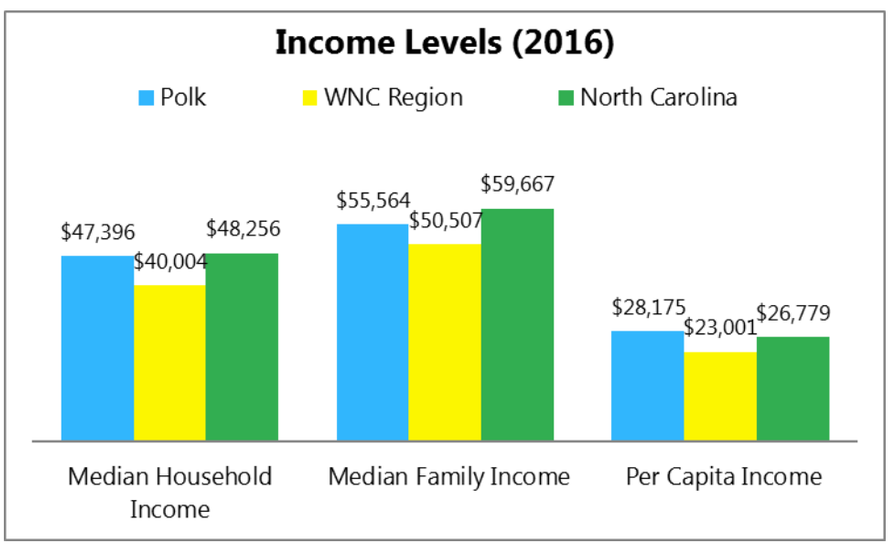
> "Agencies, organizations, and churches working together" are contributing to progress in the community.

CHAPTER 4 – SOCIAL & ECONOMIC FACTORS

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

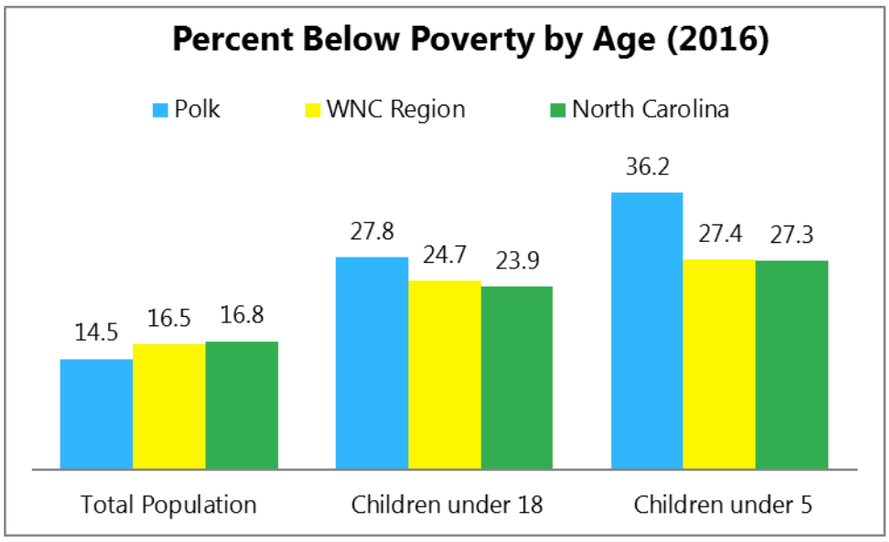
Income & Poverty

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



Source: U.S. Census Bureau

- Median household income is $47,396
- Median family income is $55,564
- Per capita income is $28,175
- 14.5% of the total population is below poverty level. This is lower than both the WNC region (16.5%) and the state (16.8%)



Source: U.S. Census Bureau

- 36.2% of children under 5 and 27.8% of children under 18 are below poverty level
- The largest population below poverty by race is American Indian/Alaska Native at 61.4% followed by Black or African American at 50.2%, then Hispanic at 34.4%, and lastly White at 11.3%.
- As of January 2018, there were 1,026 cases under Food and Nutrition Services with 2,274 participants. Of these, the majority of participants are Caucasian, 1,942, followed by African American at 275, then Hispanic at 207, and lastly other races with 57.

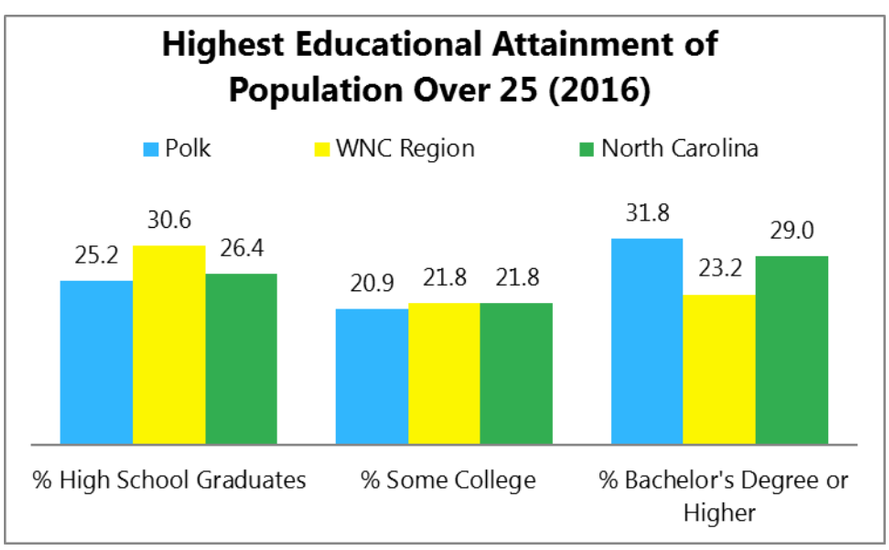
Employment

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

- The 2018 Annual Summary indicates that in Polk County the largest employment sector is health care and social assistance with an employment percentage of 34.06% and weekly wage of $627.15. This is followed by 10.46% in retail trade with a weekly wage of $289.83 and finally 8.63% in public administration with a weekly wage of $615.49.
- The unemployment annual average, unadjusted rate in 2017 was 4.2.

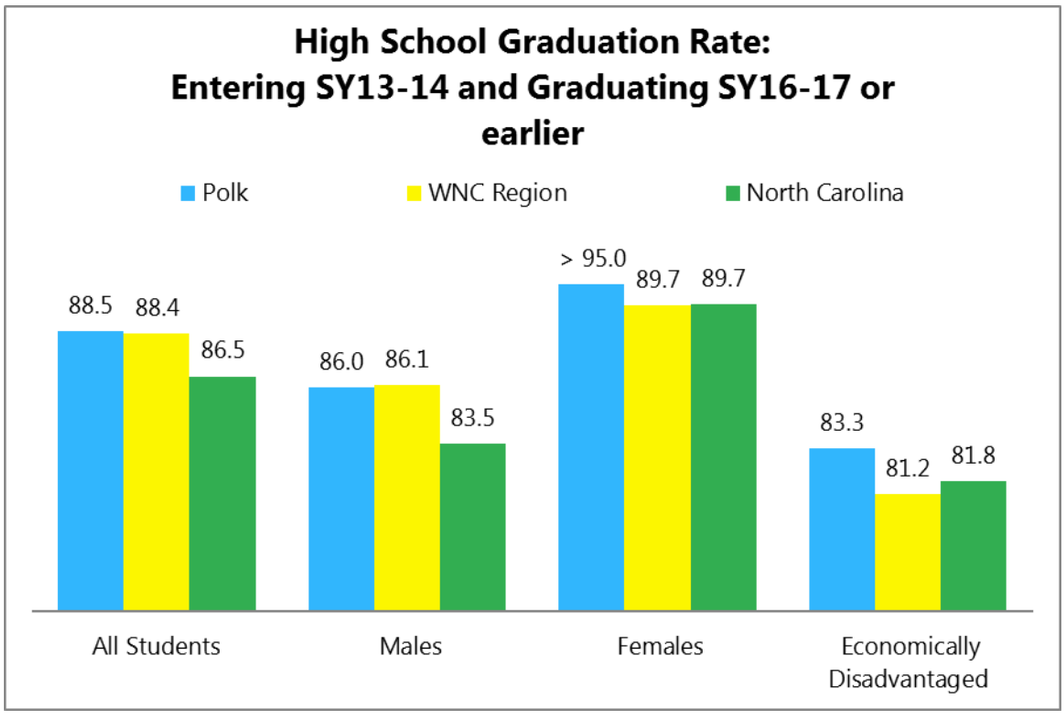
Education

"Better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. This is true even when factors like income are taken into account" (County Health Rankings, 2018).



Source: U.S. Census Bureau

- Among the total population age 25 and older, Polk County has a 25.2% High School Graduation rate, 20.9% some college with no degree and 31.8% who have a bachelor's degree or higher.
- There were 2,241 school district enrollments at the end of the 2016-2017 school year.
- The high school drop-out rate for Polk County, SY 2016-2017, is 1.39 and the High School Graduation rate is 88.5% for a 4-year cohort of 9th graders entering school in the SY 2013-2014 and graduating in SY 2016-2017 or earlier.



Source: Public Schools of North Carolina

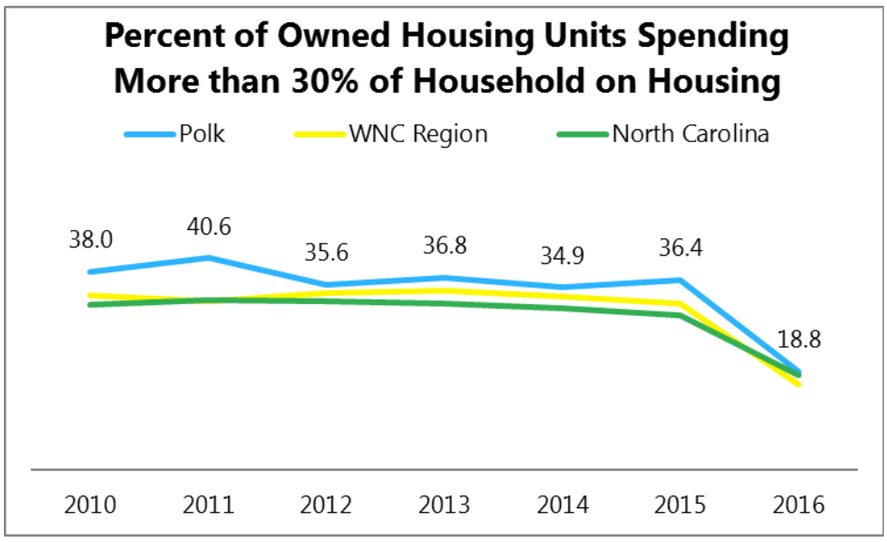
Community Safety

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

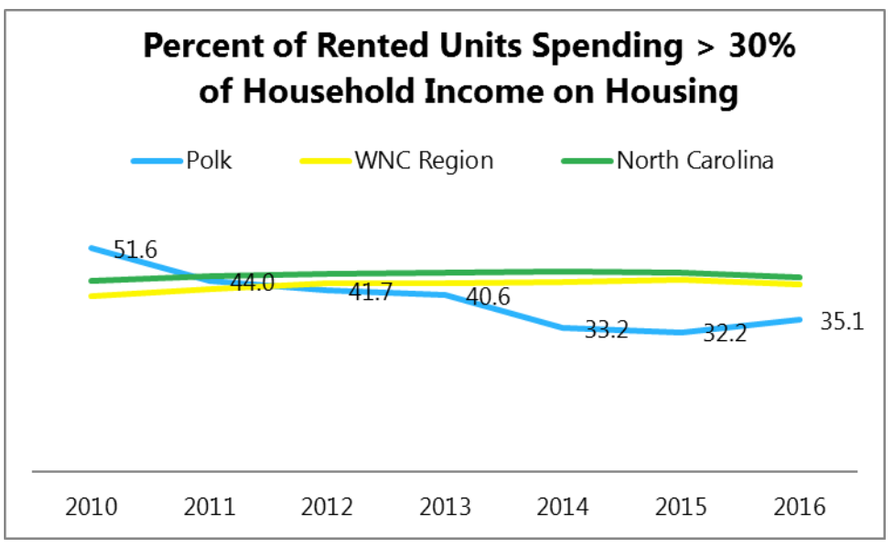
- Index crime is the sum of all violent and property crime. The index crime rate in Polk County reached its peak in 2002 when it reached an index crime rate per 100,000 of 2,246.2. It reached its lowest point in 2015 when it was at a rate per 100,000 of 1,387.8, but this rate did increase to 1,597.8 in 2016. Since 2001, the Polk County index crime rate has never exceeded that of the comparable region and state rates.

Housing

"The housing options and transit systems that shape our community's built environments affect where we live and how we get from place to place. The choices we make about housing and transportation, and the opportunities underlying these choices, also affect our health" (County Health Rankings, 2018).



Source: U.S. Census Bureau



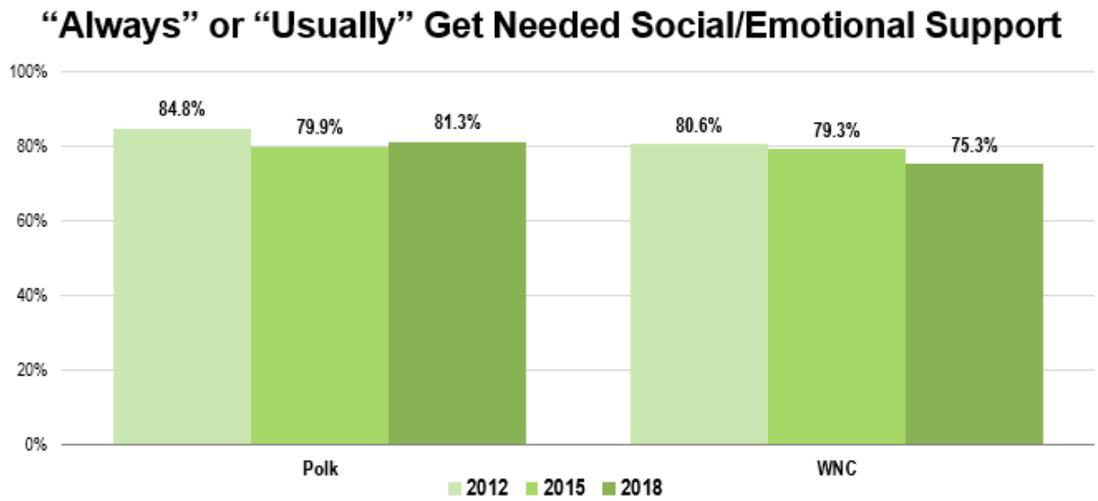
Source: U.S. Census Bureau

- One measure of economic burden in a community is the percent of housing units spending more than 30% of household income on housing (rented and owned units). In Polk County, 18.8% of housing units spend more than 30% of household income on owned units and 35.1% on rented units. Both rates are lower than the state and region rates.
- Median gross rent is $769 and median monthly owner costs is $1,249 during the 2012-2016 time period.

Family & Social Support

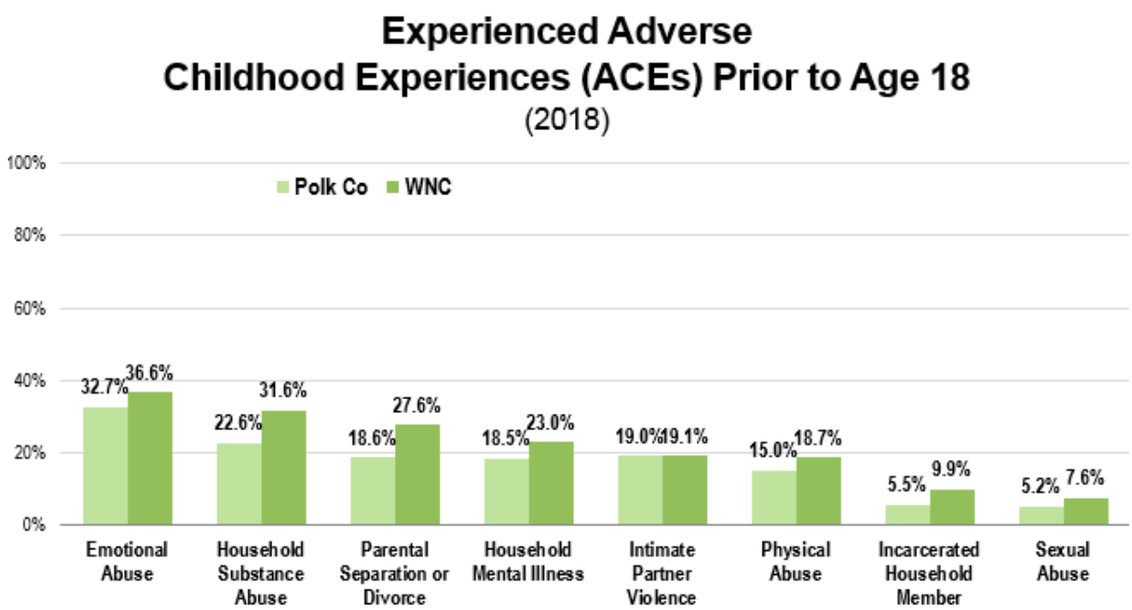
"People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Neighborhoods richer in social capital provide residents with greater access to support and resources than those with less social capital" (County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

- In 2018, 81.3% of Polk County adults self-report to "Always/Usually" get needed social/emotional support



Source: WNC Healthy Impact Community Health Survey

- Of the Polk County adults that have experienced Adverse Childhood Experiences (ACEs) prior the Age 18, the majority at 32.7% experienced emotional abuse, 22.6% experienced household substance abuse, and 18.5% experienced household mental illness. All county rates are lower than that of the WNC region rates.



Source: WNC Healthy Impact Community Health Survey

CHAPTER 5 – HEALTH DATA FINDINGS SUMMARY

Mortality

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

Rank	Cause of Death	Polk	
		# Deaths	Death Rate
1	Cancer	287	147.2
2	Diseases of Heart	278	127.1
3	Chronic Lower Respiratory Diseases	89	39.9
4	All Other Unintentional Injuries	50	39.5
5	Cerebrovascular Disease	91	38.8
6	Alzheimer's disease	76	28.9
7	Suicide	25	18.9
8	Pneumonia and Influenza	41	17.7
9	Nephritis, Nephrotic Syndrome, and Nephrosis	24	12.6
10	Diabetes Mellitus	28	12.1
11	Unintentional Motor Vehicle Injuries	**9**	**10.2**
12	Septicemia	**19**	**8.1**
13	Chronic Liver Disease and Cirrhosis	**12**	**7.9**
14	Homicide	**1**	**1.8**
15	Acquired Immune Deficiency Syndrome	**1**	**1.0**
All Causes (some not listed)		1,407	680.1

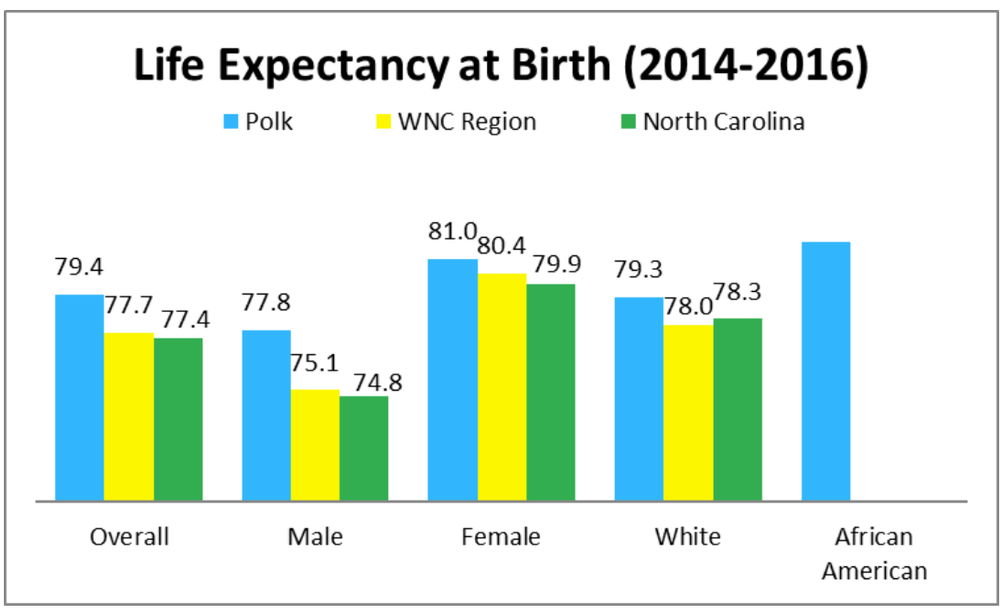
Source: NC State Center for Health Statistics

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

Polk County				
Age Group	Rank	Leading Cause of Death	# Deaths	Death Rate
00-19	1	Conditions originating in the perinatal period	2	10.2
	2	Congenital anomalies (birth defects)	2	10.2
	3	Nephritis, nephrotic syndrome, & nephrosis	1	5.1
		Motor vehicle injuries	1	5.1
		Homicide	1	5.1
20-39	1	Other Unintentional injuries	11	65.3
	2	Cancer - All Sites	3	17.8
		Motor vehicle injuries	3	17.8
		Suicide	3	17.8
40-64	1	Cancer - All Sites	73	197.3
	2	Diseases of the heart	27	127.0
	3	Other Unintentional injuries	16	43.2
65-84	1	Cancer - All Sites	156	663.5
	2	Diseases of the heart	101	429.6
	3	Chronic lower respiratory diseases	43	182.9
85+	1	Diseases of the heart	128	2762.8
	2	Cancer - All Sites	55	1187.1
		Alzheimer's disease	55	1187.1

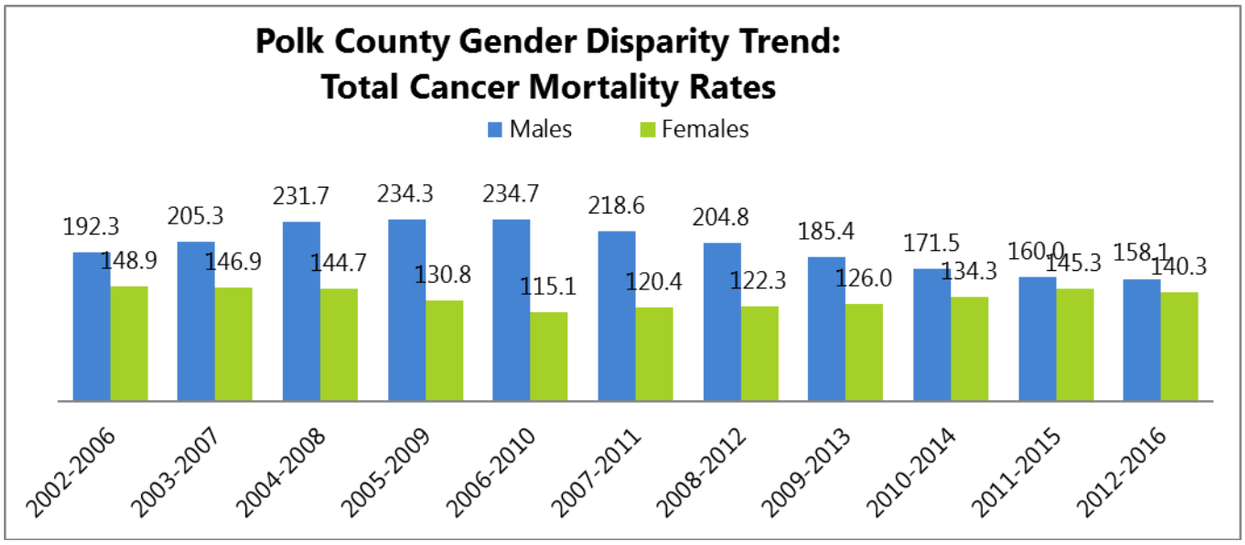
Source: NC State Center for Health Statistics

The overall life expectancy for residents in Polk County is 79.4 years. This is higher than both that of WNC (77.7 years) and NC (77.4 years). For persons born in 2014-2016, life expectancy is longer among females (81 years) than males (77.8 years) and for African American (81.8 years) than White (79.3 years).



Source: NC State Center for Health Statistics

Note how poorly males in Polk County fare compared to females in terms of mortality when looking at Total Cancer Mortality Rates. History demonstrates that this is not a new observation nor is it unique to WNC. Potential reasons that explain this phenomenon include activities that are generally higher among women such as utilization of preventative care, medical check-ups, and participation in screening events. Meanwhile, risky behaviors such as smoking, substance abuse, and poor diet are generally higher among men.



Source: NC State Center for Health Statistics

Health Status & Behaviors

The 2018 County Health Rankings ranked Polk County 25th overall among 100 NC Counties where number 1 is the best (County Health Rankings, 2018).

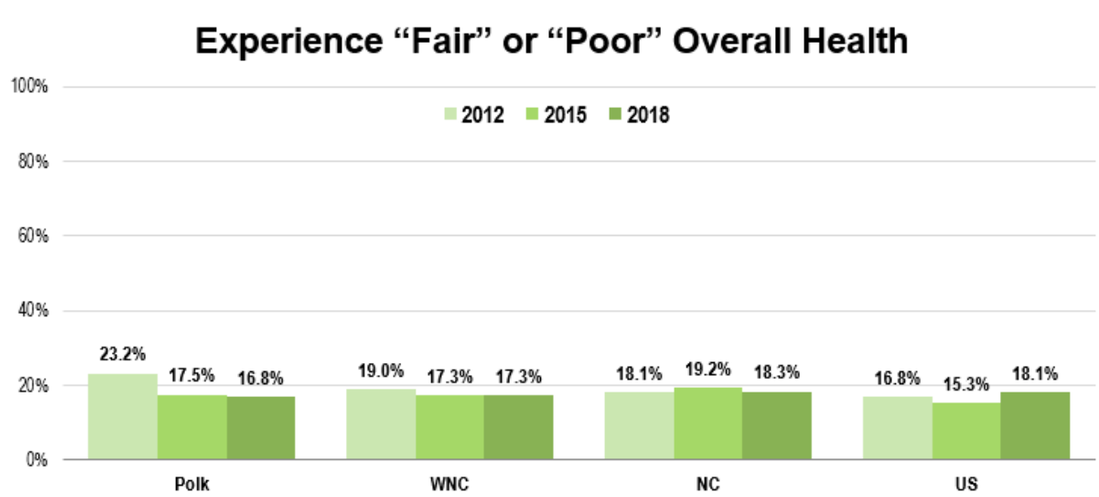
In terms of health outcomes, Polk County ranked:

- 30th in length of life
- 18th in quality of life (includes poor or fair health, poor physical health days, poor mental health days, and low birthweight).

In terms of health factors, Polk County ranked:

- 4th in health behaviors (includes adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections and teen births).
- 41st in clinical care (includes uninsured, primary care physicians, dentists, mental health providers, mammography screenings, and more).
- 5th in social and economic factors (includes high school graduation, unemployment, children in poverty, social associations, violent crime, and more).
- 20th in physical environment (includes air pollution-particulate matter, drinking water violations, severe housing problems, and more).

Self-reported overall health status has improved in the past 3 years as the percentage of adults experiencing "fair" or "poor" overall health has slightly decreased from 17.5% to 16.8%. Polk County rates are lower than that of the region, the state, and the country.

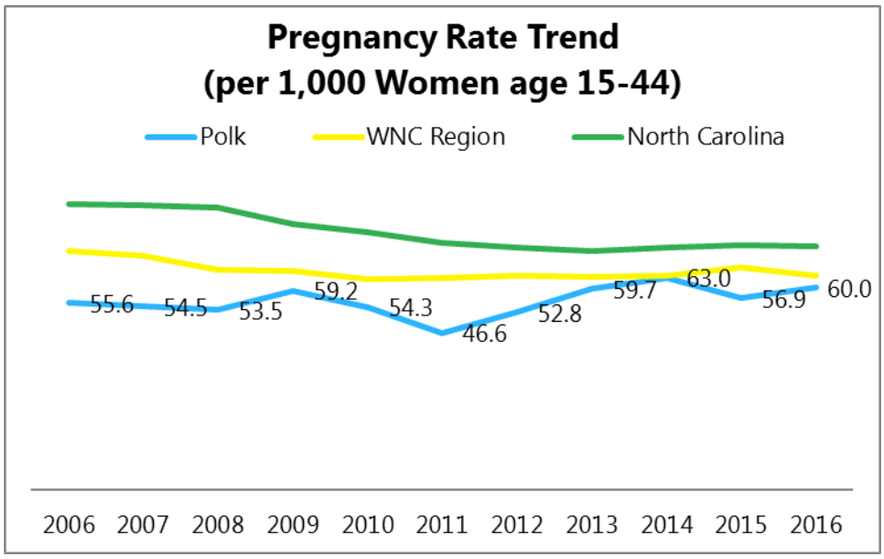


Source: WNC Healthy Impact Community Health Survey

Maternal & Infant Health

The total pregnancy rates in Polk County for women aged 15-44 shows to be variable over the last several years. Unlike the WNC region and the state, Polk County is experiencing an upward trend since 2015. Rates being 60.0 (Polk), 63.5 (WNC) and 72.2 (NC) in 2016, (NC State Center for

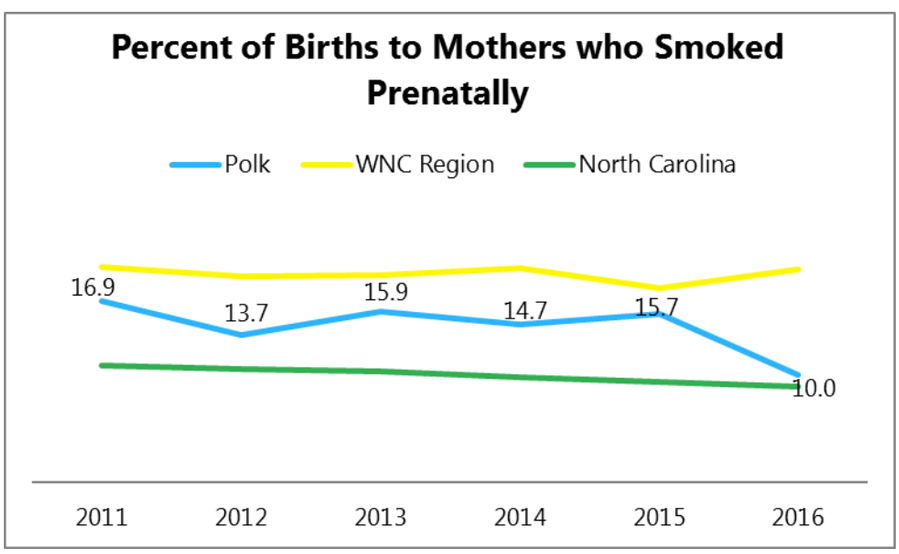
Health Statistics, 2018). Teen pregnancy rates in Polk County are unstable and are not reported by NC State Center for Health Statistics because there are fewer than 20 cases.



Source: NC State Center for Health Statistics

Furthermore, among Polk County women ages 15-44 years, in 2016 the highest pregnancy rates appear to occur among Hispanic pregnancies.

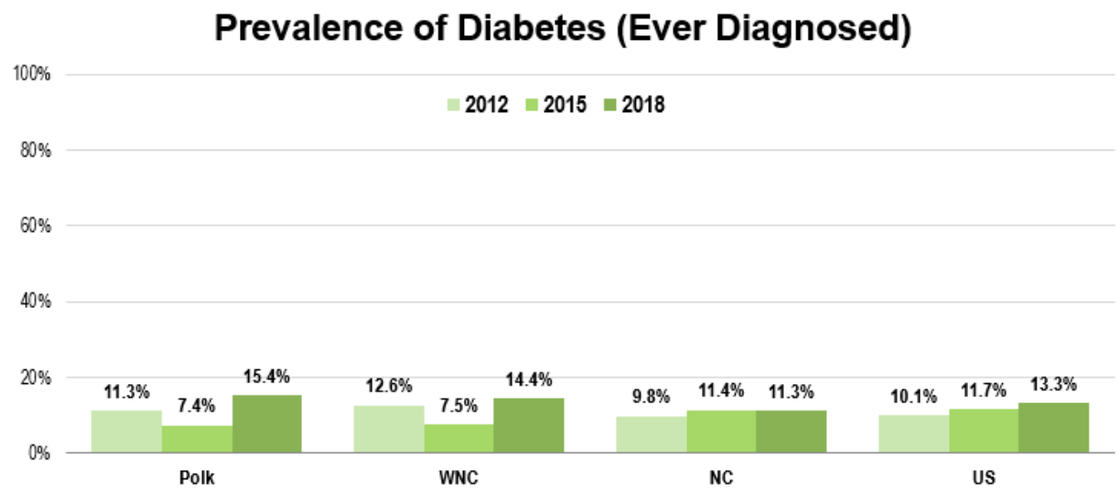
A pregnancy risk factor is smoking during pregnancy. In 2016, the rate of women who smoked during pregnancy in Polk County (10.0) was the lowest in the region next to Buncombe County (8.0), but slightly higher than the state rate (8.9) (NC State Center for Health Statistics, 2018). In addition, the percentage of women in Polk County who received prenatal care in the first trimester (months 1-3) has remained steady since 2015 at a rate of 62.9 (NC State Center for Health Statistics, 2018).



Source: NC State Center for Health Statistics

Chronic Disease

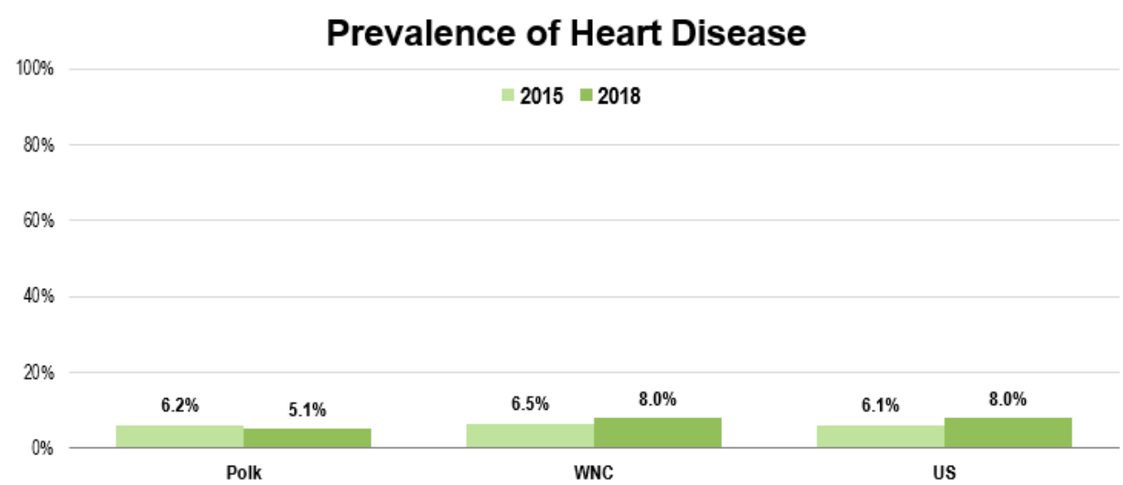
Polk County has considerably high rates of diabetes, high blood pressure, high cholesterol, cancer, and chronic lower respiratory disease. The average self-reported prevalence of Polk County adults with diabetes was 15.4% in 2018, which is a dramatic increase from 7.4% in 2015. Similarly, the WNC region has also seen an increase in the prevalence of diabetes as its percentage grew from 7.5% in 2015 to 14.4% in 2018 (WNCHN – WNC Healthy Impact Community Health Survey, 2018).



Source: WNC Healthy Impact Community Health Survey

Additionally, in 2018 the self-reported prevalence of high blood pressure in Polk County adults was 42.2% while the percentage for the state was 35.2% and 39.2% for the WNC region. The prevalence of high cholesterol was 38.6% for Polk county and 33.8% for the WNC region (WNCHN – WNC Healthy Impact Community Health Survey, 2018).

Furthermore, cancer is the leading cause of death in Polk County followed by heart disease and the third cause being chronic lower respiratory diseases. In 2018 5.1% of Polk County residents were diagnosed with heart disease (to include heart attack, angina, or coronary disease). This prevalence was lower than that of WNC (8%). The prostate cancer rate for Polk County (88.8) exceeds that of the WNC region rate of 87.9 (NC State Center for Health Statistics, 2018).



Source: WNC Healthy Impact Community Health Survey

	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate	
	#	Rate	#	Rate	#	Rate	#	Rate
Polk County	44	22.6	81	41.3	111	119.0	84	88.8
WNC Region	129	38.3	251	66.7	278	141.3	174	87.9

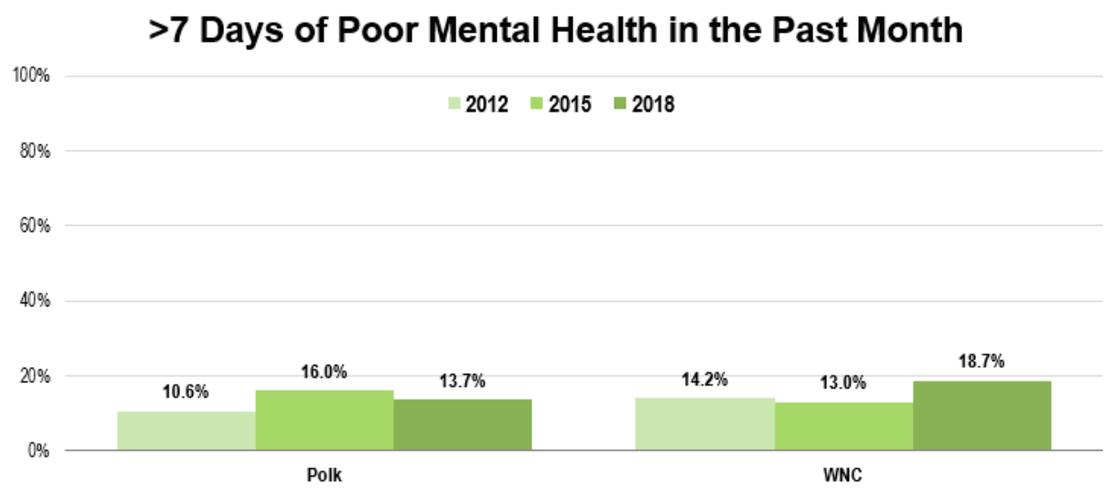
Source: NC State Center for Health Statistics

Injury & Violence

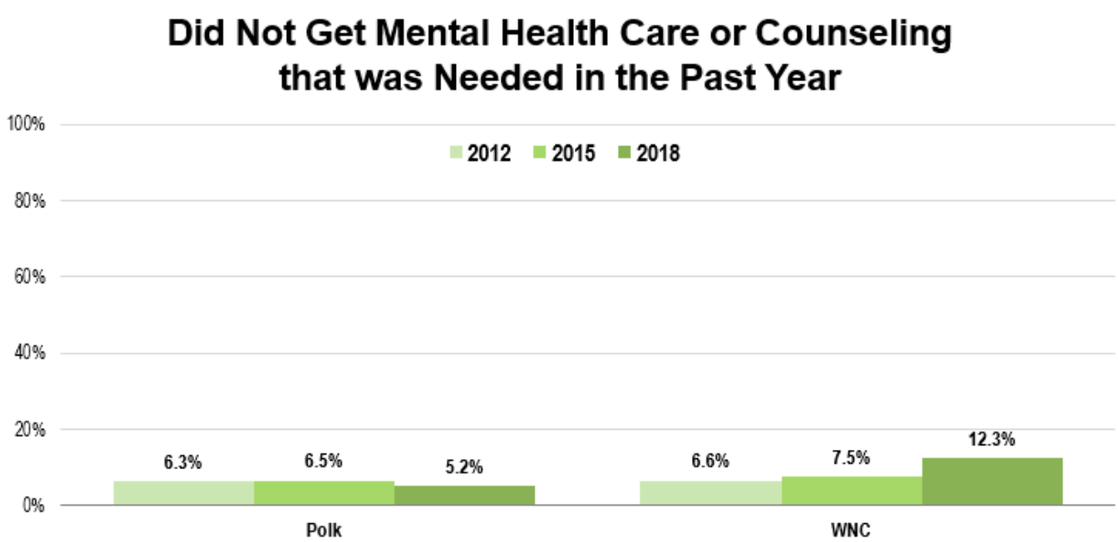
For age groups 00-19 and 20-39, injuries, whether motor vehicle or unintentional, are within the leading cause of death for Polk County residents (NC Center for Health Statistics, 2018). Of these, the main injuries that lead to death or debilitation in our community include falls, unintentional poisonings, and motor vehicle crashes.

Mental Health & Substance Abuse

The number of Polk County residents served by an area mental health program decreased after reaching its highest peak of 827 in 2014. In 2018, the 284 persons were served by an area mental health program. Moreover in 2018, 13.7% of Polk County adults self-reported having greater than 7 days of poor mental health in the past month. This is a decrease from 2015 when the percentage was 16.0%. Also 5.2% reported not getting the mental health care or counseling that was needed in the past year, which is also a decrease from 2015 when the percentage was 6.5% (WNCHN – WNC Healthy Impact Community Health Survey, 2018).



Source: WNC Healthy Impact Community Health Survey

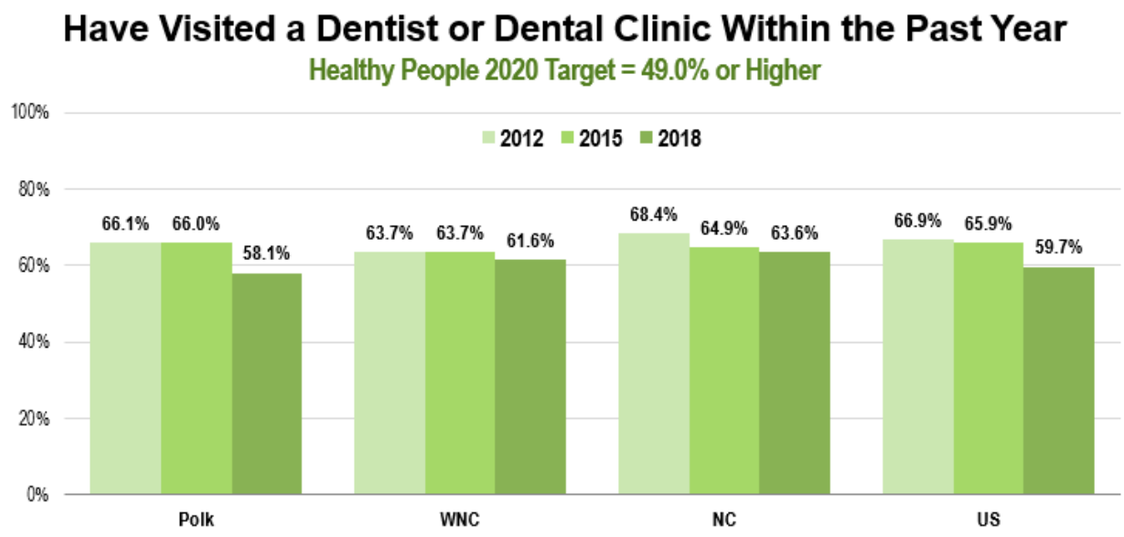


Source: WNC Healthy Impact Community Healthy Survey

Moreover, between the years of 2009-2013, 94% of the 18 unintentional poisoning deaths in Polk County were medication/drug overdoses (Injury Epidemiology and Surveillance Unit, Injury and Violence Prevention Branch, Chronic Disease and Injury Section, N.C. Division of Public Health, 2015). Additionally, in the first quarter of 2018 there were 5 EMS naloxone administrations and 0 community naloxone reversals by a community lay person, not including first responders. Lastly, it is alarming that the year to date total as of the 4th quarter in 2017 of opioid pills dispensed in Polk County was 786,000 pills. It is of note that improved access to substance abuse treatment and recovery services came up as a need during community discussions.

Oral Health

In 2018, 58.1% of Polk County adults indicated to having had a dental visit in the past year. This is a significant decrease from 2012 and 2015 as the percentages then were 66.0% and 66.1%, respectively. Similarly, in 2018 the average for the WNC region was 61.6% and 63.6% for the state, which experienced slight decreases from years prior.

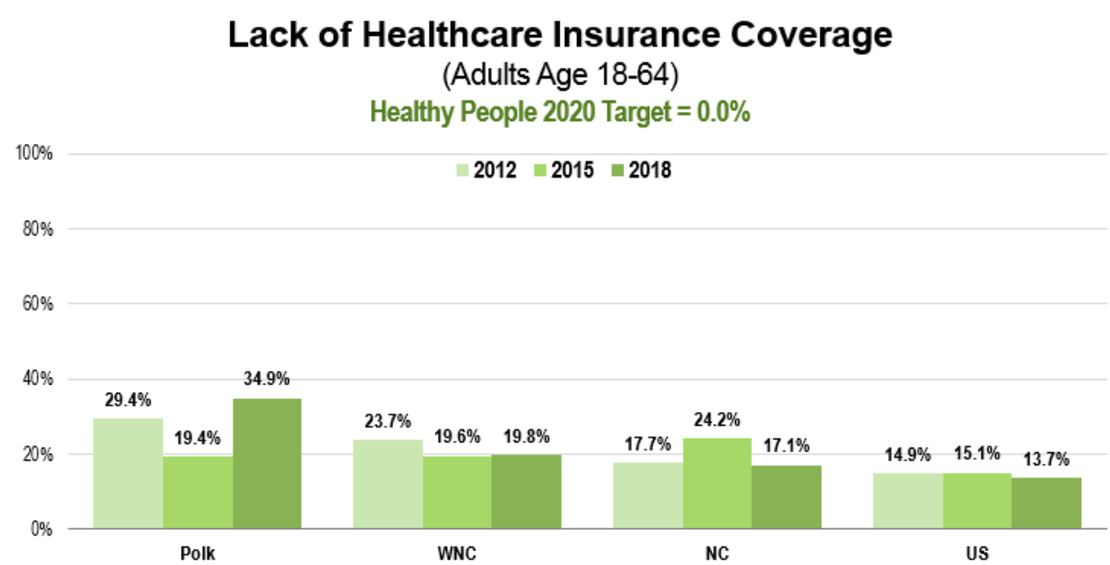


Source: WNC Healthy Impact Community Health Survey

Clinical Care & Access

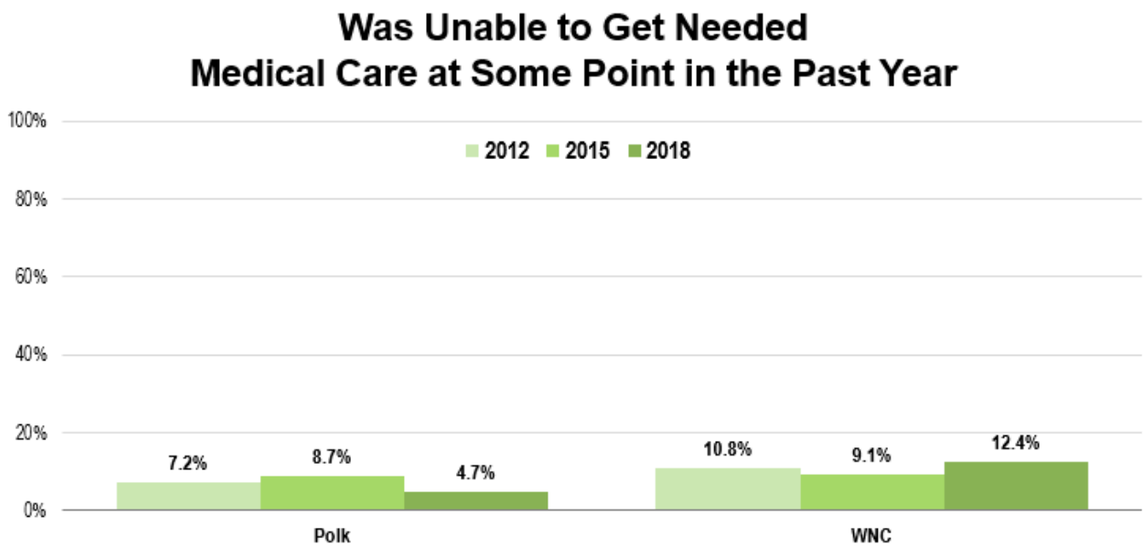
Health Insurance

Many insurance navigators continue to work tirelessly to assist those seeking insurance through the exchange and helping them qualify for subsidies. Many are still unable to afford policies. the numbers for Polk County residents have seemed to deteriorate since 2012 when 19.4% of Polk county adults, ages 18-64, self-reported not having health insurance. This percentage substantially increased to 34.9% in 2018. The rates for the WNC region and the state are lower than that of Polk county showing 19.8% and 17.1%, respectively in 2018 (WNCHN – WNC Healthy Impact Community Health Survey, 2018). Additionally, it is estimated that in 2016 94.2% of children through the age of 18 years had health insurance coverage (U.S. Census Bureau, 2018).



Source: WNC Healthy Impact Community Health Survey

4.7% of Polk County adults have indicated they have been unable to get needed medical care at some point in the past year. This is quite a decrease from 8.7% in 2015 and is lower than the WNC region average of 12.4% for 2018. This can suggest that although very important, other than health insurance, there are other factors that inhibit access to healthcare including the lack of reliable transportation, financial constraints, lack of adequate childcare, and lack of knowledge about available resources, among others.



Source: WNC Healthy Impact Community Health Survey

At Risk Populations

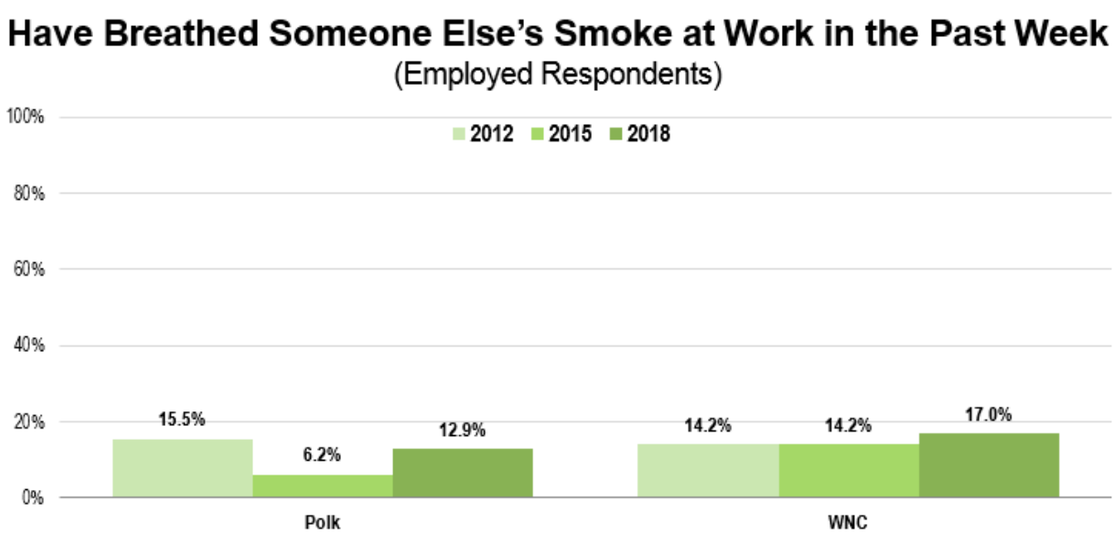
At-risk populations in Polk County include, and are not limited to, those that are minorities, un-insured and under-insured, and low-income. Often these populations are likely to, or have the potential to, get a specified health condition.

CHAPTER 6 – PHYSICAL ENVIRONMENT

Air & Water Quality

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

Furthermore, secondhand smoke is a known human carcinogen with more than 7,000 chemical compounds of which 250 are known to be harmful and 69 of which cause cancer (American Cancer Society, 2014). Smoking is known to cause lung cancer in humans and is a major risk factor for heart disease. The more secondhand smoke is inhaled, the higher the level of these harmful chemicals will be in the body. In 2018, 12.9% of Polk County employed adults indicated they had breathed in someone else's smoke at work in the past week. This is more than double the rate from 2015 when the average was 6.2% and is lower than the WNC region average of 17% (WNCHN – WNC Healthy Impact Community Health Survey, 2018).



Source: WNC Healthy Impact Community Health Survey

Clean water is also a prerequisite for health. Having access to clean water supports healthy brain and body function, growth and development. While drinking water safety is improving, many contaminants still pollute our water sources – pharmaceuticals, chemicals, pesticides, and microbiological contaminants. In Polk County, as of July 2018, 9,288 or 45.7% of the county's 2016 population of was served by community water systems (Safe Drinking Water Information System, 2018). The remainder of the population accesses water from wells or from bottled water.

Access to Healthy Food & Places

"Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life (Food and Agriculture Organization, 2006). The environments where we live, learn, work, and play affect our access to healthy food and opportunities for physical activity which, along with genetic factors and personal choices, shape our health and our risk of being

overweight and obese. As of 2013, 29 million Americans lived in a food desert, without access to affordable, healthy food. Those with lower education levels, already at-risk for poor health outcomes, frequently live in food deserts" (County Health Rankings, 2018).

In 2014 in Polk County, approximately 3 grocery stores and two farmers markets exist to serve the residents. In 2015, it was indicated that 4.05% of households had low access to a supermarket or large grocery store, meaning a household without a car and more than 1 mile from a supermarket or large grocery store (U.S. Department of Agriculture Economic Research Service, 2018). In 2018, 19.4% of Polk County residents indicate they are food insecure, which includes adults who ran out of food at least once in the past year and/or worried about running out of food in the past year (WNCHN – WNC Healthy Impact Community Health Survey, 2018). Lastly, as of 2014 there were 9 fast food restaurants in Polk County and only 2 recreational facilities (U.S. Department of Agriculture Economic Research Service, 2018). Limited opportunities for recreation including a lack of access to a safe place to recreate, whether an indoor facility or a park, greenway, walking trail or playground, etc., hinders the ability for a person to live an active lifestyle. This can affect other areas of their health including being overweight or obese and by extension cause the onset of chronic disease.

CHAPTER 7- HEALTH RESOURCES

Health Resources

Process

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

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

Findings

During this updating process, much was found in terms of available health resources and supportive services. To begin, St. Luke's Hospital is a major contributor to health in Polk County. Not only do they provide patient treatment, but also programs to help residents improve their wellbeing. These include diabetes education, Diabetes Prevention Program, smoking cessation, and more.

Additionally, Polk Fit, Fresh and Friendly (PF3) is an organization focused on improving health and wellness in Polk County. They offer the community the opportunity to increase health and wellness in many ways. PF3 has developed and implemented different programs that better the quality of life of Polk County residents including Hear2Help and the Fitness Challenge.

Lastly, Foothills Health Network is a collaborate partnership between St. Luke's Hospital, PF3, The Free Clinics and Blue Ridge Health. Together their mission is to improve the health of the people living in Polk County by increasing access to quality, coordinated care and cultivating engagement. The network also helps address unmet needs in the areas of behavioral health, chronic disease care and prevention, and access to care.

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

Polk County residents also have access to support services including RHA Prevention Services, Area Agency on Aging, Family Preservation Services, VAYA Health, 4-H Youth Program, and much more. There are also several food pantries in the county that assist food insecure families. Further, Polk County offers many county services through the Health Department, Blue Ridge Health – Polk, Department of Social Services, and others.

Resource Gaps

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

A noted gap is that Polk County does not have a pediatrician in the county and there is also a lack of providers and available resources including treatment for those suffering from a mental health illness.

Additionally, the availability of public transportation for the un-insured has also been identified as a resource gap that affects many different areas of wellbeing. The lack of county-wide public transportation has been listed as an impediment for residents to travel to obtain proper medical care or take part in health programs, commute to and from work or to secure essential items for daily living including nutritious foods and medications.

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

CHAPTER 8 – IDENTIFICATION OF HEALTH PRIORITIES

Health Priority Identification

Process

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

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

We used the following criteria to identify significant health issues:

- Data reflects a concerning trend related to size or severity
- Significant disparities exist
- Issue surfaced as a high community concern
- County data deviates notably from the region, state or benchmark

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

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

Identified Issues

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

- **Cancer**: The leading cause of death for Polk County residents.

- **Healthy Eating**: Nearly one-fifth (19.4%) of Polk County residents state they experience food insecurity and only 4.3% indicate they are consuming five or more servings of fruits and vegetables per day.

- **Active Living**: Only 30.0% of Polk County residents meet recommended physical activity guidelines, which is higher than the WNC region and the state, and 68.6% of Polk County residents are overweight or obese.

- **Substance Abuse**: Although cancer is the leading cause of death overall for Polk County residents, unintentional injuries is the leading cause of death for young adults ages 20-

39. The rate of unintentional injuries has steadily increased since 2011-2015 time period and is significantly higher than the state rate.

- **Tobacco**: The rates of current smokers and the rate of those who currently use smokeless tobacco products has increased since 2015.

- **Childhood Poverty:** Children suffer significantly and disproportionately from poverty with a rate of 36.2% for children under 5 and 27.8% for children under 18.

- **Mental Health:** There were 25 suicides during 2012-2016 with a rate of 18.9, which is much higher than the sate rate of 12.9. Mental health is also believed to be a contributor to other unhealthy behaviors and lifestyle choices.

Priority Health Issue Identification

Process

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

- Criteria 1 – Relevant – How important is this issue? *(Urgency to solve problem; community concern; Focus on equity; Linked to other important issues)*
- Criteria 2 – Impactful – What will we get out of addressing this issue? *(Availability of solutions/proven strategies; Builds on or enhances current work; Significant consequences of not addressing issue now)*
- Criteria 3 – Feasible – Can we adequately address this issue? *(Availability of resources (staff, community partners, time, money, equipment) to address the issue; Political capacity/will; Community/social acceptability; Appropriate socio-culturally; Can identify easy, short-term wins)*

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

Identified Priorities

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

- Mental Health – Mental Health was selected because it affects many different areas of an individual's wellbeing including their physical health. A healthy community encompasses all aspects of health and although much progress has been made in this area, many local leaders agree that much is still to be done. Supporting data of this health priority includes the percentage of adults reporting more than 7 days of poor mental health, dissatisfaction with life, opiate use and suicide rates.
- Healthy Eating and Active Living – Healthy Eating and Active Living emerged as a health priority during the 2015 Community Health Assessment. During the 2018 Community Health Assessment, the community decided to continue with this health priority given the poor rates of fruit and vegetable consumption, food insecurity, and increased body weight indicating a considerable number of Polk County residents are overweight or obese. There are also active groups that have been diligently working on strategies to address these issues.

PRIORITY ISSUE #1

Mental Health has been of high priority for many Polk County community organizations for many years. Mental health is an important factor that affects overall health and that affects people of all ages. Many agencies and organizations have partnered to improve this issue by implementing ways to increase education and awareness of available treatment and resources. Efforts have also been made in hope of eliminating the stigma surrounding the issue. Some of the organizations that have developed different partnerships throughout the community include RHA Prevention Services, Polk County Schools, VAYA Health, the Mental Health Taskforce, and more. With a collective effort, the needle has moved and there is now more recognition of the issue in and more awareness of how and where to access much needed help. Great work has been completed in this area, but much work is still to be done.

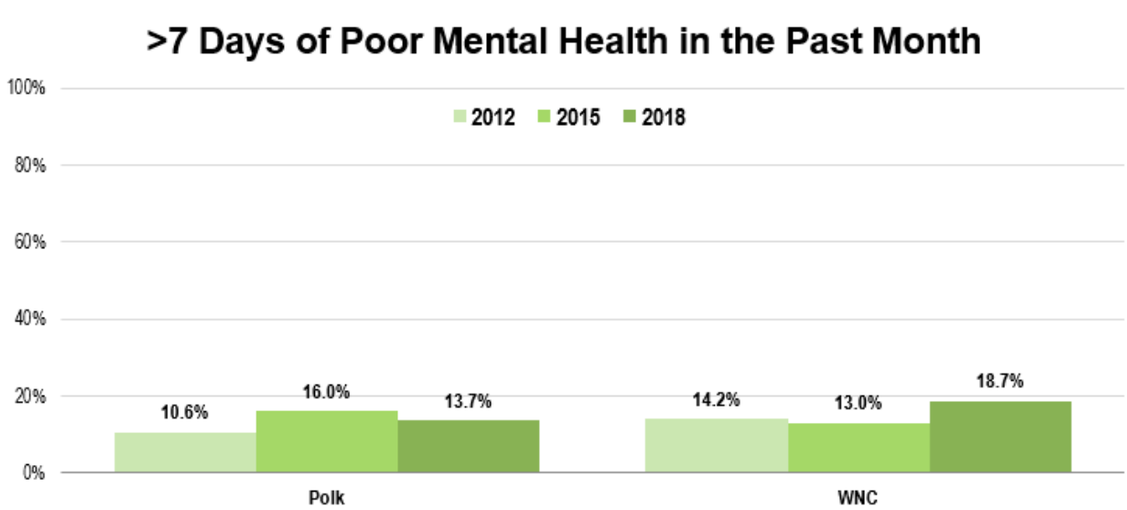
What Do the Numbers Say?

Health Indicators

The following data points helped to inform the Mental Health priority:

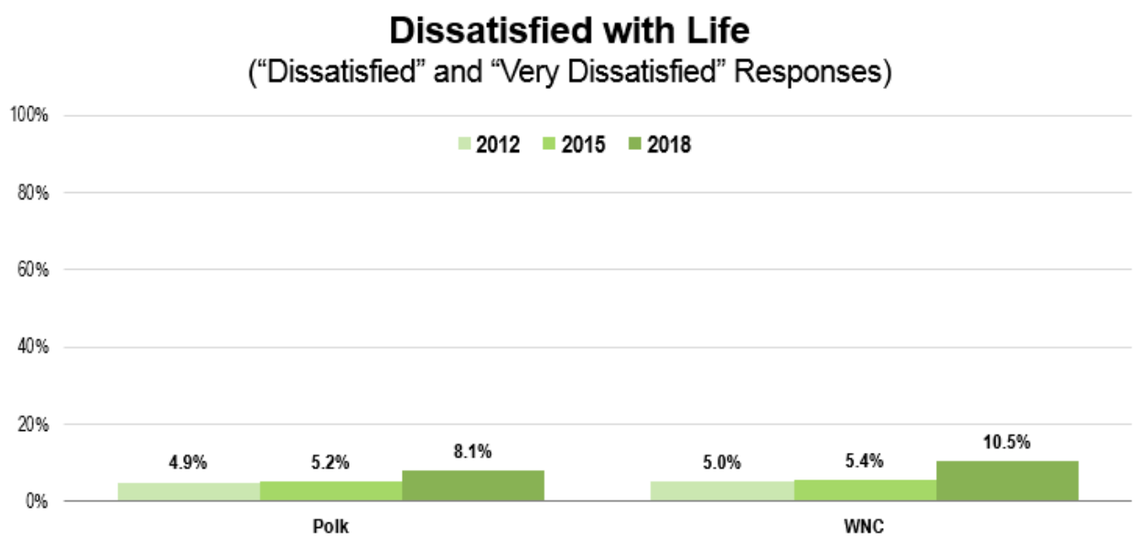
The number of poor mental health days within the past 30 days is used as one measurement of a person's health-related quality of life. Poor mental health includes stress, depression, and other emotional problems. Poor mental health can prevent a person from engaging in daily activity such as self-care, school, work and recreation.

In 2018, 13.7% of the adults self-reported to having had more than 7 days of poor mental health in the past month (WNCHN – WNC Healthy Impact Community Health Survey, 2018). This rate is slightly lower than what it was in 2015 when the rate was 16.0%. The Polk County rate is also higher than that of the WNC region (18.7%), which the WNC has experienced an increase in its rate over the years as well.



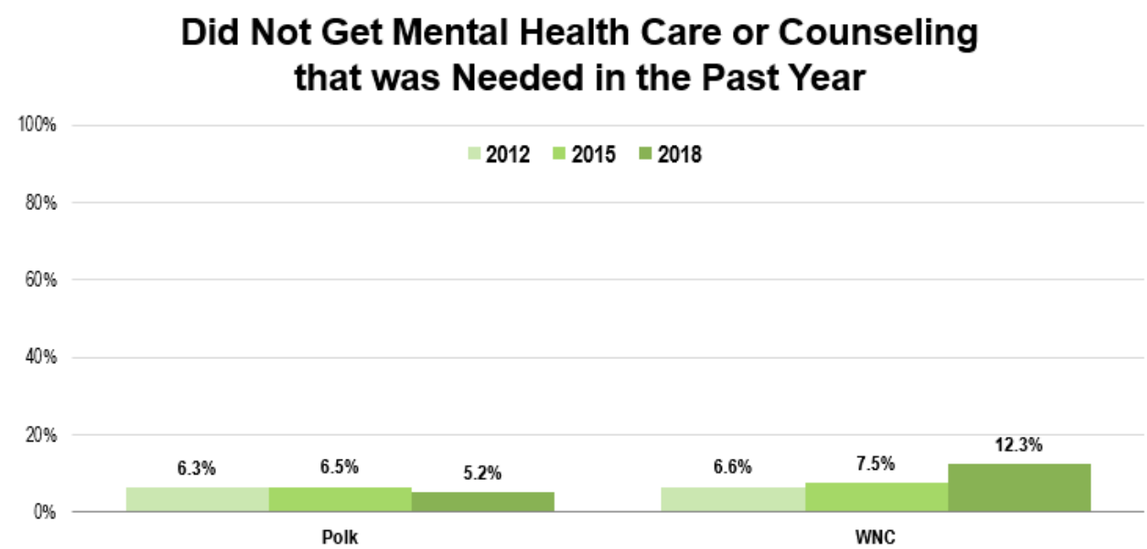
Source: WNC Healthy Impact Community Health Survey

In addition, in 2018, 8.1% of Polk County adults indicated they are dissatisfied with life. This is an increase from the rate in 2012 (5.2%) and that of 2015 (4.9%). This rate is slightly lower than that of the WNC region (10.5%) (WNCHN – WNC Healthy Impact Community Health Survey, 2018).



Source: WNC Healthy Impact Community Health Survey

In 2014, it was reported that there were 139 cases of inpatient hospital utilization due to "other diagnosis" including mental disorders (NC State Center for Health Statistics, 2016). There are 13 reported licensed mental health facilities in Polk County that offer treatment, supervised living or rehabilitation and 5.2% of Polk County adults self-reported not having received mental health care or counseling that was needed in the past year. This is slightly lower than the rate seen in 2015, which indicates some progress in community members getting the help that they need.



Source: WNC Healthy Impact Community Health Survey

Further, efforts to improve a person's mental health is essential as suicide is the third leading cause of death for age group 20-39 in Polk County. Between 2006 and 2017, the number of Polk County residents served by an Area Mental Health Program has varied. It reached its peak in 2014 with 827 persons served (NC Office of State Budget and Management, 2018). Fortunately, the number of persons served has decreased since 2016 from 299 to 284 in 2017 and during 2012-2016 there were 25 reported suicides (State Center for Health Statistics, 2018).

Polk County				
Age Group	Rank	Leading Cause of Death	# Deaths	Death Rate
00-19	1	Conditions originating in the perinatal period	2	10.2
	2	Congenital anomalies (birth defects)	2	10.2
	3	Nephritis, nephrotic syndrome, & nephrosis	1	5.1
		Motor vehicle injuries	1	5.1
		Homicide	1	5.1
20-39	1	Other Unintentional injuries	11	65.3
	2	Cancer - All Sites	3	17.8
		Motor vehicle injuries	3	17.8
		Suicide	3	17.8
40-64	1	Cancer - All Sites	73	197.3
	2	Diseases of the heart	27	127.0
	3	Other Unintentional injuries	16	43.2
65-84	1	Cancer - All Sites	156	663.5
	2	Diseases of the heart	101	429.6
	3	Chronic lower respiratory diseases	43	182.9
85+	1	Diseases of the heart	128	2762.8
	2	Cancer - All Sites	55	1187.1
		Alzheimer's disease	55	1187.1

Source: NC State Center for Health Statistics

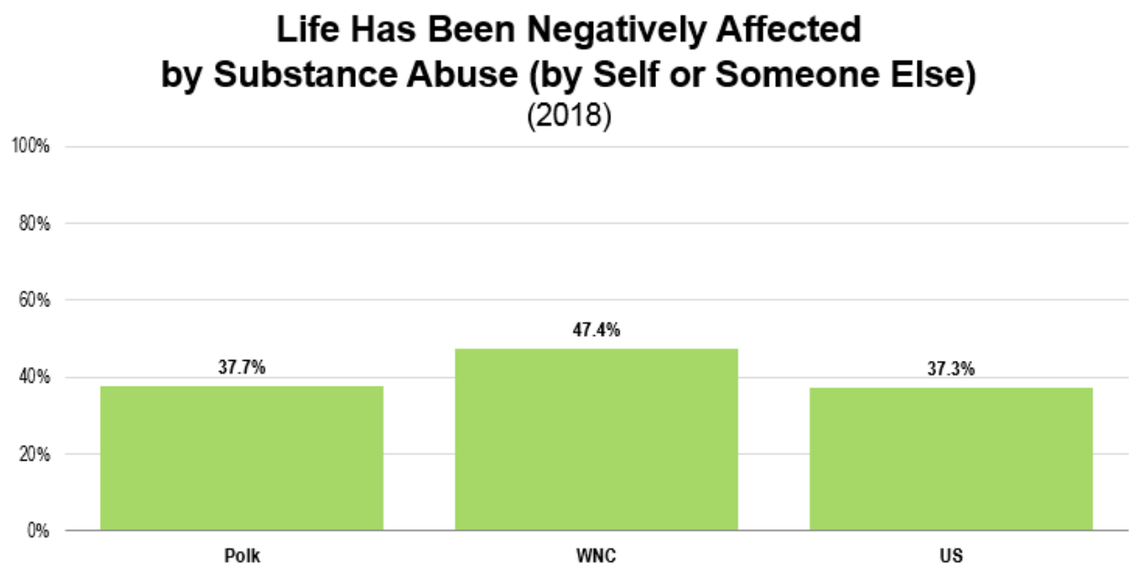
Moreover, mental health issues and substance abuse are closely related. Substance use and abuse are major contributors to death and disability in North Carolina.

A general characteristic of WNC is high mortality rates due to unintentional poisoning, especially by medication and drug overdose. Polk County is one of the WNC counties with significantly higher than state average poisoning and drug overdose morality rates. In the period 2009-2013, 18 Polk County residents died as a result of unintentional poisoning. Of the 18 unintentional poisoning deaths in the county in that period, 94% were due to medication or drug overdoses – significantly higher than both the WNC and state averages (Injury and Violence Prevention Branch, 2015). Meanwhile, during 2012-2016 there were 18 deaths due to unintentional poisoning and although there was a dip between 2010-2014 and 2011-2015, there is an upward trend in recent years (NC State Center for Health Statistics, 2018).

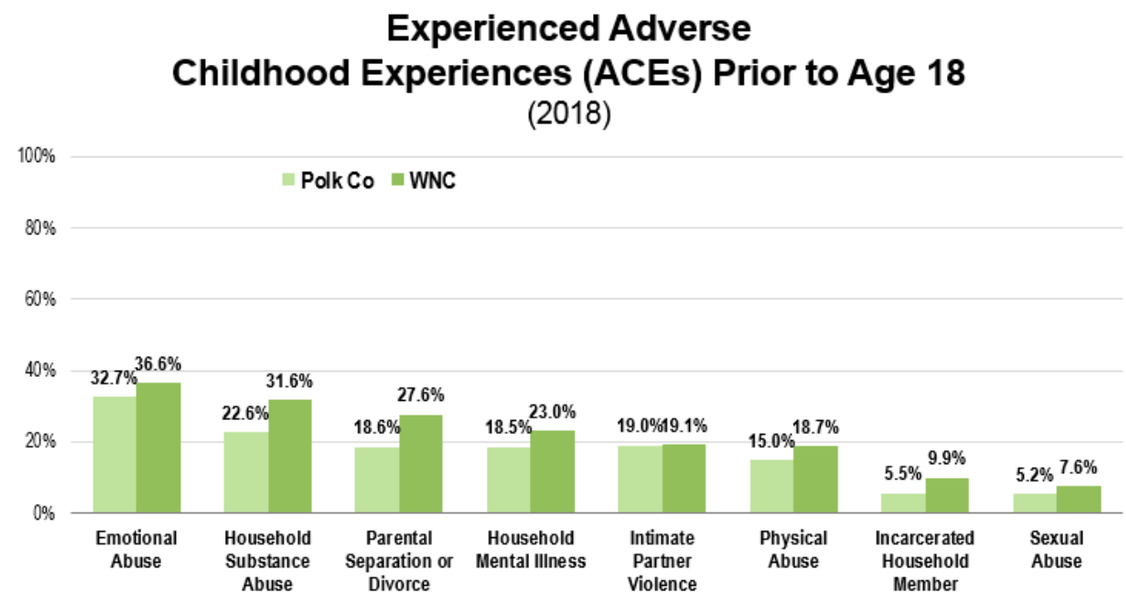
County	**Unintentional Poisoning Deaths for Select Locations and Percent that are Medication/Drug Overdoses (2009-2013)***			**Rate of Unintentional Medication/Drug Overdose Deaths (2009-2013)****	
	#	**Rate per 100,000 NC Residents**	**% that are med/drug overdoses**	**#**	**Rate per 100,000 NC Residents**
Polk	18	17.9	94	17.0	17
WNC Region	560	14.8	90	506	13
State	5,309	11.0	91	4826.0	10

Source: NC State Center for Health Statistics and NC DPH

Substance abuse has adverse consequences for families, communities, and society. People who suffer from abuse or dependence are at risk for premature death, comorbid health conditions, injuries and disabilities. 37.7%, of Polk County residents indicated that their life has been negatively affected by substance abuse (by self or someone else) and 22.6% have experienced household substance abuse prior to age 18, an Adverse Childhood Experience (WNCHN – WNC Healthy Impact Community Health Survey, 2018). Both rates do not exceed that of the WNC region.

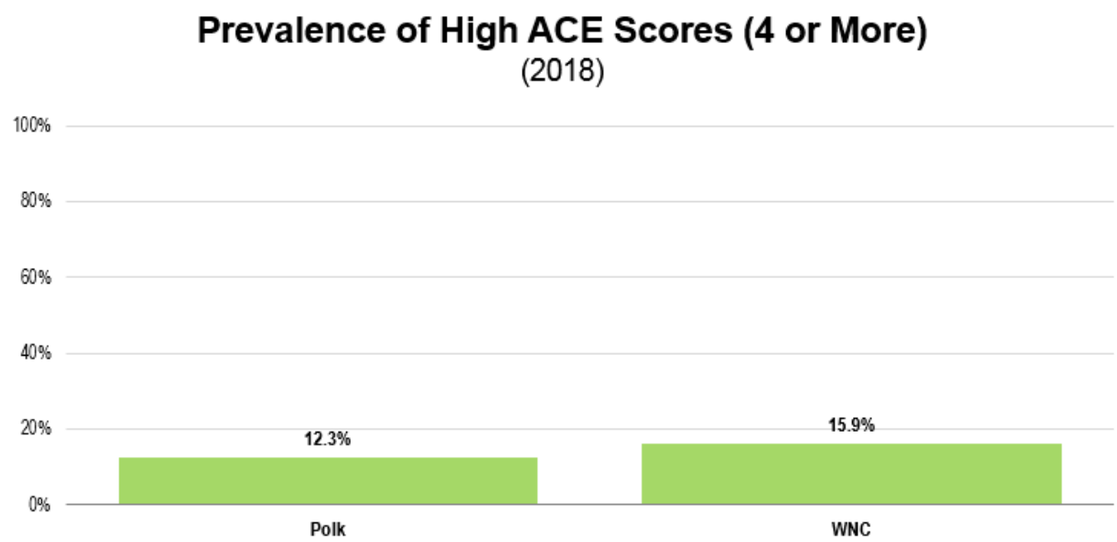


Source: WNC Healthy Impact Community Health Survey



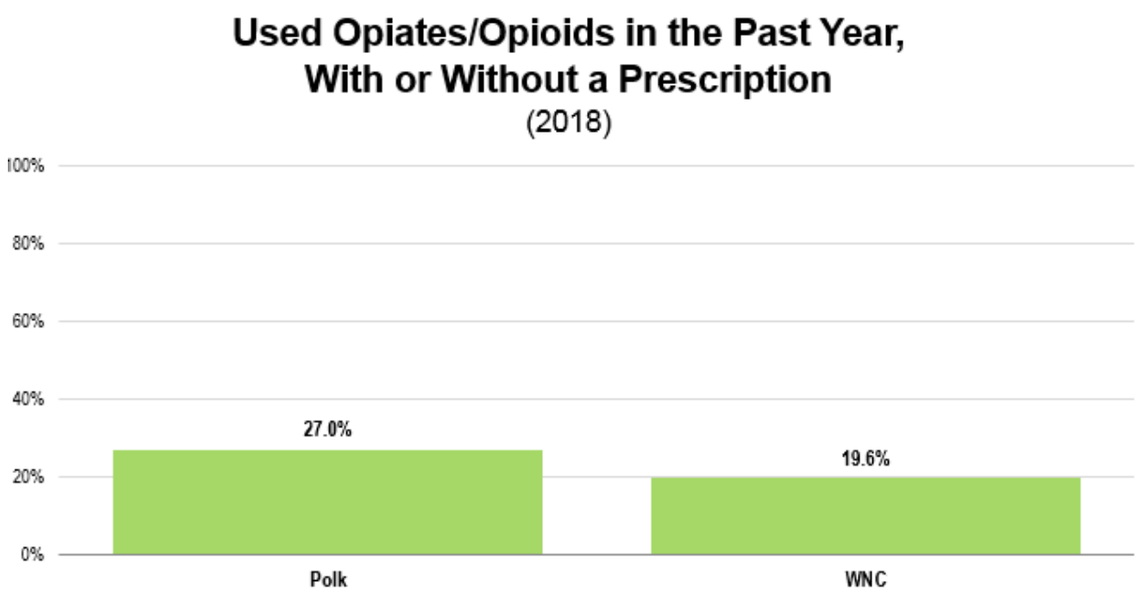
Source: WNC Healthy Impact Community Health Survey

The Centers for Disease Control and Prevention (CDC) explains that childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. Adverse Childhood Experiences (ACEs) are stressful or traumatic events including abuse, neglect and household dysfunction. ACEs have been linked to risky health behaviors, chronic health conditions, low life potential and early death. As the number of ACEs increases, so does the risk for these outcomes. For Polk County adults the prevalence of high ACE scores, meaning a score of 4 or more, is 12.3%. This is just slightly under the WNC region with a percentage of 15.9%.



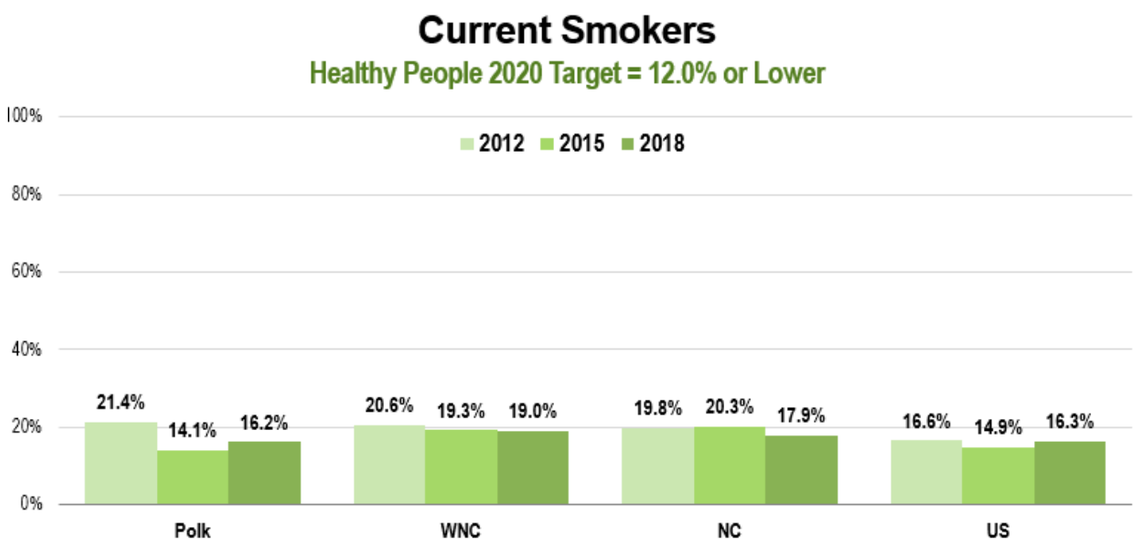
Source: WNC Healthy Impact Community Health Survey

More than a quarter (27.0%) of Polk County adults have self-reported that they have used opiate/opioids in the past year, with or without a prescription. This rate is much higher than that of the WNC region, which rests at 19.6% (WNCHN – WNC Healthy Impact Community Health Survey, 2018). As of the 4th quarter in 2017, the year to date total of opioid pills dispensed to Polk County residents was 786,000 and as of the 1st quarter in 2018, there were 5 EMS naloxone administrations and no community naloxone reversals. Community naloxone reversals are reversals by community lay people not including administration by first responders (NC Opioid Action Plan Dashboard, 2018).

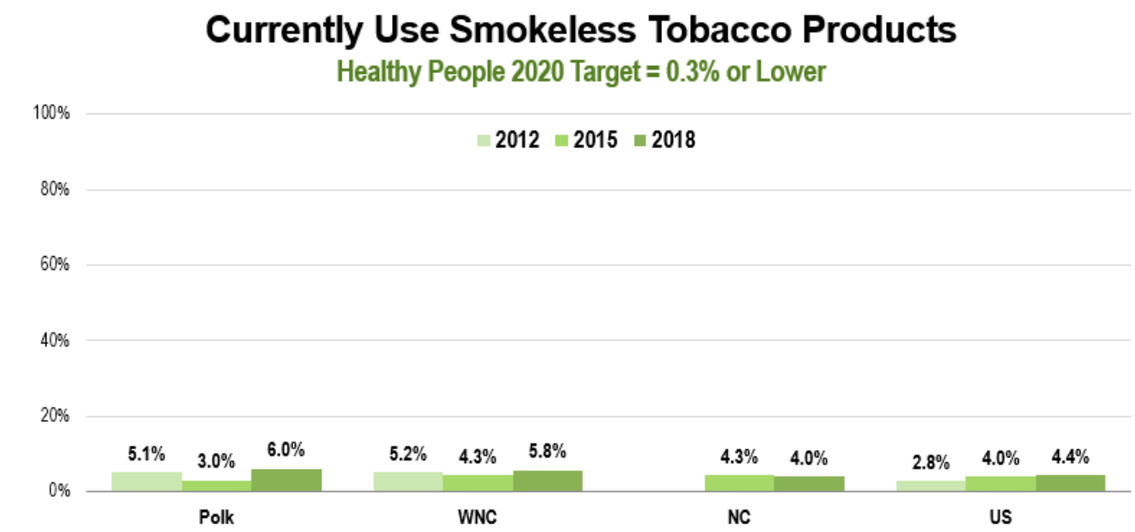


Source: WNC Healthy Impact Community Health Survey

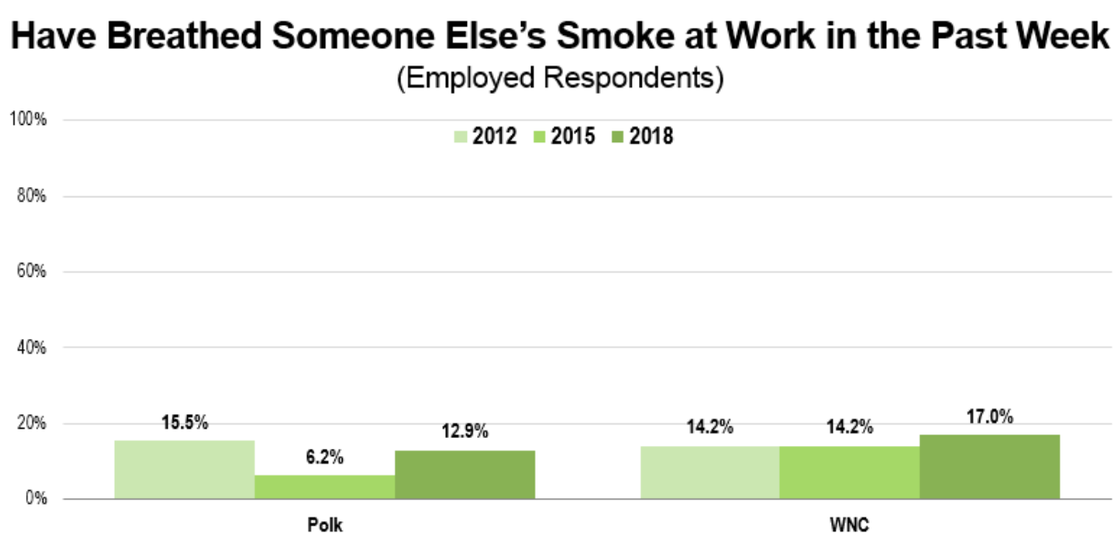
While overdose and poisonings are significant in Polk County, other abused substances, such as tobacco, should not be ignored. Tobacco products, like alcohol, are often the gateway to illicit drugs and can lead to unintentional injuries as they can inhibit the user's faculties. In Polk County 16.2% of residents are current smokers, greater than the Healthy People 2020 target of 12% or lower. Further, 6.0% of residents use smokeless tobacco, again greater than the Healthy People 2020 target of 0.3% or lower, and slightly higher than that of all comparator jurisdictions. Also, the newer phenomena of e-cigarettes has reached a new height and currently 4.9% of Polk County residents are e-cigarette users. Finally, 12.9% of residents surveyed indicate that they have breathed someone else's cigarette smoke at work in the past week, a rate that is double what it was in 2015 (WNC Health Network, 2018).



Source: WNC Healthy Impact Community Health Survey



Source: WNC Healthy Impact Community Health Survey



Source: WNC Healthy Impact Community Health Survey

What Did the Community Say?

Stakeholders indicate that the Polk County community is strengthened by the collaborative efforts of many agencies working together toward a common goal. A health provider states that "community engagement, locating resources, stakeholder involvement by developing taskforce teams in a collaborative effort" are all contributors to progress. Additionally, others in the

community have also indicated that Mobile Crisis, trained law enforcement officers able to respond to a mental health crisis, walk-in crisis options and increased awareness have all helped to improve this health priority. In relation to increased awareness, a health provider states: "suicide rate in the county is so high that more people now personally know someone who has committed suicide or know a family who is suffering from the after-effects of losing someone to suicide."

Although awareness is increasing, other community members state that more is needed. For example, a health provider indicates that an impediment to progress is the "lack of necessary community support groups for patient/families, lack of education, early signs and symptoms, identification of suicide risk, and proper early intervention to avoid suicide. Stakeholders also mention that there is a "lack of appropriate prevention and mental health treatment resources". A health provider agrees in that there is a "lack of local service providers, lack of sufficient funding for treatment" and "social stigma around mental health issues." Lastly, the community also recognizes that the availability of public transportation also creates a barrier.

What Else Do We Know?

Females report more poor mental health days in the previous 30 days than men. Hispanics report having the fewest poor mental health days, compared with non-Hispanic whites and non-Hispanic African Americans, whereas American Indians report the poorest mental health days (Healthy NC 2020, 2011).

Men are almost four times likely to commit suicide as women. Whites have higher suicide rates than African Americans and individuals of other racial/ethnic groups. Suicide rates in the western part of the state are higher than in the piedmont or eastern parts of the state (Healthy NC 2020, 2011).

What is Already Happening?

Many interventions are already taking place in the community that help improve mental health for people of different ages and backgrounds. Some of these efforts are:

- An active Mental Health Taskforce diligently working to find solutions to the mental health issues that Polk County residents are facing.
- Walk-in Crisis center available through Family Preservation Services
- RHA- Mobile Crisis Management is also available to anyone regardless of insurance source.
- The Polk County Substance Abuse Committee (PSAC), stemming from Polk Fit, Fresh and Friendly, is actively seeking strategies that can be implemented in the community that addresses youth and adult substance abuse. Substance abuse and mental health are closely related.
- Many partnerships among community agencies have been developed in an attempt to seek the best approach for community education, increased community awareness and intervention. Some of these partnerships include PSAC, Polk County Schools, PF3, RHA Prevention Services, Consolidated Human Services Agency, and others.

What Change Do We Want to See?

A positive objective for the Polk County community would be a reduction in the suicide rate from 18.9 to the Healthy NC 2020 rate of 8.3. Unquestionably, this measure of change is drastic, but reduction of any measure would be considered a positive outcome.

Community members indicate that other strategies to address this health priority include getting more information out the general public including suicide prevention education, increased community involvement and partnerships, increased physical activity, and improved transportation.

Lastly, as previously mentioned, regular physical activity improves a person's overall health including their physical and mental health. Although already exceeding the Healthy People 2020 target, increasing the percentage of adults getting the recommended amount of physical activity

would be a great accomplishment. Currently, 30.0% of Polk County residents are meeting physical activity guidelines of 150 minutes per week. An increase in this rate could also indicate that more people of all ages are engaging in leisure-time physical activity. This would also lead to better utilization of the parks, trails and greenways. Hence, as community members achieve the recommended amount of physical activity, the county's natural resources can be better used as physical activity is not only confined to fitness establishments.

PRIORITY ISSUE #2

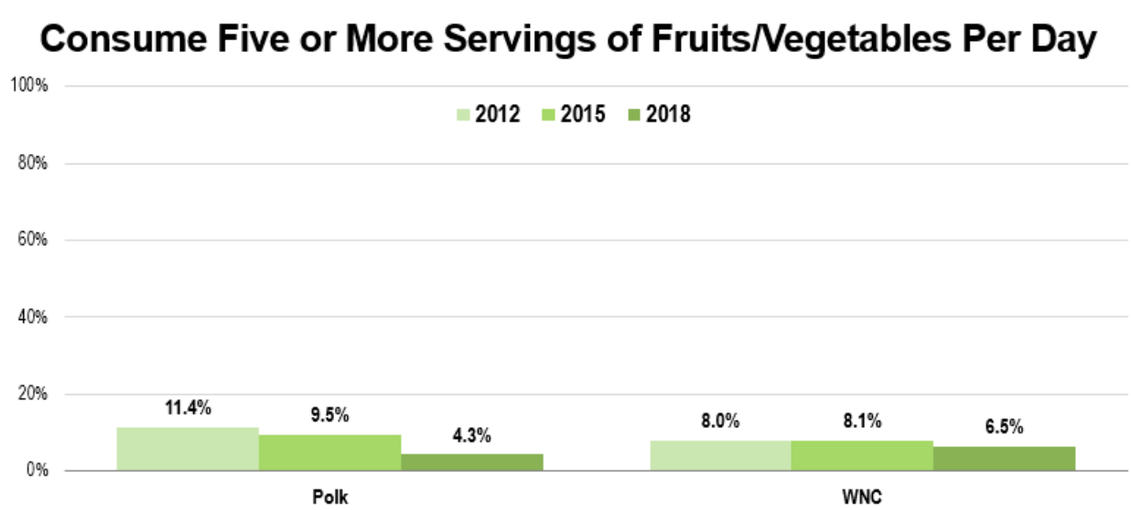
Healthy Eating and Active Living was identified as a health priority in 2018 as it was also a priority chosen during the 2015 CHA. Much work has been done to improve this priority including healthy food access, community gardens, "walkability" and "bikeability", and community plans to improve recreation areas. Regular physical activity among children and adults reduces the risk of many health issues including chronic diseases such as diabetes, heart disease, stroke and obesity. Strategies and improvements are focused on increasing physical activity and improvements to the local food system.

What Do the Numbers Say?

Health Indicators

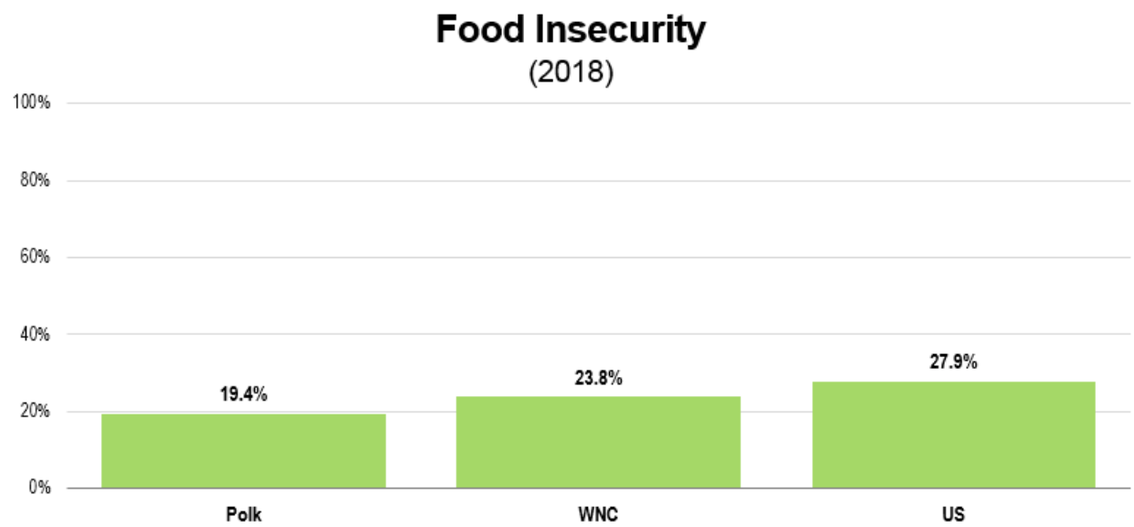
The following data points helped to inform the Healthy Eating and Active Living priority:

When asked about their consumption of fruits and vegetables within the past week, the majority of Polk County residents indicated that they did not eat the recommended 5 servings of fruits/vegetables per day. In fact, in 2018 only 4.3% of Polk County adults consume five or more servings of fruits/vegetables per day (WNCHN – WNC Healthy Impact Community Health Survey, 2018). This is a decrease of more than half from 2015 when 9.5% of the adults were meeting the recommended servings and is also below the WNC region rate of 6.5% in 2018.



Source: WNC Healthy Impact Community Health Survey

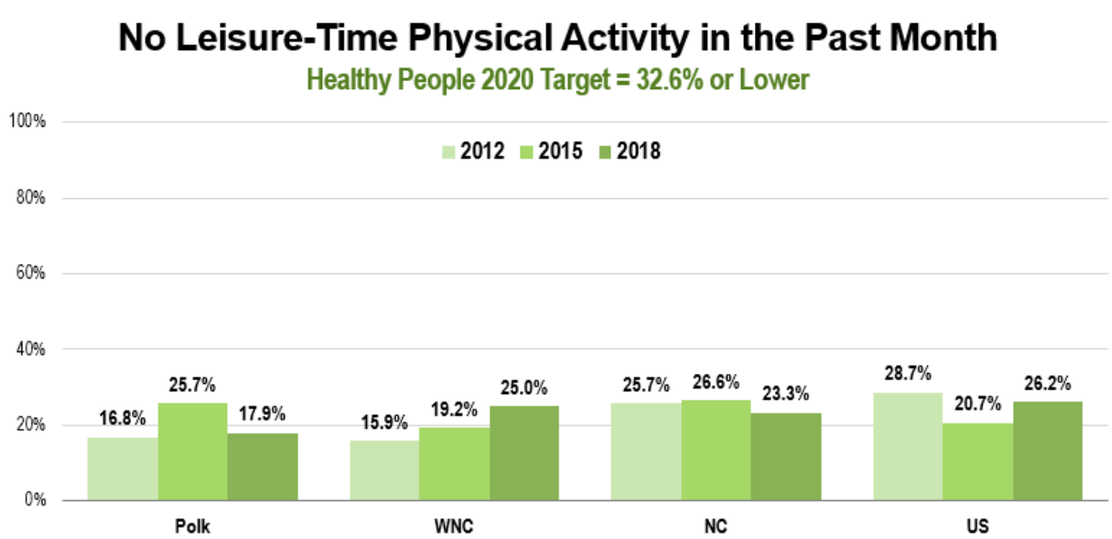
Many factors such as poverty and access to healthy foods can play a part in why people are unable to eat healthier. Nearly one-fifth, 19.4%, of Polk County residents indicate that they are food insecure. These are adults who ran out of food at least once in the past year or who worried about running out of food in the past year. Additionally, 14.5% of Polk County's population is below poverty level, which is nearly 3,000 people (U.S. Census Bureau, 2018). In January of 2018, there were 2,274 participants in Food and Nutrition Services including SNAP/food stamps (UNC-CH Jordan Institute for Families Management Assistance for Child Welfare, Work First and Food & Nutrition Services in North Carolina, 2018).



In 2014 in Polk County, approximately 3 grocery stores and two farmers markets were recorded to serve the residents. In 2015, it was indicated that 4.05% of households had low access to a supermarket or large grocery store, meaning a household without a car and more than 1 mile from a supermarket or large grocery store (U.S. Department of Agriculture Economic Research Service, 2018). All of these can also be barriers to accessing healthy foods.

Lastly, as of 2014 there were 9 fast food restaurants in Polk County and only 2 recreational facilities (U.S. Department of Agriculture Economic Research Service, 2018). Limited opportunities for recreation including a lack of access to a safe place to recreate, whether an indoor facility or a park, greenway, walking trail or playground, etc., hinders the ability for a person to live an active lifestyle. This can affect other areas of their health including being overweight or obese and by extension cause the onset of chronic disease.

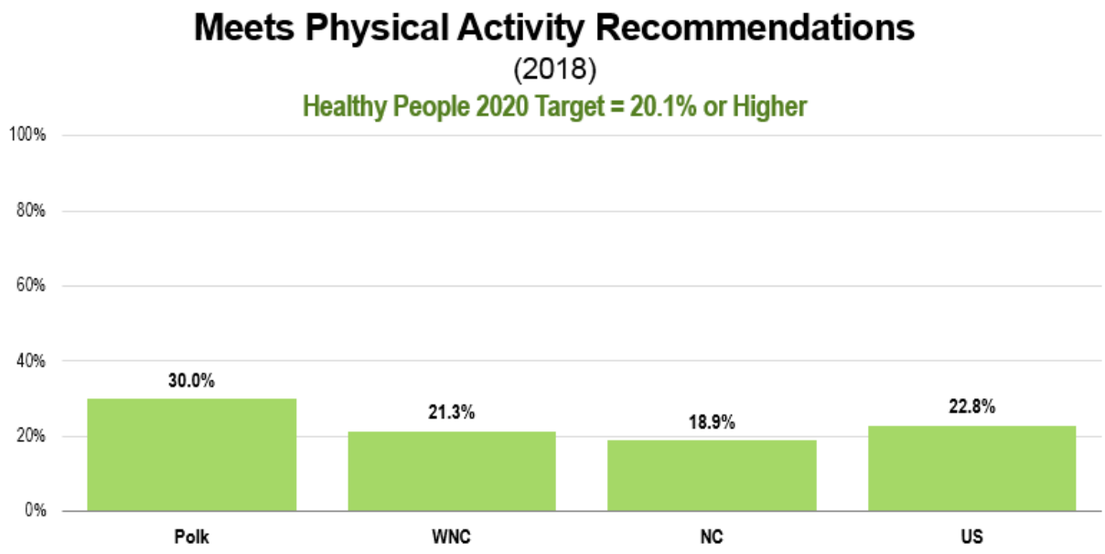
17.9% of Polk County adults reported no leisure-time physical activity in the past month in 2018. This percentage is a decrease from 25.7% in 2015, which indicates that more individuals report to have engaged in leisure-time physical activity (WNCHN – WNC Healthy Impact Community Health Survey, 2018). Leisure-time physical activity can include activities such as walking, dancing, swimming, gardening, sports, cycling and many others. The recommended amount of physical activity for most healthy adults is 150 minutes per week. Polk County's rate meets the Healthy People 2020 Target of 32.6% or lower. The 2018 rate for Polk County also exceeds comparator jurisdictions, in terms of meeting the target.



Source: WNC Healthy Impact Community Health Survey

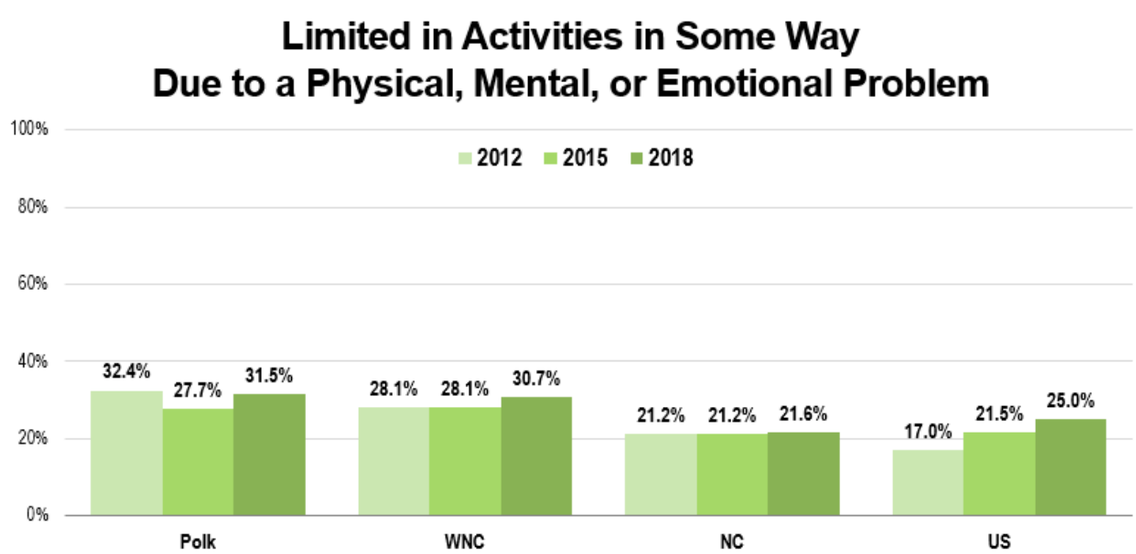
Adults meeting the physical activity recommendation was 30.0% in 2018, but 49.4% in 2015 (WNCHN – WNC Healthy Impact Community Health Survey, 2018). Although the 2018 rate is

above that of comparator jurisdictions, it must be noted that it is also a significant decrease from 2015.

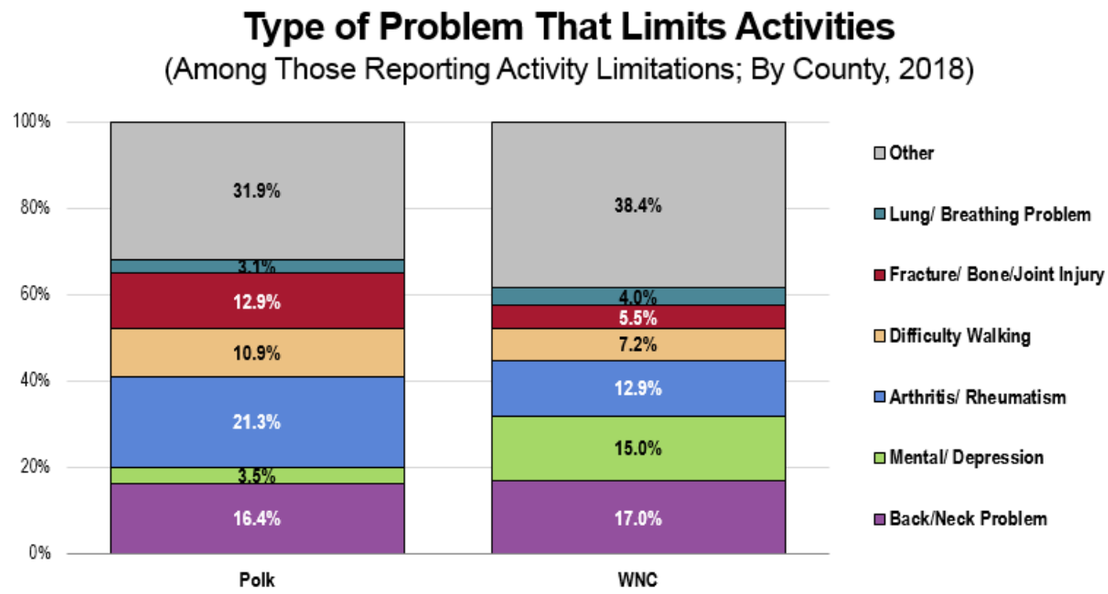


Source: WNC Healthy Impact Community Health Survey

Additionally, 31.5% have reported that they are limited in activities in some way due to a physical, mental, or emotional problem. When asked what type of problem limits activities, following "other," the largest type of problem that limits activities at 31.9%, was arthritis/rheumatism (21.3%). This was followed by back/neck problems (16.4%), fracture/bone/joint injury (12.9%), difficulty walking (10.9%), mental/depression (3.5%) and lung/breathing problems (3.1%) (WNCHN – WNC Healthy Impact Community Health Survey, 2018).

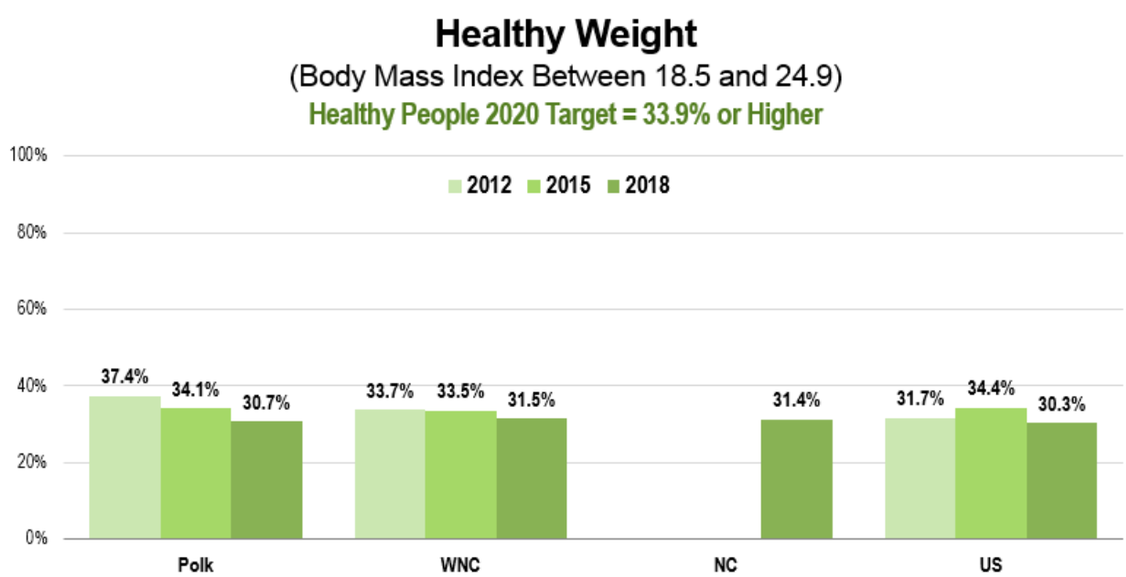


Source: WNC Healthy Impact Community Health Survey



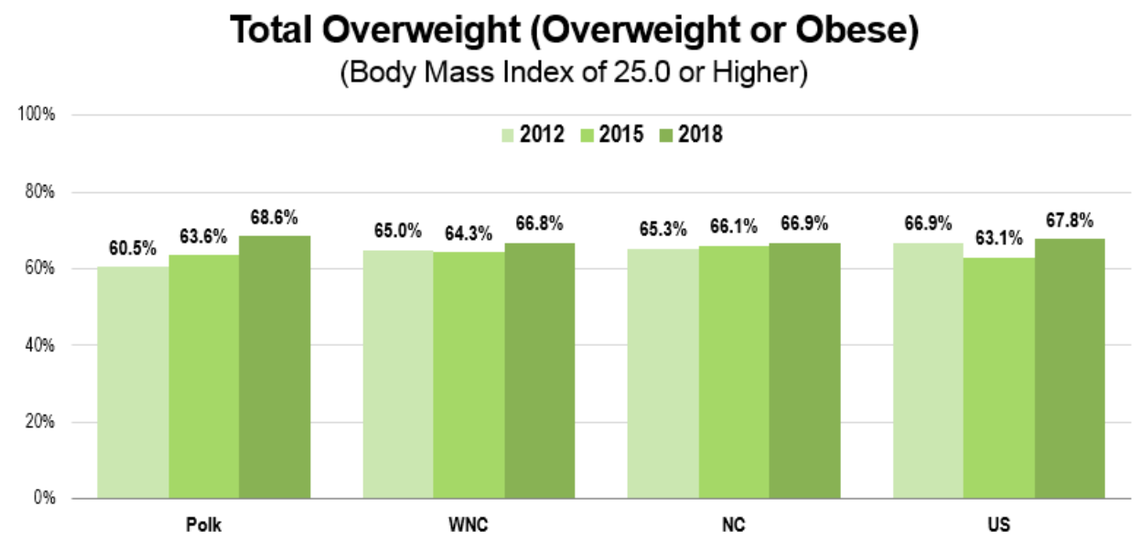
Source: WNC Healthy Impact Community Health Survey

Undoubtedly, a lack of physical activity can negatively impact a person's weight. Adults at a healthy weight, meaning a Body Mass Index (BMI) between 18.5 and 24.9, in 2018 was 30.7% and 34.1% in 2015 and 37.4% in 2012. This indicates that over the years, less adults in Polk County are remaining at a healthy weight, which is seen by the increase in total overweight.

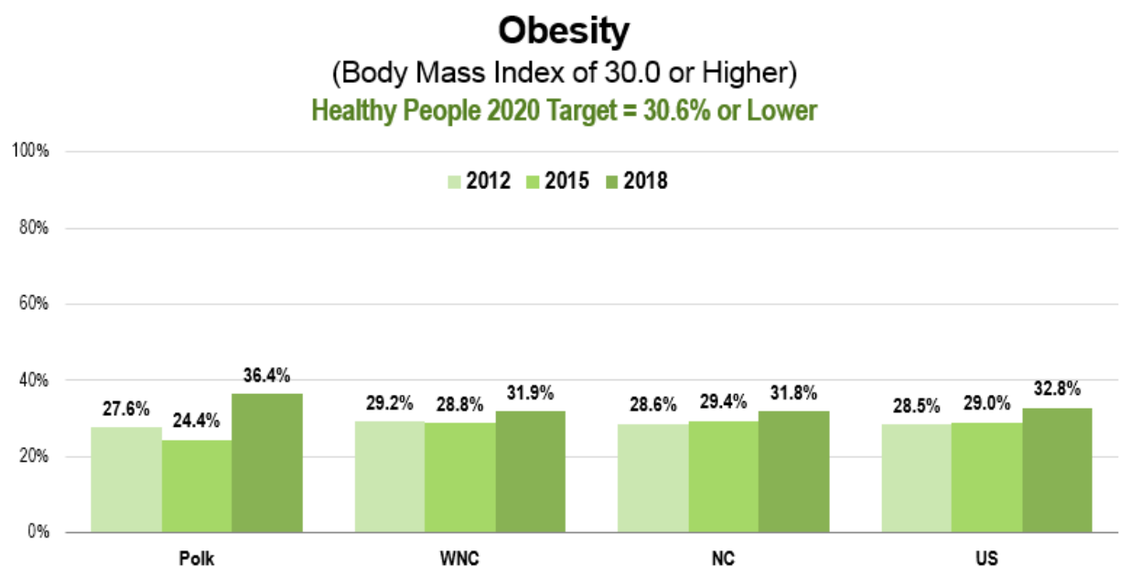


Source: WNC Healthy Impact Community Health Survey

The prevalence of total overweight (BMI 25 or higher) was 68.6% in 2018 and was 63.6% in 2015 and 60.5% in 2012. Meanwhile, the prevalence of obesity was 36.2%, which is an increase from 24.4% in 2015 (WNCHN – WNC Healthy Impact Community Health Survey, 2018). The rate of adults at a healthy weight in Polk County in 2018 was slightly lower than that of the WNC region and the state and the rates of individuals who are overweight or obese surpassed that of the region and the state.

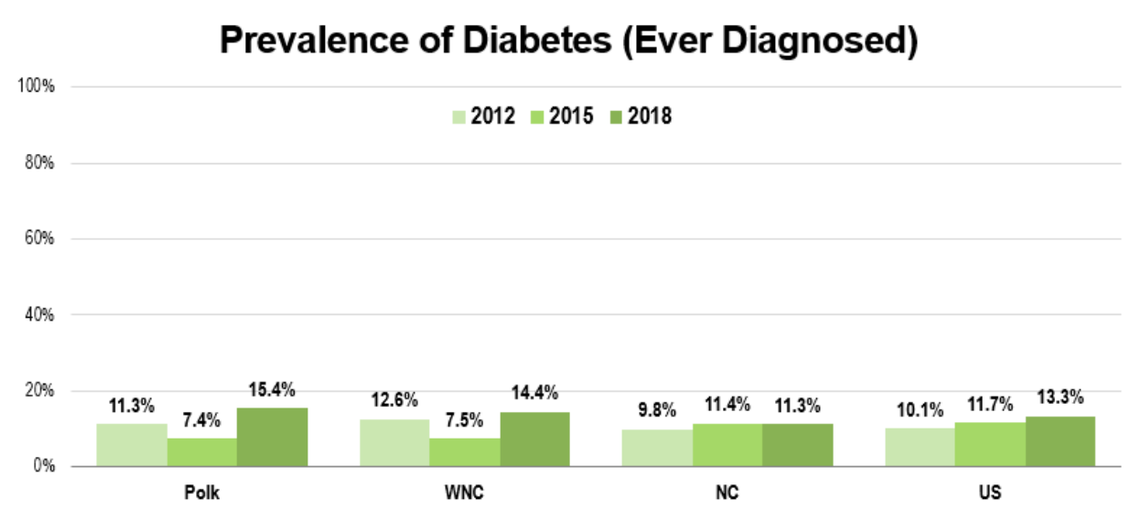


Source: WNC Healthy Impact Community Health Survey



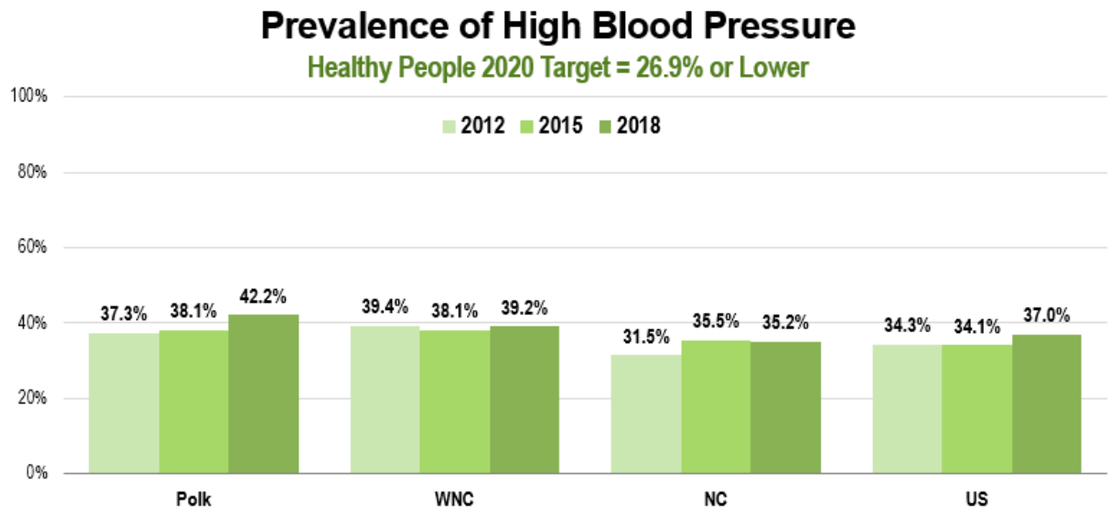
Source: WNC Healthy Impact Community Health Survey

Inactive lifestyles and unhealthy food choices can also lead to the onset of chronic diseases. In 2018, 15.4% of Polk County adults self-reported to have diabetes (WNCHN – WNC Healthy Impact Community Health Survey, 2018). This was more than double the rate in 2015 of 7.4%.

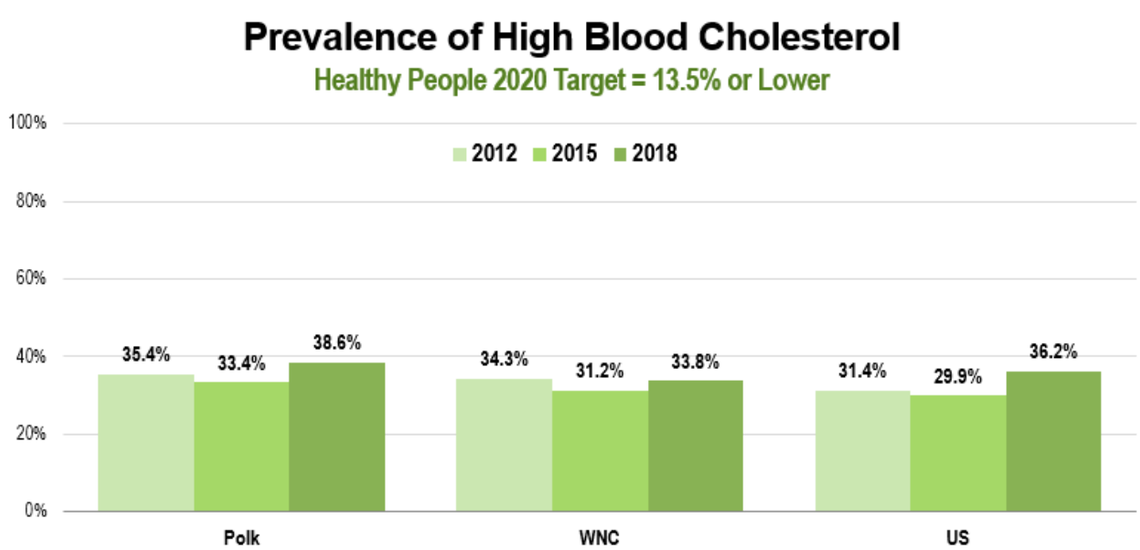


Source: WNC Healthy Impact Community Health Survey

Additionally, in 2018 the self-reported prevalence of high blood pressure in Polk County adults was 42.2% while the percentage for the state was 35.2% and 39.2% for the WNC region. The prevalence of high cholesterol was 38.6% for Polk county and 33.8% for the WNC region (WNCHN – WNC Healthy Impact Community Health Survey, 2018).

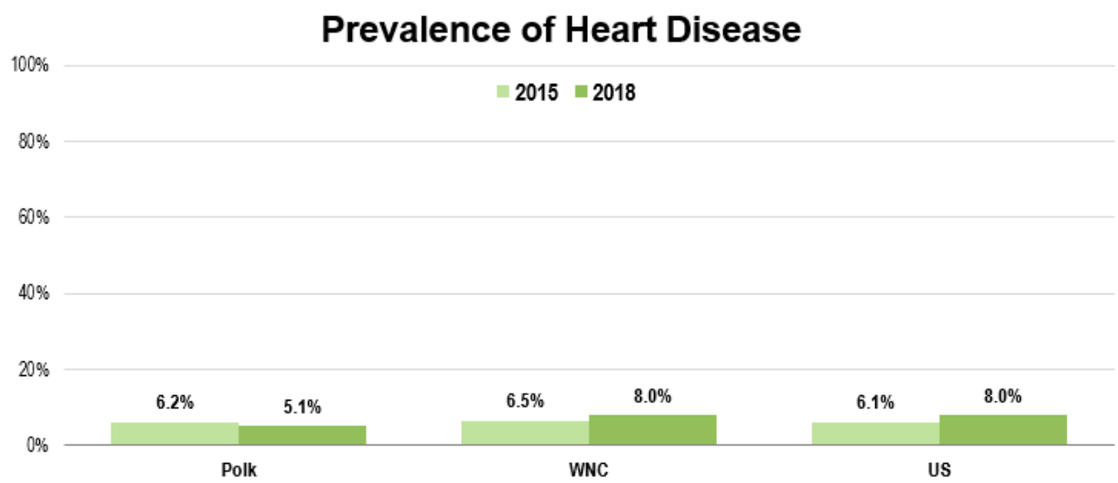


Source: WNC Healthy Impact Community Health Survey



Source: WNC Healthy Impact Community Health Survey

Cancer is the leading cause of death in Polk County followed by heart disease and the third cause being chronic lower respiratory diseases. In 2018 5.1% of Polk County residents were diagnosed with heart disease (to include heart attack, angina, or coronary disease). This prevalence was lower than that of WNC (8%). The prostate cancer rate for Polk County (88.8) exceeds that of the WNC region rate of 87.9 (NC State Center for Health Statistics, 2018).



Source: WNC Healthy Impact Community Health Survey

	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate	
	#	Rate	#	Rate	#	Rate	#	Rate
Polk County	44	22.6	81	41.3	111	119.0	84	88.8
WNC Region	129	38.3	251	66.7	278	141.3	174	87.9

Source: NC State Center for Health Statistics

What Did the Community Say?

The Polk County community is excited about a new culture of health that is being promoted by all. As a health provider indicates, "the wellness coalition, PF3, is providing the annual Polk Fit Challenge. The Extension Office is offering a Mediterranean diet cooking class for diabetics and pre-diabetics. The health department promotes 5-2-1 Almost none. Most organizations in Polk provide education in some form or fashion to increase community awareness."

However, this may not be enough. As a community leader indicates, "sometimes people just cannot afford to buy the food they need to maintain a healthy lifestyle. The healthy foods are the most expensive." Another community leader adds, "a lack of teaching individuals how to plan healthier meals for their families" could also be an impediment to healthier eating. This shows that an opportunity would be to provide more education and awareness in different forms so that people can learn to buy healthy on a budget.

Lastly, changing social norms is also an identified continued effort. A community leader states that "PF3 is making a concerted effort and is definitely adding to the progress. Obesity, nutrition and physical activity are generational issues/diseases and it's not an easy fix, but the continued and constant pressure is bringing it to the community's attention."

What Else Do We Know?

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

Low-income adults and children are at greater risk for poor nutrition and transportation barriers to physical activity.

What is Already Happening?

Many things are already taking place in the community that help improve Healthy Eating and Active Living. Some of the strategies identified include:

- Polk FIT Challenge
- Availability of playgrounds and other recreation fields
- School lunch

- Church meal program
- Thermal Belt Backpack Program provides weekend meals to disadvantaged children. These meals are as nutritious as allowed by funding and perishability restraints.
- Access to two Farmer's Market in the county
- Trail Map demonstrating where to go for walks, hikes, etc.
- Mediterranean style of cooking classes being offered by the NC Cooperative Extension.

What Change Do We Want to See?

The Polk County community indicates that they would like to see an array of improvements for residents. Some of these include:

- Rails to Trails
- YMCA
- More help with getting people experiencing poverty, such as the Cost of Poverty Experience simulations.
- Influence legislation to improve food quality
- Gleaning programs
- More local gardens
- More access to transportation
- More focus on kids
- More cooking programs
- Awareness of health
- Insurance discounts at gyms

CHAPTER 9 - NEXT STEPS

Collaborative Planning

Collaborative planning with hospitals and other community partners will result in the creation of a community-wide plan that outlines what will be aligned, supported and/or implemented to address the priority health issues identified through this assessment process. During the six months following the completion of the CHA, the CHA facilitator will convene community partners interested in each health priority. At these meetings, partners will brainstorm and develop a community health improvement plan (CHIP), which will detail an improvement plan to address each health priority containing partner responsibilities, evidence-based strategies, timelines and more.

Sharing Findings

On January 17, a Community Forum was held at Isothermal Community College, Polk Center to present this CHA data to the Polk Community. 29 people were in attendance. Representatives from St. Luke's Hospital, Polk Fit, Fresh and Friendly, Isothermal Planning and Development Commission (IPDC), NC Cooperative Extension, Polk Government, Polk County Schools, VAYA Health and other members of the community attended the meeting and participated in strategy discussions. Agency volunteers provided facilitation for discussion in small groups following the data presentation.

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

Where to Access this Report

This CHA report will be posted on the Rutherford-Polk-McDowell Health District website. A link can be found at www.rpmhd.org/healthpromotion.

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

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

For More Information and to Get Involved

For more information or to get involved please visit the Rutherford-Polk-McDowell Health District website at www.rpmhd.org/healthpromotion or contact the CHA facilitator via phone at 828-287-6100.

WORKS CITED

CDC.(2018). CDC Community Health Improvement Navigator. Retrieved from www.cdc.gov/chinav

County Health Rankings. (2018). Health Factors. Retrieved from http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors.

NC Office of State Budget and Management. (2017). Population Overview - 2010-2037. Retrieved from https://www.osbm.nc.gov/demog/county-projections.

NC Center for Health Statistics. (2018). 2016 State of North Carolina and 2014-2016 County Life Expectancy at Birth. Retrieved from https://schs.dph.ncdhhs.gov/data/databook/.

NC Center for Health Statistics. (2018). 2005-2009 Race-Sex-Specific Age-Adjusted Death Rates by County (CD21A) and Race-Specific and Sex-Specific Age Adjusted Death Rates by County (CD12B). Retrieved from http://www.schs.state.nc.us/schs/data/databook/2011/.

NC Department of Justice, State Bureau of Investigation. (2018). Crime Trends - Offenses and Rates per 100,000: County Rates, Ten Year Trend. 2016 Annual Summary. Retrieved from http://crimereporting.ncsbi.gov/.

NC Division of Public Health. (2011, March). Healthy People 2020: A Better State of Health. Retrieved from https://publichealth.nc.gov/hnc2020/docs/HNC2020-FINAL-March-revised.pdf

Office of Disease Prevention and Health Promotion. (2018). Healthy People 2020. Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/early-childhood-0.

Public Schools of North Carolina. (2018). High School Dropout Counts and Rates, 2010-2011 through 2016-2017 (Table D5), from Consolidated Data Reports. Retrieved from http://www.ncpublicschools.org/research/dropout/reports/.

US Census Bureau. (2018). ACS Demographic and Housing Estimates (DP05). Retrieved from http://factfinder2.census.gov.

US Census Bureau. (2018). Educational Attainment: 2012-2016 American Community Survey 5-Year Estimates (S1501). Retrieved from http://factfinder2.census.gov.

US Census Bureau. (2018). Poverty Status in the Past 12 Months, 2012-2016 American Community Survey 5-Year Estimates (S1701). Retrieved from http://factfinder2.census.gov.

US Census Bureau. (2018). Selected Economic Characteristics, 2012-2016 American Community Survey 5-Year Estimates (DP03). Retrieved from http://factfinder2.census.gov.

WNC Health Network. (2018). *2018 WNC Healthy Impact Community Health Survey: Data Workbook*. [Data set]. Available from https://www.wnchn.org/partner-resources/.

PHOTOGRAPHY CREDITS

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

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

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

APPENDICES

Appendix A – Data Collection Methods & Limitations

Appendix B – Data Presentation

- Data Presentation Slides

Appendix C – County Maps

Appendix D – Survey Findings

- WNC Healthy Impact Survey Instrument
- Community Health Survey Results

Appendix E – Key-Informant Survey Findings

APPENDIX A - DATA COLLECTION METHODS & LIMITATIONS

Secondary Data from Regional Core

Secondary Data Methodology

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

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

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

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

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

Gaps in Available Information

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

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

WNC Healthy Impact Survey (Primary Data)

Survey Methodology

The 2018 WNC Healthy Impact Community Health Survey was conducted from March to June. The purpose of the survey was to collect primary data to supplement the secondary core dataset, allow individual counties in the region to collect data on specific issues of concern, and

hear from community members about their concerns and priorities. The survey was conducted throughout the entire WNC Healthy Impact region, which includes the following 16 counties: Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania and Yancey.

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

Survey Instrument

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

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

1) Has a lack of child care arrangements made it difficult for you to seek healthcare, keep a job, or further your education? (Yes/No)

2) In the past 12 months, have mental or emotional problems made it difficult for you or someone in your household to hold a job?

3) Now I would like to mention that some doctor's offices are beginning to offer tele-health visits. In a tele-health visit, a patient uses a computer or smartphone to communicate with a doctor in real time without being face-to-face. If it were available to you, how likely would you be to use this type of visit for health care? Would you be: (very/somewhat/not at all likely)

Sampling Approach & Design

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

Survey Administration

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

algorithm allowed better representation of demographic segments that might otherwise be under sampled in a landline-only model.

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

About the Polk County Sample

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

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

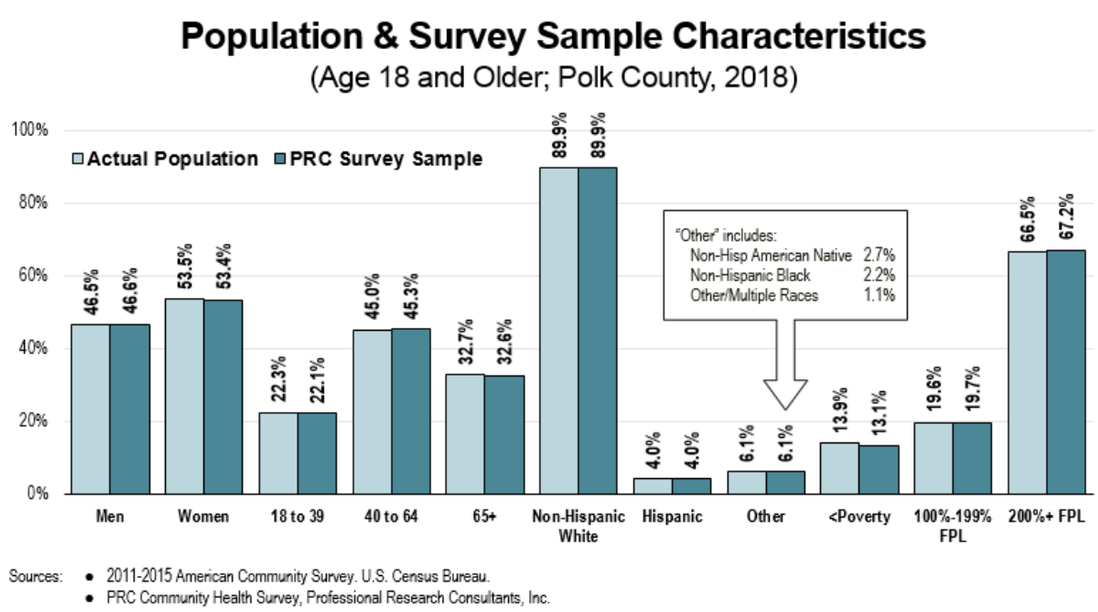
Expected Error Ranges for a Sample of 200 Respondents at the 95 Percent Level of Confidence

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

Examples:

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

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



Benchmark Data

North Carolina Risk Factor Data

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

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

Healthy People 2020
Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

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

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

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

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

Online Key Informant Survey (Primary Data)

Online Survey Methodology

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

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

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

Participation
In all, 25 community stakeholders took part in the Online Key Informant Survey for our county, as outlined below:

Local Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participating**
Community Leader	18	12
Other Health Provider	14	6
Physician	5	3
Public Health Representative	1	1
Social Services Provider	4	3

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

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

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

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

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

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

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

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

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

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

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

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

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

difference and change, both positive (e.g., increase, larger than, etc.) and negative (e.g., decrease, smaller than, etc.).

Data limitations

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

APPENDIX B – DATA PRESENTATION

2018 Community Health Assessment

Rutherford-Polk-McDowell
Health District
ycisneros@rpmhd.org

Why and When Does the CHA Happen?

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

What is the Purpose of the CHA?

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

Composed of 4 Sources

- Secondary data from the State Center for Health Statistics comparing our county to the WNC region – aggregate of 5 years (2012-2016)
- Key informant survey – 25 community leaders in Polk County
- Telephone survey of a random sample of adults in the county.
- Maps

2018 Top Two Health Priorities

1. Mental Health
2. Healthy Eating and Active Living (HEAL)

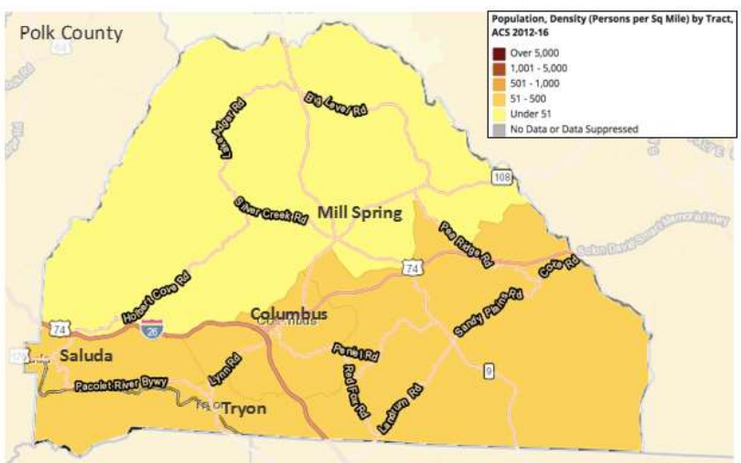
LET'S LOOK AT SOME DATA

DEMOGRAPHICS - Polk

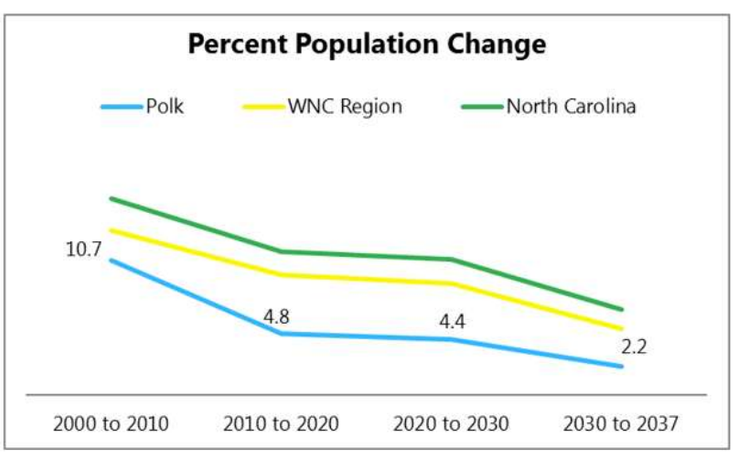
- 2016 Population Estimate: 20,324 - 47.9% male; 52.1% female
  - White: 91.2%
  - Black or African American: 5.3%
  - Hispanic or Latino: 5.7%
  - Asian: 0.1%
  - American Indian/Alaskan Native: 0.2%
  - Native Hawaiian and other Pacific Islander: 0%
- Population Percent Change: -0.9% from 2010 to 2016
  - Population in 2010: 20,510

ACS Demographic and Housing Estimates (DP05). 2016 ACS 5-year estimates. Retrieved on March 28, 2018, from U.S. Census Bureau, American FactFinder website: http://factfinder2.census.gov.

Population, Density

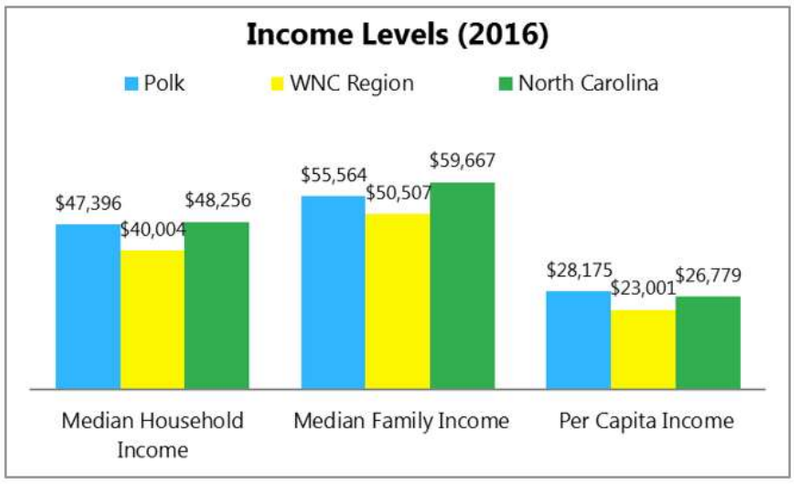


Click to see map in Community Commons



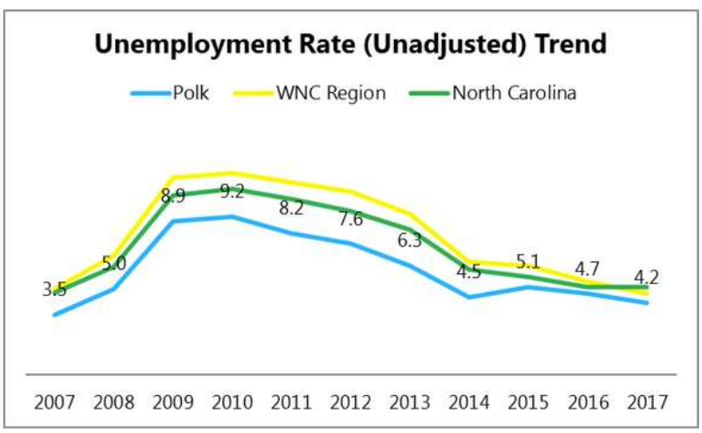
Population Growth

Population Overview - 2010-2037, last updated October 2, 2017. Retrieved March 29, 2018, from North Carolina Office of State Budget and Management County/State Population Projections website: https://www.osbm.nc.gov/demog/county-projections



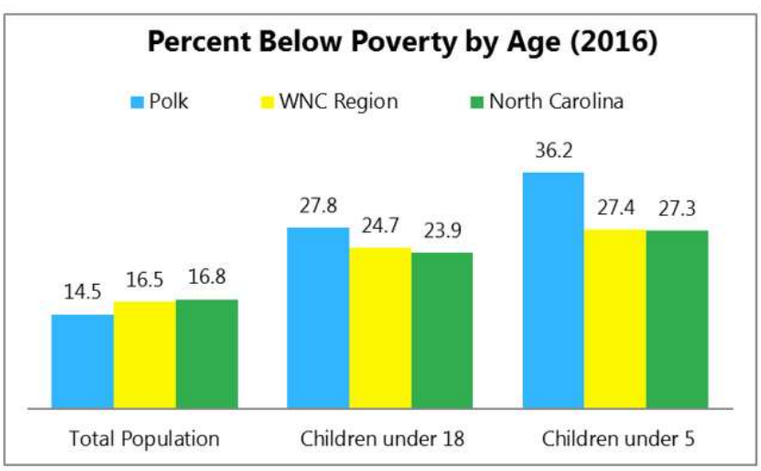
Note: Households include all the people who occupy a housing unit. The occupants may be a single family, one person living alone, or two or more families living together, or any other group of related or unrelated people who share living arrangements

Note: Family Households consist of a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. All people in a household who are related to the householder are regarded as members of his or her family. A family household may contain people not related to the householder, but those people are not included as part of the householder's family in tabulations.



Unemployment

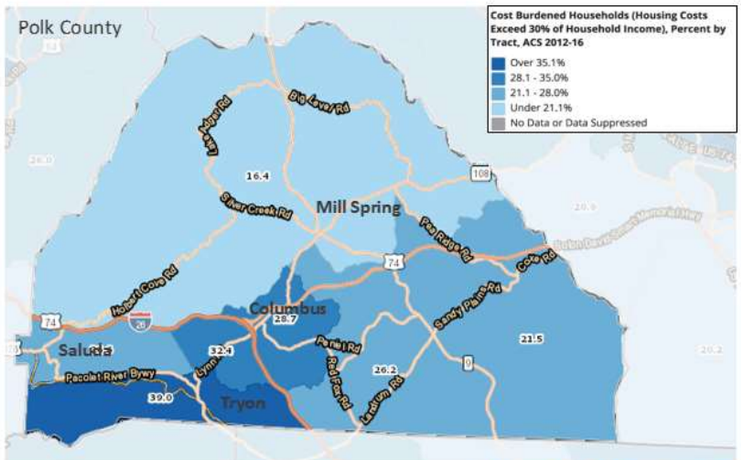
Labor Force (LAUS) - Unemployment Rate, Monthly Unadjusted, 2017. Retrieved April 24, 2018, from North Carolina Department of Commerce, Labor and Economic Analysis Division AccessNC website: https://accessnc.opendatasoft.com/pages/dashboard_laborforce_laus/



Poverty

Poverty Status in the Past 12 Months, 2012-2016 American Community Survey 5-Year Estimates (S1701). Retrieved April 3, 2018, from U.S. Census Bureau American FactFinder website: http://factfinder2.census.gov

Percent of Cost Burdened Households



Click to see map in Community Commons

Rank	Cause of Death	Polk	
		# Deaths	Death Rate
1	Cancer	287	147.2
2	Diseases of Heart	278	127.1
3	Chronic Lower Respiratory Diseases	89	39.9
4	All Other Unintentional Injuries	50	39.5
5	Cerebrovascular Disease	91	38.8
6	Alzheimer's disease	76	28.9
7	Suicide	25	18.9
8	Pneumonia and Influenza	41	17.7
9	Nephritis, Nephrotic Syndrome, and Nephrosis	24	12.6
10	Diabetes Mellitus	28	12.1
11	Unintentional Motor Vehicle Injuries	**9**	**10.2**
12	Septicemia	**19**	**8.1**
13	Chronic Liver Disease and Cirrhosis	**12**	**7.9**
14	Homicide	**1**	**1.8**
15	Acquired Immune Deficiency Syndrome	**1**	**1.0**
All Causes (some not listed)		1,407	680.1

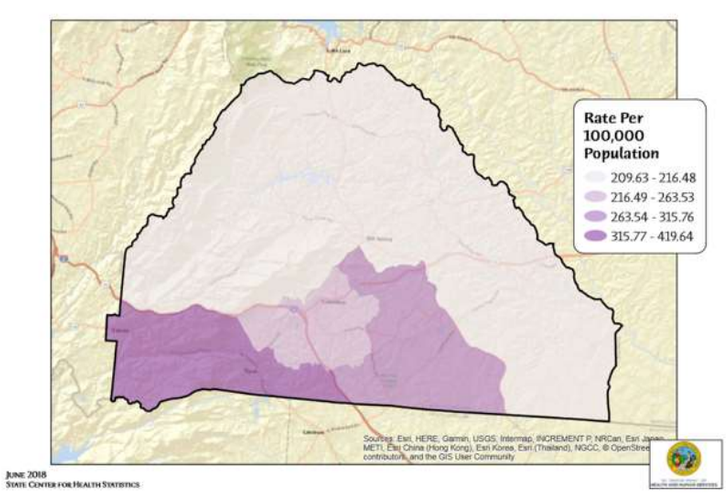
LEADING CAUSES OF DEATH

Note: Rates based on fewer than 20 cases (indicated by N/A) are unstable and have been presented in bold.

Note: Death rates are age-adjusted

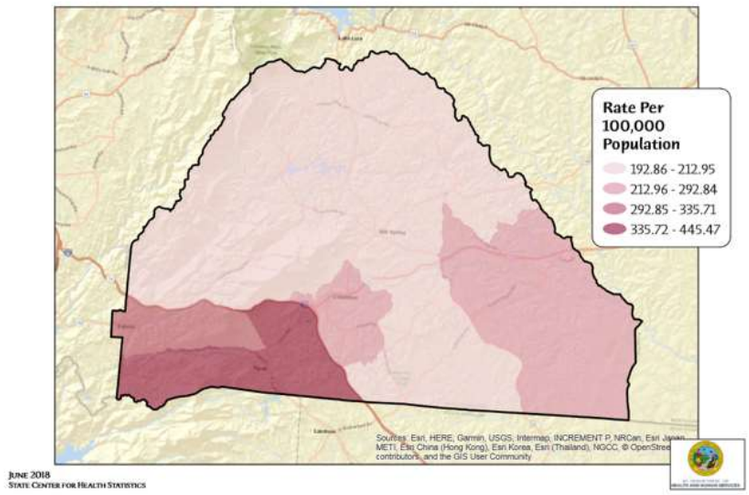
Source for unstable rates: 2016 North Carolina Vital Statistics, Volume 2: Leading Causes of Death. Retrieved June 22, 2018 from North Carolina Center for Health Statistics Vital Statistics website: https://schs.dph.ncdhhs.gov/data/vital/lcd/2016/

All Cancers Mortality Rates



June 2018
State Center for Health Statistics

Heart Disease Mortality Rates

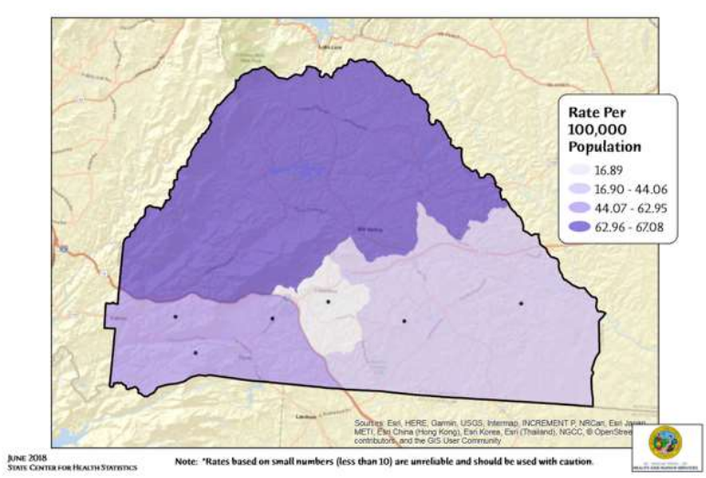


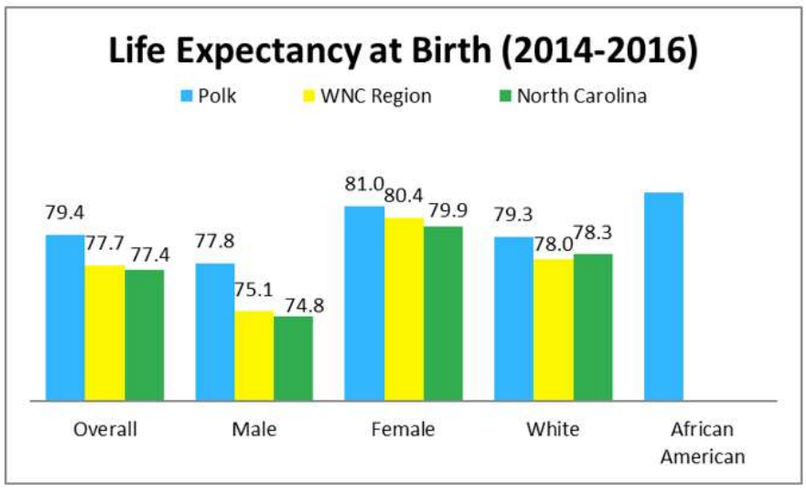
Polk County				
Age Group	Rank	Leading Cause of Death	# Deaths	Death Rate
00-19	1	Conditions originating in the perinatal period	2	10.2
	2	Congenital anomalies (birth defects)	2	10.2
	3	Nephritis, nephrotic syndrome, & nephrosis	1	5.1
		Motor vehicle injuries	1	5.1
		Homicide	1	5.1
20-39	1	Other Unintentional injuries	11	65.3
	2	Cancer - All Sites	3	17.8
		Motor vehicle injuries	3	17.8
		Suicide	3	17.8
40-64	1	Cancer - All Sites	73	197.3
	2	Diseases of the heart	27	127.0
	3	Other Unintentional injuries	16	43.2
65-84	1	Cancer - All Sites	156	663.5
	2	Diseases of the heart	101	429.6
	3	Chronic lower respiratory diseases	43	182.9
85+	1	Diseases of the heart	128	2762.8
	2	Cancer - All Sites	55	1187.1
		Alzheimer's disease	55	1187.1

Causes of Death by Age

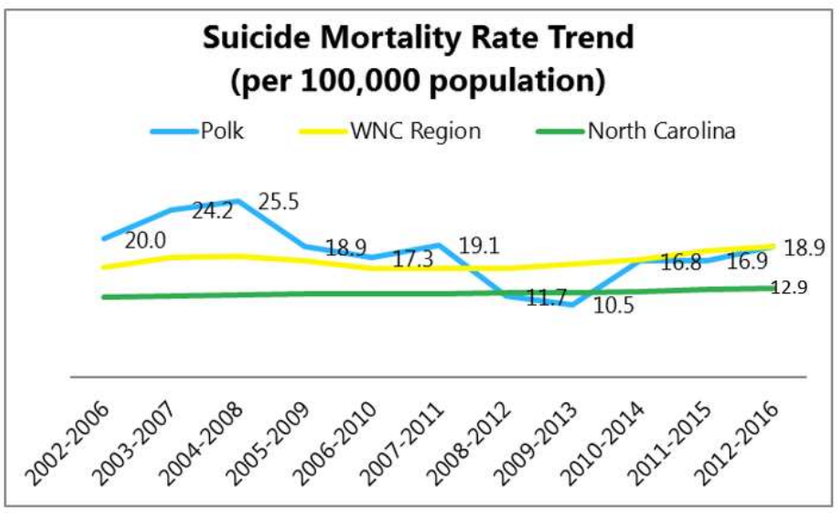
2012-2016 Death Counts and Crude Death Races per 100,000 Popilation for Leading Causes of Death, by Age Groups NC 2012-2016. Retrieved June 25, 2018, from North Carolina Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: https://schs.dph.ncdhhs.gov/data/databook/

Other Unintentional Injuries Mortality Rates





2016 State of North Carolina and 2014-2016 County Life Expectancy at Birth. Retrieved June 22, 2018, North Carolina Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: https://schs.dph.ncdhhs.gov/data/databook/



2012-2016 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B). Retrieved on June 25, 2018, from North Carolina State Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: https://schs.dph.ncdhhs.gov/data/databook/

Unintentional Falls Mortality

Age-Adjusted Rate per 100,000 Population

County	2016			
	Number of Unintentional Fall-Related Deaths, Ages 65 and Over (2015)[a]			
	Total (All Ages)	65 to 74	75 to 84	85 and Over
Buncombe	57	8	19	25
Cherokee	1	0	1	0
Clay	3	1	1	1
Graham	2	0	0	2
Haywood	11	2	3	4
Henderson	47	4	10	28
Jackson	5	0	2	2
Macon	8	0	3	5
Madison	2	0	0	1
McDowell	4	0	3	0
Mitchell	9	1	1	5
Polk	8	0	1	3
Rutherford	12	2	3	5
Swain	1	1	0	0
Transylvania	9	1	5	2
Yancey	2	0	0	2
WNC (Regional) Total	181	20	52	85
WNC (Regional) Arithmetic Mean	-	-	-	-
State Total	1,226	169	325	547

Detailed Mortality Statistics, North Carolina Residents, 2016. Retrieved July 2, 2018, from North Carolina Center for Health Statistics, Vital Statistics website: https://schs.dph.ncdhhs.gov/data/vital.cfm

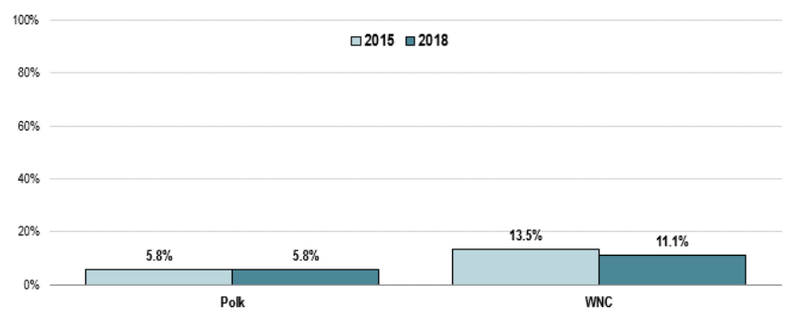
Top Three County Issues Perceived as in Most Need of Improvement (2018)

	Polk	WNC
Availability of Employment		✓
Road Maintenance	✓	✓
Higher Paying Employment	✓	
Drugs		
Affordable/Better Housing		✓
Nothing	✓	

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

Notes: • Asked of all respondents.

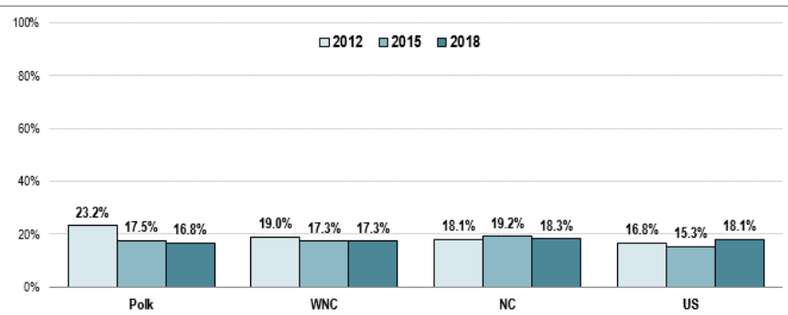
County Is a "Fair/Poor" Place to Live



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]

Notes: • Asked of all respondents.

Experience "Fair" or "Poor" Overall Health



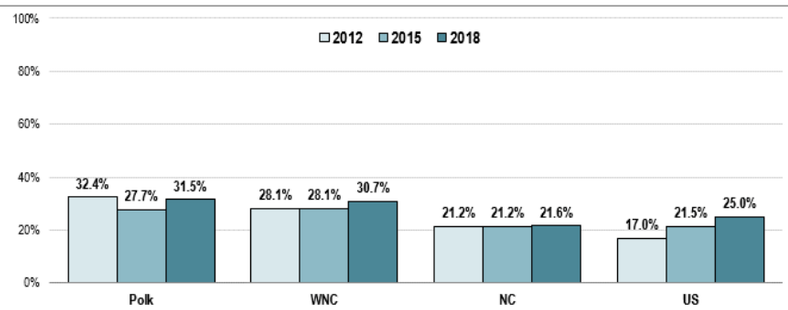
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem

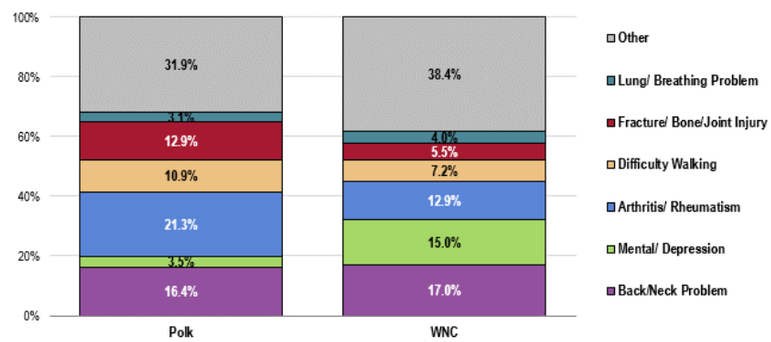


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; By County, 2018)

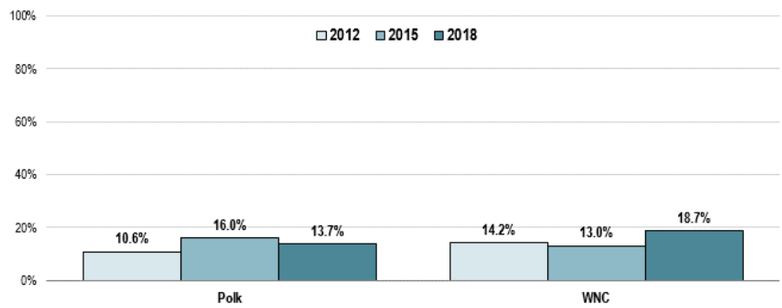


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]

Notes:
- Asked of respondents who noted some type of activity limitation.

Mental Health

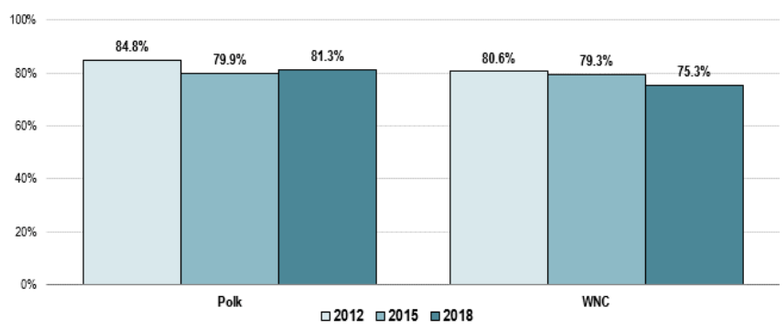
>7 Days of Poor Mental Health in the Past Month



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 337]

Notes: • Asked of all respondents.

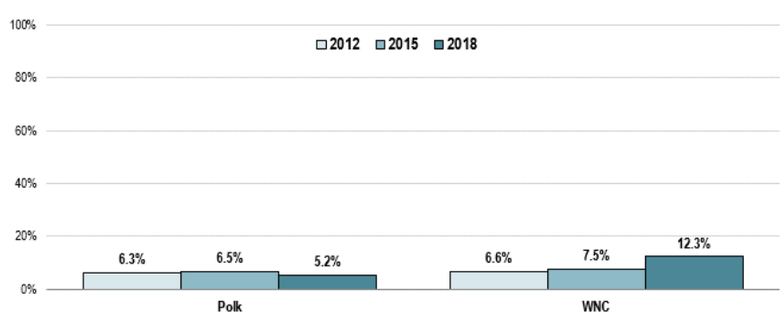
"Always" or "Usually" Get Needed Social/Emotional Support



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 336]

Notes: • Includes "always" and "usually" responses.

Did Not Get Mental Health Care or Counseling that was Needed in the Past Year

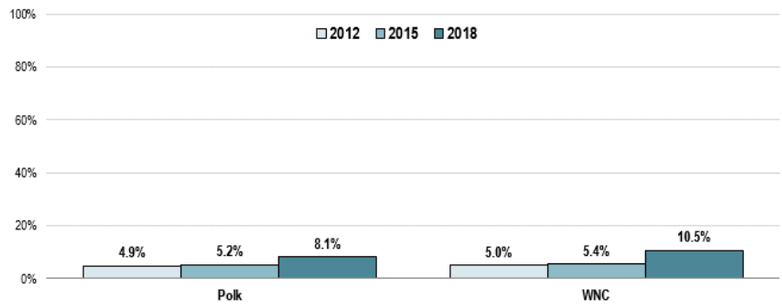


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]

Notes: • Asked of all respondents.

Dissatisfied with Life

("Dissatisfied" and "Very Dissatisfied" Responses)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 335]

Notes: • Asked of all respondents.

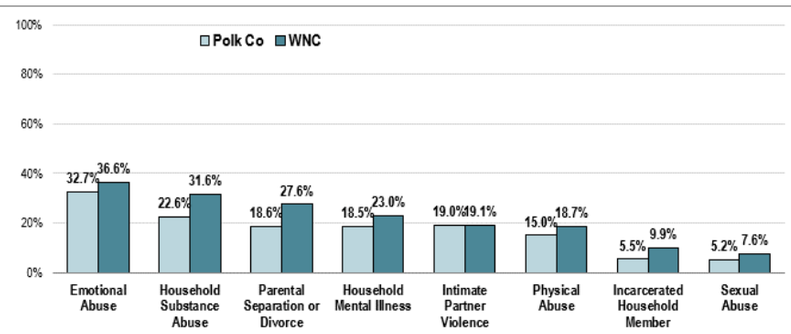
Adverse Childhood Experiences (ACEs)

Category	Question
Household Mental Illness	Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?
Household Substance Abuse	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?
	Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?
Incarcerated Household Member	Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
Parental Separation or Divorce	Before you were 18 years of age, were your parents separated or divorced?
Intimate Partner Violence	Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up?
Physical Abuse	Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking.
Emotional Abuse	Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down?
Sexual Abuse	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex?

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 339-349, 351-360]

Experienced Adverse Childhood Experiences (ACEs) Prior to Age 18

(2018)



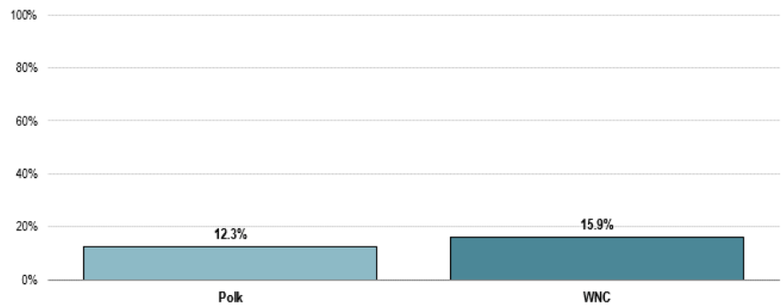
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 351-358]

Notes: • Asked of all respondents (Adults 18+).

• ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.

Prevalence of High ACE Scores (4 or More)

(2018)



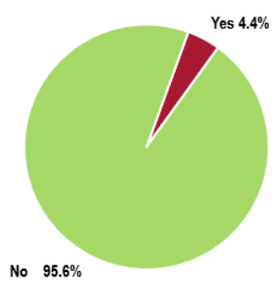
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 359]

Notes: • Asked of all respondents (Adults 18+).

• ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.

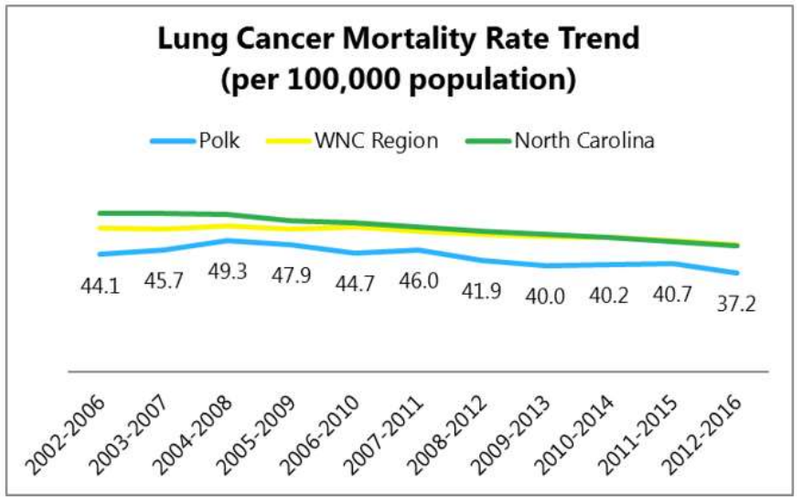
• Adults with at least one adverse childhood experience (ACE) are categorized as having a low ACE score (1-3 ACEs) or a high score (4+ ACEs).

Mental or Emotional Problems Made It Difficult for a Member of the Household to Hold a Job in the Past Year

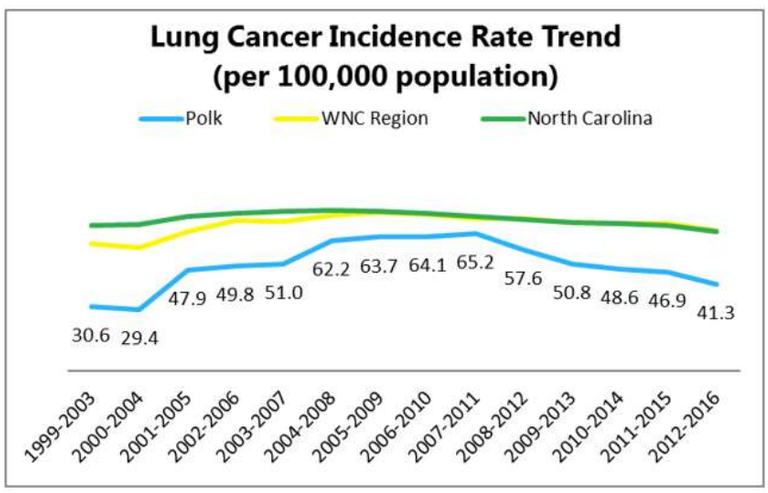


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 338]

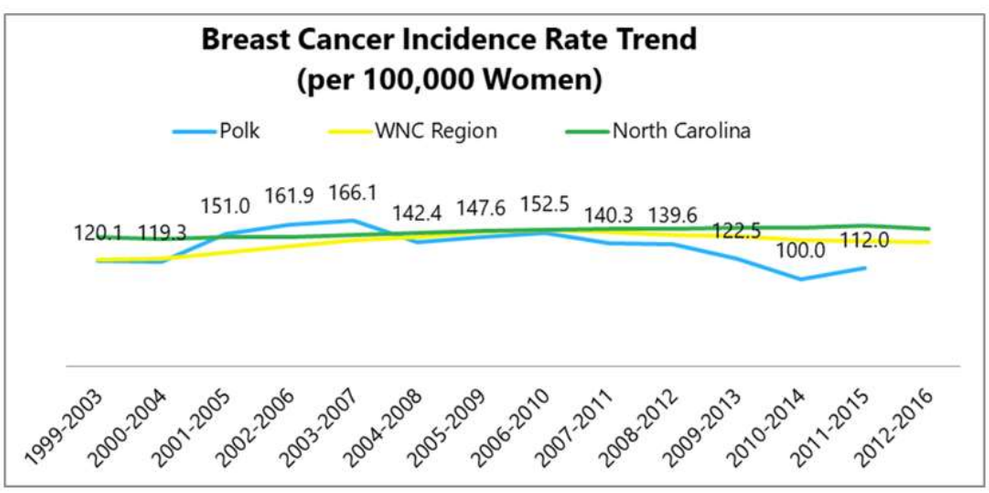
Chronic Disease



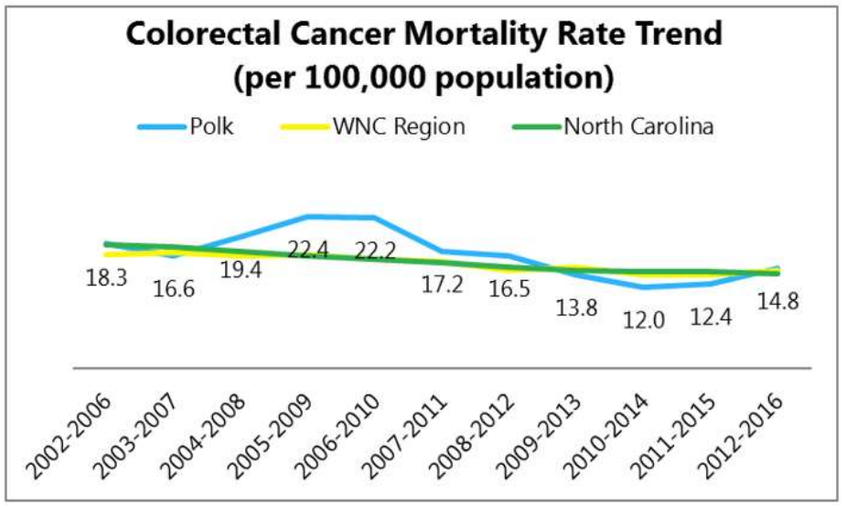
2012-2016 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B). Retrieved on June 25, 2018, from North Carolina State Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: https://schs.dph.ncdhhs.gov/data/databook/



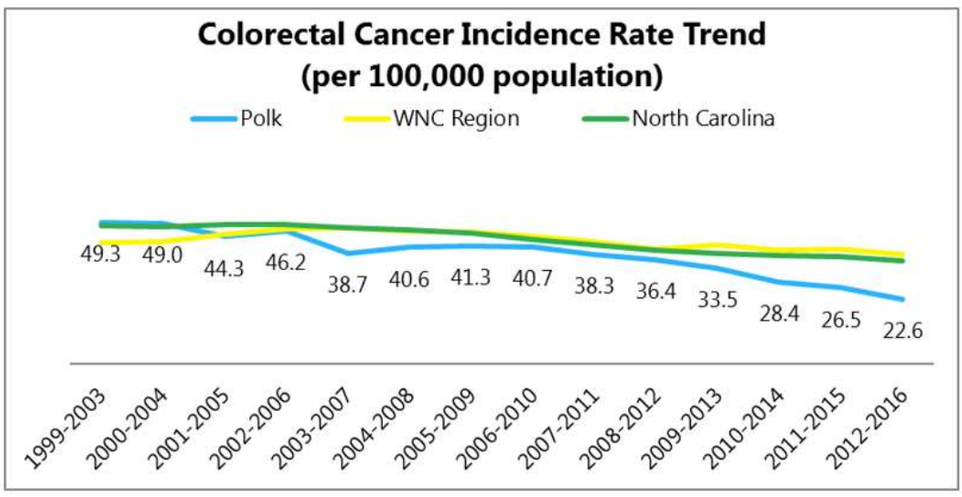
Preliminary 2012-2016 NC Cancer Incidence Rates per 100,000 Population Age-Adjusted to the 2000 US Census. Retrieved June 28, 2018, from North Carolina State Center for Health Statistics (NC SCHS), Central Cancer Registry. http://www.schs.state.nc.us/data/cancer/incidence_rates.htm



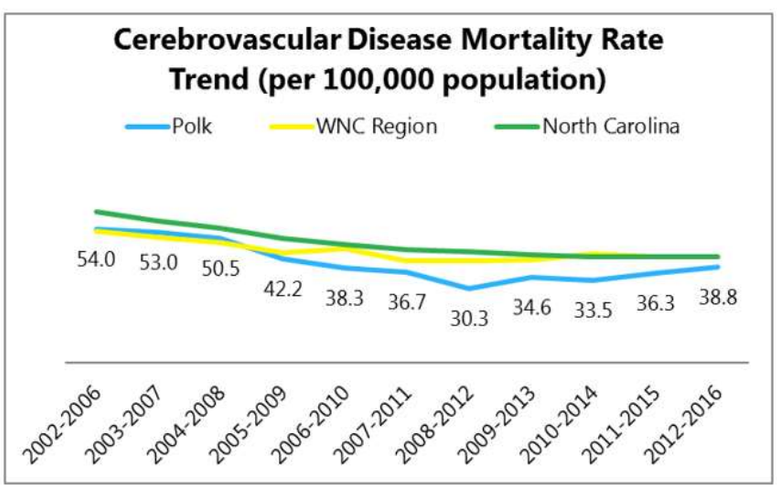
14 - Preliminary 2012-2016 NC Cancer Incidence Rates per 100,000 Population Age-Adjusted to the 2000 US Census. Retrieved June 28, 2018, from North Carolina State Center for Health Statistics (NC SCHS), Central Cancer Registry. http://www.schs.state.nc.us/data/cancer/incidence_rates.htm



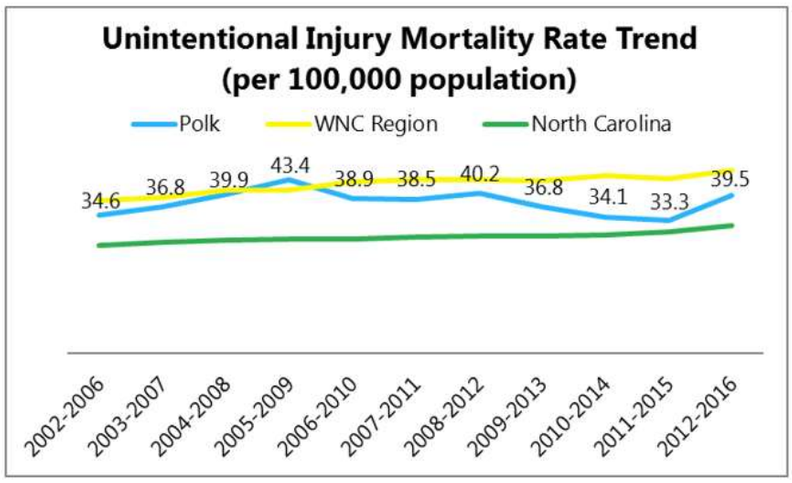
2012-2016 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B). Retrieved on June 25, 2018, from North Carolina State Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: https://schs.dph.ncdhhs.gov/data/databook/



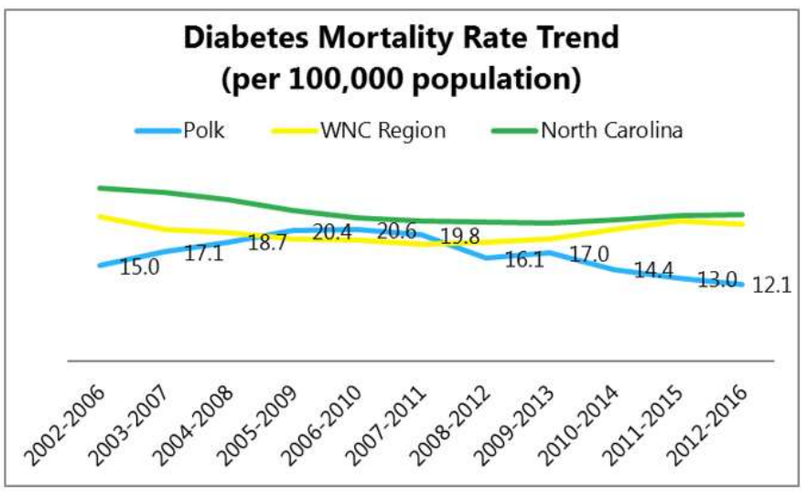
Preliminary 2012-2016 NC Cancer Incidence Rates per 100,000 Population Age-Adjusted to the 2000 US Census. Retrieved June 28, 2018, from North Carolina State Center for Health Statistics (NC SCHS), Central Cancer Registry. http://www.schs.state.nc.us/data/cancer/incidence_rates.htm



2012-2016 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B). Retrieved on June 25, 2018, from North Carolina State Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: https://schs.dph.ncdhhs.gov/data/databook/

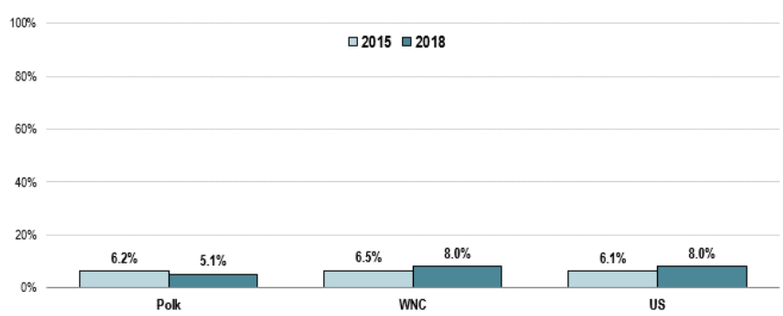


2012-2016 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B). Retrieved on June 25, 2018, from North Carolina State Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: https://schs.dph.ncdhhs.gov/data/databook/



2012-2016 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B). Retrieved on June 25, 2018, from North Carolina State Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: https://schs.dph.ncdhhs.gov/data/databook/

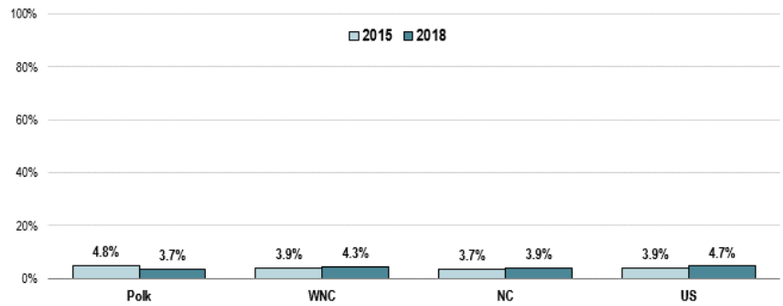
Prevalence of Heart Disease



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

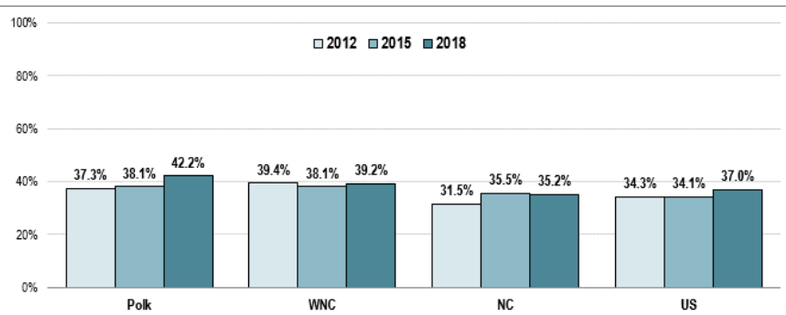
Prevalence of Stroke



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Prevalence of High Blood Pressure

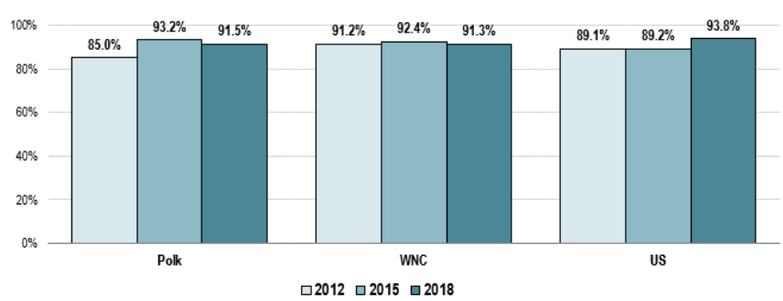
Healthy People 2020 Target = 26.9% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Taking Action to Control High Blood Pressure

(Among Adults with High Blood Pressure)

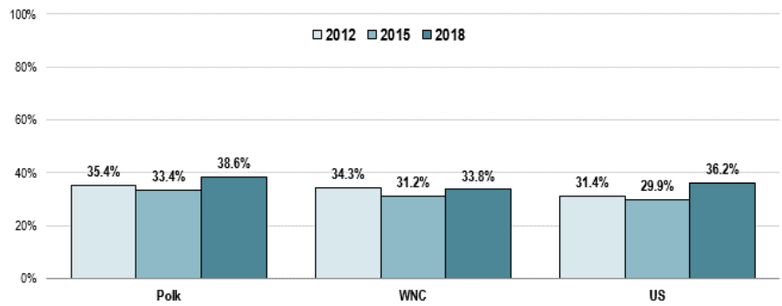


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 41]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

Prevalence of High Blood Cholesterol

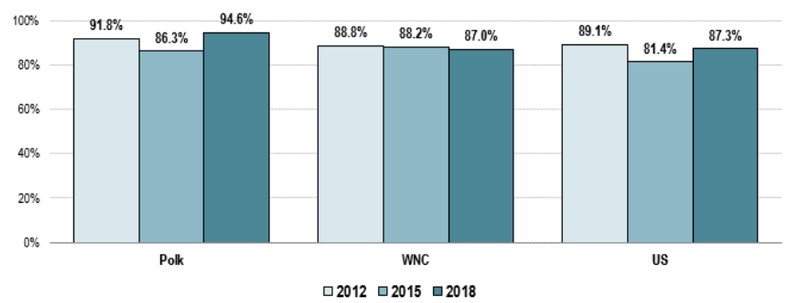
Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Taking Action to Control High Blood Cholesterol

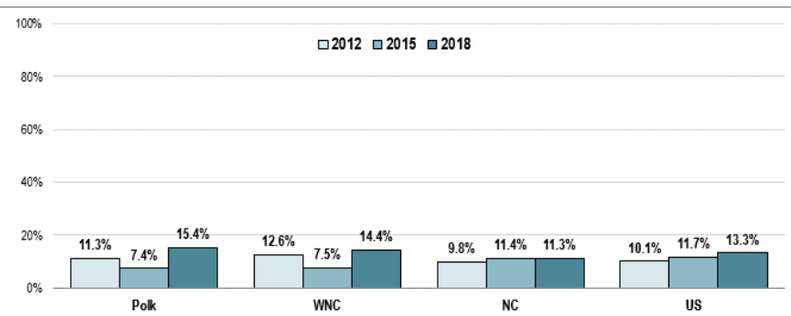
(Among Adults with High Blood Cholesterol Levels)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

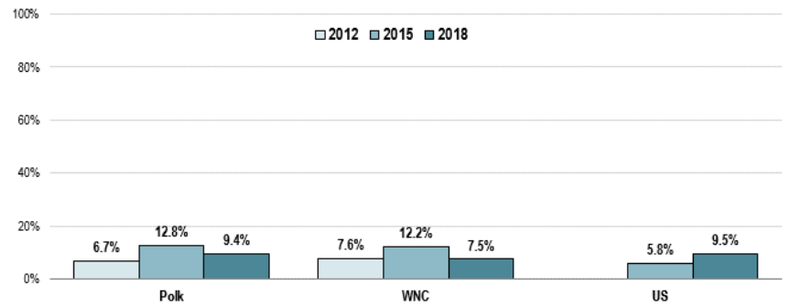
Notes:
- Asked of respondents reporting having ever been diagnosed with high blood cholesterol.

Prevalence of Diabetes (Ever Diagnosed)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

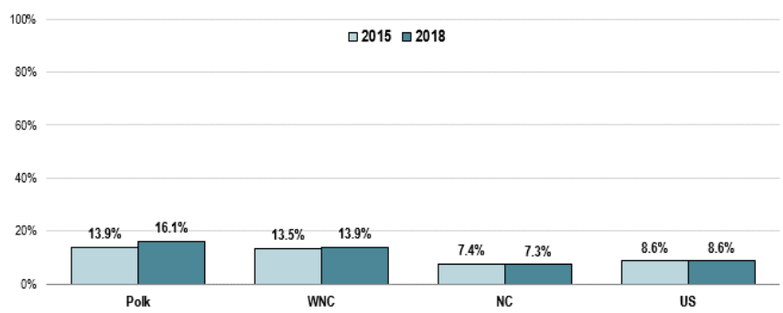
Prevalence of Borderline or Pre-Diabetes



Sources:

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

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

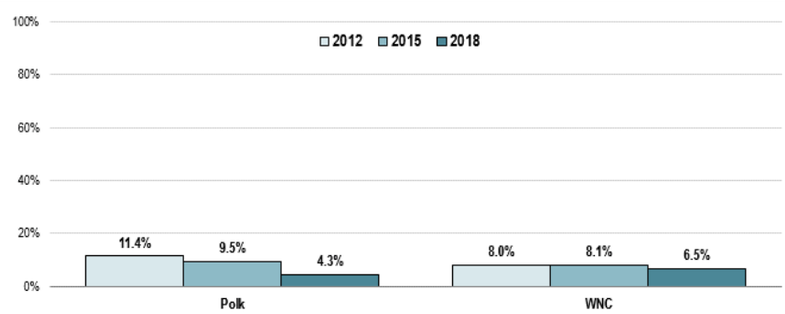
Food and Nutrition

Food & Nutrition Services (SNAP)

	January 2018								
	Cases	Participants	Caucasian	African American	Other Races	Hispanic	Individuals 65 and Older	Individuals Under 18	Children aged 5 to 17
Polk	1,026	2,274	1,942	275	57	207	238	831	582
WNC Region	199,743	113,647	97,526	11,281	4,832	10,148	10,867	42,943	30,323
State	702,445	1,620,475	801,542	705,845	113,088	213,982	119,239	694,660	489,550

Table of Summary Data: Race and Age Breakdown. Food and Nutrition Services: Point in Time Data. Retrieved April 20, 2018 from UNC-CH Jordan Institite for Families Management Assistance for Child Welface, Work First and Food & Nutrition Services in North Carolina website: http://ssw.unc.edu/ma/

Consume Five or More Servings of Fruits/Vegetables Per Day

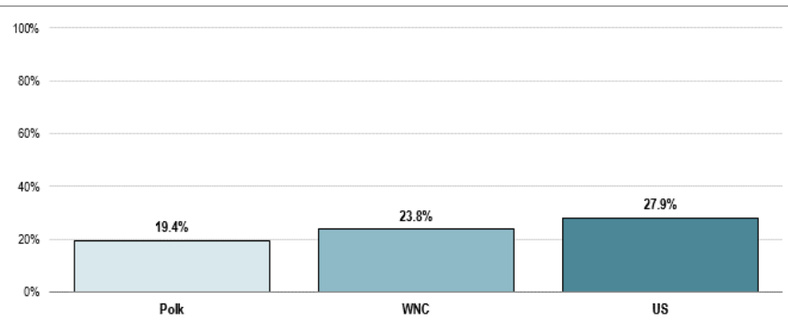


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]

Notes: • For this issue, respondents were asked to recall their food intake during the previous week. Reflects 1-cup servings of fruits and/or vegetables in the past week, excluding lettuce salad and potatoes.

Food Insecurity

(2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]

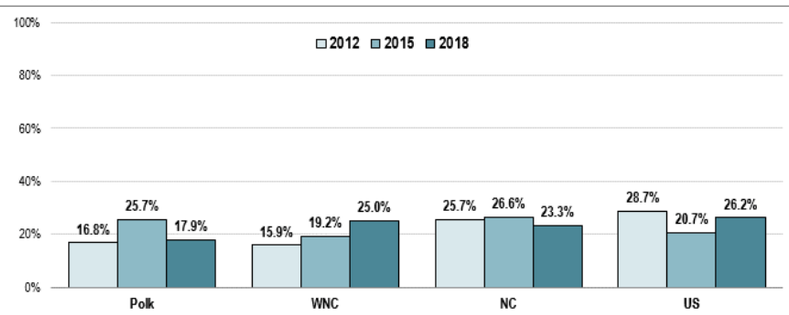
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

Physical Activity

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower

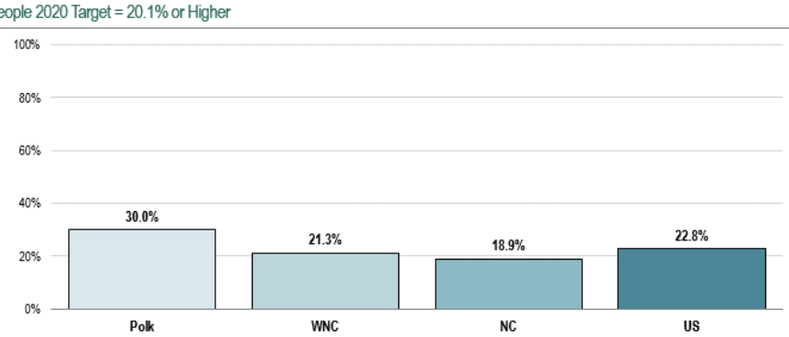


Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Meets Physical Activity Recommendations

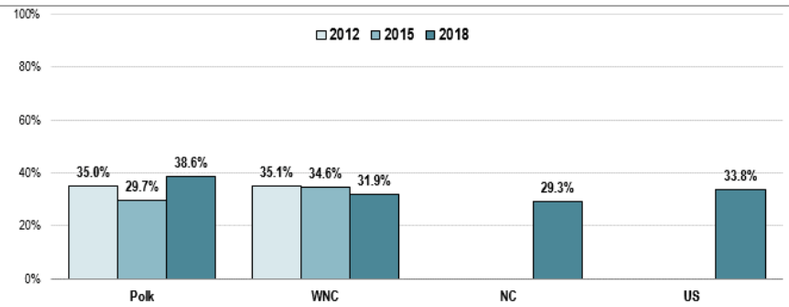
Healthy People 2020 Target = 20.1% or Higher



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Strengthening Physical Activity



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

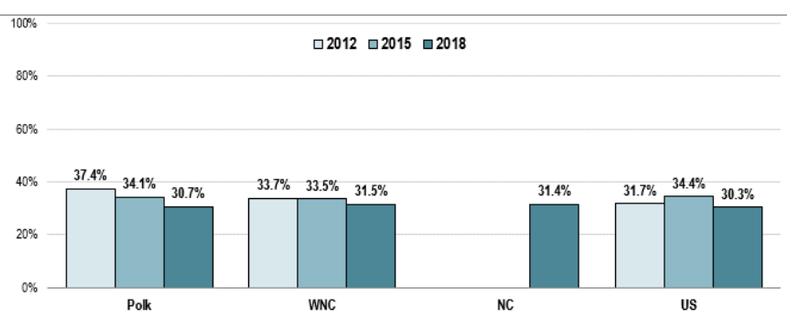
Notes:
- Takes part in physical activities or exercises that strengthen muscles at least 2 times per week.

Weight

Healthy Weight

(Body Mass Index Between 18.5 and 24.9)

Healthy People 2020 Target = 33.9% or Higher

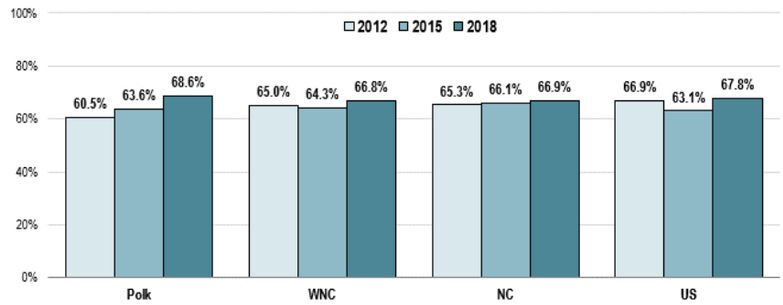


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]

Notes:
- Based on reported heights and weights; asked of all respondents.

Total Overweight (Overweight or Obese)

(Body Mass Index of 25.0 or Higher)



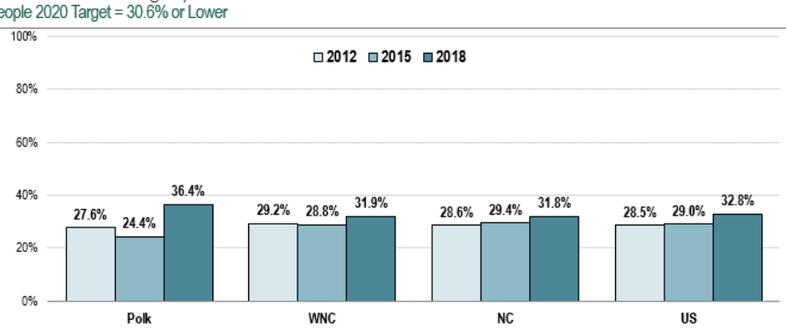
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.

Notes:
- Based on reported heights and weights; asked of all respondents. The definition of overweight is having a body mass index (BMI),greater than or equal to 25.0. The definition for obesity is a BMI greater than or equal to 30.0.

Obesity

(Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.6% or Lower



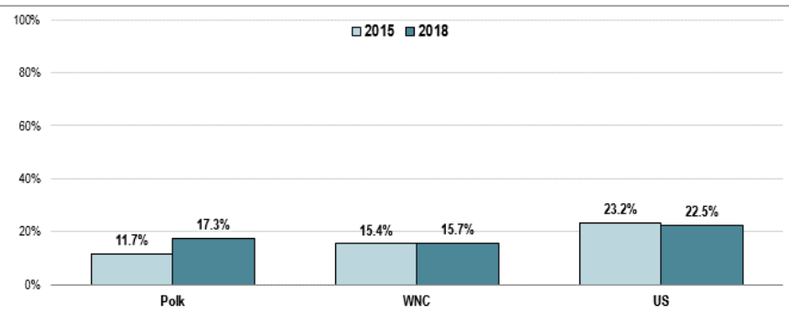
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights; asked of all respondents. The definition of obesity is having a body mass index (BMI) greater than or equal to 30.0.

Alcohol Use

Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

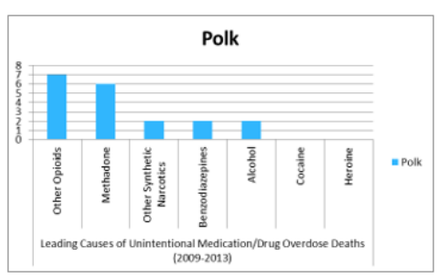
Notes:
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion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

Substance Misuse

Unintentional Medication Overdose Deaths 2009-2013

County	Leading Causes of Unintentional Medication/Drug Overdose Deaths (2009-2013)						
	Other Opioids	Methadone	Other Synthetic Narcotics	Benzodiazepines	Alcohol	Cocaine	Heroine
Polk	7	6	2	2	2	0	0
WNC (Regional) Total	212	122	77	56	46	31	11
State Total	1,717	915	599	504	429	786	511

Source: Medication and Drug Poisoning. Prepared April 19, 2015, by the Injury Epidemiology and Surveillance Unit, Injury and Violence Prevention Branch, Chronic Diseaese and Injury Section, N.C. Division of Public Health .

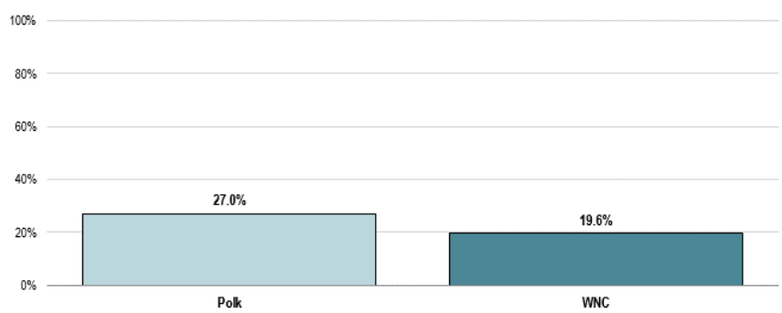


Opioid Dashboard Data

County	Unintentional Opioid Related Deaths		ED visits that received an opioid overdose diagnosis		Average Rate of Multiple Provider Episodes for Prescription Opioids*		Opioid Pills Dispensed		Percent of Opioid Deaths Involving heroin or fentanyl or Fentanyl	
	in the 3rd Q 2017	YTD total as of 3rd Q 2017	in the 1st Quarter 2018	YTD total as of 1st Q 2018	in the 4th Q 2017	YTD total as of 4th Q 2017	in the 4th Q 2017	YTD total as of 4th Q 2017	in the 4th Q 2017	YTD total as of 4th Q 2017
Polk	0	1	<10	<10	0.0	4.8	177,000	786,000	50.0	50.0
WNC (Regional) Total	386.625	1181.25	1451.75	1451.75	-	-	134,351,751	578,901,814	-	-
State Total	358	1,056	1,327	1,327	12.5	16.1	120,950,000	520,785,000	81.1	75.8

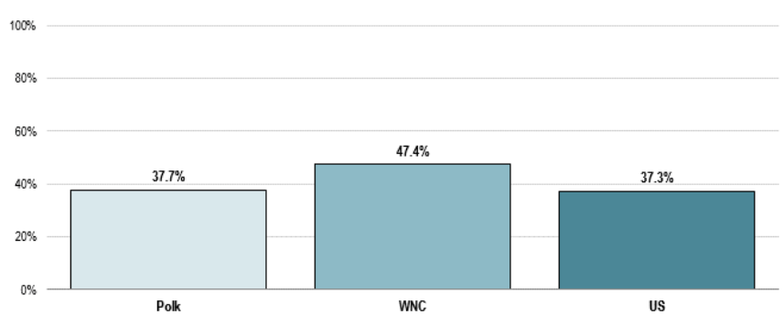
Metric Summary Table [by county and state]. Retrieved July 2, 2018 from the NC Opioid Action Plan Dashboard website. https://injuryfreenc.shinyapps.io/OpioidActionPlan/

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]

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

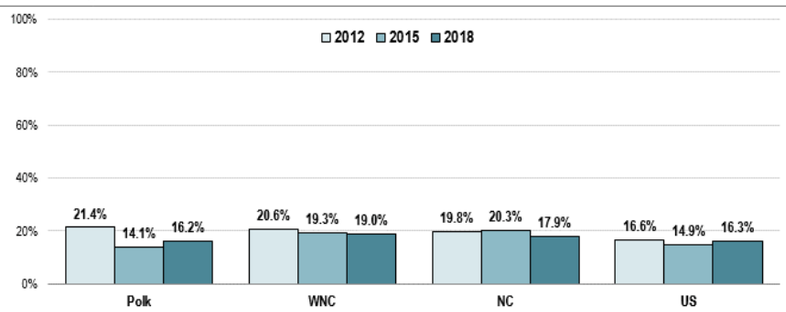


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]

Tobacco Use

Current Smokers

Healthy People 2020 Target = 12.0% or Lower

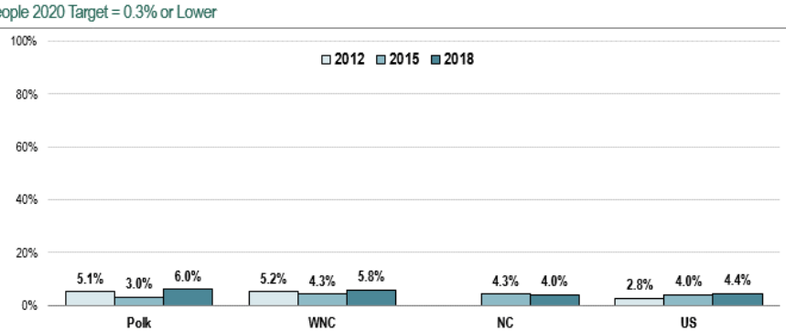


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Includes regular and occasional smokers (everyday and some days).

Currently Use Smokeless Tobacco Products

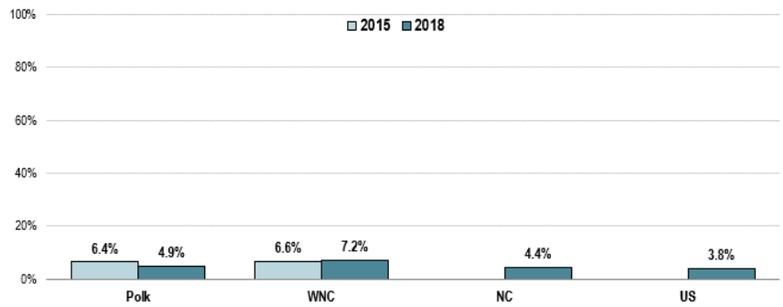
Healthy People 2020 Target = 0.3% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]

Notes:
- Includes regular and occasional smokers (everyday and some days).

Currently Use Vaping Products (Such as E-Cigarettes)

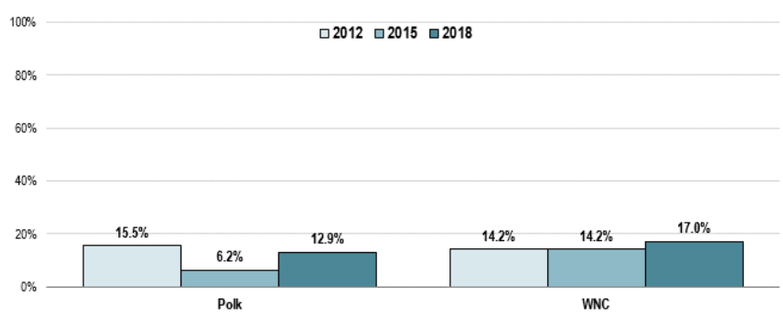


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.

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

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

(Employed Respondents)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]

Now Let's Talk About Possible Strategies

1. Mental Health
2. Healthy Eating and Active Living (HEAL)

APPENDIX C – COUNTY MAPS

Polk County Maps

Community Health (Needs) Assessment
2018

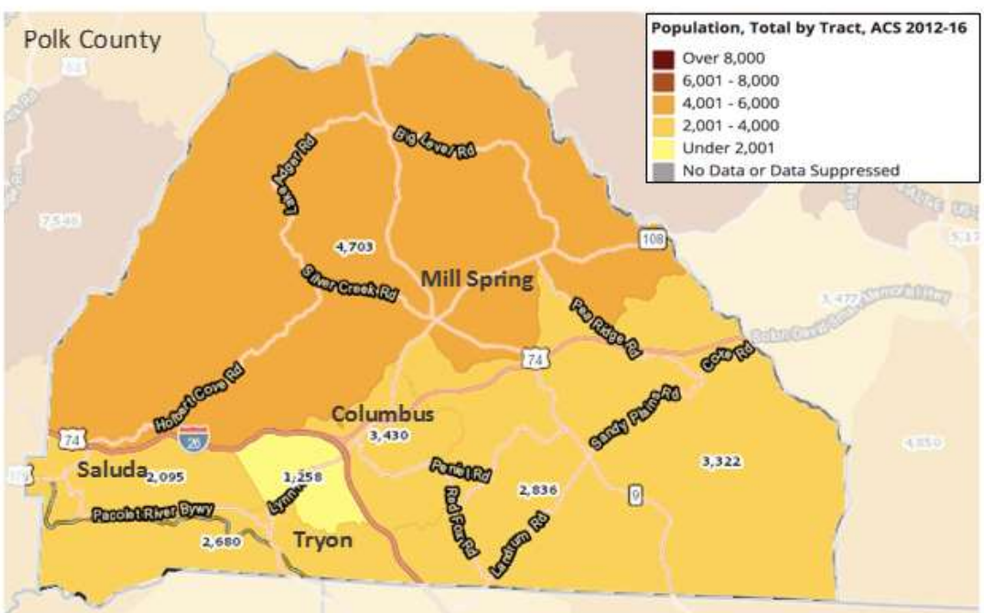
Why use maps?

- To show variation across the county (or a lack of it)
  - Using only one number or statistic to describe the entire county can hide variation across communities. Maps can show if communities are different.
- To show vulnerable populations
  - Mapping demographic information can show us where our most vulnerable populations live.
- To show masked associations
  - Maps can show where specific factors occur simultaneously.

Maps are one piece of the data puzzle

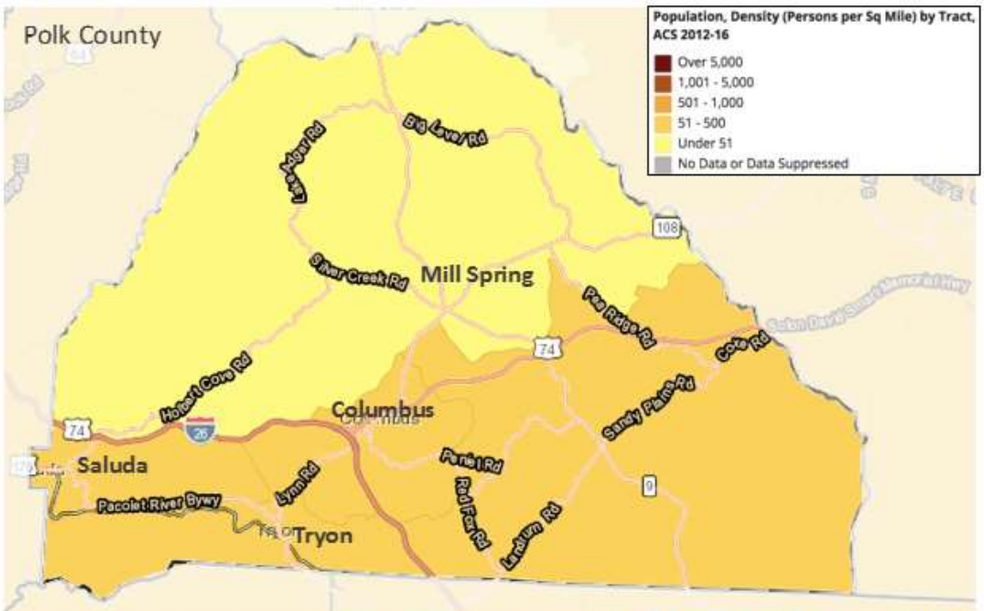
- Maps can be misleading and are best used to highlight which communities to investigate further.
  - Reliability of data decreases as it is cut into smaller and smaller pieces. Therefore, maps of census tract data have greater margins of error than county statistics.
- Maps should be supported by talking with community members or service providers specific to the community of interest to learn more about the community's needs and opportunities.

Population, Total



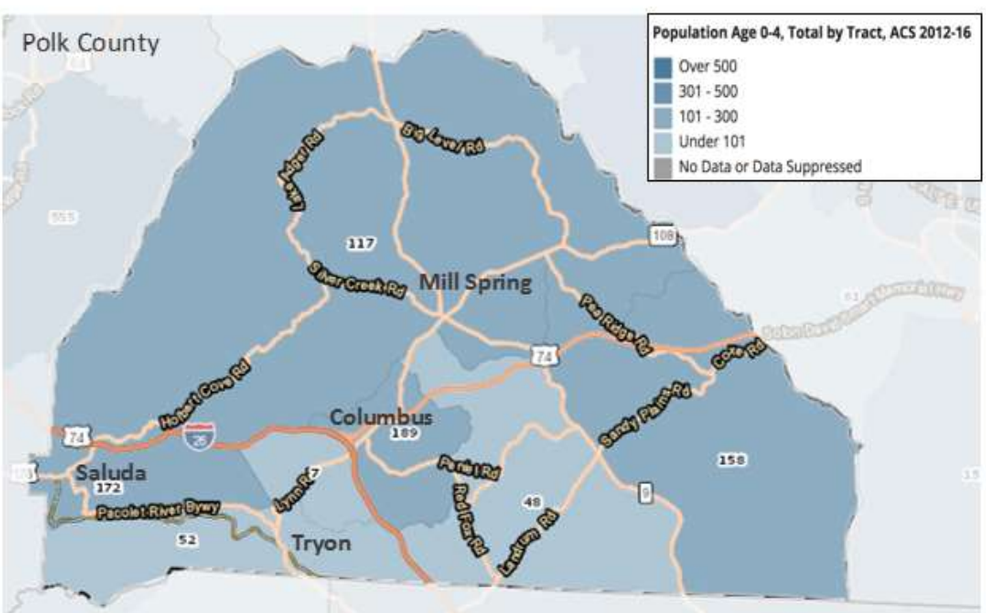
Click to see map in Community Commons

Population, Density



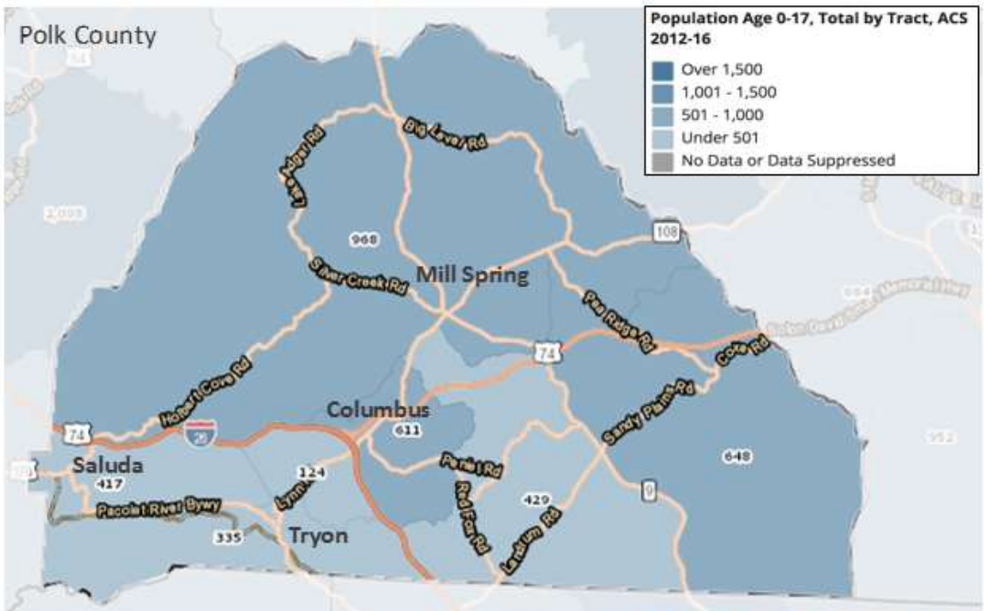
Click to see map in Community Commons

Population, Age 0-4



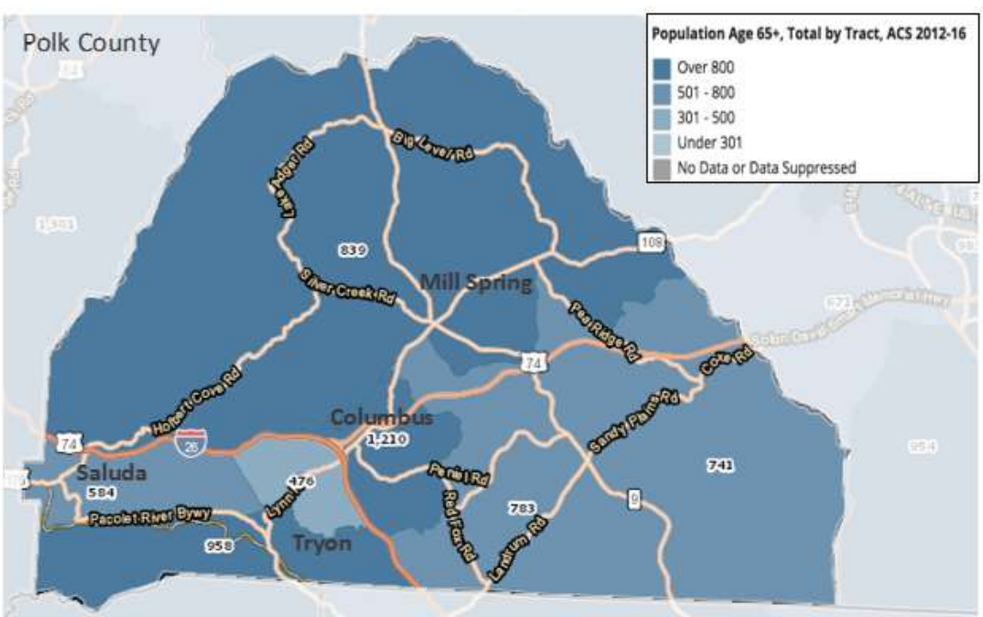
Click to see map in Community Commons

Population, Age 0-17



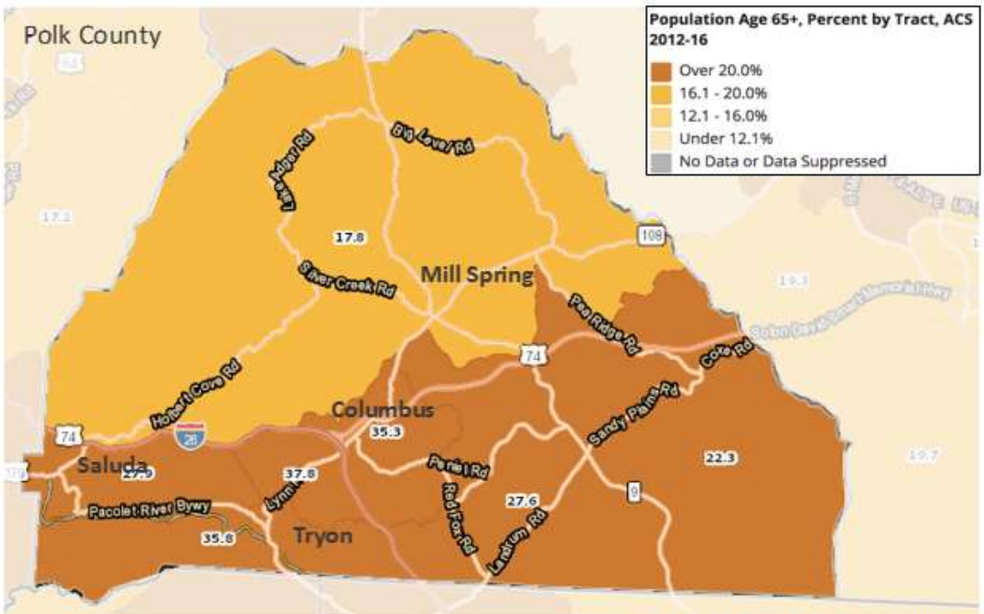
Click to see map in Community Commons

Population, Age 65+



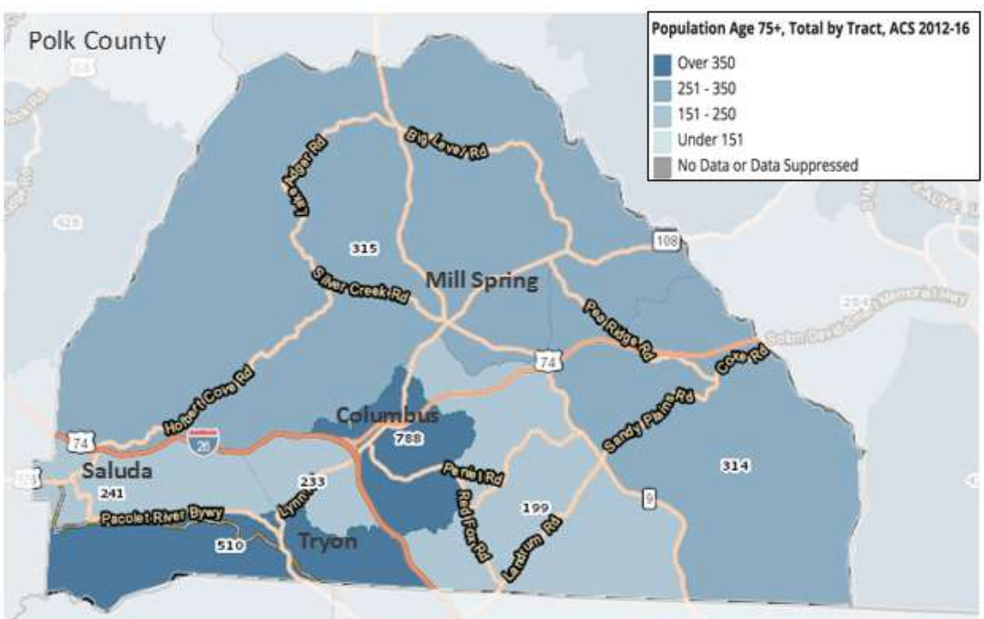
Click to see map in Community Commons

Percent of the Population, Age 65+



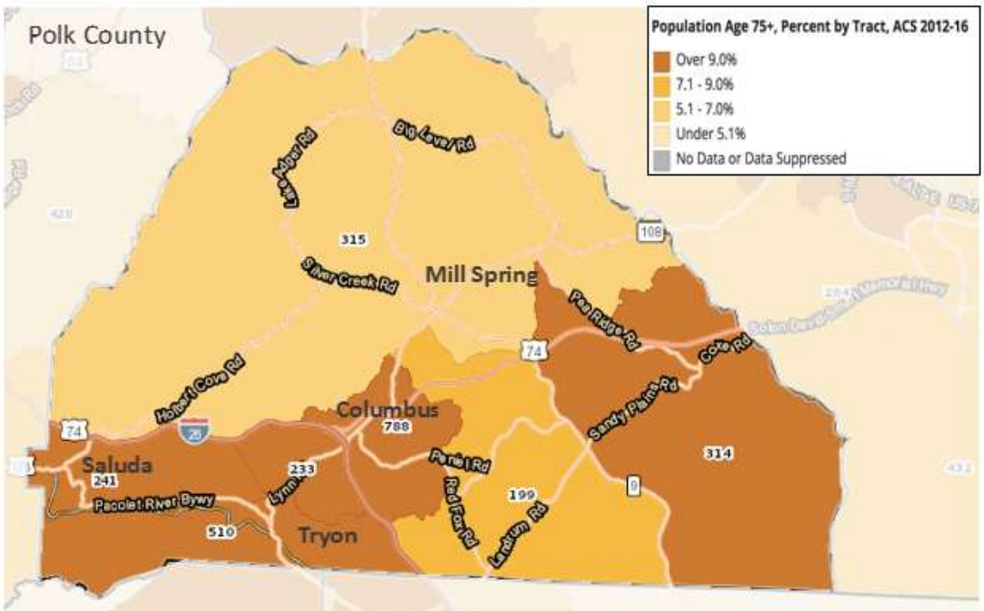
Click to see map in Community Commons

Population, Age 75+



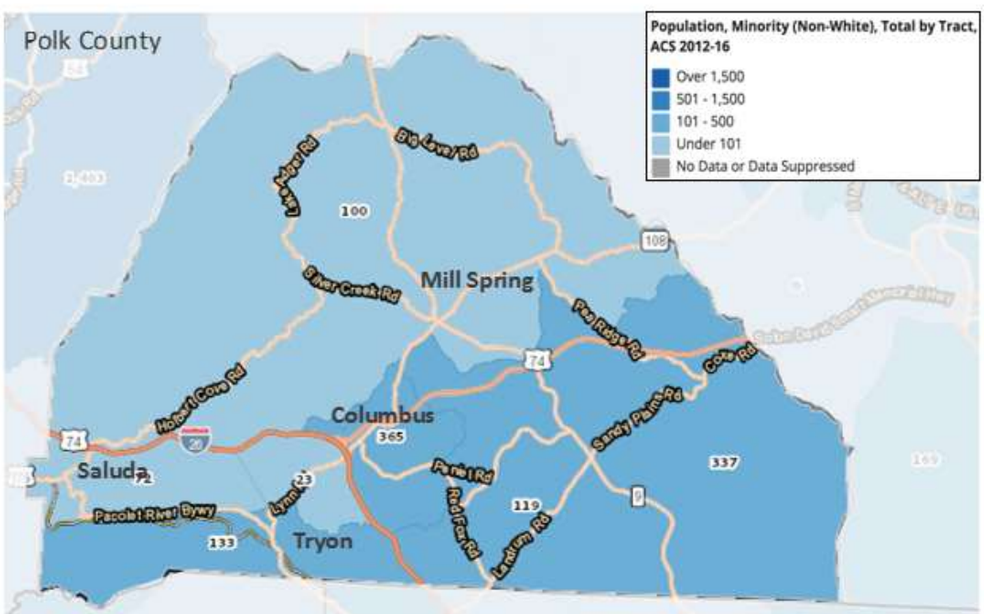
Click to see map in Community Commons

Percent of the Population, Age 75+



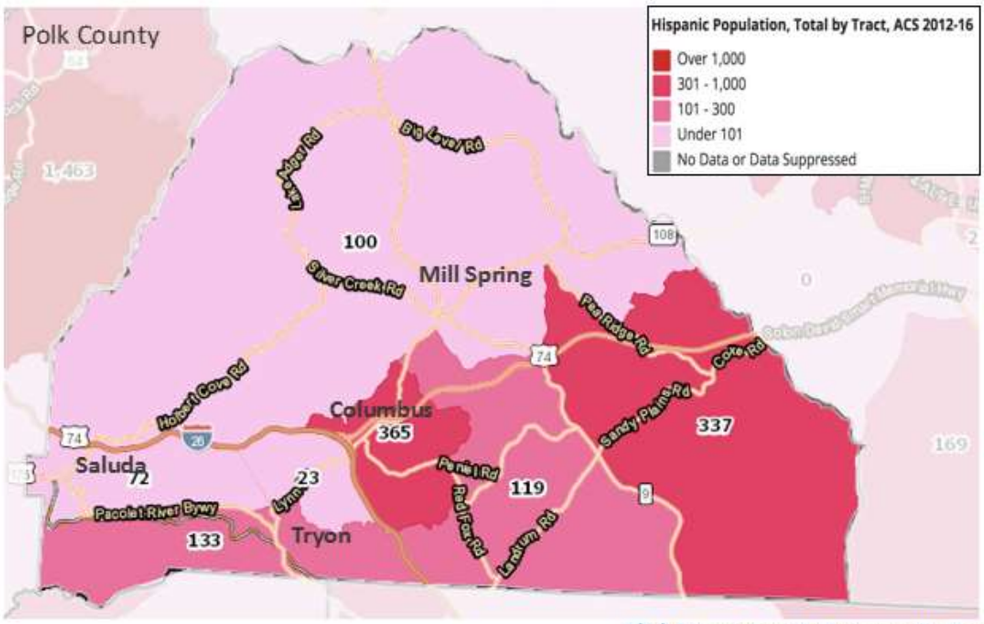
Click to see map in Community Commons

Population, Minority (Non-White)



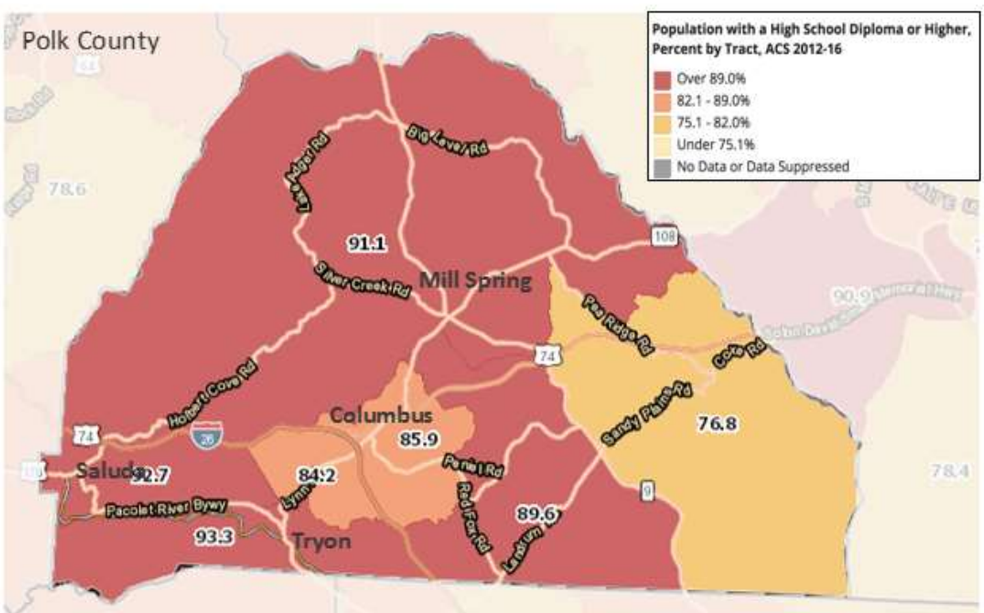
Click to see map in Community Commons

Population, Hispanic



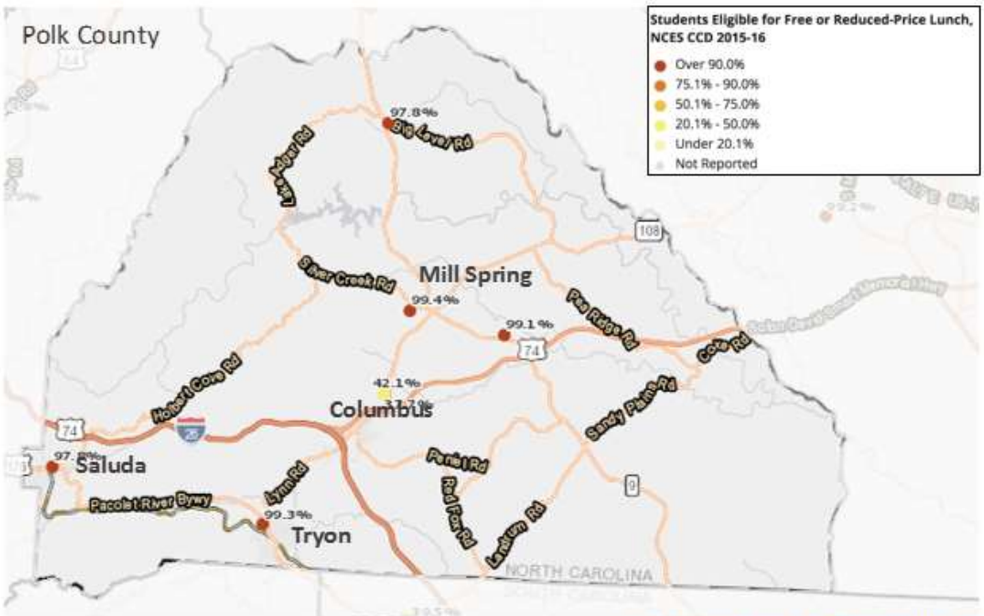
Click to see map in Community Commons

Percent of the Population (Age 25+) with a High School Diploma or Higher Education Level



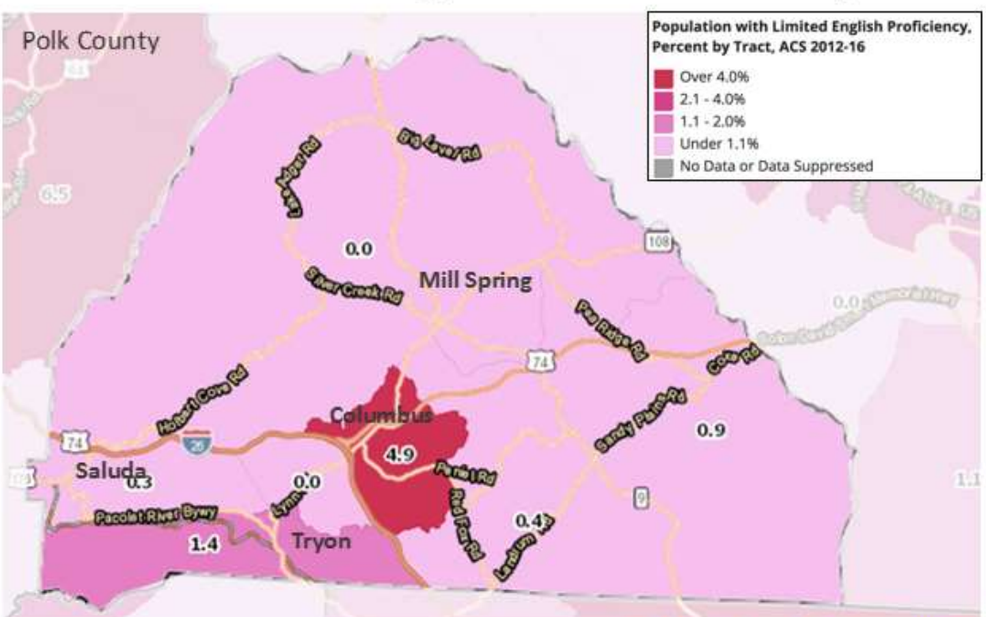
Click to see map in Community Commons

Percent of Students Eligible for Free or Reduced-Price Lunch



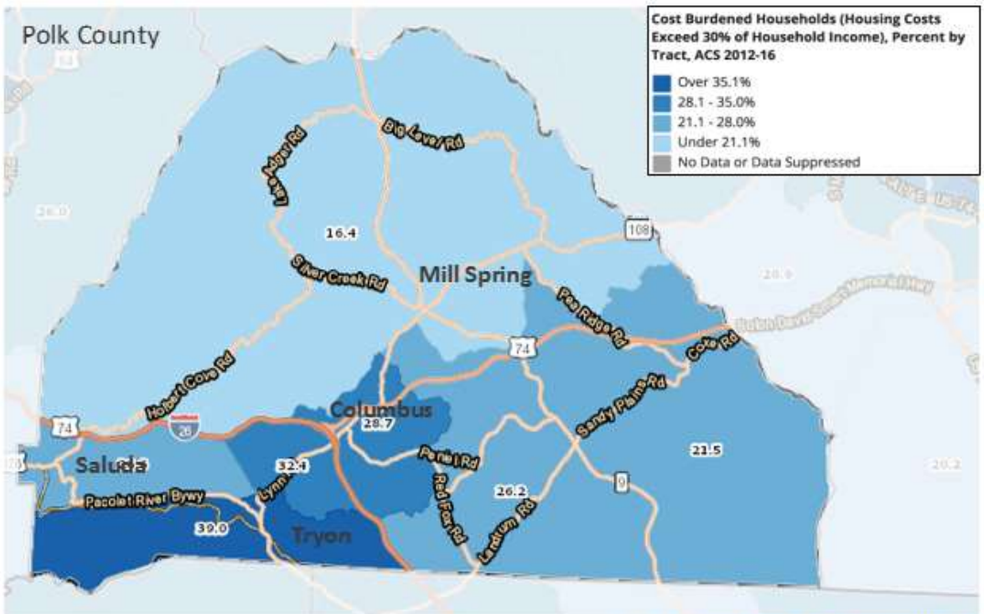
Click to see map in Community Commons

Percent of Population with Limited English Proficiency



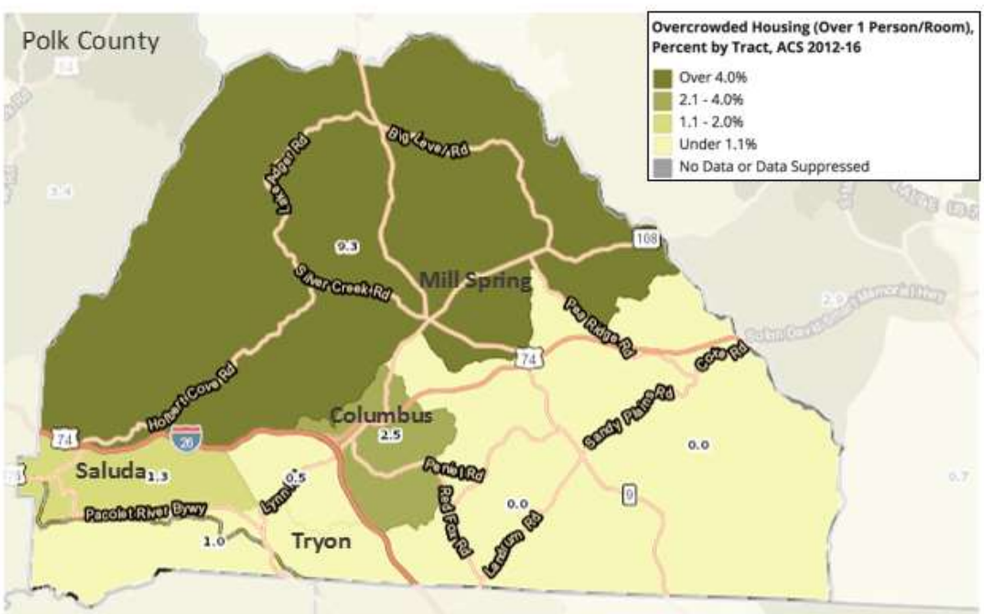
Click to see map in Community Commons

Percent of Cost Burdened Households



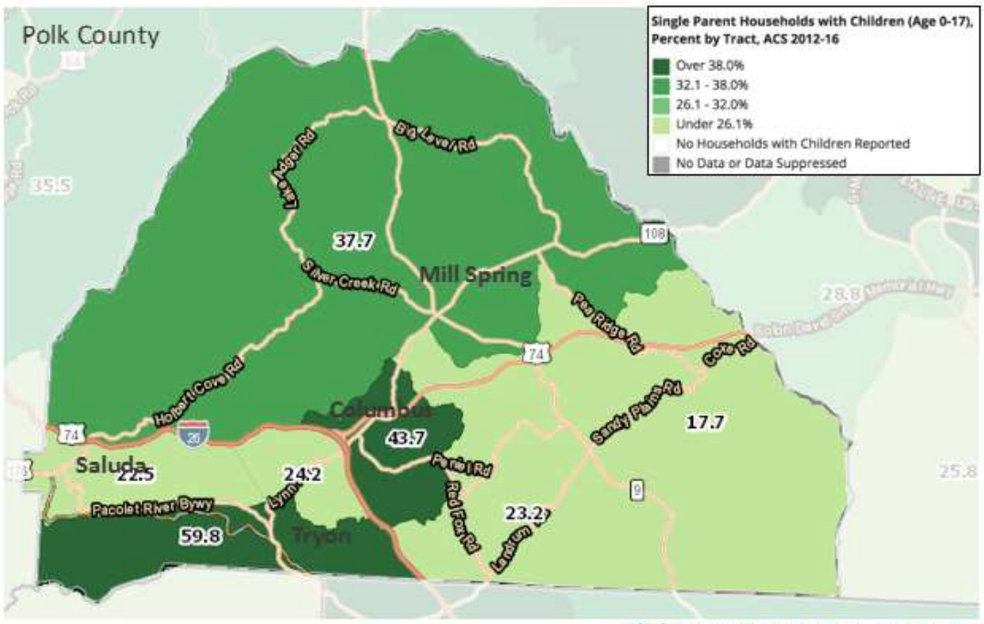
Click to see map in Community Commons

Percent of Overcrowded Households



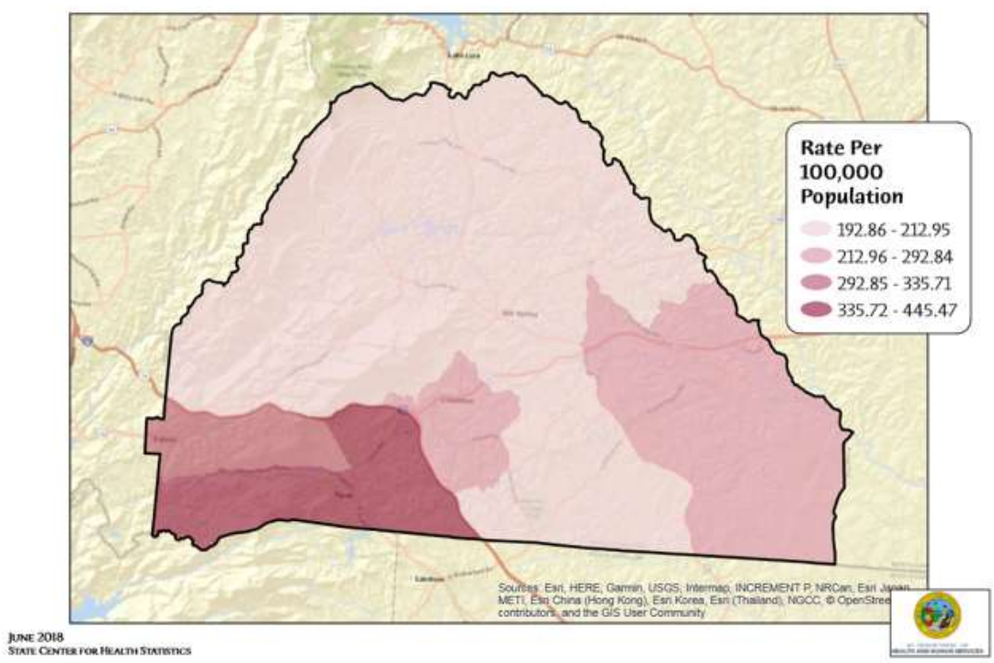
Click to see map in Community Commons

Percent of Single Parent Households



Click to see map in Community Commons

Heart Disease Mortality Rates



JUNE 2018
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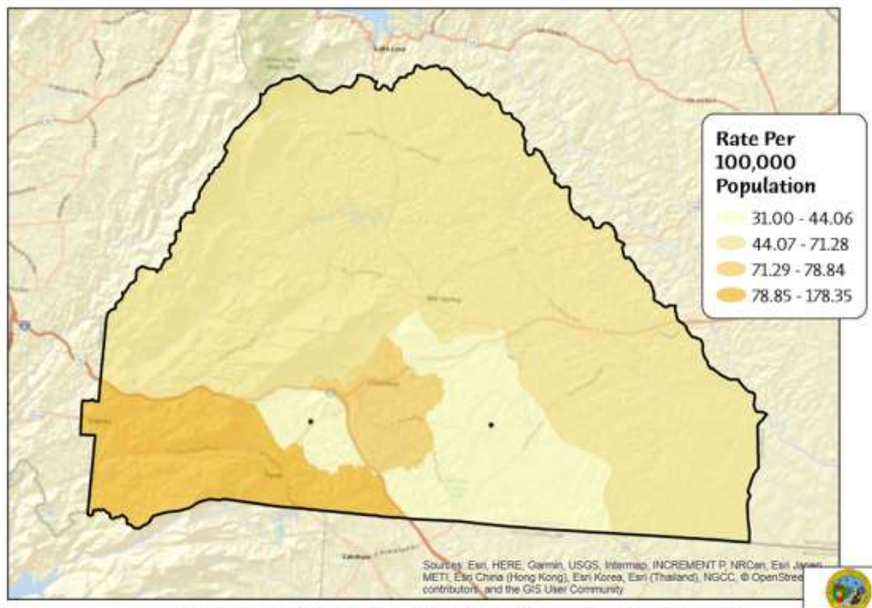
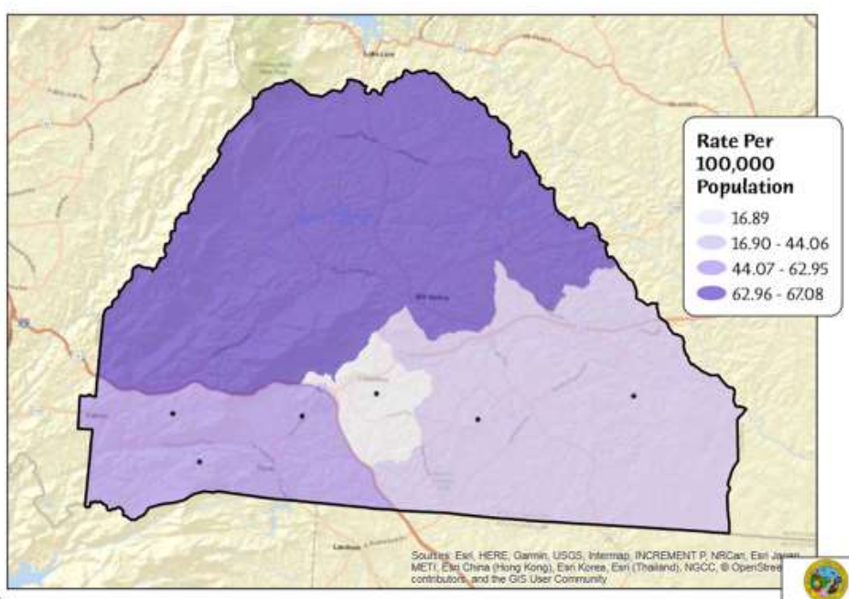
Chronic Lower Respiratory Disease Mortality Rates



JUNE 2018
STATE CENTER FOR HEALTH STATISTICS

Note: *Rates based on small numbers (less than 10) are unreliable and should be used with caution.

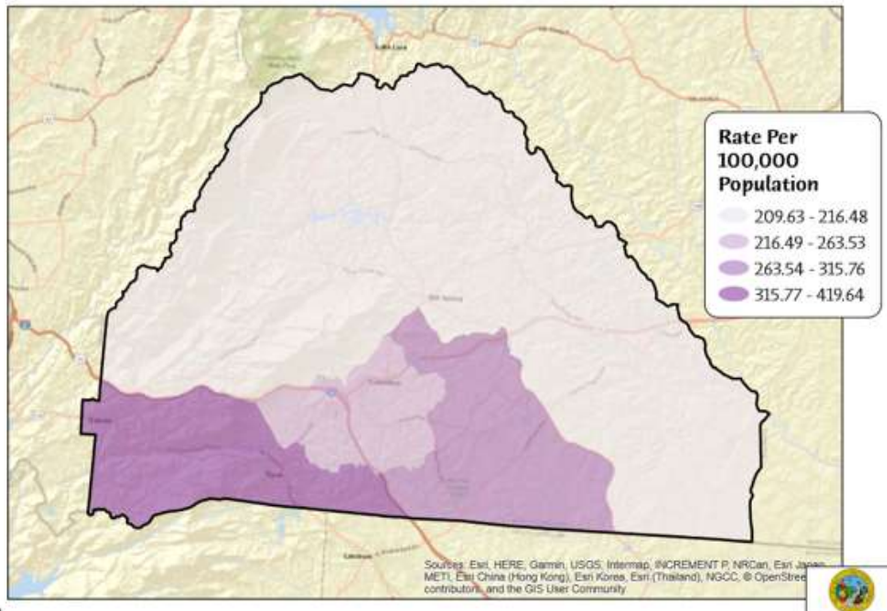
Other Unintentional Injuries Mortality Rates



JUNE 2018
STATE CENTER FOR HEALTH STATISTICS

Note: *Rates based on small numbers (less than 10) are unreliable and should be used with caution.

All Cancers Mortality Rates



JUNE 2018
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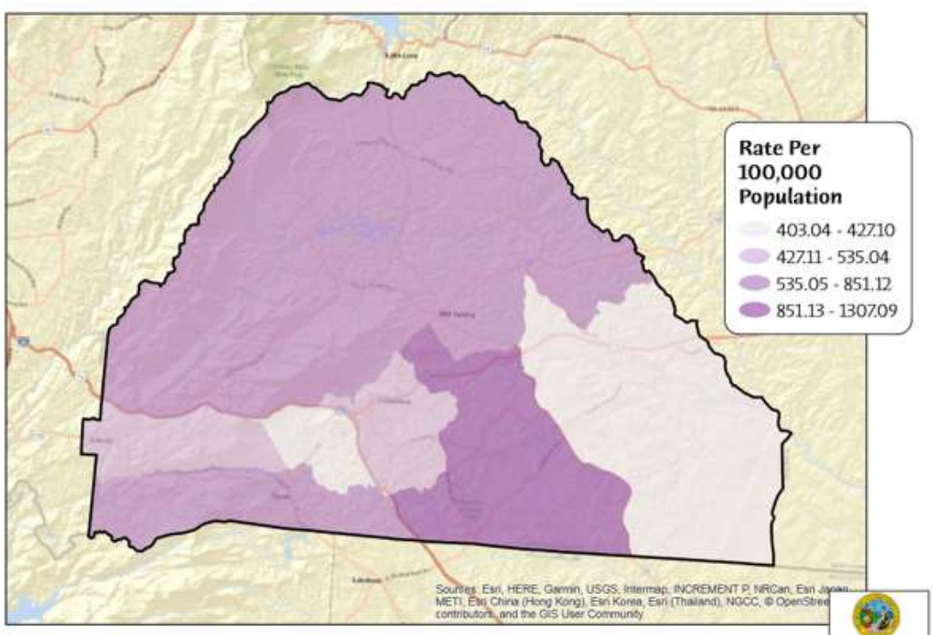
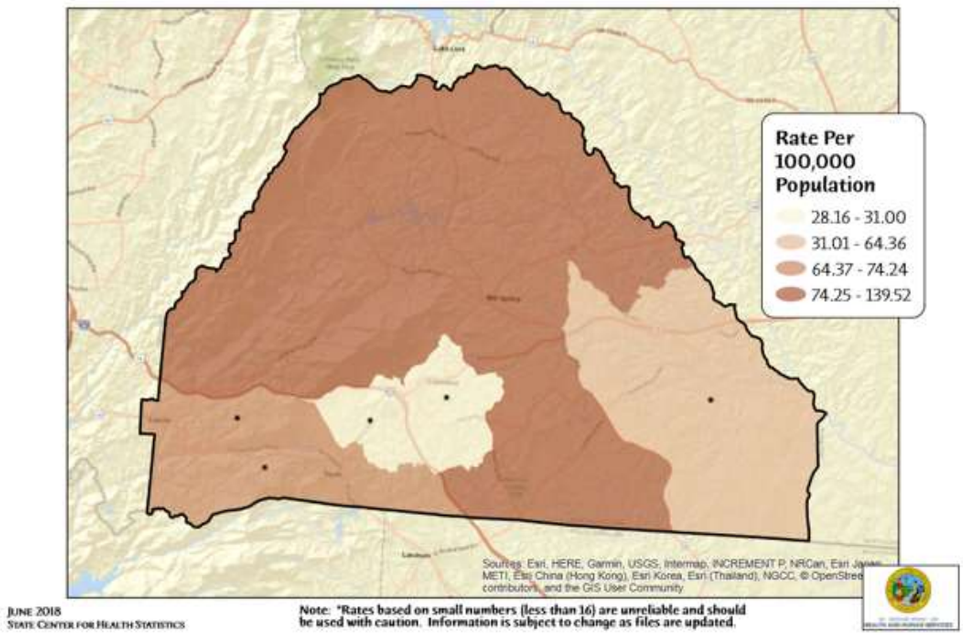
All Cancer Incidence Rates



JUNE 2018
STATE CENTER FOR HEALTH STATISTICS

Note: Information is subject to change as files are updated.

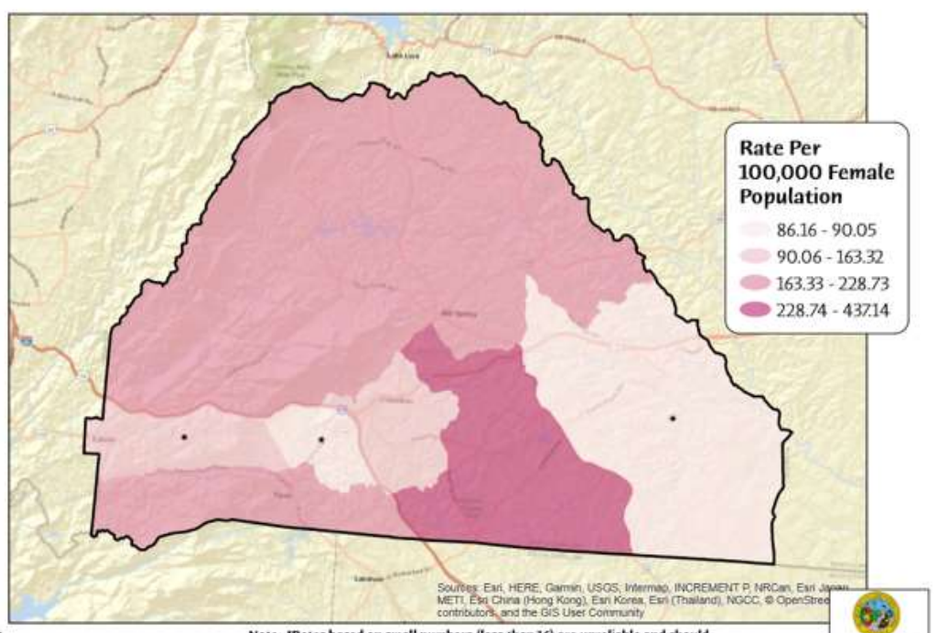
Lung and Bronchus Cancer Incidence Rates



JUNE 2018
STATE CENTER FOR HEALTH STATISTICS

Note: *Rates based on small numbers (less than 16) are unreliable and should be used with caution. Information is subject to change as files are updated.

Breast Cancer Incidence Rates



JUNE 2018
STATE CENTER FOR HEALTH STATISTICS

Note: *Rates based on small numbers (less than 16) are unreliable and should be used with caution. Information is subject to change as files are updated.

APPENDIX D – SURVEY FINDINGS

Date:

_____

Interviewer:

_____

Interviewer ID:

_____

2017-0791-02

Professional Research Consultants, Inc.

WNC HEALTHY IMPACT
2018 Community Health Needs
Assessment Asheville, North Carolina

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

INTRO. (INTERVIEWER: THIS SCREEN IS FOR REINTRODUCTIONS & CLARIFYING THE PURPOSE & SPONSOR OF THE CALL).

(Hello, this is_____with Professional Research Consultants. A collaboration of hospitals and health departments in Western North Carolina has asked us to conduct a survey to study ways to improve the health of your community.)
(IF NECESSARY, READ:) Your number has been chosen randomly to be included in the study, and we'd like to ask some questions about things people do which may affect their health. Your answers will be kept completely confidential.
(IF Respondent Seems Suspicious, READ:) Some people we call want to know more before they answer the survey. If you would like more information regarding this research study, you can call Jana Distefano of Professional Research Consultants at 877- 247-9477 during regular business hours.

CONTINUE

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

One
Two
Three
Four
Five
Six or More

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

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

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

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

NOTE: If Q3 is "All Others", THANK & TERMINATE.

2. Would you please tell me which ZIP Code area you live in?

[Don't Know/Not Sure]
[Refused]
28018
28019
28020
28024
28040
28043
28074
28076
28114
28139
28160
28167
28701
28702
28704
28705
28707
28708
28709
28710
28711
28712
28713
28714
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28791
28792

28793
28801
28802
28803
28804
28805
28806
28810
28813
28814
28815
28816
28901
28902
28903
28904
28905
28906
28909
Other (Specify)

This survey may be recorded for quality assurance.

4. Sex of Respondent. (Do Not Ask - Just Record)

Male
Female

301. First I would like to ask, overall, how would you describe your county as a place to live? Would you say it is:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

302. What is the ONE THING that needs the most improvement in your county?

	[Don't Know/Not Sure]
(SKIP to 5)	[Refused]
	[Nothing]
(SKIP to 5)	Animal Control
(SKIP to 5)	Availability of Employment
(SKIP to 5)	Better/More Health Food Choices
(SKIP to 5)	Child Care Options
(SKIP to 5)	Counseling/Mental Health/Support Groups
(SKIP to 5)	Culturally Appropriate Health/Support Groups
(SKIP to 5)	Elder Care Options
(SKIP to 5)	Healthy Family Activities
(SKIP to 5)	Higher Paying Employment
(SKIP to 5)	More Affordable Health Care
(SKIP to 5)	More Affordable/Better Housing
(SKIP to 5)	Number of Health Care Providers
(SKIP to 5)	Positive Teen Activities
(SKIP to 5)	Recreational Facilities (Parks, Trails, Community Ctrs)
(SKIP to 5)	Road Maintenance
(SKIP to 5)	Road Safety
(SKIP to 5)	Safe Places to Walk/Ride Bike for Commuting
(SKIP to 5)	Safe Places to Walk/Ride Bike for Recreation
(SKIP to 5)	Services for Disabled People
(SKIP to 5)	Transportation Options
(SKIP to 5)	Other (Specify)

IVAR302A. Is there anything at all you can think of?

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

SCRIPTING NOTE: Force Responses from IVAR302A Back Into Q302.

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

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

PROCESSING NOTE: Collapse N/A into No in Q303.

303. Was there a time in the past 12 months when you needed medical care, but could not get it?

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

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

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

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

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

17. What kind of place is it:

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

250. What kind of place do you go to?

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

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

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

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

POLK COUNTY

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

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

Very Likely
Somewhat Likely
or Not At All Likely
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

20. About how long has it been since you last visited a dentist or a dental clinic for any reason? This includes visits to dental specialists, such as orthodontists.

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

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

HENDERSON COUNTY

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

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

NOTE: SKIP to 24.

HAYWOOD COUNTY

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

	Yes
(SKIP to 24)	No
(SKIP to 24)	[Don't Know/Not Sure]
(SKIP to 24)	[Refused]
	[Terminate Interview]

HAYWOOD COUNTY

308. What was the MAIN reason you did not get this needed dental care?

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

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

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

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

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

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

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

33. A Stroke

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

(End of Rotate)

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

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

35. Do you still have asthma?

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

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

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

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

IVAR36A. Was this only when you were pregnant?

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

SCRIPTING NOTE: If IVAR36A is "Yes"/"Si", Recode Initial Q36 Response of "Yes"/"Si" to "[Yes, but Female Told Only During Pregnancy]".

NOTE:	If Q36 is "Yes"/"Si", SKIP to 39. If Q36 is "[Pre-Diabetes or Borderline Diabetes]" AND Q4 is "Female", Force Q38 to "Yes"/"Sí" and SKIP to IVAR38A. If Q36 is "[Pre-Diabetes or Borderline Diabetes]" AND Q4 is "Male", Force Q38 to "Yes"/"Sí" and SKIP to 39 All Others, CONTINUE.

38. Have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes?

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

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

IVAR38A. Was this only when you were pregnant?

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

SCRIPTING NOTE: If IVAR38A is "Yes"/"Si", Recode Initial Q38 Response of "Yes"/"Si" to "[Yes, But Female Told Only During Pregnancy]".

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

39. Have you ever been told by a doctor, nurse or other health professional that you had high blood pressure?

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

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

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

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

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

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

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

NOTE:	If Q3 is "Cherokee County", ASK Q310. If Q3 is "Transylvania County", SKIP to 311. All Others, SKIP to 49.

CHEROKEE COUNTY

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

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

NOTE: SKIP to 49.

TRANSYLVANIA COUNTY

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

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

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

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

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

SCRIPTING NOTE: If Q49 is "Every Day" or "Some Days", set '+temp44+' to "other than yourself"/"diferente a Ud.".
All Others, set '+temp44+' to NULL.

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

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

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

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

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

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

CHEROKEE, GRAHAM, AND MACON COUNTIES

314. Please tell me your level of agreement or disagreement with the following

statement: I believe it is important for ALL PUBLIC PLACES to be 100% tobacco free.

Do you:

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

NOTE: SKIP to 54.

MADISON COUNTY

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

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

Do you:

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

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

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

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

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

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

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

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

	1 to 30
(SKIP to 316)	0
(SKIP to 316)	[Don't Know/Not Sure]
(SKIP to 316)	[Refused]

56. On the day(s) when you drank, about how many drinks did you have on the average? (If "None", PROBE)

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

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

If Respondent is "Female", Set "temp57" to "4".

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

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

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

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

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

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

NOTE: If Q3 is "Jackson County", ASK Q317.

If Q3 is "Henderson County", "Macon County", "Mitchell County", "Rutherford County", "Swain County", "Transylvania County", or Yancey County", SKIP to 318.

If Q3 is "Clay County" or "Graham County", SKIP to 319

All Others, SKIP to 61.

JACKSON COUNTY

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

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

NOTE: SKIP to 61.

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

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

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

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

All Others, ASK Q319.

CLAY, GRAHAM, MACON, MITCHELL, AND YANCEY COUNTIES

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

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

61. To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs? Would you say:

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

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

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

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

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

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

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

What is your age?

18 to 110
[Don't Know/Not Sure]
[Refused]

SCRIPTING NOTE: If Qlang is "Spanish", Set Q65 to "Sí" and SKIP to 66.

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

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

66. What is your race? Would you say:

(Do Not Read the Latino/Hispanic Code.)

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

NOTE:	If Q3 is "Buncombe County", ASK Q320. All Others, SKIP to NOTE before 321.

BUNCOMBE COUNTY

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

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

NOTE:	If Q66 is "American Indian, Alaska Native"/"Indígena Americano(a), Nativo(a) de Alaska", ASK Q321. All Others, SKIP to 68.

321. Which of the following BEST describes you? Are you:

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

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

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

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

69. Are you currently:

Employed for Wages
Self-Employed
Out of Work for More Than 1 Year
Out of Work for Less Than 1 Year
A Homemaker
A Student
Retired
or Unable to Work
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

115. How many children under the age of 18 are currently LIVING in your household?

	One
	Two
	Three
	Four
	Five or More
(SKIP to NOTE before 71)	[None]
(SKIP to NOTE before 71)	[Refused]
	[Terminate Interview]

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

All Others, SKIP to NOTE before 71.

POLK COUNTY

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

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

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

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

All Others, SKIP to 326.

BUNCOMBE, HENDERSON, JACKSON, MADISON, MCDOWELL, AND TRANSYLVANIA COUNTIES

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

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

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

NOTE: If Q3 is "Clay County" or "McDowell County", ASK Q323. If

Q3 is "Jackson County", SKIP to 324.

If Q3 is "Madison County", SKIP to 325.

All Others, SKIP to 326.

CLAY AND MCDOWELL COUNTIES

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

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

NOTE: SKIP to 326.

JACKSON COUNTY

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

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

NOTE: SKIP to 326.

MADISON COUNTY

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

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

Do you:

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

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

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

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

All Others, SKIP to 78.

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

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

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

shoes? (INTERVIEWER: Round Fractions Up)

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

79. About how tall are you without shoes?

(INTERVIEWER: Round Fractions Down)

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

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

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

Within the Past Year (Less Than 1 Year Ago)
Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
Within the Past 3 Years (2 Years But Less Than 3 Years Ago)
Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
5 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

328. Now I would like you to think about the food you ate during the past week.

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

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

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

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

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

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

Was this statement:

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

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

Was this statement:

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

NOTE:	If Q3 is "Mitchell County" or "Yancey County", ASK Q330.
	If Q3 is "Rutherford County", SKIP to 331.
	All Others, SKIP to READ BOX before 89.

MITCHELL AND YANCEY COUNTIES

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

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

NOTE: SKIP to READ BOX before 89.

RUTHERFORD COUNTY

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

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

The next questions are about physical activity.

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

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

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

	Yes
(SKIP to 96)	No
(SKIP to 96)	[Don't Know/Not Sure]
(SKIP to 96)	[Refused]
	[Terminate Interview]

90. During the past month, what type of physical activity or exercise did you spend the MOST time doing?

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

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

(SKIP to 91)	Snow Shoveling by Hand
(SKIP to 91)	Snow Skiing
(SKIP to 91)	Snowshoeing
(SKIP to 91)	Soccer
(SKIP to 91)	Softball, Baseball
(SKIP to 91)	Squash
(SKIP to 91)	Stair Climbing, Stairmaster
(SKIP to 91)	Stream Fishing in Waders
(SKIP to 91)	Surfing
(SKIP to 91)	Swimming
(SKIP to 91)	Swimming in Laps
(SKIP to 91)	Table Tennis
(SKIP to 91)	Tai Chi
(SKIP to 91)	Tennis
(SKIP to 91)	Touch Football
(SKIP to 91)	Volleyball
(SKIP to 91)	Walking (aka Treadmill)
(SKIP to 91)	Housework/Cleaning
(SKIP to 91)	Waterskiing
(SKIP to 91)	Weight Lifting (aka Gym, Gym Class)
(SKIP to 91)	Wrestling
(SKIP to 91)	Yoga
	Other
(SKIP to 96)	[No Other Activity]
(SKIP to 96)	[Don't Know/Not Sure]
(SKIP to 96)	[Refused]
	[Terminate Interview]

251. (INTERVIEWER: Enter Verbatim Response From Previous Question, or READ If Necessary:) During the past month, what type of physical activity or exercise did you spend the most time doing?

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

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

	TIMES PER WEEK
(SKIP to IVAR91B)	TIMES PER MONTH
(SKIP to 92)	[Don't Know/Not Sure]
(SKIP to 92)	[Refused]
	[Terminate Interview]

IVAR91A. INTERVIEWER: Enter the times per week specified in the previous question.

1 to 25

NOTE: SKIP to 92.

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

1 to 100

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

	MINUTES
(SKIP to IVAR92B)	HOURS
(SKIP to 93)	[Don't Know/Not Sure]
(SKIP to 93)	[Refused]
	[Terminate Interview]

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

1 to 600

NOTE: SKIP to 93.

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

1 to 24

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

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

(SKIP to 94)	Active Gaming Devices (Wii Fit, Dance Dance Revolution)
(SKIP to 94)	Aerobics Video or Class (aka Gym, Gym Class, Zumba, etc.)
(SKIP to 94)	Backpacking
(SKIP to 94)	Badminton
(SKIP to 94)	Basketball
(SKIP to 94)	Bicycling Machine Exercise (aka Spinning, Spin Class, Bike, Cycling)
(SKIP to 94)	Bicycling (aka Bike, Cycling)
(SKIP to 94)	Boating (Canoeing, Rowing, Kayaking, Sailing for Pleasure, Camping)
(SKIP to 94)	Bowling
(SKIP to 94)	Boxing
(SKIP to 94)	Calisthenics
(SKIP to 94)	Canoeing, Rowing in Competition
(SKIP to 94)	Carpentry
(SKIP to 94)	Dancing-Ballet, Ballroom, Latin, Hip Hop, etc.
(SKIP to 94)	Elliptical, EFX Machine Exercise
(SKIP to 94)	Fishing from River Bank or Boat
(SKIP to 94)	Frisbee
(SKIP to 94)	Gardening (Spading, Weeding, Digging, Filling) (aka Yardwork)
(SKIP to 94)	Golf (with Motorized Cart)
(SKIP to 94)	Golf (without Motorized Cart)
(SKIP to 94)	Handball
(SKIP to 94)	Hiking-Cross-Country
(SKIP to 94)	Hockey
(SKIP to 94)	Horseback Riding
(SKIP to 94)	Hunting Large Game-Deer, Elk
(SKIP to 94)	Hunting Small Game-Quail
(SKIP to 94)	Inline Skating
(SKIP to 94)	Jogging
(SKIP to 94)	Lacrosse
(SKIP to 94)	Mountain Climbing
(SKIP to 94)	Mowing Lawn (aka Yardwork)
(SKIP to 94)	Paddleball
(SKIP to 94)	Painting, Papering House
(SKIP to 94)	Pilates
(SKIP to 94)	Racquetball
(SKIP to 94)	Raking Lawn (aka Yardwork)
(SKIP to 94)	Running (aka Treadmill)
(SKIP to 94)	Rock Climbing
(SKIP to 94)	Rope Skipping (aka Jump Roping)
(SKIP to 94)	Rowing Machine Exercise
(SKIP to 94)	Rugby
(SKIP to 94)	Scuba Diving
(SKIP to 94)	Skateboarding
(SKIP to 94)	Skating-Ice or Roller
(SKIP to 94)	Sledding, Tobogganing
(SKIP to 94)	Snorkeling
(SKIP to 94)	Snow Blowing

(SKIP to 94)	Snow Shoveling by Hand
(SKIP to 94)	Snow Skiing
(SKIP to 94)	Snowshoeing
(SKIP to 94)	Soccer
(SKIP to 94)	Softball, Baseball
(SKIP to 94)	Squash
(SKIP to 94)	Stair Climbing, Stairmaster
(SKIP to 94)	Stream Fishing in Waders
(SKIP to 94)	Surfing
(SKIP to 94)	Swimming
(SKIP to 94)	Swimming in Laps
(SKIP to 94)	Table Tennis
(SKIP to 94)	Tai Chi
(SKIP to 94)	Tennis
(SKIP to 94)	Touch Football
(SKIP to 94)	Volleyball
(SKIP to 94)	Walking (aka Treadmill)
(SKIP to 94)	Housework/Cleaning
(SKIP to 94)	Waterskiing
(SKIP to 94)	Weight Lifting (aka Gym, Gym Class)
(SKIP to 94)	Wrestling
(SKIP to 94)	Yoga
	Other
(SKIP to 96)	[No Other Activity]
(SKIP to 96)	[Don't Know/Not Sure]
(SKIP to 96)	[Refused]
	[Terminate Interview]

256. (INTERVIEWER: Enter Verbatim Response From Previous Question, or READ If Necessary:) During the past month, what OTHER type of physical activity or exercise did you spend the most time doing?

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

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

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

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

1 to 25

NOTE: SKIP to 95.

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

1 to 100

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

	MINUTES
(SKIP to IVAR95B)	HOURS
(SKIP to 96)	[Don't Know/Not Sure]
(SKIP to 96)	[Refused]
	[Terminate Interview]

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

1 to 600

NOTE: SKIP to 96.

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

1 to 24

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

	TIMES PER WEEK
(SKIP to IVAR96B)	TIMES PER MONTH
(SKIP to NOTE before 332)	[Never]
(SKIP to NOTE before 332)	[Don't Know/Not Sure]
(SKIP to NOTE before 332)	[Refused]
	[Terminate Interview]

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

1 to 25

NOTE: SKIP to NOTE before 332.

IVAR96B. INTERVIEWER: Enter the times per month specified in the previous question.

1 to 100

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

CHEROKEE COUNTY

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

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

Do you:

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

NOTE: SKIP to 335.

CLAY AND GRAHAM COUNTIES

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

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

NOTE: SKIP to 335.

SWAIN COUNTY

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

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

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

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

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

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

NOTE:	If Q3 is "Swain County", ASK Q99. All Others, SKIP to SCRIPTING NOTE before 337.

SWAIN COUNTY

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

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

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

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

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

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

NOTE:	If Q3 is "Buncombe County", ASK Q100. If Q3 is "Haywood County", SKIP to 101. All Others, SKIP to 105.

BUNCOMBE COUNTY

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

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

NOTE: SKIP to 105.

HAYWOOD COUNTY

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

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

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

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

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

All Others, SKIP to READ BOX before 339.

POLK COUNTY

338. In the past 12 months, have mental or emotional problems made it difficult for you or someone in your household to HOLD A JOB?

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

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

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

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

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

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

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

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

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

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

342. Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

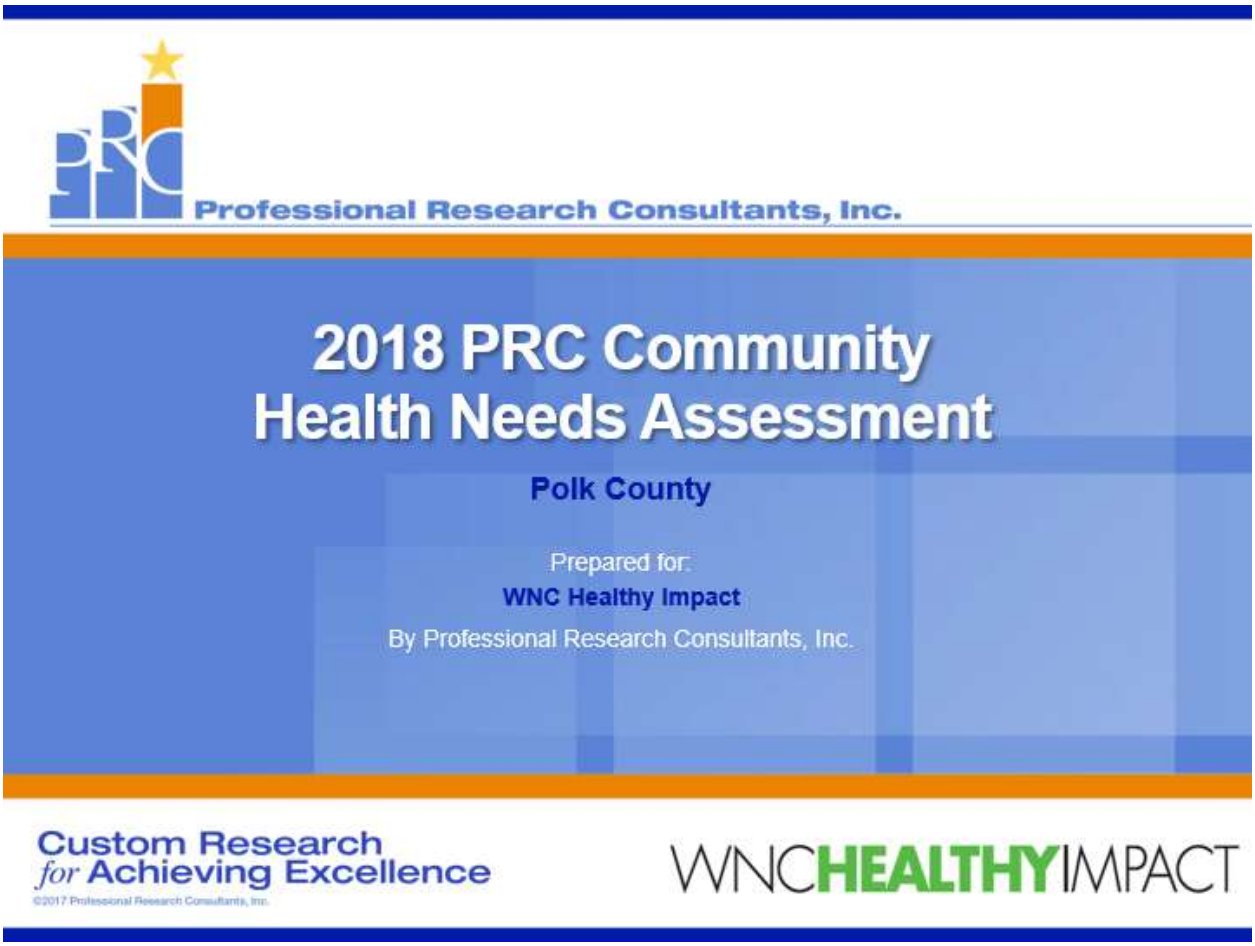
114. Total Family Household Income.

Under $12,100
$12,100 to $16,199
$16,200 to $20,399
$20,400 to $24,399
$24,400 to $28,799
$28,800 to $32,799
$32,800 to $37,099
$37,100 to $41,099
$41,100 to $45,499
$45,500 to $49,499
$49,500 to $53,899
$53,900 to $57,799
$57,800 to $65,899
$65,900 to $74,299
$74,300 to $82,599
$82,600 to $90,999
$91,000 to $99,399
$99,400 to $107,699
$107,700 to $116,099
$116,100/Over
[Don't Know/Not Sure]
[Refused]
[Terminate Interview] (SKIP to GOODBYE)

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

[Don't Know/Not Sure]
[Refused]
[No Other Health Issue]
Other (Specify)

That's my last question. Everyone's answers will be combined to give us information about the health of residents in this community. Thank you very much for your time and cooperation.


Professional Research Consultants, Inc.
2018 PRC Community
Health Needs Assessment
Polk County
Prepared for:
WNC Healthy Impact
By Professional Research Consultants, Inc.
Custom Research
for Achieving Excellence
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WNCHEALTHYIMPACT

Methodology

Survey methodology

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

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Methodology

3,265 surveys throughout WNC

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

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Methodology

Individual county samples allow for drill-down by:

- Gender
- Income
- Other categories, based on question responses

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Survey Instrument

Based largely on national survey models

- When possible, question wording from public surveys (e.g., CDC BRFSS)

75 questions asked of all counties

- Each county added three county-specific questions
- Approximately 15-minute interviews
- Questions determined by WNC stakeholder input

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Keep in mind

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

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

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

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Keep in mind

For more detailed information on methods, see:

- PRC's Primary Data Collection: Research Approach & Methods document (2018)
- County-specific CH(N)A Templates

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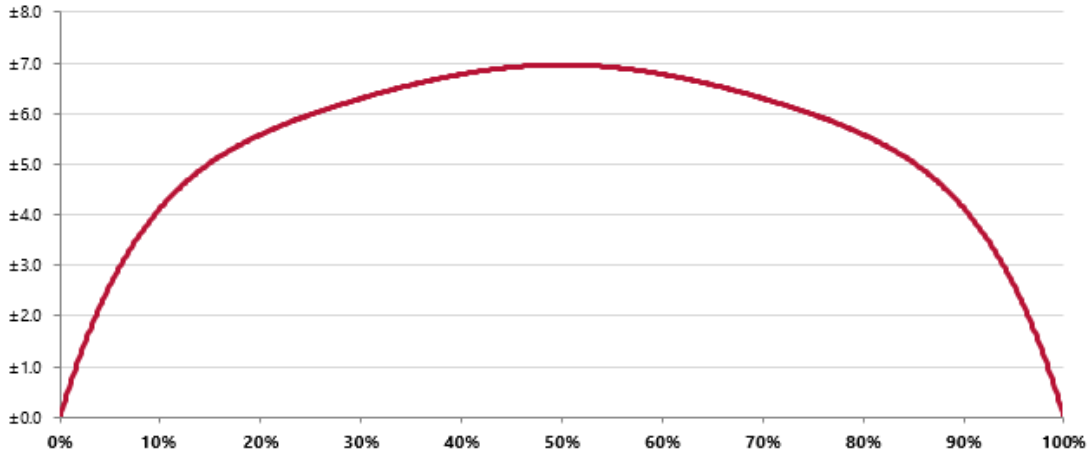
Expected Error Ranges for a Sample of 200 Respondents at the 95 Percent Level of Confidence



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

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

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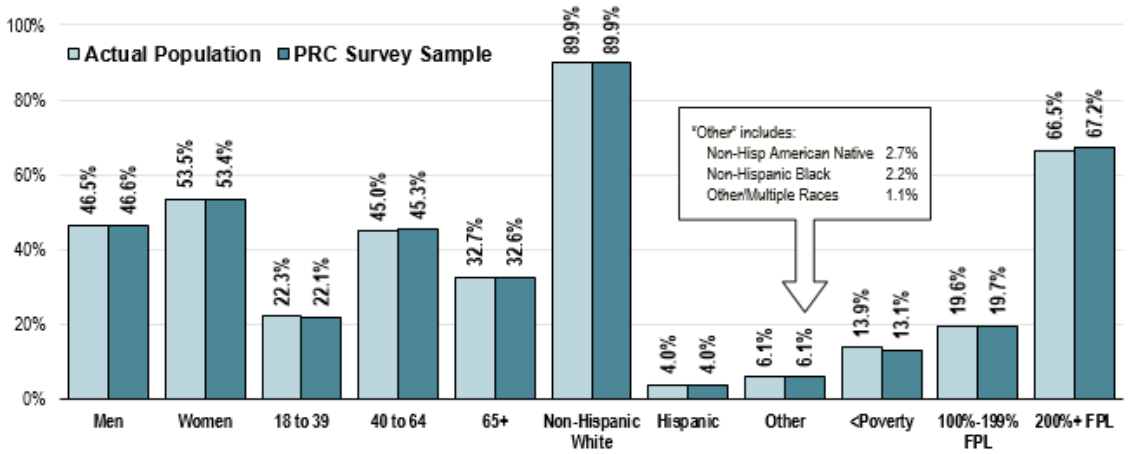
PRC Community Health Needs Assessment

Population & Survey Sample Characteristics

(Age 18 and Older; Polk County, 2018)



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

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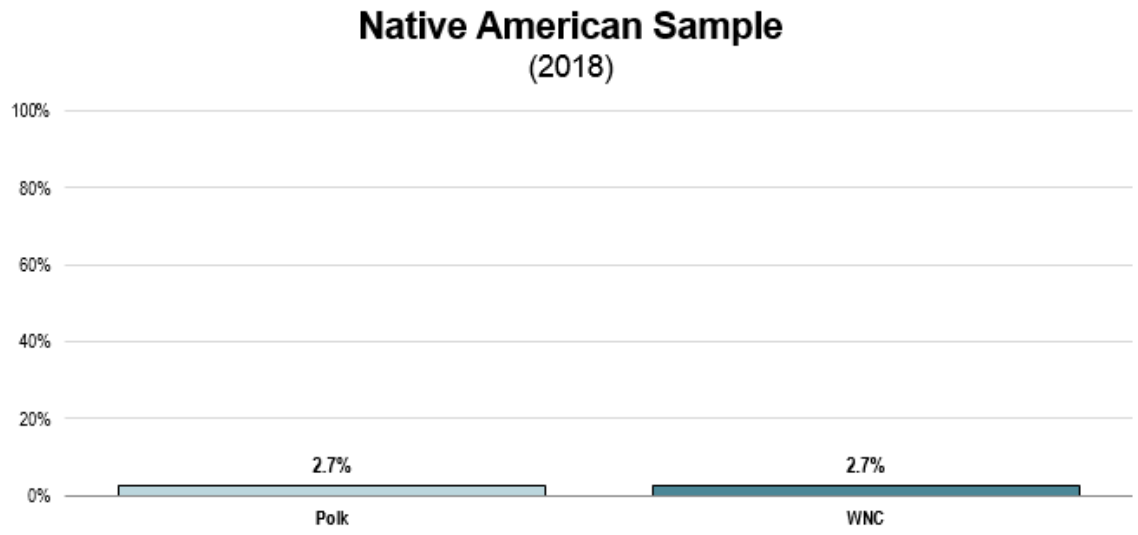
PRC Community Health Needs Assessment



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 178, 321]
Notes: • Asked of all respondents.

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QUALITY OF LIFE

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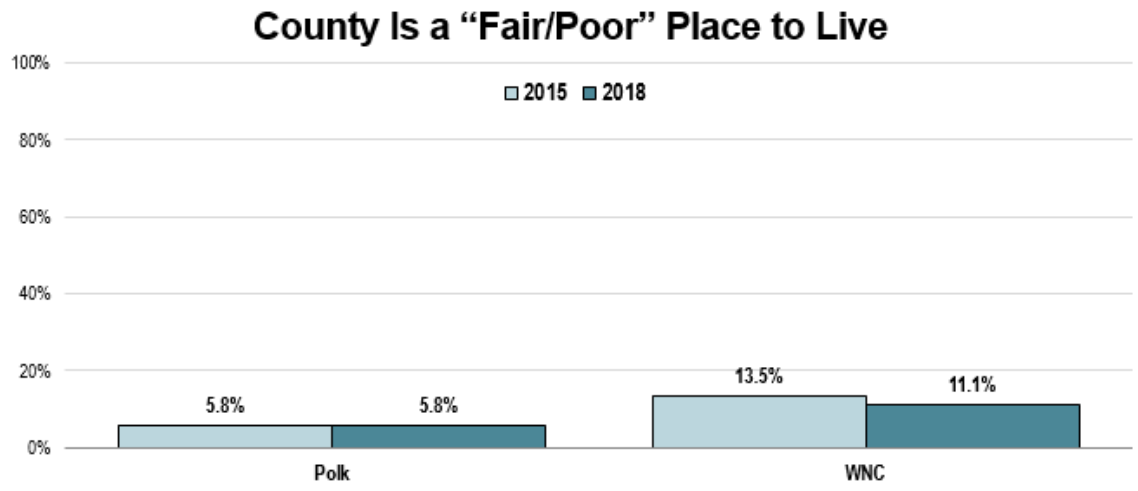
PRC Community Health Needs Assessment



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]
Notes: • Asked of all respondents.

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PRC Community Health Needs Assessment

Top Three County Issues Perceived as in Most Need of Improvement

(2018)

	Polk	WNC
Availability of Employment		✓
Road Maintenance	✓	✓
Higher Paying Employment	✓	
Drugs		
Affordable/Better Housing		✓
Nothing	✓	

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]
Notes: • Asked of all respondents.

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SELF-REPORTED HEALTH STATUS

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Overall Health

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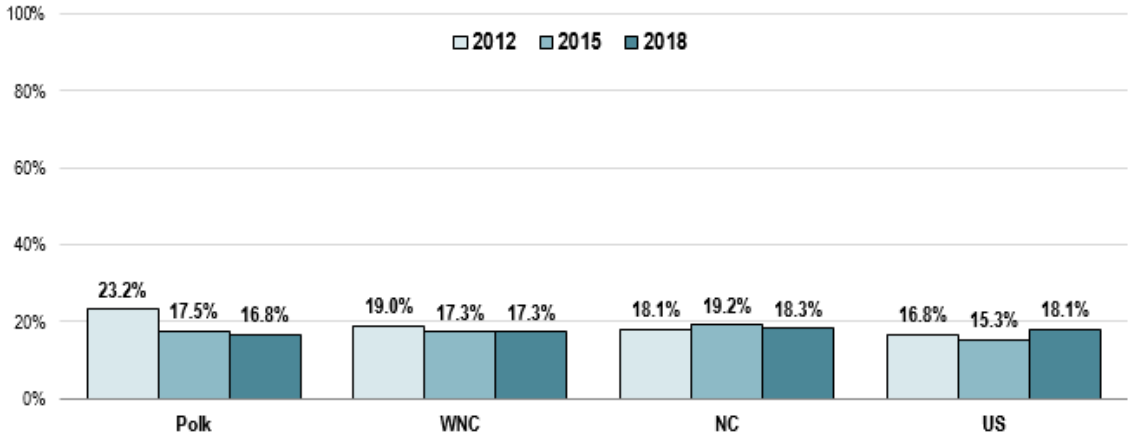
PRC Community Health Needs Assessment

Experience "Fair" or "Poor" Overall Health



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

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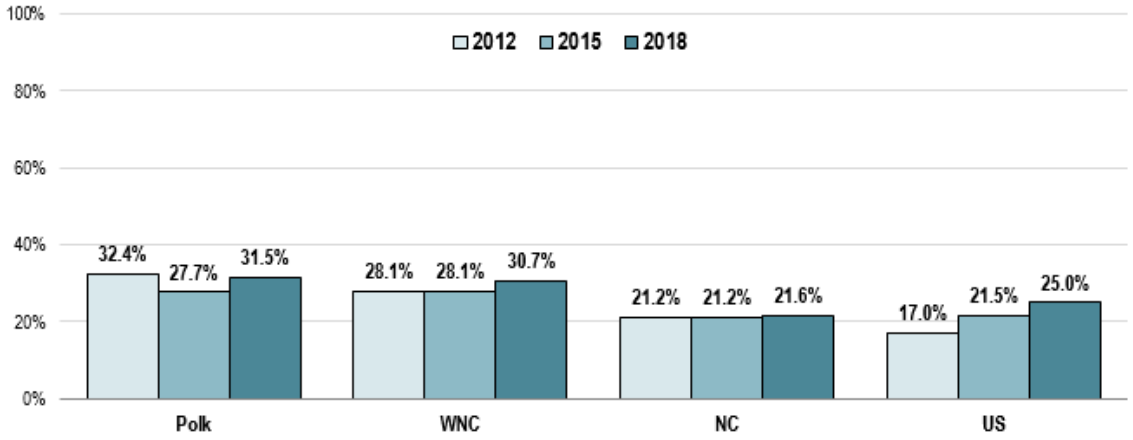
PRC Community Health Needs Assessment

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

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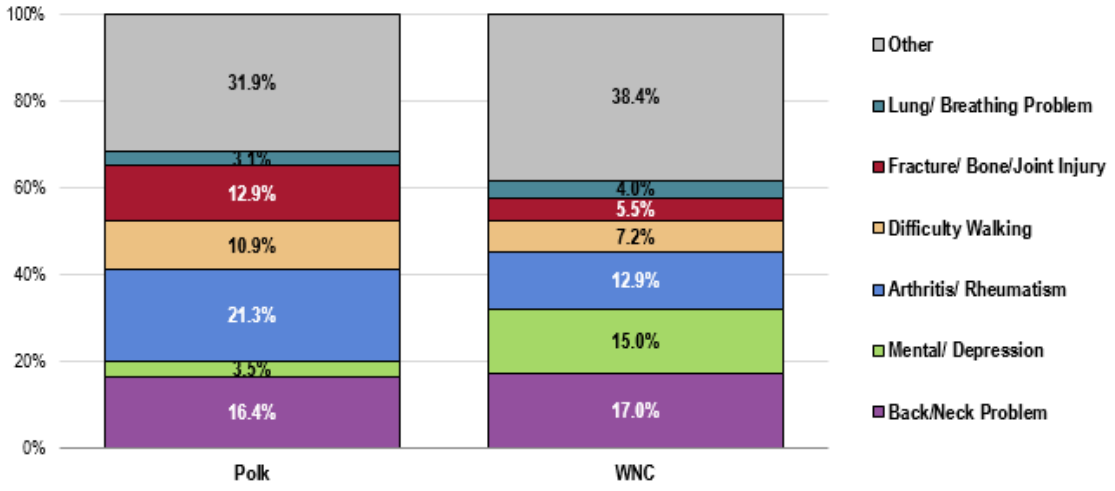
Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; By County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]
Notes: • Asked of respondents who noted some type of activity limitation.

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Mental Health & Mental Disorders

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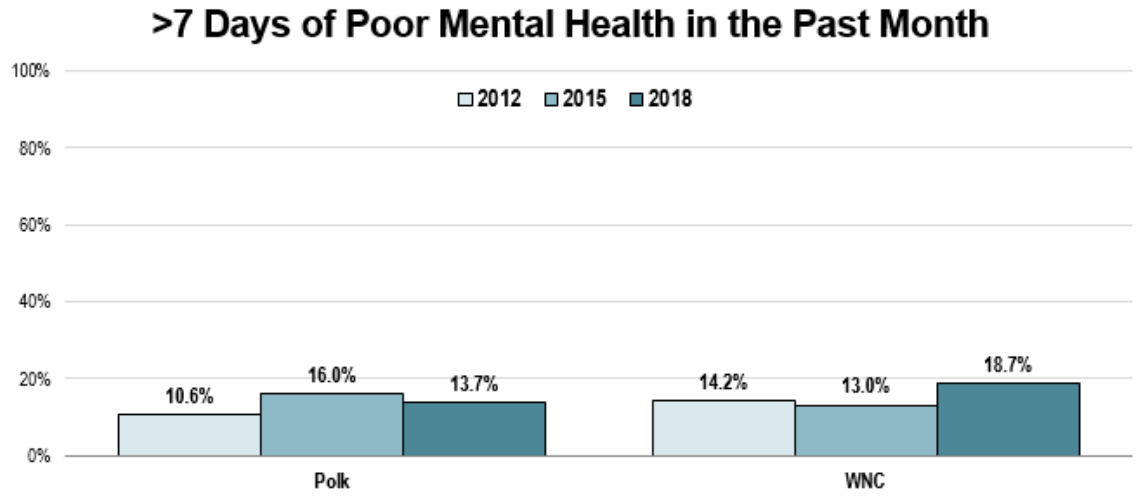
PRC Community Health Needs Assessment



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 337]
Notes: • Asked of all respondents.

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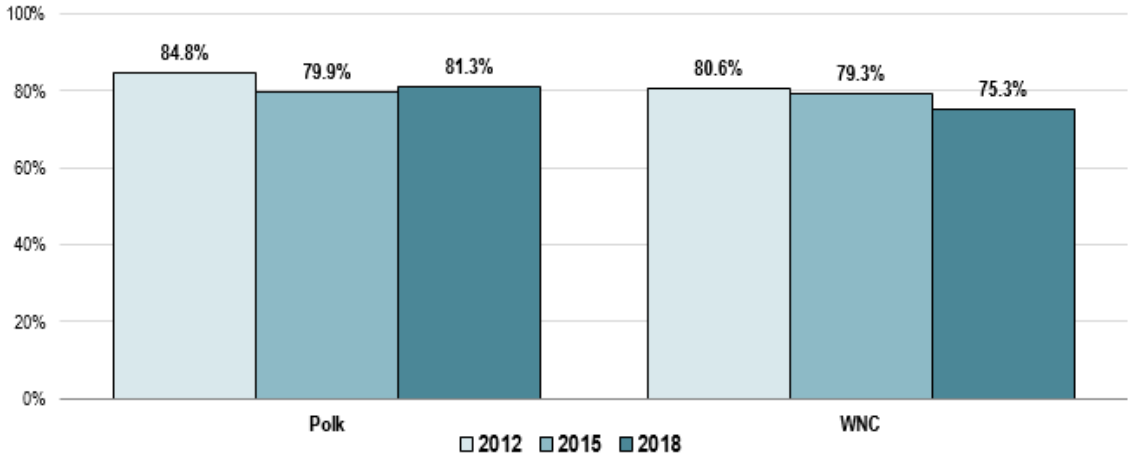
PRC Community Health Needs Assessment

"Always" or "Usually" Get Needed Social/Emotional Support



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 336]
Notes: • Includes "always" and "usually" responses.

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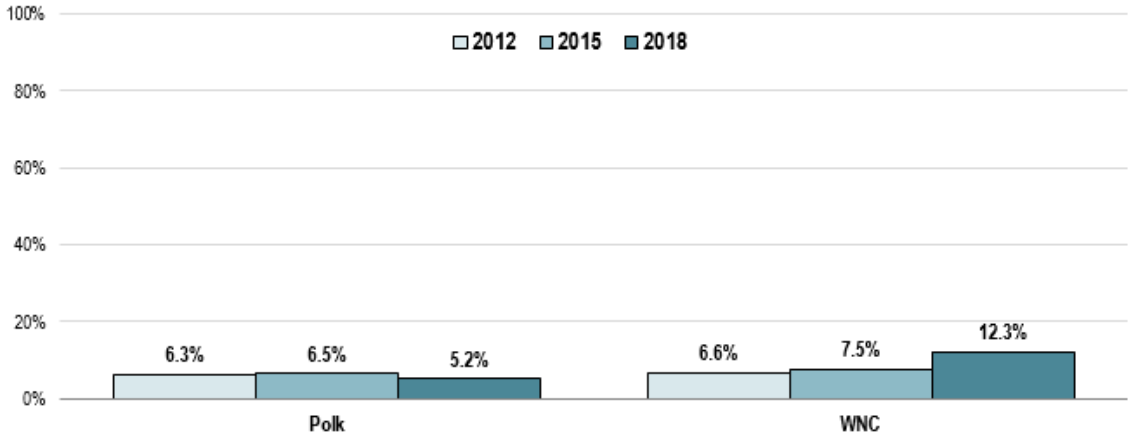
PRC Community Health Needs Assessment

Did Not Get Mental Health Care or Counseling that was Needed in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: • Asked of all respondents.

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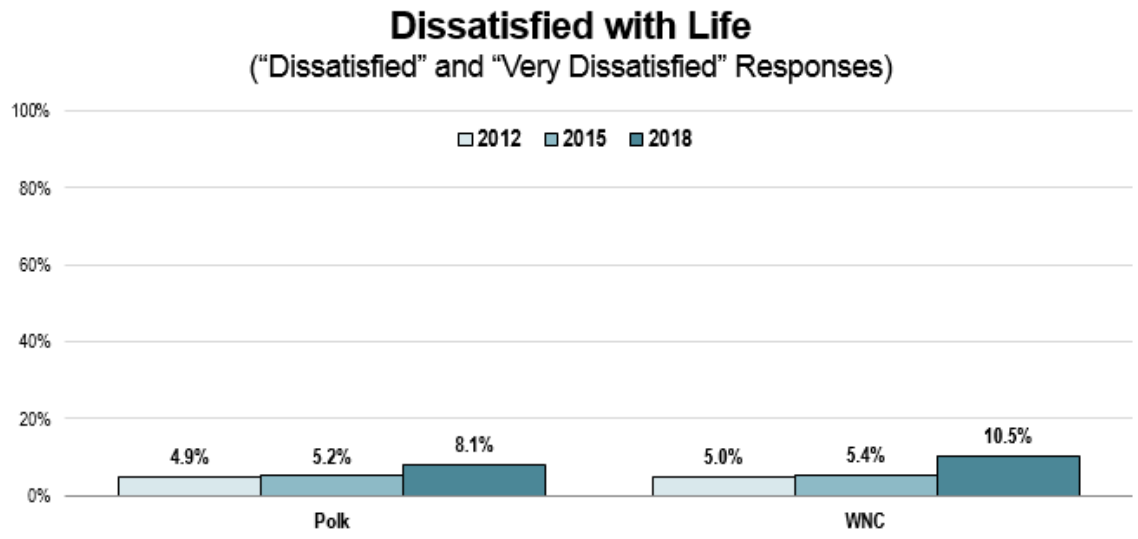
PRC Community Health Needs Assessment



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 335]
Notes: • Asked of all respondents.

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ACEs

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Adverse Childhood Experiences (ACEs)

Category	Question
Household Mental Illness	Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?
Household Substance Abuse	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?
	Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?
Incarcerated Household Member	Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
Parental Separation or Divorce	Before you were 18 years of age, were your parents separated or divorced?
Intimate Partner Violence	Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up?
Physical Abuse	Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking.
Emotional Abuse	Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down?
Sexual Abuse	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex?

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 339-349, 351-360]
Notes: • Reflects the total sample of respondents.

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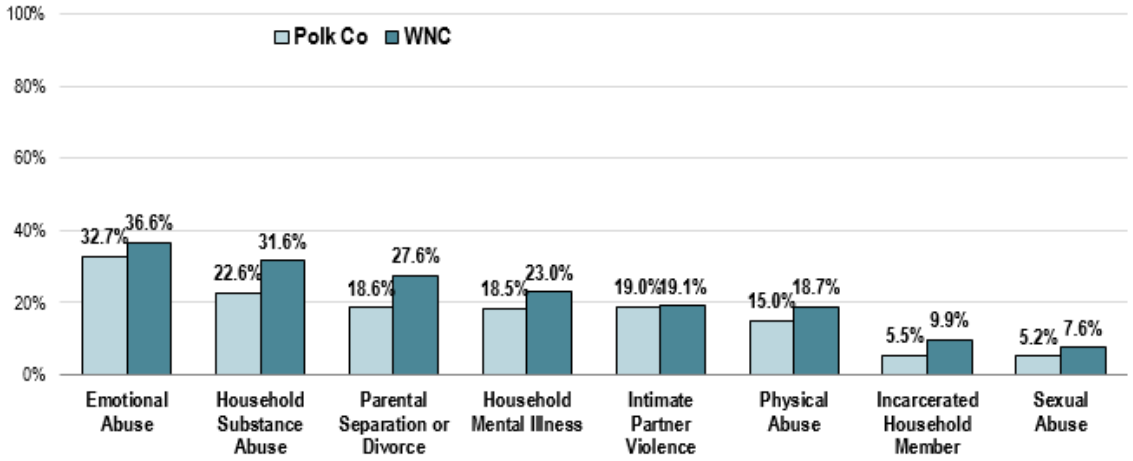
PRC Community Health Needs Assessment

Experienced Adverse Childhood Experiences (ACEs) Prior to Age 18

(2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 351-358]

Notes:
- Asked of all respondents (Adults 18+).
- ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.

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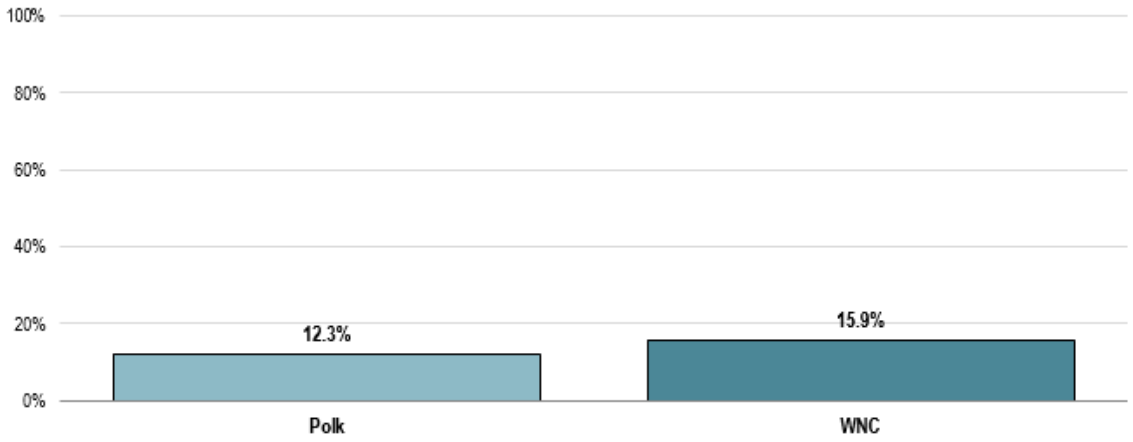
Prevalence of High ACE Scores (4 or More)
(2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 359]

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

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CHRONIC CONDITIONS

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Cardiovascular Risk

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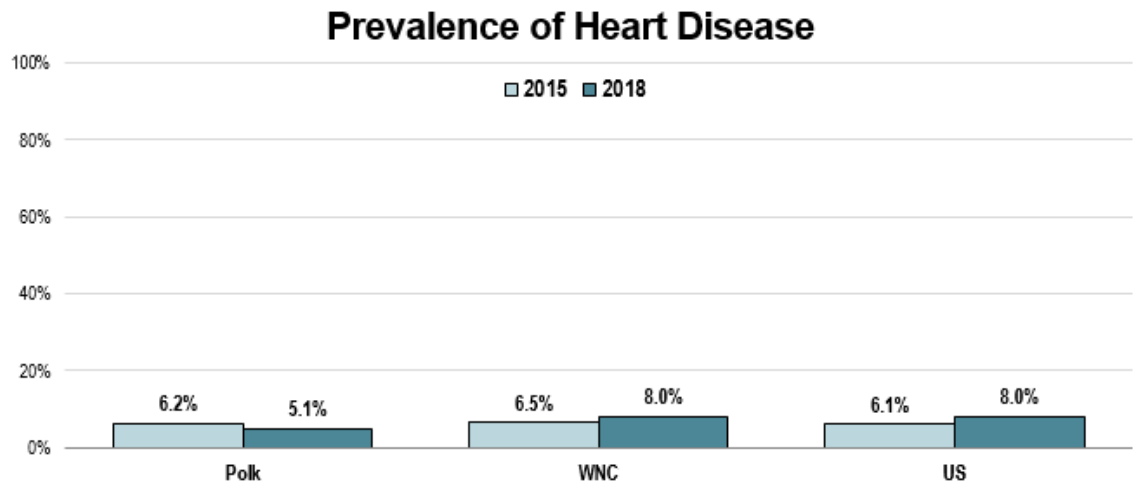
PRC Community Health Needs Assessment



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

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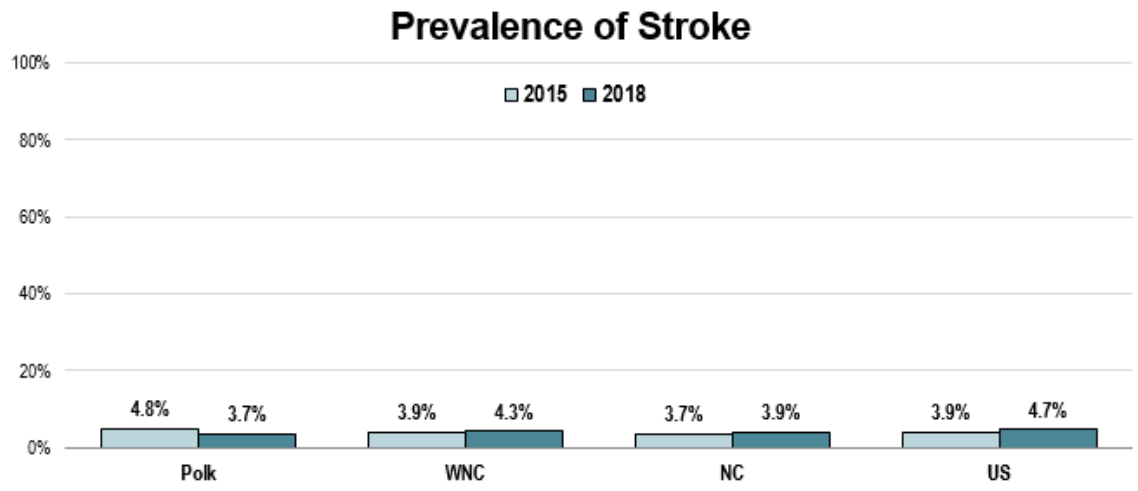

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

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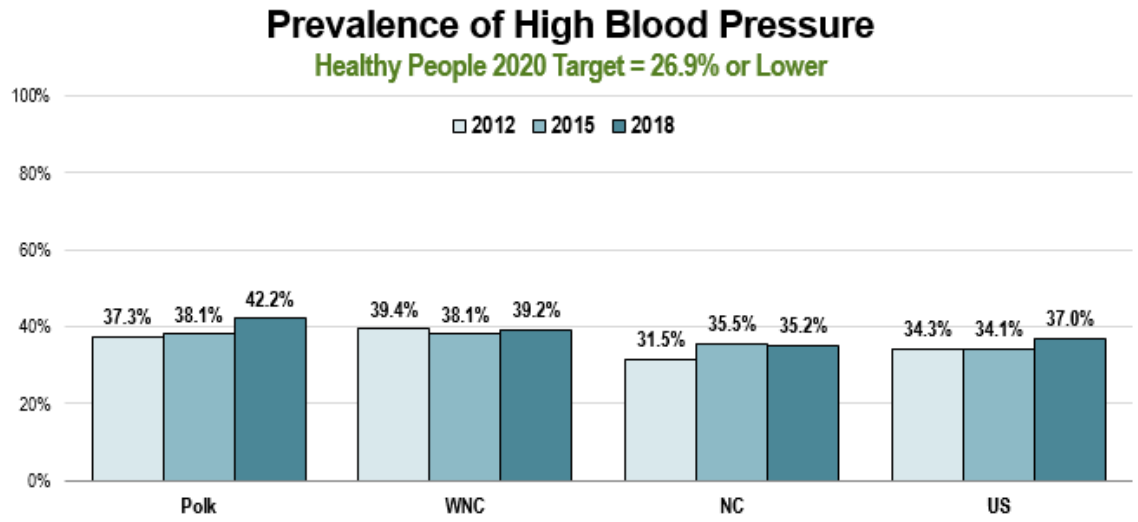
PRC Community Health Needs Assessment



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

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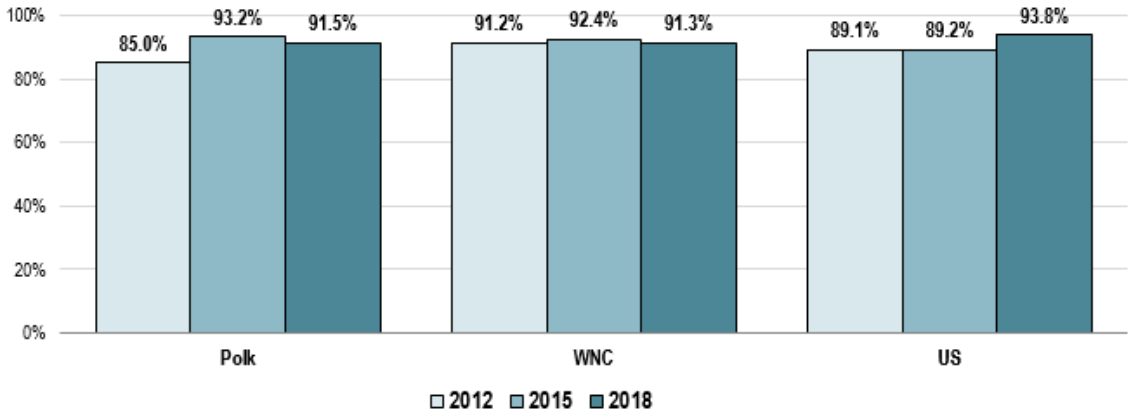
Taking Action to Control High Blood Pressure
(Among Adults with High Blood Pressure)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 41]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

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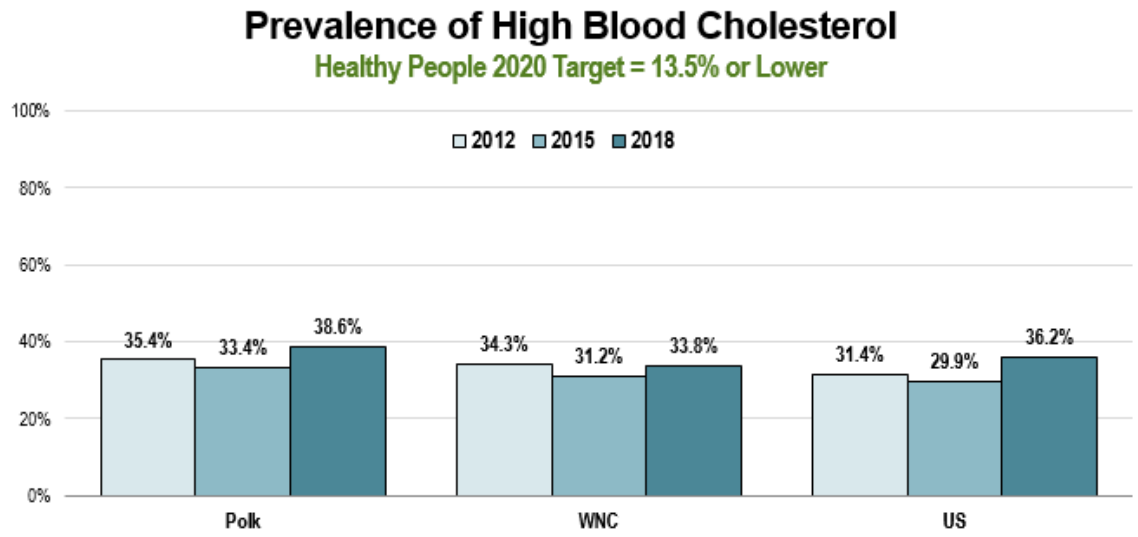
PRC Community Health Needs Assessment



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

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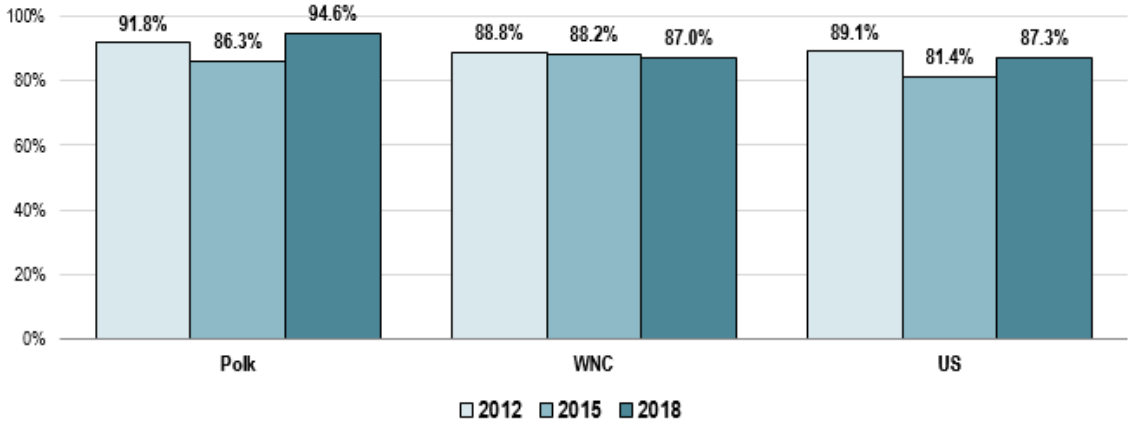
PRC Community Health Needs Assessment

Taking Action to Control High Blood Cholesterol

(Among Adults with High Blood Cholesterol Levels)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

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Diabetes

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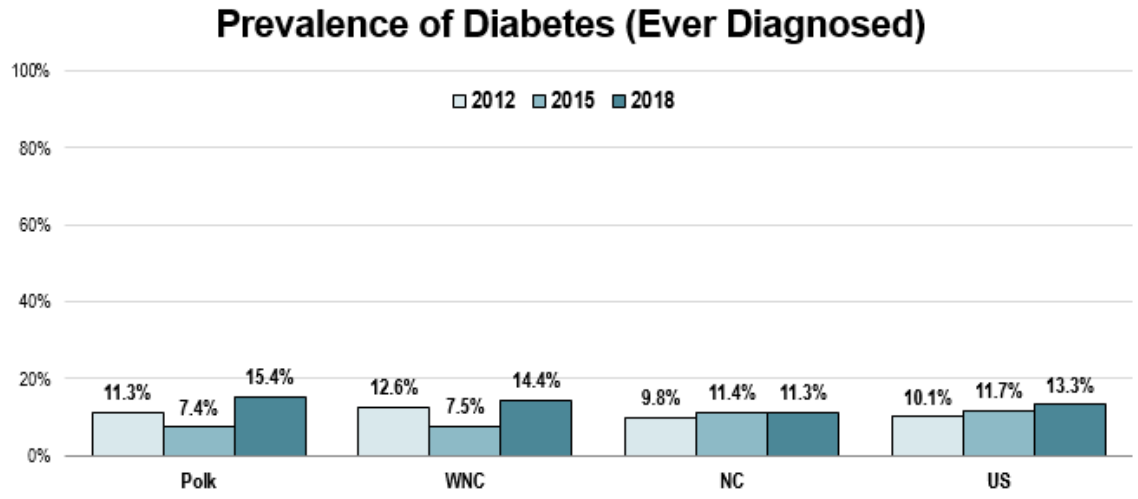
PRC Community Health Needs Assessment



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

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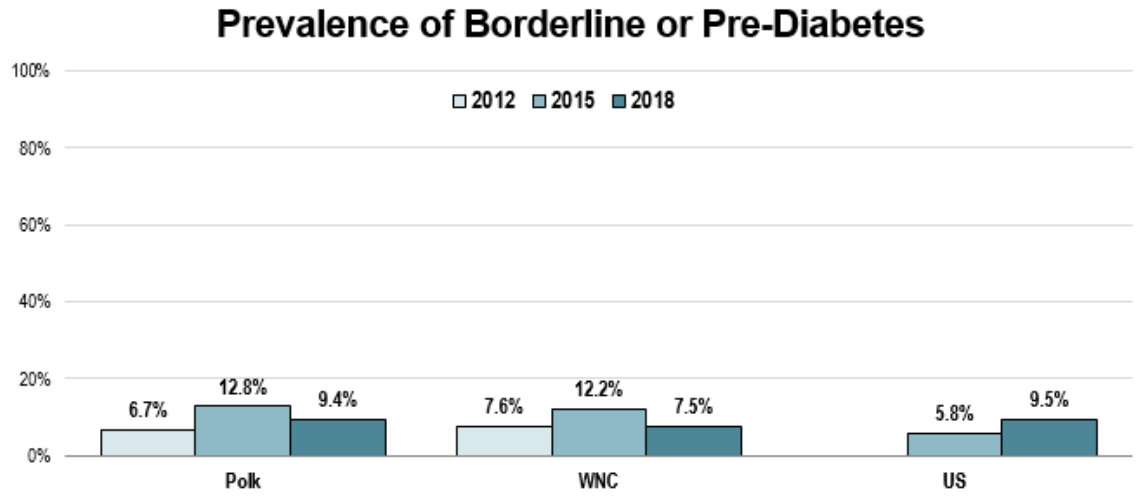
PRC Community Health Needs Assessment



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

Notes:
- Asked of all respondents.

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Respiratory Conditions

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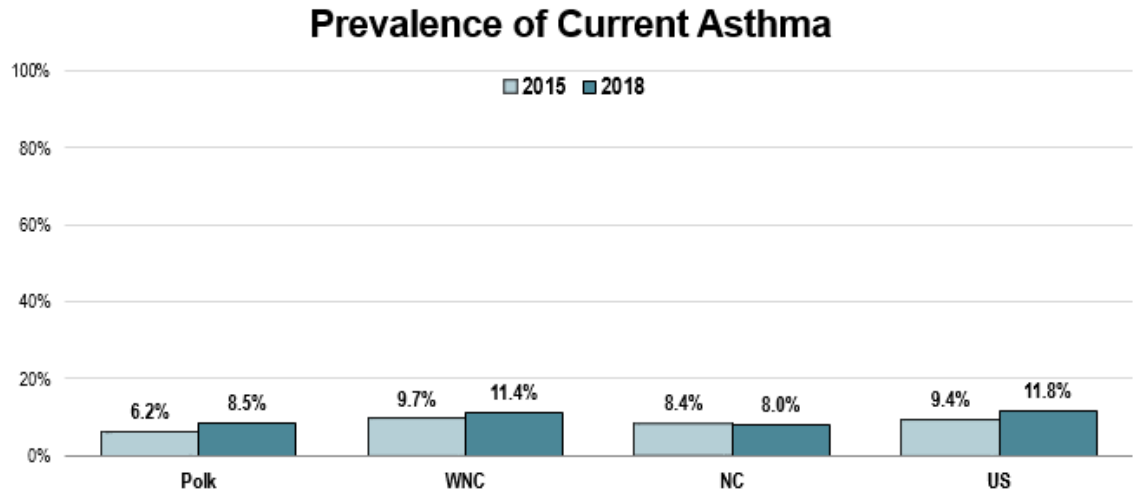
PRC Community Health Needs Assessment



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

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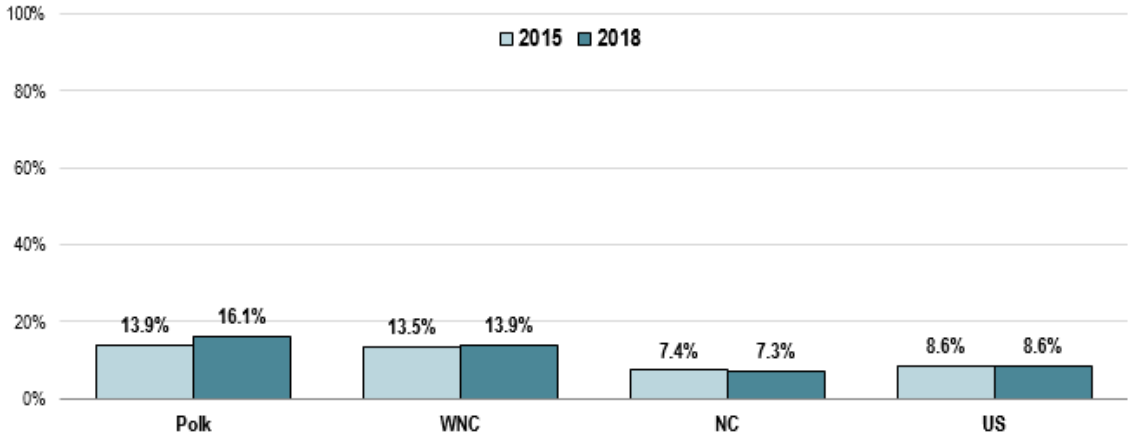
Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

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MODIFIABLE HEALTH RISKS

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Nutrition

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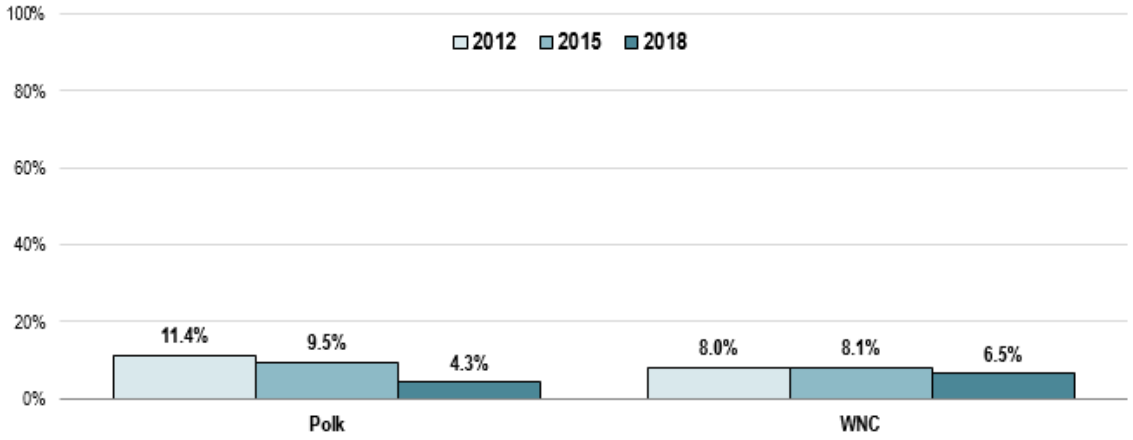
PRC Community Health Needs Assessment

Consume Five or More Servings of Fruits/Vegetables Per Day



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake during the previous week. Reflects 1-cup servings of fruits and/or vegetables in the past week, excluding lettuce salad and potatoes.

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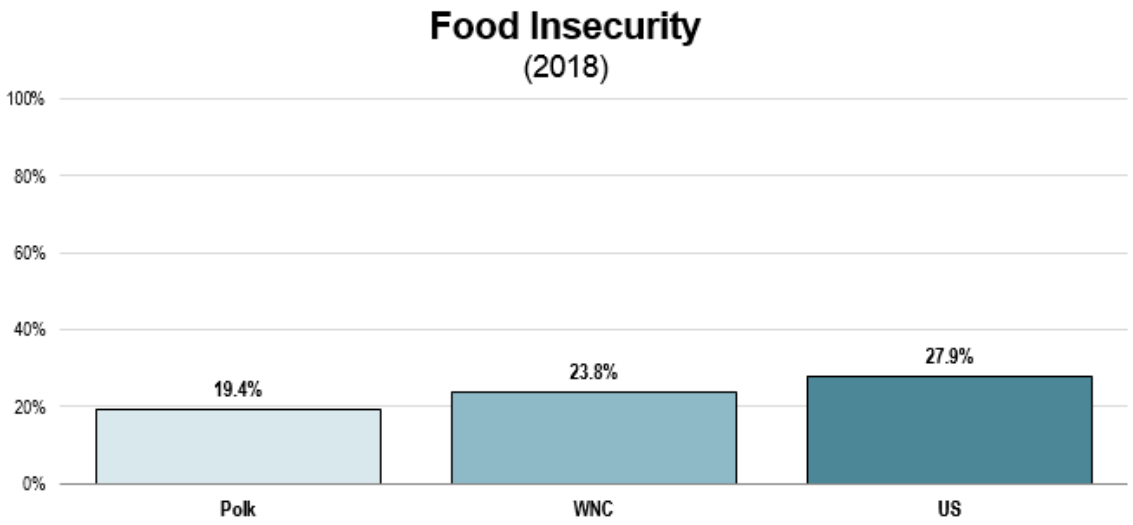
PRC Community Health Needs Assessment



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

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Physical Activity & Fitness

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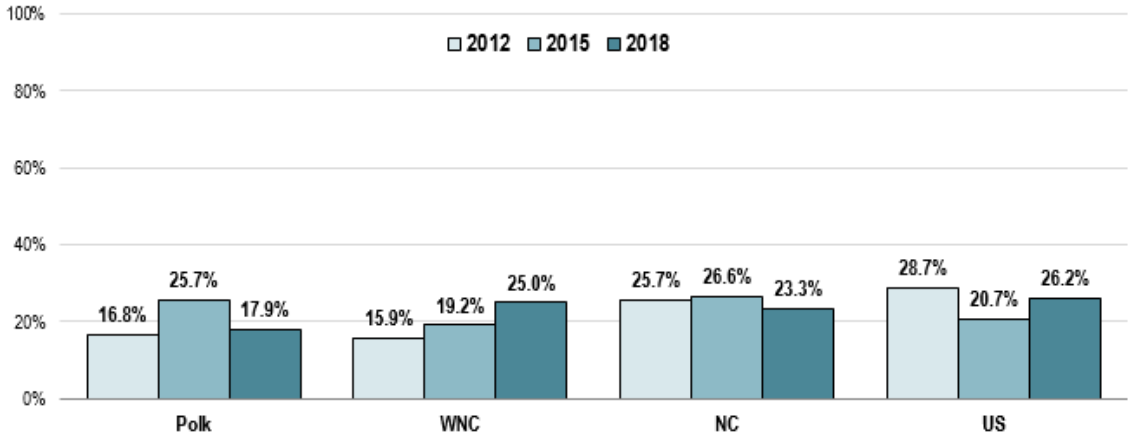
PRC Community Health Needs Assessment

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

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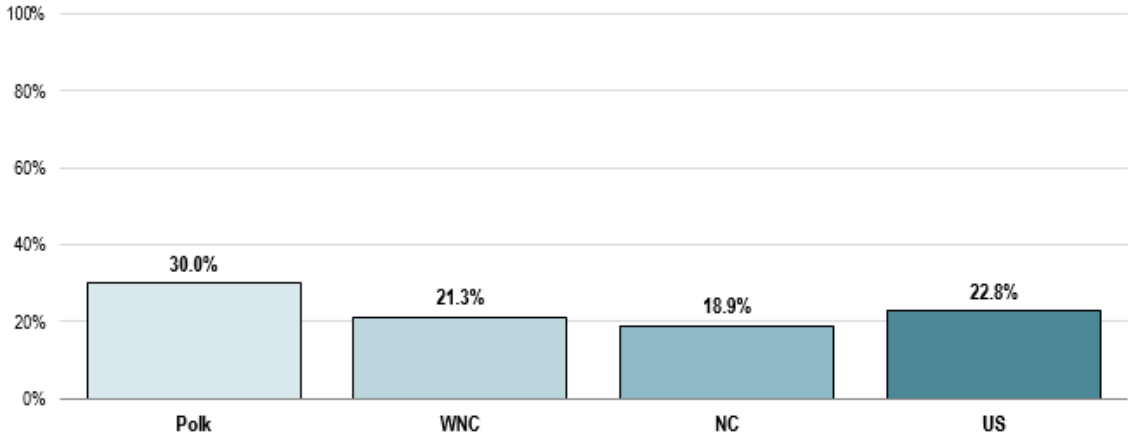
PRC Community Health Needs Assessment

Meets Physical Activity Recommendations

(2018)

Healthy People 2020 Target = 20.1% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes:
- Asked of all respondents.

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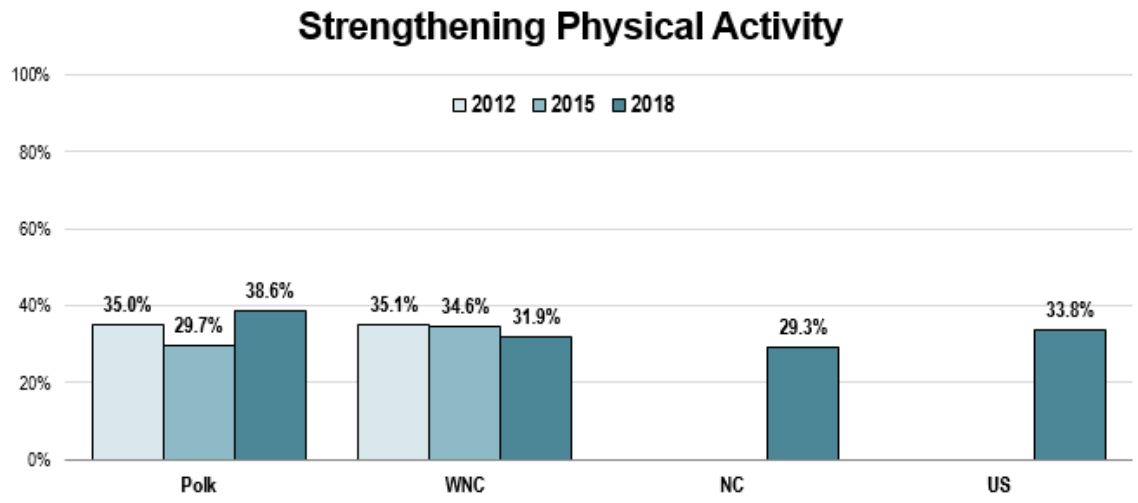
PRC Community Health Needs Assessment



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

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Body Weight

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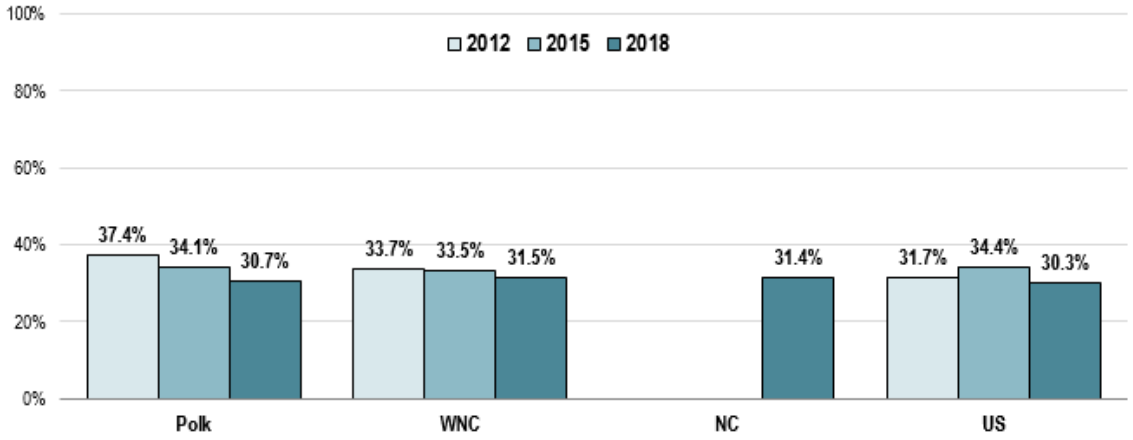
PRC Community Health Needs Assessment

Healthy Weight

(Body Mass Index Between 18.5 and 24.9)

Healthy People 2020 Target = 33.9% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]

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

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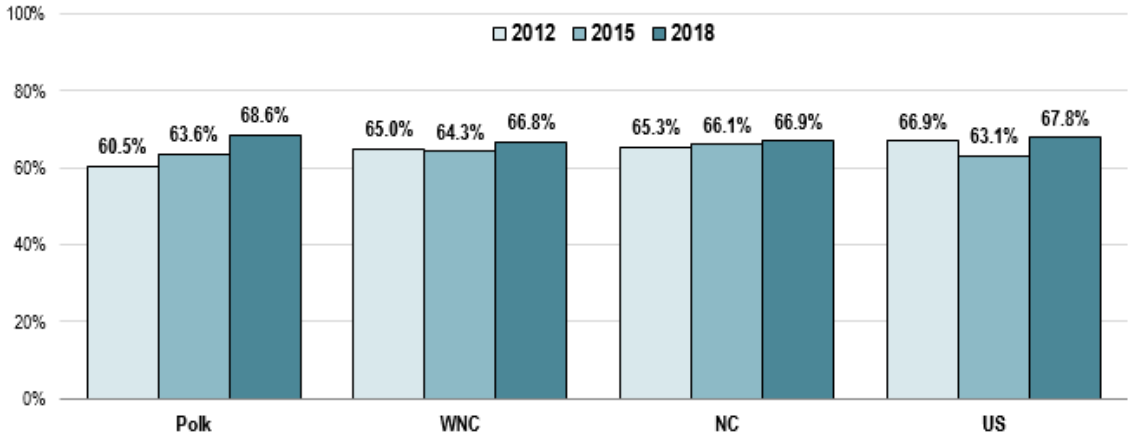
PRC Community Health Needs Assessment

Total Overweight (Overweight or Obese)

(Body Mass Index of 25.0 or Higher)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- 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.

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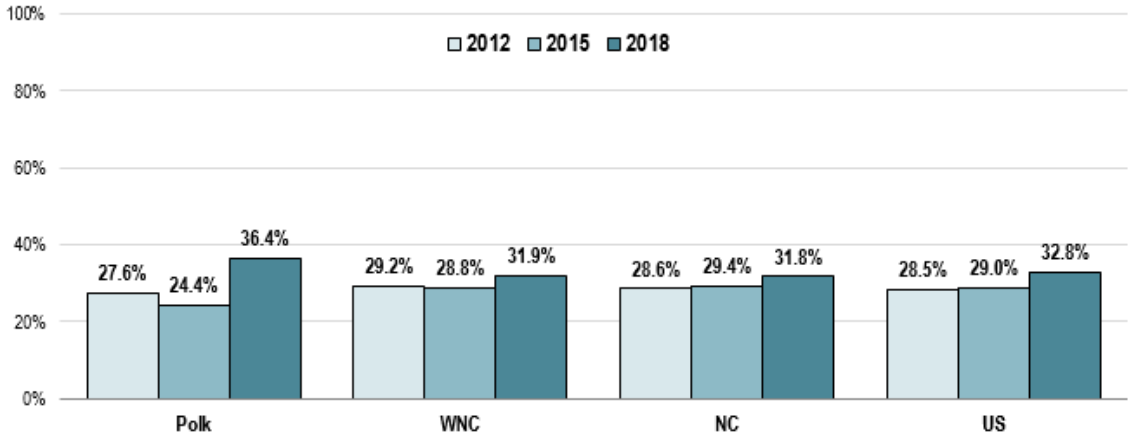
PRC Community Health Needs Assessment

Obesity

(Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.6% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

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.

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Substance Abuse

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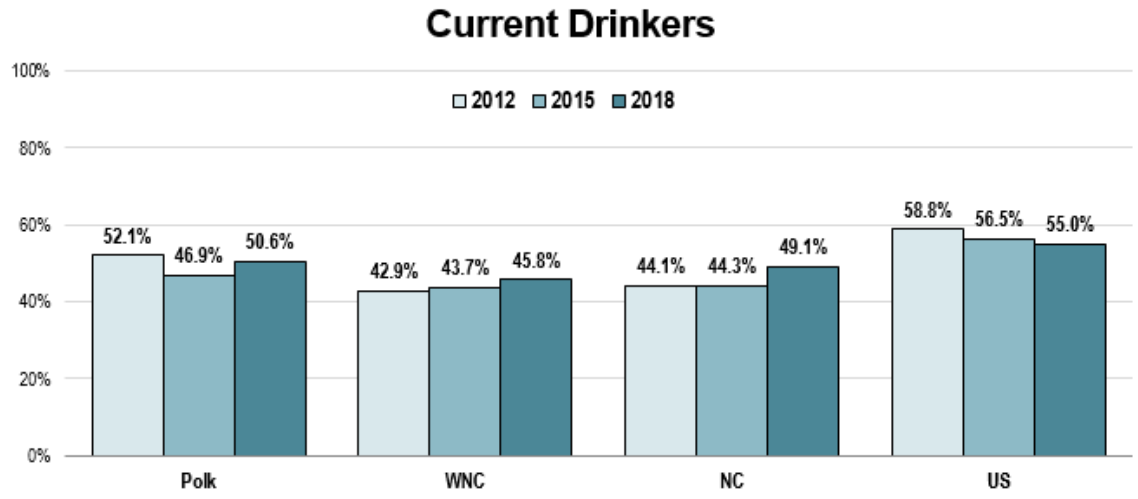

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

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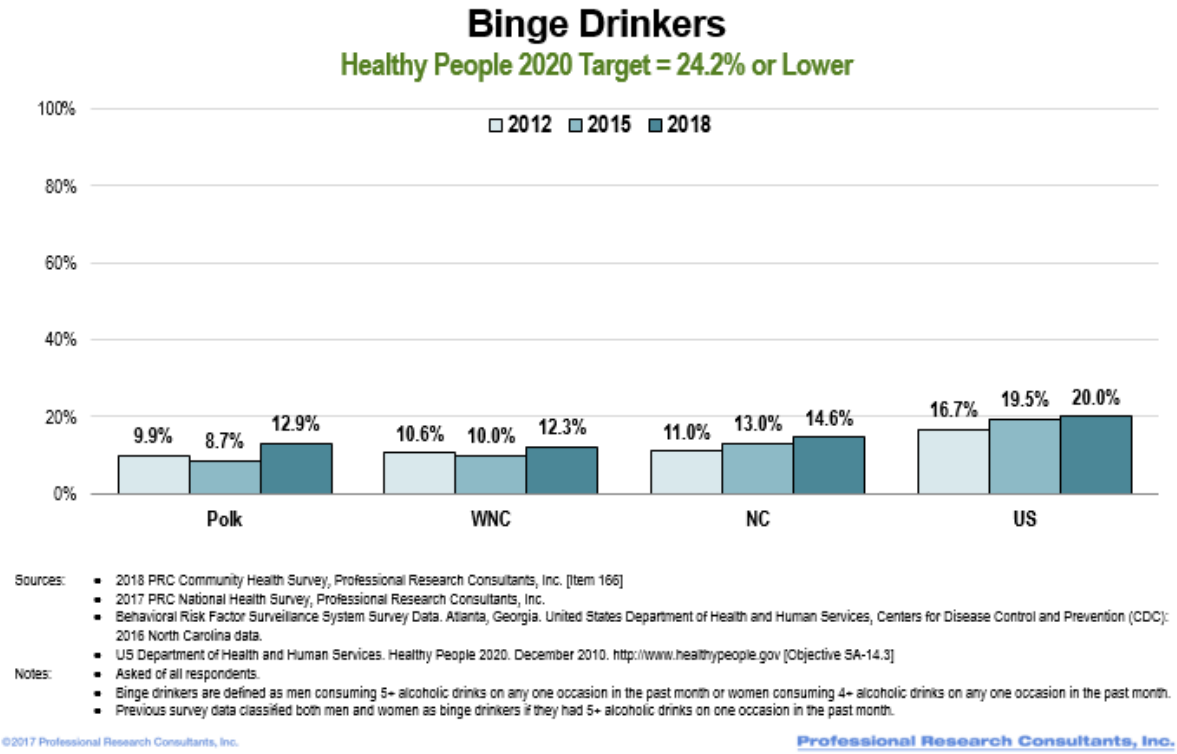
PRC Community Health Needs Assessment



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

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

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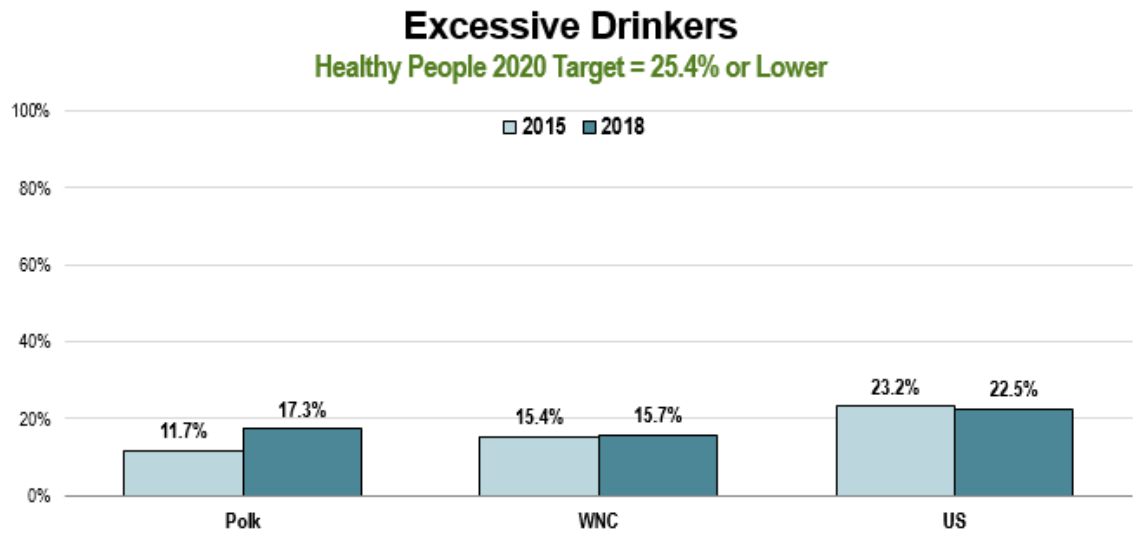
PRC Community Health Needs Assessment



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

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

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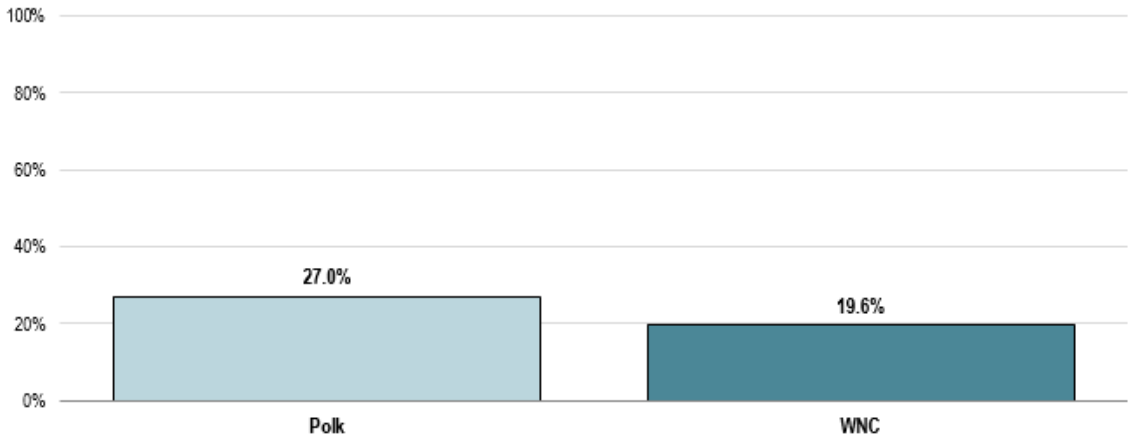
PRC Community Health Needs Assessment

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

(2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]
Notes: • Asked of all respondents.

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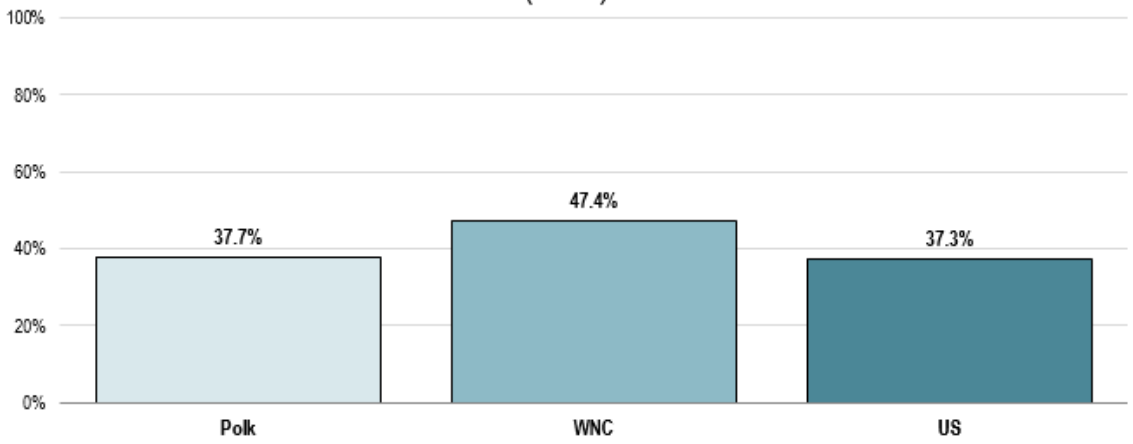
Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

(2018)



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

Notes:
- Asked of all respondents.

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Tobacco Use

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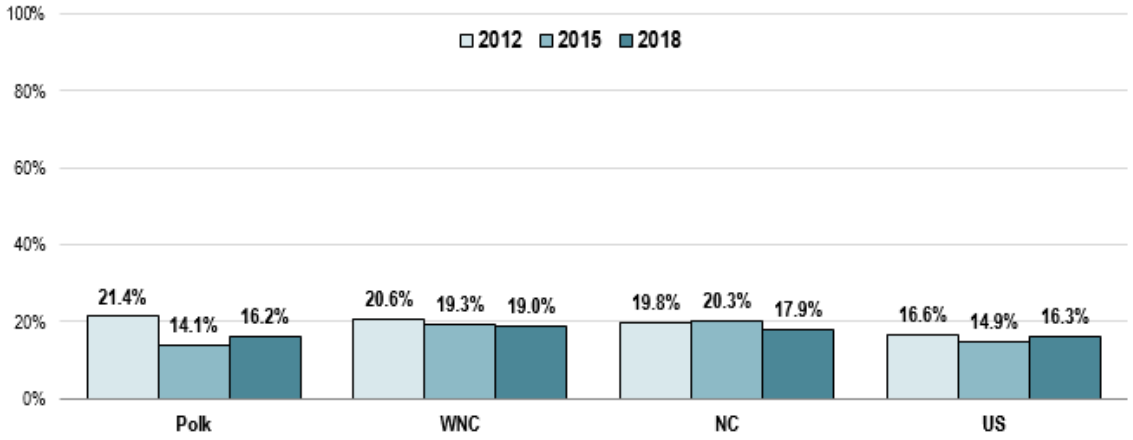
PRC Community Health Needs Assessment

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

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

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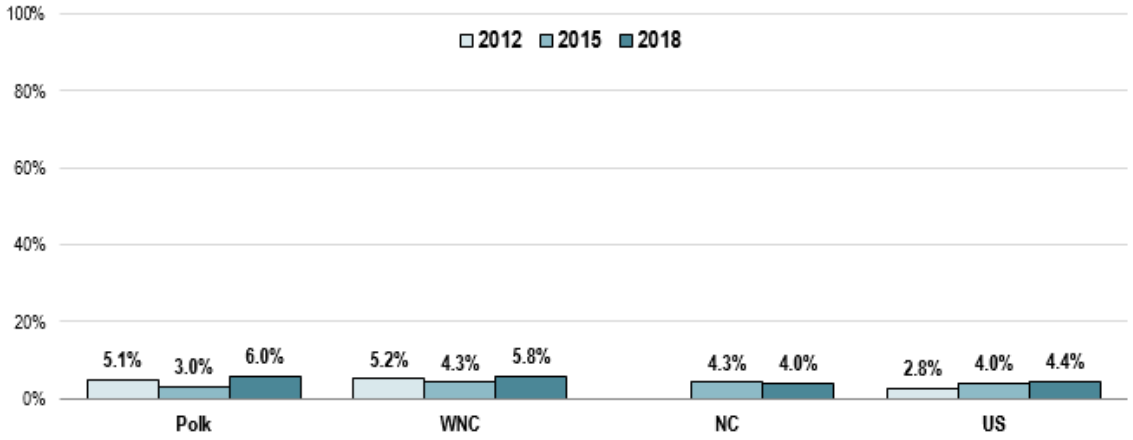
PRC Community Health Needs Assessment

Currently Use Smokeless Tobacco Products

Healthy People 2020 Target = 0.3% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]

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

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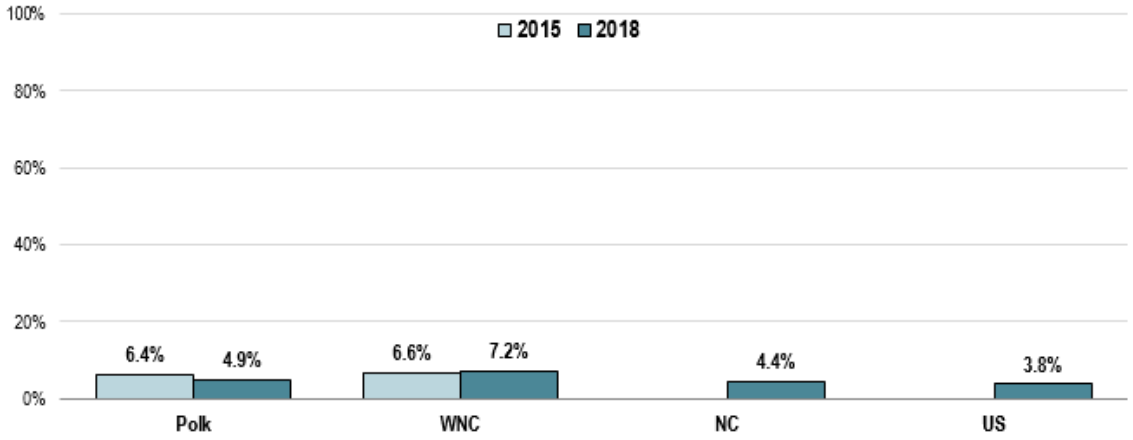
PRC Community Health Needs Assessment

Currently Use Vaping Products (Such as E-Cigarettes)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.

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

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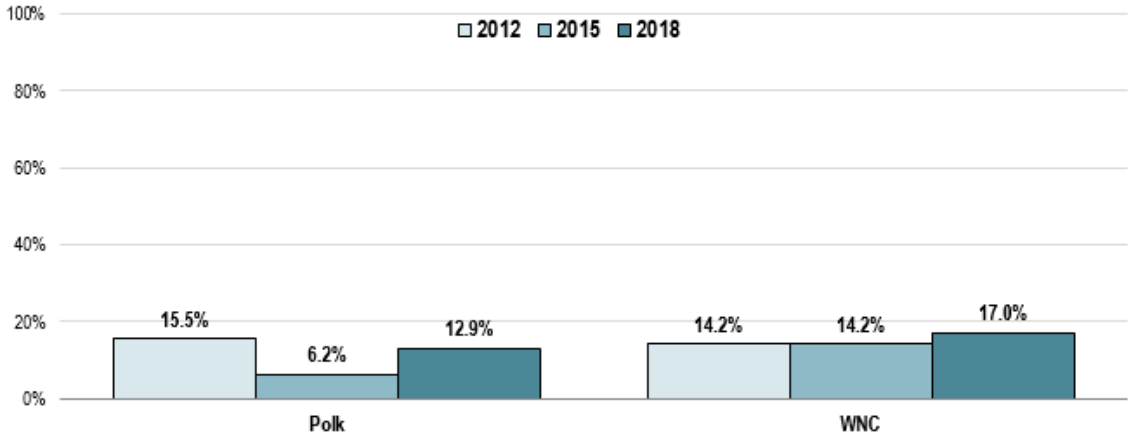
Have Breathed Someone Else's Smoke at Work in the Past Week

(Employed Respondents)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
Notes: • Asked of employed respondents.

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Health Insurance Coverage

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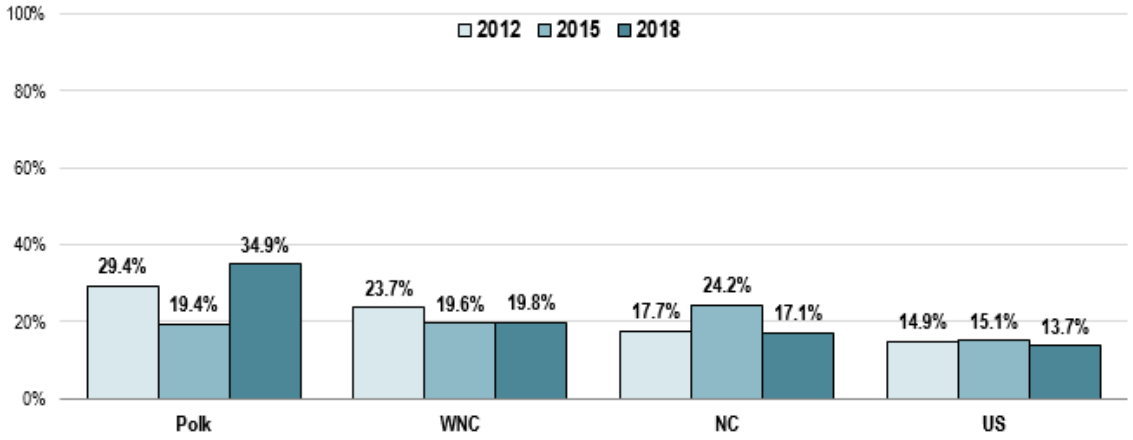
PRC Community Health Needs Assessment

Lack of Healthcare Insurance Coverage

(Adults Age 18-64)

Healthy People 2020 Target = 0.0%



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

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.).

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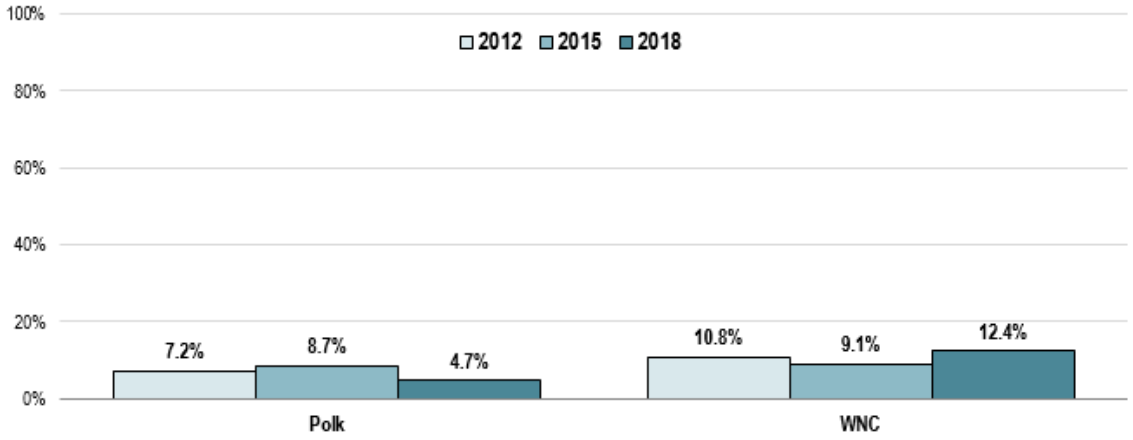
PRC Community Health Needs Assessment

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]
Notes: • Asked of all respondents.

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Primary Care Services

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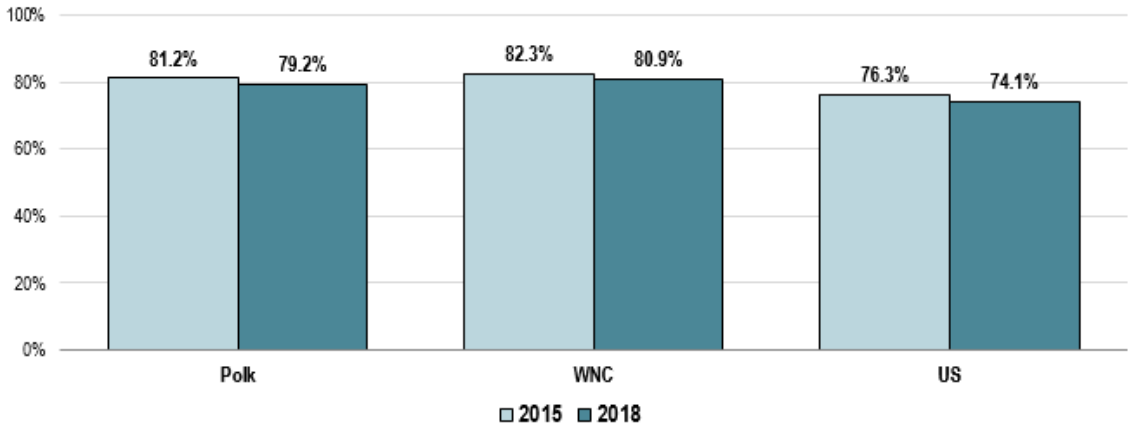
PRC Community Health Needs Assessment

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

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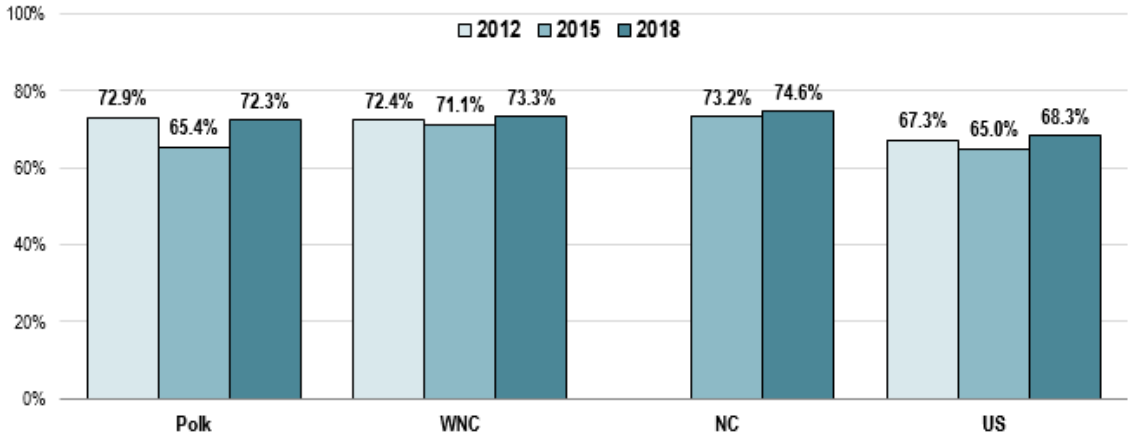
Have Visited a Physician for a Checkup in the Past Year



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.

Notes:
- Asked of all respondents.

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Preventive Screenings

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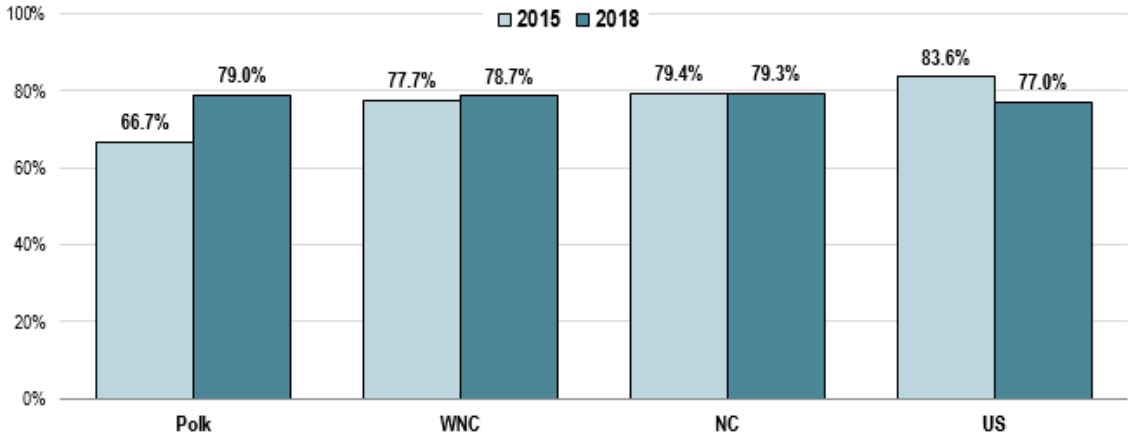
PRC Community Health Needs Assessment

Have Had a Mammogram in the Past Two Years

(Women Age 50-74; By County, 2018)

Healthy People 2020 Target = 81.1% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents age 50-74.

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Oral Health

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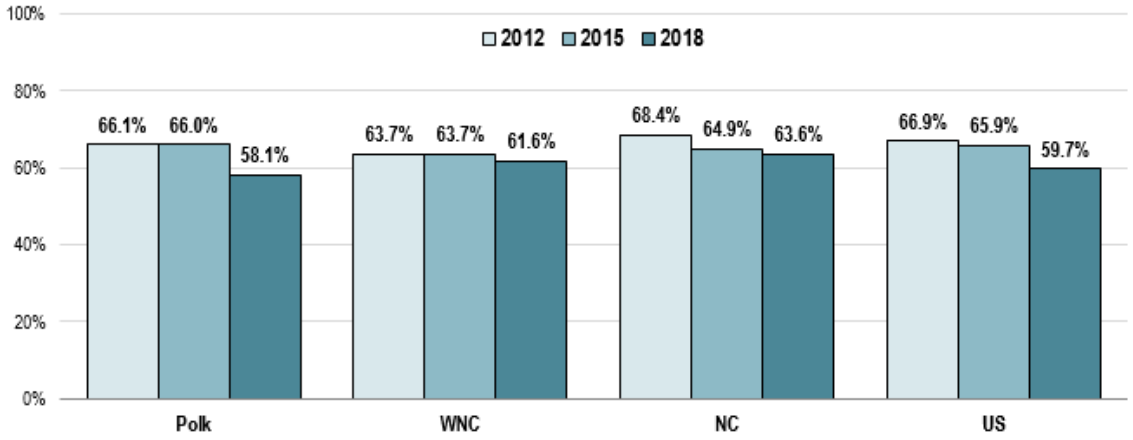
Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.

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Other Health Issues in the Community

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COUNTY-SPECIFIC QUESTIONS

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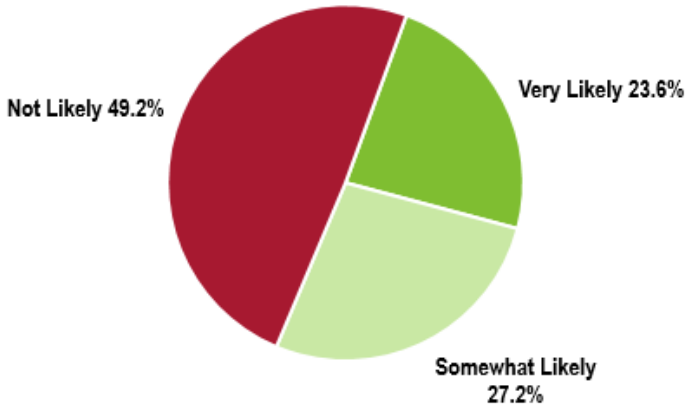
Likelihood of Using a Telehealth Visit for Medical Care
(Polk County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]
Notes: • Asked of all respondents.

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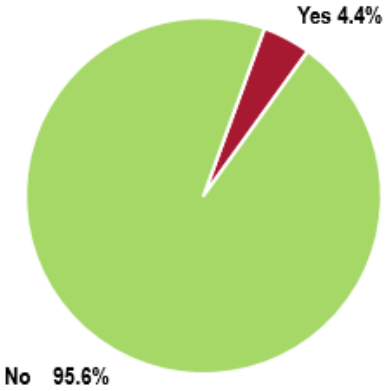
Mental or Emotional Problems Made It Difficult for a Member of the Household to Hold a Job in the Past Year

(Polk County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 338]
Notes: • Asked of all respondents.

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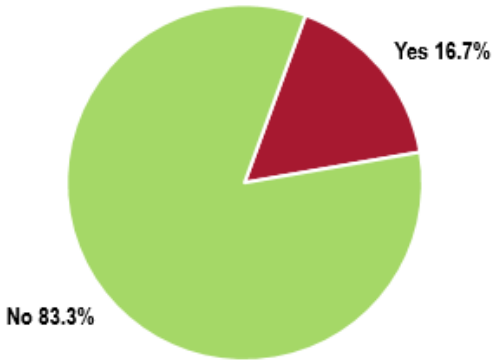
Lack of Child Care Arrangements in the Past Year Made It Difficult to Seek Healthcare, Keep a Job, or Further Education

(Polk County Parents, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 322]
Notes: • Asked of parents with children age 0-17 in the home.

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APPENDIX E – KEY INFORMANT SURVEY FINDINGS

2018 Community Health Needs Assessment

Online Key Informant Survey Results

Polk County, North Carolina

Prepared for:
WNC Healthy Impact

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

2017-0792-02
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Introduction

Approach

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

Participation

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 25 community stakeholders took part in the Online Key Informant Survey.

Participating Organizations

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

- Active Route to Schools
- Board of Health
- Cooperative Extension
- County Manager
- DSS
- Family Preservation Pathways
- Foothills Medical Associates
- Hospital Volunteer
- MH Provider
- Navigator – Polk Health
- Pavilion Health Center
- PF3 Health Coalition
- Polk Consolidated Human Services
- Polk Fit, Fresh and Friendly
- Polk Library
- Polk Schools
- St. Luke's Hospital
- Sheriff's Office
- Thermal Belt Outreach
- UMC – Blue Ridge District
- VAYA
- WNC Children's Health Network

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

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and

perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Characteristics of a Healthy Community

"In your opinion, what are the most important characteristics of a healthy community?"

Key informants could list up to 3 responses.

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

Characteristic	Mentioned By (%)
Access to Care/Services	27.2%
Awareness/Education	18.8%
Recreational/Outdoor Activities	18.6%
Employment	18.5%
Healthy Lifestyles	18.5%
Caring/Supportive Community	13.8%
Healthy Citizens	13.6%
Affordable Care/Services	9.3%
Agencies, Community Organizations	9.3%
Equity in Access to Health Care	9.3%
Willing to Accept Change	9.1%
Access to Mental Health Care	9.0%
Healthy Children	9.0%
Safe Environment	9.0%
Access to Healthy Foods	4.8%
Caring for the Less Fortunate	4.8%
Good Economy	4.8%
Lower Obesity Rates	4.8%
Promote Mental, Physical and Spiritual Health	4.8%
Sense of Community	4.8%
Willingness to Try Alternative Ways	4.8%
Work Force Caring About Employees	4.8%
Access to Healthy Foods/Healthy Eating	4.5%
Access to Medications for Uninsured/Underinsured	4.5%
Affordable Housing	4.5%
Clean Environment	4.5%
Communication	4.5%
Engaged in Community	4.5%

Characteristic	Mentioned By (%)
Good Leadership	4.5%
Good Schools	4.5%
Mental, Physical and Spiritual Health	4.5%
Opioid Addiction Treatment Plan	4.5%
Physical Activity	4.5%
Positive Atmosphere	4.5%
Quality Health Care	4.5%
Resources for Healthy Activities	4.5%
Social Connectiveness	4.5%

Chronic Disease

Ranking of Chronic Disease Issues as Critical to Address

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

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

Rank	Health Issue	Identified as Critical to Address
1	Obesity/Nutrition/Physical Activity	22
2	Diabetes	13
3	Heart Disease/Stroke	11
4	Chronic Pain	10
5	Cancer	7
6	Upper Respiratory Diseases (such as Asthma)	2
7	Chronic Obstructive Pulmonary Disease (COPD)	1
8	Chronic Kidney Disease	0
9	Arthritis/Osteoporosis	0

Obesity, Nutrition, and Physical Activity

Contributors to Progress

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

Awareness/Education

> *Slight increased awareness of the need for physical activity in the public education system, but spotty follow-through. Funding does not support enough PE in the system, and students receive the bare minimum (sometimes in large, combined classes). Any extra activity for students depends on a passionate teacher willing to devote/sacrifice time outside of the classroom. Local food movement exists, limited nutrition education. Limited gardening education/promotion. Some trails being built. Volunteer efforts at community health promotion. – Public Health Representative (Polk County)*
>
> *PF3 and Blue Ridge Community Health are involved with educating our community. – Social Services Provider (Polk County)*
>
> *Health education. – Social Services Provider (Polk County)*

Specific Programs/Agencies

> *Community events involving healthy living, increasing opportunities for increasing physical activity for all ages, healthy eating events providing fresh veggies, and fruits. Focus on a balanced lifestyle. – Other Health Provider (Polk County)*
>
> *Lots of initiatives and support from local healthcare groups and nonprofits. – Community Leader (Polk County)*

> *Programs offered by Polk Rec, PF3, Cooperative Extension. – Community Leader (Polk County)*

Collaborative Efforts

> *I think there is an interest, but there needs to be a more coordinated effort focusing on changing social norms around obesity. – Other Health Provider (Polk County)*
>
> *There have already been huge strides in this area, as various organizations collaborate to provide programs, classes, and activities on the topics. – Community Leader (Polk County)*

Physical Activity

> *Our environment calls for activity. – Community Leader (Polk County)*

Community Focus

> *Health coalition focus issue and the many organization that make up the coalition. The community is beginning to change on this issue. The community is beginning to look at ways to help people be more physically active. – Community Leader (Polk County)*

Nothing/No Progress

> *Sometimes people just cannot afford to buy the food they need to maintain a healthy lifestyle. The healthy foods are the most expensive. People do not choose to exercise or to be physically active. – Community Leader (Polk County)*

Youth Sport Programs

> *Access to youth programs for sports activities to help young people start early with value of exercise and being fit. – Other Health Provider (Polk County)*

PF3 Wellness Coalition

> *The wellness coalition, PF3, is providing the annual Polk Fit Challenge. The Extension Office is offering a Mediterranean diet cooking class for diabetics and pre-diabetics. The health department promotes 5-2-1 Almost none. Most organizations in Polk provide education in some form or fashion to increase community awareness. – Other Health Provider (Polk County)*
>
> *The work of PF3, farmer's markets. – Other Health Provider (Polk County)*
>
> *The work of Polk Fit, Fresh and Friendly, and the Polk Fit Challenge. – Other Health Provider (Polk County)*
>
> *Cooperative Extension, PF 3 efforts. – Physician (Polk County)*
>
> *P3 is making a concerted effort and is definitely adding to the progress. Obesity, nutrition and physical activity are generational issues/diseases and it's not an easy fix, but the continued and constant pressure is bringing it to the community's attention. – Community Leader (Polk County)*
>
> *PF3. – Social Services Provider (Polk County)*

Impediments of Progress

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

Lifestyle

> *People want quick fixes to obesity. Lifestyle changes can be hard to maintain over time, so constant positive reinforcement and commitment is required for those who are having to adapt to a new and healthier lifestyle than the one they grew up with or the one that led them to obesity or poor nutrition. – Other Health Provider (Polk County)*

Awareness/Education

> *A lack of teaching individuals how to plan healthier meals for their families and some may not be able to afford healthy foods. – Community Leader (Polk County)*
>
> *Lack of emphasis on healthy eating and exercise habits at home and in school. – Community Leader (Polk County)*

Access to Healthy Food

> *No matter how much we want to be healthy, there are few restaurants in town that serve healthy foods and healthy food alternatives. The south is born and bred on fried foods. Healthy alternatives have not been presented to the community in a way that is embraced. There are few community events that offer much more than fried foods, BBQ, and alcohol. – Community Leader (Polk County)*

> *Access to health food for low income residents who experience food insecurity. – Physician (Polk County)*
>
> *Not enough emphasis on healthy choices in local restaurant menus, not enough people willing to make changes. – Other Health Provider (Polk County)*

Funding

> *Lack of resources especially funds for the lower income families to afford better food choices and to have the opportunity to engage in fun activities. More time is being spent on social media devices and less engagement in being physically active on a daily routine. – Other Health Provider (Polk County)*
>
> *Funding, policy and parent engagement - Also there's a stigma around it. We need to build a social norms/public health campaign. – Other Health Provider (Polk County)*
>
> *If funding is not secured, it could have an impact. – Other Health Provider (Polk County)*

Lack of Prevention for Youth

> *Policy level action in school administration to designate time per day devoted to physical activity in schools and institutions. Bureaucratic, institutional, and economic walls that resist change. Lack of creativity, leadership, and knowledge in community to override the system and look for and create local solutions and alternatives that could provide healthier food and support the local economy. Government and municipalities must make strategic investments in community infrastructure to make walking and bicycling safe and inviting. No real community health promotion is supported. Obesity is one health factor that affects [a large] percentage of the population, yet we are still dealing with people being offended by bringing it up, doctors don't discuss it, and you can't get local data about it. [We need to] do something about it. – Public Health Representative (Polk County)*

Lack of Collaboration

> *Sometimes competitiveness can actually get in the way. Individuals and organizations need to keep in mind that we are in this together, not to outdo each other. – Community Leader (Polk County)*
>
> *Strategic planning. – Social Services Provider (Polk County)*

Access to Care/Services

> *Access and experience in being active. – Community Leader (Polk County)*

Affordable Care/Services

> *Finances. – Social Services Provider (Polk County)*

Programs/Services for Youth

> *We need a community center for youth and a pool. – Social Services Provider (Polk County)*

Parental Influence

> *Parents that have difficulty setting a good example to youth, help for families that cannot afford access to sports for children. – Other Health Provider (Polk County)*

Social Norms

> *Social attitudes about eating and exercise; primary care providers could perhaps be more assertive in recommending lifestyle changes; lack of a recreation center or Y where folks can work out and be active indoors. – Community Leader (Polk County)*

Diabetes

Contributors to Progress

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

Awareness/Education

> *Our local hospital, St. Luke's, has already committed resources towards diabetes education. – Social Services Provider (Polk County)*
>
> *Education efforts, local practitioner approaches, and intervention. – Community Leader (Polk County)*
>
> *Having a diabetes educator and creating a greater awareness of steps people can take to control diabetes. – Other Health*

> *Provider (Polk County)*

Access to Care/Services

> *Diabetes and pre-diabetes services available through St. Luke's Hospital. – Community Leader (Polk County)*
>
> *Pre-diabetes program, as well as diabetes management program. – Other Health Provider (Polk County)*

Collaborative Efforts

> *Agencies., organizations, and churches working together. – Community Leader (Polk County)*

Access to Healthy Food

> *There has been a concerted focus on nutrition over the past several years and greater access to nutritional food. Farmer's market. – Other Health Provider (Polk County)*

Lifestyle

> *The focus on overall health, diet and exercise is very beneficial to progress in controlling diabetes. – Community Leader (Polk County)*

Impediments of Progress

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

Access to Healthy Food

> *Greater access to healthy food that is affordable. – Other Health Provider (Polk County)*

Lifestyle

> *Not enough people getting taking advantage of the educator or assuming responsibility for making changes in their lifestyle. – Other Health Provider (Polk County)*

Awareness/Education

> *There is a general attitude that it is impossible to reverse diabetes. It needs to be realized that it is possible, it just takes a great deal of effort and determination. – Community Leader (Polk County)*
>
> *Lack of emphasis on healthy eating and exercise habits at home and in school. – Community Leader (Polk County)*
>
> *Lack of education and support. – Community Leader (Polk County)*

Funding

> *Funding for these programs to continue. – Other Health Provider (Polk County)*

Access to Care/Services

> *Not sure to what extent primary care folks are linking patients with community services, advocating for lifestyle changes, etc. – Community Leader (Polk County)*

Disease Management

> *Patient commitment. – Social Services Provider (Polk County)*

Heart Disease and Stroke

Contributors to Progress

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

Awareness/Education

> *Limited education. Limited health promotion in the community and worksite. Some efforts in local food production and consumption. Farmer's markets/supported by social media. Organizational support for local foods. Community gardens.*

> *Vague awareness in public education. – Public Health Representative (Polk County)*
>
> *Awareness efforts on the importance of healthier eating and increased physical activity. – Other Health Provider (Polk County)*
>
> *St. Luke's is involved with education and referrals. – Social Services Provider (Polk County)*
>
> *Education, community events with a focus on preventive measures. – Other Health Provider (Polk County)*
>
> *Health education. – Social Services Provider (Polk County)*

Community Focus

> *Health organizations are interested in this issue. – Community Leader (Polk County)*

Nothing/No Progress

> *Nothing that I am aware of. – Community Leader (Polk County)*

Collaborative Efforts

> *Collaboration among community entities. – Community Leader (Polk County)*
>
> *St Luke's contribution to the organization of stakeholder committees. – Social Services Provider (Polk County)*

Impediments of Progress

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

Awareness/Education

> *Lack of early age engagement/education being provided especially with the childhood obesity increasing in numbers. – Other Health Provider (Polk County)*
>
> *The mindset that heart disease is inevitable and people assuming if heart disease is in their family history, they can't do anything to prevent it in themselves. – Other Health Provider (Polk County)*
>
> *Lack of education and support. – Community Leader (Polk County)*

Access to Care/Services

> *Local access to cardiology services. – Social Services Provider (Polk County)*

Funding

> *Lack of funding or red tape to obtain funding. – Social Services Provider (Polk County)*
>
> *Money for programs. – Community Leader (Polk County)*

Affordable Care/Services

> *An individual's ability to pay. Individuals maybe cannot afford to get the healthcare they need, with no medical insurance. Sometimes with insurance, individuals cannot afford to pay their deductible. – Community Leader (Polk County)*
>
> *Finances. – Social Services Provider (Polk County)*

Aging Population

> *Older population, social isolation, no support for health promotion. No or very little funding devoted to health promotion; you cannot be strategic in your planning if you think volunteers will take care of everything. Being active is not part of the community culture; cheapest food is the most unhealthy. Schools don't walk the talk regarding nutrition, more value on classwork for grades than physical well-being of children. Need more time devoted to being active and leaning social engagement. – Public Health Representative (Polk County)*

Chronic Pain

Contributors to Progress

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

Awareness/Education

> *Education regarding addiction, education to the doctors and healthcare providers, continued gatherings where the topic of discussion is collaborating to solve the issues of people, typically one person at a time. – Community Leader (Polk County)*
>
> *Greater awareness through countywide efforts to spotlight these issues. There are workgroups in progress. – Other Health Provider (Polk County)*

Prescribing Practices/Policies

> *Service providers to address chronic pain conditions. – Other Health Provider (Polk County)*

Opioid Awareness

> *The work from the opioid forums is contributing to this work, as well as work being done by PSAC. There has been engagement from many sectors of the community on getting this work moving in a positive direction. – Other Health Provider (Polk County)*

Collaborative Efforts

> *Interdisciplinary collaborative initiatives. – Social Services Provider (Polk County)*

Community Involvement and Interest

> *Community groups meeting to discuss prescription policies, and other factors that lead to pain. – Community Leader (Polk County)*

Specific Agencies/Programs

> *Pain clinics, alternative pain interventions. – Physician (Polk County)*

Impediments of Progress

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

Drug/Alcohol Addiction

> *Opioid addiction. – Physician (Polk County)*

Lack of Collaboration

> *The time between meetings and action is slow. There doesn't seem to be anyone with enough available time to drive the efforts. There may not be enough funding yet to make the efforts move as quickly as the community would like. – Other Health Provider (Polk County)*
>
> *Lack of care coordination among other providers. – Other Health Provider (Polk County)*

Access to Care/Services

> *Lack of treatment on-demand to inpatient facilities for longer periods of time. – Other Health Provider (Polk County)*

Awareness/Education

> *Community acknowledgement of the issue is the main stumbling block. There are still plenty of people who are unaware that chronic disease is both a cause and contributor of a broader social issue which is substance use/abuse. After acknowledging there is indeed a problem, it's identifying the resources necessary to address it and then being willing to allocate, or obtain, resources required to make it happen. – Community Leader (Polk County)*

Funding

> *Lack of funding, or the red tape to get to the funding. – Social Services Provider (Polk County)*
>
> *Funding for continued coordination. – Community Leader (Polk County)*

Cancer

Contributors to Progress

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

Prevention/Screenings

> *Better health screening and medical access. – Social Services Provider (Polk County)*
>
> *Preventive care. – Community Leader (Polk County)*

Collaborative Efforts

> *Consolidated Human Services Agencies partnering with area agencies to provide coordination and change. – Community Leader (Polk County)*
>
> *The collaboration that St. Luke's has with Levine's. – Other Health Provider (Polk County)*
>
> *Partnerships with larger hospitals/health networks. – Community Leader (Polk County)*

Impediments of Progress

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

Awareness/Education

> *Encourage individuals by advertisements. Let the community know where they can get help with screenings. – Community Leader (Polk County)*

Access to Care/Services

> *Economy of scale (small population) and lack of in-county resources. – Community Leader (Polk County)*

Community Participation

> *Not a focus for a lot of people and organizations. – Community Leader (Polk County)*

Affordable Services/Insurance

> *Health insurance. – Social Services Provider (Polk County)*

Leadership

> *Lack of leadership on certain issues. – Community Leader (Polk County)*

Upper Respiratory Diseases (Such as Asthma)

Contributors to Progress

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

Decreased Tobacco Use

> *To my knowledge, only one smoking cessation resource weakly promoted and attended. Thanks to the flu scare, people are more conscious of trying not to spread it. – Public Health Representative (Polk County)*

Awareness/Education

> *The focus on overall health and nutrition is very helpful to overcoming this. Also, there is a good focus on keeping our air clean and healthful. – Community Leader (Polk County)*

Impediments of Progress

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

Affordable Care/Funding

> *No investment in this issue. No political support. Do doctors spend any time trying to get their patients to quit smoking? Vaping has sabotaged any progress made toward tobacco cessation. – Public Health Representative (Polk County)*

Awareness/Education

> *I don't think it's so much that there's something in the way as there is a lack of general awareness of it. Respiratory problems are common in children, and if we want to improve the quality of life for children and young families, we need to be consciously striving to provide the best environment possible for them. – Community Leader (Polk County)*

Chronic Obstructive Pulmonary Disease (COPD)

Contributors to Progress

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

Decrease in Tobacco Use

> *This disease is fairly prevalent and is being addressed at the doctor-patient relationship level. There is work to be done on continuing to reduce smoking rates in Polk County. There was some progress made through efforts of awareness and education in the last 3-year cycle. – Other Health Provider (Polk County)*

Impediments of Progress

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

Tobacco Use/Vaping

> *As the smoking rates drop, the vaping rates rise. Teens see this as a safe alternative to smoking, as well as a high-tech cool alternative to their parents' cigarettes. – Other Health Provider (Polk County)*

Chronic Kidney Disease

Contributors to Progress

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

No comments

Impediments of Progress

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

No comments

Arthritis/Osteoporosis

Contributors to Progress

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

No comments

Impediments of Progress

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

No comments

Mental Health and Substance Use

Ranking of Mental Health Conditions as Critical to Address

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

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

Rank	Health Issue	Identified as Critical to Address
1	Substance Use	24
2	Depression/Anxiety/Stress	16
3	General Mental Health	13
4	Suicide	11
5	Dementia/Alzheimer's Disease	6

Substance Use

Contributors to Progress

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

Awareness/Education

> *Community awareness, community engagement in identifying root causes and developing strategies to combat the misuse of substances. – Other Health Provider (Polk County)*
>
> *Community awareness is a contributing factor for the progress of this issue. First step is acknowledging there is a problem and Polk County is working to bring it to the forefront. – Community Leader (Polk County)*
>
> *Awareness of the problem at the local agency and governmental levels; national focus on this problem; Opioid Forum, Polk Substance Abuse Coalition. – Community Leader (Polk County)*

Collaborative Efforts

> *Local agencies and groups coming together to contribute to prevention and treatment initiatives. – Community Leader (Polk County)*
>
> *Interdisciplinary collaborations. – Social Services Provider (Polk County)*
>
> *Collaboration. – Community Leader (Polk County)*

Specific Agencies/Programs

> *Polk County Consolidated Health Service has identified substance abuse as their top priority for 2018. – Social Services Provider (Polk County)*
>
> *Blue Ridge Community Health has integrated health model. Family Preservation offers enhanced and basic opt services. DSS offers support to family around mental health issues for family and children. SW are training in evidenced based models of care. – Other Health Provider (Polk County)*

Effective Law Enforcement

> *This community has long been a hotbed for secret drug cultivation and distribution. The sheriff's office has done a good job*

> *trying to control that and other community organizations have worked to raise awareness and assistance to prevent substance abuse. – Community Leader (Polk County)*
>
> *Law enforcement is most likely solution providing penalty vs. therapy. Limited mental health services. Limited education through schools. – Public Health Representative (Polk County)*

Opioid Awareness

> *This issue is linked to the chronic pain issue and the opioid forum comments apply here, as well. Also, this issue will be helped by the new SAIOP opening at Family Preservation. – Other Health Provider (Polk County)*
>
> *Focus on opioid addiction, starting to talk about ACEs. – Other Health Provider (Polk County)*
>
> *The opioid forum was a great start. – Other Health Provider (Polk County)*
>
> *Opioid addiction awareness, active coalition, medication assisted treatment locally, perinatal suboxone treatment. – Physician (Polk County)*

Community Focus

> *We do have a group of organizations and partners currently working on this issue. – Community Leader (Polk County)*

Communication

> *More talking seasons are being implemented throughout the county between medical, police, firemen and communities. – Social Services Provider (Polk County)*

Recognition Of The Problem

> *Beginnings of the community admitting there is a substance abuse problem here, like everywhere else. That we are not immune to the problem just because the county is small and rural. – Other Health Provider (Polk County)*

Nothing/No Progress

> *Nothing that I am aware of. – Community Leader (Polk County)*

Impediments of Progress

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

Funding

> *No funding, limited to no resources. Best care for those who can pay. Majority medicate someway to cope with living today. Treat the root of the problem not the symptom. – Public Health Representative (Polk County)*
>
> *Lack of adequate funding for treatment and follow up and sustainable support network. – Other Health Provider (Polk County)*
>
> *County investment of funds and policy. – Other Health Provider (Polk County)*
>
> *MCO political climate and changes, lack of funding for state funded individuals. – Social Services Provider (Polk County)*
>
> *Lack of funding, lack of resources. – Other Health Provider (Polk County)*
>
> *Money and manpower. – Community Leader (Polk County)*

Denial/Stigma

> *Because there is such a negative tag on people who use substances, they are even more careful to not get caught and not get involved with organizations that are really there to help them. We need to help people understand that we aren't there to harm them or to make their lives more difficult. – Community Leader (Polk County)*
>
> *Social stigma. – Community Leader (Polk County)*

Prevalence/Incidence

> *The overwhelming problem seems too large to attack at times - Requires sustained intervention and support with limited resources available. – Community Leader (Polk County)*

Lack of Resources

> *Lack of sufficient resources to provide needed education, treatment and prevention programs. Persistence of a blaming, moral weakness explanation for substance abuse. – Community Leader (Polk County)*
>
> *Scope of addiction in the community exceeds resources. – Physician (Polk County)*

Lack Vision/Strategic Planning

> *Individuals in leadership positions seem unwilling/uneasy at accepting the fact that this is an issue. Even when the issue is acknowledged there are no resources made available. There are only 5 12-step meetings per week in the entirety of Polk County, 2 of those which are held in the same place. 3 of those meetings are on the same day. There is a nationally recognized inpatient treatment center in Polk County and the community offers zero assistance to provide the services to its residents. – Community Leader (Polk County)*
>
> *No one takes the initiative to hold seminars to discuss these situations. – Community Leader (Polk County)*

Poverty

> *Poverty, unemployment, and lack of affordable safe housing. – Other Health Provider (Polk County)*

Cultural/Personal Beliefs

> *Keeping people engaged and interested in the conversation and continuing to work at it. – Other Health Provider (Polk County)*

Community Interest

> *Keeping people engaged and interested in the conversation and continuing to work at it. – Other Health Provider (Polk County)*

Diagnosis/Management of Disease

> *Patient commitment. – Social Services Provider (Polk County)*

Depression, Anxiety, and Stress

Contributors to Progress

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

Awareness/Education

> *The continued and constant push for awareness that depression/anxiety/stress are real issues in our community is actively contributing to the progress. – Community Leader (Polk County)*
>
> *A seminar will be held at our church addressing mental health. – Community Leader (Polk County)*

Nothing/No Progress

> *Not on the agenda. – Public Health Representative (Polk County)*
>
> *Not sure. – Other Health Provider (Polk County)*

Specific Agencies/Programs

> *Blue Ridge Community Health has integrated health model. Family preservation offers enhanced and basic opt services. DSS offers support to family around mental health issues for family and children. SW are training in evidenced based models of care. – Other Health Provider (Polk County)*

Collaborative Efforts

> *Significant focus by multiple teams and groups in the county to ensure discussions and support take place. – Community Leader (Polk County)*
>
> *Collaboration. – Community Leader (Polk County)*

Community Focus

> *We do have a mental health group working on this issue. – Community Leader (Polk County)*

Decreasing Denial/Stigma

> *It is not at the forefront of people's minds. It is a "hidden" problem and people don't realize the damaging effects of depression. – Social Services Provider (Polk County)*

Access to Care/Services

> *Mental health services are more readily available and affordable for those without insurance, than in the past. A decrease in the stigma of admitting someone is dealing with depression or anxiety. – Other Health Provider (Polk County)*

Lifestyle

> *Diet and exercise are a big part of the solution here, as well as the movement toward making mental health services more freely available. – Community Leader (Polk County)*

Impediments of Progress

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

Access to Care/Services

> *There is still a long way to go on making mental health services fully available. Also, there is a tendency, due to the lack of services, to only address the most extreme problems. Therefore, some get much worse due to circumstances which could have been altered had they received attention earlier, when the depression/anxiety wasn't as extreme. – Community Leader (Polk County)*
>
> *The fractured nature of our mental health care system and general approach to mental health in this country. – Community Leader (Polk County)*
>
> *There are very few services available. If there are services, they are not well communicated or not readily/easily accessible. – Community Leader (Polk County)*
>
> *More people to be involved, and money. – Community Leader (Polk County)*

Denial/Stigma

> *Shame. – Community Leader (Polk County)*

Awareness/Education

> *Again, a lack of training as to know what to look for to determine if an individual is dealing with these conditions. – Community Leader (Polk County)*
>
> *A greater awareness is needed about the signs, symptoms and treatments available. – Other Health Provider (Polk County)*

Social Determinants of Health

> *Poverty, unemployment, and lack of affordable safe housing. – Other Health Provider (Polk County)*

Funding

> *Again, the lack of financial resources and providers. – Social Services Provider (Polk County)*

Multi-Faceted Issue

> *Stress is the disease of the 21st century. Stress. It's become so inseparable from many people's daily lives that they don't even notice it anymore. Systems are running on a deficit, so this isn't even on the radar, much less provided with resources. – Public Health Representative (Polk County)*

General Mental Health

Contributors to Progress

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

Awareness/Education

> *Awareness of the problem at the agency and governmental levels. – Community Leader (Polk County)*
>
> *There seems to be general awareness of the problem by many in the community. – Other Health Provider (Polk County)*

> *Education. – Social Services Provider (Polk County)*

Specific Agencies/Programs

> *Polk County Consolidated Health Services has identified several mental health factors as issues to address in the near future. – Social Services Provider (Polk County)*
>
> *Blue Ridge Community Health has integrated health model. Family preservation offers enhanced and basic opt services. DSS offers support to family around mental health issues for family and children. SSW are training in evidenced based models of care. – Other Health Provider (Polk County)*

Collaborative Efforts

> *Collaborations and the PSAC committee. Partnerships are key, and they are strong in the community. – Other Health Provider (Polk County)*
>
> *Collaborative efforts. – Social Services Provider (Polk County)*

Access to Care/Services

> *Available community mental health center and resources. – Other Health Provider (Polk County)*

Impediments of Progress

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

Access to Care/Services

> *Lack of other integrated behavioral health and primary health care programs, lack of health care professionals to work at these agencies. High turnover in all these agencies, as pay is not good, and the job stress is high. – Other Health Provider (Polk County)*
>
> *Lack of locally available resources, especially for children. – Other Health Provider (Polk County)*

Funding

> *Funding continues to be an issue, especially with the increasing numbers of patients being identified with a mental health illness in our community and proper resources not being available to each and every patient in the time of need. – Other Health Provider (Polk County)*
>
> *Lack of cash resources and lack of providers. – Social Services Provider (Polk County)*
>
> *Changing climate of MCO's, limited funding for state funded individuals. – Social Services Provider (Polk County)*
>
> *Funding. – Other Health Provider (Polk County)*

Lack of Providers

> *Lack of local service providers; lack of sufficient funding for treatment; social stigma around mental health issues. – Community Leader (Polk County)*

Affordable Care/Insurance Issues

> *Money and transportation. – Social Services Provider (Polk County)*

Lack of Prevention in Schools

> *There is no excuse; we lack mental health care and focus in our schools. This should be a priority for our children and their families while taking into account root causes, like ACEs and social determinants of health. – Other Health Provider (Polk County)*

Suicide

Contributors to Progress

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

Awareness/Education

> *The Annual Suicide Awareness and Remembrance Walk in Polk County keeps this issue alive and relevant. Polk County continues to have an unusually high suicide rate. – Other Health Provider (Polk County)*

Collaborative Efforts

> *Community engagement, locating resources, stakeholder involvement by developing taskforce teams in a collaborative effort. – Other Health Provider (Polk County)*
>
> *Mental health providers, mobile crisis, trained law enforcement officers to respond to mental health crises, walk in crisis options. – Physician (Polk County)*

Access to Care/Services

> *This has long been recognized as a problem, and we are actively working to provide mental health services. The work on nutrition and exercise also applies here, as does work with families and relationships. – Community Leader (Polk County)*

Communication

> *Significant focus by multiple teams and groups in the county to ensure discussions and support take place. – Community Leader (Polk County)*

Prevalence/Incidence

> *Increased focus on the prevalence of the issue. – Community Leader (Polk County)*
>
> *Suicide rate in the county is so high that more people now personally know someone who has committed suicide, or know a family who is suffering from the after-effects of losing someone to suicide. – Other Health Provider (Polk County)*

Impediments of Progress

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

Awareness/Education

> *Lack of necessary community support groups for patient/families, lack of education, early signs and symptoms, identification of suicide risk and proper early interventions to avoid suicide. – Other Health Provider (Polk County)*
>
> *Early identification of signs, symptoms and families, schools, churches, doctors willing to be proactive and intervene early. – Other Health Provider (Polk County)*
>
> *Community awareness of services available in the community. – Physician (Polk County)*

Access to Care/Services

> *There definitely could be a bigger focus on the importance of relationships and support groups to help people feel that they are not along in tackling the problems of life. We also need to address mental health problems earlier- before they become so severe that people are contemplating suicide. The lack of sufficient mental health services in general comes in here. – Community Leader (Polk County)*
>
> *The fractured nature of our mental health care system and general approach to mental health in this country. – Community Leader (Polk County)*

Early Diagnosis/Prevention

> *Lack of appropriate prevention and mental health treatment resources. Stigma around using these resources. – Community Leader (Polk County)*

Dementia and Alzheimer's Disease

Contributors to Progress

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

Awareness/Education

> *There was a seminar at our church addressing this. It was very informative. – Community Leader (Polk County)*

Nothing/No Progress

> *Do not know; this is a silent disease. – Social Services Provider (Polk County)*

Specific Agencies/Programs

> *Inpatient psychiatric unit. Assisted living MemoryCare. – Physician (Polk County)*

Aging Population

> *The community is made up of mostly seniors; this issue is becoming more apparent. – Community Leader (Polk County)*

Collaborative Efforts

> *Collaboration of all areas of community. – Community Leader (Polk County)*

Impediments of Progress

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

Access to Care/Services

> *Limited to no local access for patients and caregiver in outpatient setting. – Physician (Polk County)*

Awareness/Education

> *Lack of knowledge. – Community Leader (Polk County)*

Community Focus

> *Do not have a dedicated group of community partners who are working on this issue. – Community Leader (Polk County)*
> *People just do not address these. – Community Leader (Polk County)*
> *I have yet to see anything done toward this. – Social Services Provider (Polk County)*

Social Determinants of Health

Ranking of Social Determinants of Health as Critical to Address

Key informants in the online survey were given a list of conditions in which people are born, grow, live, work, and age, as well as known factors that contribute to a person's health. They were then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of social determinants of health identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address
1	Adverse Childhood Experiences (ACEs)	16
2	Access to Health Care	12
3	Housing	12
4	Employment Opportunities	11
5	Transportation	7
6	Early Childhood Education	5
7	Interpersonal Violence (IPV)	5
8	Food Insecurity	4

Adverse Childhood Experiences (ACEs)

Contributors to Progress

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

Awareness/Education

> *There have been several forums and education sessions in Polk County regarding ACEs in the past 2 years. People are more aware of the impact that childhood trauma has on adult outcomes. Teachers, DSS workers and other healthcare and social service agencies have received training. – Other Health Provider (Polk County)*
>
> *Significant education on ACEs over the past few years. – Community Leader (Polk County)*
>
> *VAYA Health has integrated ACE questionnaire into its health risk assessment, and coordinators are providing education to adults as they parent their own children around these risk factors. DSS is focusing on ACE with its population and have co-sponsored several community events to train key leads around ACE issues. – Other Health Provider (Polk County)*
>
> *Training in ACEs, trauma informed collaborative. – Social Services Provider (Polk County)*
>
> *A series of public presentations to create an awareness of ACEs. Polk Schools staff becoming educated to ACEs and how they can work better to lessen the effects of ACEs. – Other Health Provider (Polk County)*

Specific Agencies/Programs

> *Family counseling services, school resources, community services available to properly identify needs. – Other Health*

> *Provider (Polk County)*

Collaborative Efforts

> *Seems like lots of different people touching on pieces of this. There needs to be an overall decision to build resiliency and focus on ACEs are the root cause of all health 'problems' in Polk. – Other Health Provider (Polk County)*
>
> *Partnerships are in place, it's just a matter of getting all of the right people to the table. – Other Health Provider (Polk County)*
>
> *Collaboration. – Community Leader (Polk County)*

School Resources

> *Significant focus by multiple teams and groups in the county (especially school system) to ensure discussions and support take place. – Community Leader (Polk County)*

Focus on Youth

> *We have a great focus on children and youth and how to improve their lives. We already have several organizations fighting hard for our kids. – Community Leader (Polk County)*

Impediments of Progress

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

Awareness/Education

> *More training in on the ACE with PCP in the community. – Other Health Provider (Polk County)*
>
> *Not enough public awareness of the causes of ACEs and how to prevent much of it. – Other Health Provider (Polk County)*
>
> *Education. – Community Leader (Polk County)*

Funding

> *The same organizations that are fighting for our kids often do not have the funding and support that they need. They are often under-staffed and other organizations don't understand why they are important. Often people think that our community is "better off" than it really is, that things like ACEs don't happen as much as they really do. – Community Leader (Polk County)*
>
> *Ego and ownership, lack of funding and policy changes. – Other Health Provider (Polk County)*
>
> *Lack of funding. – Other Health Provider (Polk County)*

Access to Care/Services

> *Lack of resources needed to change what happens to children in the home. We need parenting classes, mental health and drug treatment services, in-home interventions, court diversion and family support programs, etc. – Community Leader (Polk County)*

Lack Vision/Strategic Planning

> *Strategic planning. – Social Services Provider (Polk County)*

Mental Health Care

> *The fractured nature of our mental health care system and general approach to mental health in this country. – Community Leader (Polk County)*

Access to Health Care Services

Contributors to Progress

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

Specific Agencies/Programs

> *FHN has made great headways in this area. Continuing their work is critical in getting where we need to be. – Other Health Provider (Polk County)*
>
> *PF3's work, the Health Network, Polk Wellness Center, Blueridge Health Center, St. Luke's efforts on bringing more healthcare providers to the county. – Other Health Provider (Polk County)*

Collaborative Efforts

> *Mental health task force, interdisciplinary collaborations. – Social Services Provider (Polk County)*
>
> *Focused effort on the part of St. Luke's Hospital and Blue Ridge Health to expand access to primary care medical providers. – Physician (Polk County)*
>
> *Agencies and providers working together to increase services and eliminate gaps. – Community Leader (Polk County)*

Affordable Care/Services

> *Multiple providers that offer sliding scale services. – Social Services Provider (Polk County)*

Transportation

> *County manager has made efforts to increase access to transportation services. – Other Health Provider (Polk County)*

Nothing/No Progress

> *Nothing that I am aware of. – Community Leader (Polk County)*

Community Focus

> *This has been an existing issue and some progress has been made with the continuation of the free client for people without health insurance. We do have a task force working on this issue. – Community Leader (Polk County)*

Impediments of Progress

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

Insurance/Medicaid Issues

> *Competition, the crazy state of insurance, educating the public on available options. – Community Leader (Polk County)*

Funding

> *Possibly funding. – Other Health Provider (Polk County)*
>
> *Money. – Community Leader (Polk County)*

Transportation

> *More transportation with extended hours are needed. More vans and more drivers. – Other Health Provider (Polk County)*

Access to Care/Services

> *Access is quite a bit more available than it used to be, but people are many times not taking advantage of what is available. – Other Health Provider (Polk County)*
>
> *Limited access to specialty services, limited resources for the uninsured, food insecurity for low income, uninsured residents, knowledge of available services, challenges of mental health co-occurring conditions. – Physician (Polk County)*

Awareness/Education

> *Individuals are not made aware of services that may be free to them. – Community Leader (Polk County)*

Lack of Collaboration

> *Collaboration and an understanding of who is doing what. We also need a common database to track clients/patients. – Social Services Provider (Polk County)*

Housing

Contributors to Progress

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

Nothing/No Progress

> *Nothing that I am aware of. – Community Leader (Polk County)*
>
> *Not seeing much progress in this area. – Other Health Provider (Polk County)*

Recognition Of The Problem

> *The most important thing that has happened so far is simply the realization of the need. – Community Leader (Polk County)*

Affordable/Low Income Housing

> *There is some movement in the county to provide working class housing I think. – Public Health Representative (Polk County)*

Increased Housing

> *Multiple agencies have begun to meet to address the need for more affordable housing, transitional housing, and home repair. – Social Services Provider (Polk County)*
>
> *Lot of housing being built. – Community Leader (Polk County)*
>
> *Creating and building homes in the area. – Other Health Provider (Polk County)*

Work Force Housing

> *Possible work force housing coming to White Oak project. – Community Leader (Polk County)*

Impediments of Progress

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

Affordable Housing

> *Most of the new housing is expensive and not affordable to low income or most seniors. – Community Leader (Polk County)*
>
> *Lack of affordable low income and workforce housing. land and housing prices increasing. Wages are stagnant and local jobs are limited. Funding sources for these kinds of projects are limited and private sector can't make money building these kinds of properties. – Community Leader (Polk County)*
>
> *Again, financial situations hinder being able to help people with affordable housing other that through Department of Social Services. – Community Leader (Polk County)*
>
> *Affordable housing is not available to lower income families. – Other Health Provider (Polk County)*

Funding

> *There need to be some serious steps toward finding funding for low income housing. Most of the housing options that are going in right now are directed for high income and/or short term. There needs to be a movement toward cheaper land and cheaper housing. – Community Leader (Polk County)*
>
> *Money and good credit. – Social Services Provider (Polk County)*

Access to Care/Services

> *Many of the existing programs serve certain segments of the community. Some are for seniors or disabled or homeowners and none help the more disaffected such as felons or those with a checkered past. It is difficult to provide housing without major grant funding and all these funding streams come with a variety of strings attached. – Social Services Provider (Polk County)*

Priority

> *Needs to be a priority at the county and municipal level. – Public Health Representative (Polk County)*

Employment Opportunities

Contributors to Progress

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

Economic Development

> *Increased hiring in some areas, WEG providing temporary employment, vocational rehabilitation services, community college training programs. – Physician (Polk County)*
>
> *County leaders are looking for opportunities to bring jobs to the county. – Community Leader (Polk County)*

Specific Agencies/Programs

> *The Tryon International Equestrian Center is making new employment opportunities available to people every week. – Community Leader (Polk County)*

Low Unemployment

> *Creating more jobs by allowing companies to bring in their specialties to the area. – Other Health Provider (Polk County)*

Other Comments

> *Social will. – Community Leader (Polk County)*

Impediments of Progress

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

Employment

> *This is a small county and not a lot of job opportunities. Most people go outside of the county to work. – Community Leader (Polk County)*

Unwillingness to Work

> *Social will. – Community Leader (Polk County)*

Transportation

> *Transportation and child care are issues that get in the way of people getting to work. – Community Leader (Polk County)*

Few Resources

> *Very limited resources/staff for vocational rehabilitation services, no coordinated efforts to assist individuals seek employment; coaching, resume building, supported employment. – Physician (Polk County)*

Other Comments

> *Timely allowance. – Other Health Provider (Polk County)*

Transportation

Contributors to Progress

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

Specific Agencies/Programs

> *The local government transportation option is doing a great job trying to keep up with the need for public transportation. –*

> *Community Leader (Polk County)*
>
> *There have been some positive changes in the transportation system in Polk County. Same day rides are now available within the county. – Other Health Provider (Polk County)*

Nothing/No Progress

> *I'm not familiar with the issue only to say I know that public transportation has significant limitations in Polk County. – Community Leader (Polk County)*

Impediments of Progress

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

Funding

> *The local government option is understaffed and underfunded. They need more support and there should probably be other options for public transportation as well. – Community Leader (Polk County)*

Access to Transportation

> *Wait time for appointments and overlap time in being picked up from appointments to get back home. – Social Services Provider (Polk County)*

Limited Scheduling

> *It is still hard to find enough drivers to run all the routes and buses. – Other Health Provider (Polk County)*
>
> *I'm not familiar with the issue, only to say I know that public transportation has significant limitations in Polk County. The lack of transportation is an underlying factor in almost every issue: if a person can't get to the doctor, then preventative healthcare is moot. If a person can't get to their job, then creating new employment opportunities is pointless. And so on. – Community Leader (Polk County)*

Early Childhood Education

Contributors to Progress

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

Specific Agencies/Programs

> *Partnership for Children of the Foothills is always trying to shine a light on the importance of investing in ECC. The schools' commitment to Pre-K is awesome. – Other Health Provider (Polk County)*

School Programs

> *School system has 80% of age 4 population in a Pre-K program. – Community Leader (Polk County)*

Collaborative Efforts

> *Collaboration. – Community Leader (Polk County)*

Impediments of Progress

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

Funding

> *The will to budget for this. – Community Leader (Polk County)*

Access to Care/Services

> *Lack of sufficient resources in the county. Need more daycare centers, and service hours geared to needs of parents who do shift work. – Community Leader (Polk County)*

> *We still lack sufficient services and options for children from birth until 3 years of age. – Community Leader (Polk County)*

Impact on Families/Caregivers

> *We live in a child care desert where most of our young children are kept by relatives and neighbors. Investments in proven parent programs is essential. – Circle of Parents is making a difference on a small level. Need to change social norms around parenting - Parenting is hard but we can support families and young children in so many easy ways. – Other Health Provider (Polk County)*

Interpersonal Violence (IPV)

Contributors to Progress

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

Specific Agencies/Programs

> *Steps to Hope, interpersonal violence education, coordination with mental health and substance abuse treatment, trained officers responding to calls. – Physician (Polk County)*
>
> *Steps to Hope is an active and contributing member of the community scene. It makes a difference in knowing there are resources available and who to call to get them. – Community Leader (Polk County)*

Impediments of Progress

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

Denial/Stigma

> *Interpersonal violence is a shameful topic, and it is typically not the only issue at work in the relationship. Along with mental health as a whole, Polk County does not make it a "community" topic nor does it have/offer resources to address the root causes of the issue. – Community Leader (Polk County)*

Community Focus

> *Not sure about this, but I know focusing on building strong, resilient, nurturing communities will move the needle on this too. – Other Health Provider (Polk County)*

Government/Policies

> *Limitations imposed by licensing entity, stigma, limited relocation housing resources, financial challenges for victims. – Physician (Polk County)*

Food Insecurity

Contributors to Progress

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

Specific Agencies/Programs

> *Thermal Belt Outreach Ministry does an admirable job of identifying, qualifying, and serving low-income residents of Polk County. Other groups and churches also provide mobile, "pop-up" pantries and free meals. – Social Services Provider (Polk County)*

Food Banks/Pantry

> *Food pantry and farmers market with their two for one Food Stamp program. – Social Services Provider (Polk County)*

Church Programs

> *Our church and other churches in the community offer food to those in need of assistance with food. – Community Leader (Polk County)*

Impediments of Progress

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

Awareness/Education

> *Again, some people are not aware of what is available to them. – Community Leader (Polk County)*

Transportation

> *Transportation. – Social Services Provider (Polk County)*

Denial/Stigma

> *Stigma. There are plenty of community members that qualify for assistance but are too proud to seek help. – Social Services Provider (Polk County)*

Other Issues

Ranking of Other Issues as Critical to Address

Key informants in the online survey were given a list of other health conditions not previously addressed in the survey, then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

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

Rank	Health Issue	Identified as Critical to Address
1	Infant and Child Health	17
2	Dental Care/Oral Health	16
3	Injury and Violence	12
4	Family Planning	5
5	Hearing/Vision Conditions	5
6	Immunizations and Infectious Diseases	3
7	Sexually Transmitted Infections	3
8	HIV/AIDS	0

Infant and Child Health

Contributors to Progress

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

Specific Agencies/Programs

> *So many agencies and organizations focusing on young children. – Other Health Provider (Polk County)*
>
> *We are aware that there is a Children's Insurance at the Department of Social Services that Children may qualify for. – Community Leader (Polk County)*
>
> *Prenatal services available at the Polk Health Center (Blueridge)A part time pediatrician in the county (from Rutherford Hospital system). – Other Health Provider (Polk County)*
>
> *Head Start; WCCA Smart Start; Increased tax benefit/child credit. – Public Health Representative (Polk County)*

Health Department

> *Rutherford Polk McDowell Health Department provides some limited services. – Social Services Provider (Polk County)*
>
> *Health department. – Social Services Provider (Polk County)*

Awareness/Education

> *Increased awareness of ACEs and importance of child health. – Community Leader (Polk County)*

Collaborative Efforts

> *Collaboration. – Community Leader (Polk County)*

> *Partnerships are in place, it's just a matter of getting to where we need to be. – Other Health Provider (Polk County)*

Access to Care/Services

> *Increased access to family primary care serving all ages. Providers specializing in women's health. Perinatal and post-partum suboxone treatment program. Pediatric clinic in nearby county. Health department and primary care provider vaccinations. Nurse family partnerships. – Physician (Polk County)*

Community Focus

> *Focus on kids in general, organizations that are there for the kids. Attempts to make health care more affordable, especially for kids. – Community Leader (Polk County)*

Collaborative Efforts

> *Significant focus by multiple teams / groups in the county to ensure discussions and support take place. – Community Leader (Polk County)*

Prevention/Screenings

> *Early Identification of infant and child health needs. – Other Health Provider (Polk County)*

Impediments of Progress

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

Access to Care/Services

> *Lack of services and options in a small / rural community. – Community Leader (Polk County)*
>
> *limited availability of women's health services within county. – Physician (Polk County)*
>
> *Lack of medical resources in Polk County to treat infants and children; lack of quality child care; lack of parent education resources. – Community Leader (Polk County)*
>
> *not enough pediatric or prenatal services locally. – Other Health Provider (Polk County)*

Funding

> *Support agencies are not well supported by funding. No mother/caretaker below a certain income should have trouble getting childcare if she has a job opportunity. – Public Health Representative (Polk County)*
>
> *Many of these issues keep coming back to funding. Lack of funding is the biggest barrier to the second biggest problem. -- lack of staffing. In order to provide more and better health care for infants and kids, we need more money, more people, and more options. – Community Leader (Polk County)*
>
> *Budget. – Community Leader (Polk County)*

Lack of Providers

> *Lack of provider resources. – Other Health Provider (Polk County)*
>
> *We more ob-gyn and pediatric providers. – Social Services Provider (Polk County)*

Socioeconomic Factors

> *Transportation. – Social Services Provider (Polk County)*

Affordable Care/Services

> *Again, no free clinics to take children to for healthcare in our community that I am aware of. – Community Leader (Polk County)*

Lack of Collaboration

> *Egos and no overall plan - That's key to all of these questions - The county doesn't have a plan that prioritized young children and families - What are we going to commit to ensure our children grow up in safe, stable nurturing environments? Who will lead this? Someone has to. – Other Health Provider (Polk County)*

Dental Care and Oral Health

Contributors to Progress

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

Specific Agencies/Programs

> *We have potential options to serve those from the now closed Collin's Dental Clinic. – Community Leader (Polk County)*

Access to Care/Services

> *There is a dental center in the county. – Public Health Representative (Polk County)*
>
> *Up until recently, the Collins Dental Center. Much community effort went into reducing the amount of decay in children. Adult services for uninsured became available through Collins center. – Other Health Provider (Polk County)*
>
> *Dental services for preventative treatment currently available. – Other Health Provider (Polk County)*

Affordable Care/Services

> *We do have a dental client that sees low income patients. – Community Leader (Polk County)*
>
> *Availability of sliding scale dental services in surrounding counties; potential for increased access in Polk. – Physician (Polk County)*

School Programs

> *We have the clinic in Columbus and I think schools touch on oral health. – Other Health Provider (Polk County)*

Nothing/No Progress

> *Nothing that I am aware of. – Community Leader (Polk County)*

Access to Care/Services for Medicaid/Medicare Patients

> *For more than 10 years, Collins Dental has served Medicaid qualified members of our community. – Social Services Provider (Polk County)*

Access to Care/Services for Uninsured/Underinsured

> *Low-income clinic for community serving those without means or insurance. – Community Leader (Polk County)*

Impediments of Progress

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

Affordable Care/Services

> *Again, finances play a part. Dental care if very expensive. If there is a free clinic, I am not aware of it. – Community Leader (Polk County)*

Access to Care/Services

> *Rutherford Polk McDowell Health Department has recently withdrawn from the dental services market by [closing] Collins Dental. Collins was seeing up to 80% of "at risk" school children in our county. – Social Services Provider (Polk County)*
>
> *Collins Dental center is closing. Families will be forced again to seek children's services out of the county, especially those on Medicaid and who are uninsured. The untreated decay rate will increase because families will once again not be able to afford care, or be able to take time of work to transport their kids out of county for dental services. – Other Health Provider (Polk County)*
>
> *With the closure of Collin's Dental there is concern that these patients (children in particular) will go unserved. No clear plan on how to transition the patients and who will be serving them. – Community Leader (Polk County)*
>
> *Closing of Collins Dental Clinic, transportation to out of county clinics, appointment availability, access to emergency services, no funding source for dentures for uninsured. – Physician (Polk County)*
>
> *Need to support the success of existing dental clinics and make sure services are meeting the demands of the people in the county. – Public Health Representative (Polk County)*

> *The clinic is in danger of closing, due to financial hurdles. – Community Leader (Polk County)*

Awareness/Education

> *Lack of communication about dental resources; pending loss of Collins Dental Clinic. – Community Leader (Polk County)*
>
> *Education and funding for necessary interventions. – Other Health Provider (Polk County)*

Funding

> *Money. – Community Leader (Polk County)*

Lack of Providers

> *Having a qualified dentist available to provide services. – Other Health Provider (Polk County)*

Injury and Violence

Contributors to Progress

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

Specific Agencies/Programs

> *Steps to hope. – Other Health Provider (Polk County)*

Awareness/Education

> *Identifying necessary personnel for the job to combat and aid in the reduction of violence. – Other Health Provider (Polk County)*
>
> *Awareness, law enforcement that does its best to keep peace, organizations that are actively trying to support and protect those who need help. – Community Leader (Polk County)*

School Programs

> *[…] Reducing school violence! Mental health counseling available in some schools. Police visibility in most communities. – Other Health Provider (Polk County)*

Community Focus

> *Significant focus by multiple teams and groups in the county to ensure discussions and support take place. – Community Leader (Polk County)*

Impediments of Progress

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

Awareness/Education

> *Lack of education and engagement by segments of our rural population. – Community Leader (Polk County)*
>
> *They need more access training around behavioral health. Mental health/substance use issues so they can serve this population more comfortably. – Other Health Provider (Polk County)*

Denial/Stigma

> *Stigma around abuse and neglect, rural mentality around what happens in the family stays in the family. Again, a county wide plan can shine a light on this and move the needle. – Other Health Provider (Polk County)*

Funding

> *Lack of funding, resources, and highly trained professional. – Other Health Provider (Polk County)*
>
> *Not enough funding to make our schools more secure against gun violence. Need more resource officers in every school. Need more recreational opportunities for young adults...places to go, things to do. – Other Health Provider (Polk County)*
>
> *I hear from current LEO that budget is always a determinant in what can and cannot be provided. – Community Leader*

> *(Polk County)*

Cultural Norms

> *Much of the violence in our community escalates from relationship problems. We need more mental health and relationship support resources to help people before problems escalate. – Community Leader (Polk County)*

Family Planning

Contributors to Progress

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

Specific Agencies/Programs

> *We have an FQHC who is willing to do more family planning services in the community. – Community Leader (Polk County)*
>
> *Family planning at doctor's offices and health clinics. – Social Services Provider (Polk County)*

Nothing/No Progress

> *Unknown. – Social Services Provider (Polk County)*

Collaborative Efforts

> *Integrated health care providers. – Other Health Provider (Polk County)*

Impediments of Progress

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

Access to Care/Services

> *Deliveries do not occur in the county, so reorienting patients to the FQHC may be difficult. – Community Leader (Polk County)*
>
> *No planned parenthood in the county. – Other Health Provider (Polk County)*

Hearing and Vision Conditions

Contributors to Progress

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

Specific Agencies/Programs

> *Lions Club assists with eye exams and glasses. – Social Services Provider (Polk County)*

Access to Care/Services

> *Increased access to primary care for screening, Lions Club for vision. – Physician (Polk County)*

Nothing/No Progress

> *Nothing that I am aware of. – Community Leader (Polk County)*

Impediments of Progress

Those identifying this as a critical issue were asked: "What is getting in the way of progress on this

issue in your community?"

Affordable Care/Services

> *Finances. I am not aware of any free clinics that help with these services. – Community Leader (Polk County)*

Lack of Collaboration

> *Lack of coordinated efforts outside primary care, limited resources, time, limited to no funding for hearing aids or glasses for uninsured (excluding Lions Club for vision). – Physician (Polk County)*

Community Focus

> *These issues are not perceived as important. – Social Services Provider (Polk County)*

Immunizations and Infectious Diseases

Contributors to Progress

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

Health Department

> *Health department and medical centers. – Social Services Provider (Polk County)*

Lifestyle

> *The focus on diet and exercise helps in this area as with any disease area. Also, the local health department provides some free immunizations. Clean air and water helps toward this too. – Community Leader (Polk County)*

Impediments of Progress

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

Lifestyle

> *Not so much a barrier as an area we need to focus on, we could include with the focus on diet and exercise, a focus on hygiene. – Community Leader (Polk County)*

Sexually Transmitted Infections

Contributors to Progress

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

No comments

Impediments of Progress

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

No comments

HIV/AIDS

Contributors to Progress

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

No comments

Impediments of Progress

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

No comments

Additional Comments

Other issues uncovered through the online key informant survey include the following:

Substance Abuse

> *Substance abuse: Working in healthcare here in Polk County I see many patients with substance abuse issues. – Other Health Provider (Polk County)*

Opioid Addiction due to Accessibility

> *Opiate addiction needs to be addressed with making treatment affordable and available, creating a collaborative support network and helping the victims of addiction find a job and housing after treatment. – Other Health Provider (Polk County)*

Access to Treatment for Mental Illness

> *As the mental health system in North Carolina was dismantled in 2003 there has been more emphasizes on treating the sickest of the sick- this model has not been effective or cost efficient- being able to offer more prevention services and addressing milder substance use and mental health symptoms earlier. – Other Health Provider (Polk County)*
>
> *We are in need of mental health resources for school children to address their needs. – Community Leader (Polk County)*

Physical Environment is not Conducive to Being Active

> *Physical environment is not conducive to being active and social. Community planning and investment in the physical design to promote regular physical activity and social interaction. – Public Health Representative (Polk County)*