

POLK COUNTY

2008 COMMUNITY

HEALTH ASSESSMENT

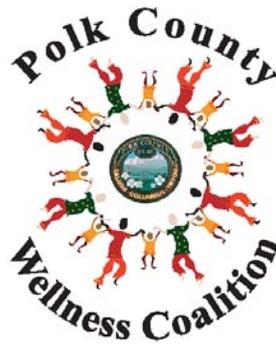
Developed By:

Anne Marie Lester

Polk County Wellness Coalition

Rutherford-Polk-McDowell District Health Department

December 2008



**Working Together
For Wellness**

Rutherford Polk McDowell
District Health Department



TABLE OF CONTENTS

Table of Contents.....	2-5
Introduction.....	6
What is the Polk County Wellness Coalition?	6
What is the Rutherford/Polk/McDowell District Health Department?	6
What are Healthy Carolinians?	6
What is a Community Health Assessment?.....	6-7
I. Health Assessment Process.....	7
A. Community Collaboration.....	7
B. Gathering Data.....	7-9
1. Gender of Respondents.....	9
2. Age of Respondents.....	9
3. Race of Respondents.....	10
C. Listening Sessions.....	10-11
D. Secondary Data.....	11
E. Reviewing Results.....	11
F. Report to the Community.....	11
G. Recognizing and Setting Priorities.....	12
II. Picture of Polk County.....	12
A. Historical Information.....	12-14
B. Geographic Information.....	15-17
C. Demographics of Polk County.....	17
1. Population.....	17

a. Age.....	17-18
b. Gender.....	19
c. Race/Ethnicity.....	19
2. Government.....	19
3. Education.....	20-22
4. Economy.....	22
a. Employers.....	22
b. Polk County Income Data.....	23
c. Poverty.....	24
d. Unemployment.....	24
e. Travel Time to Work.....	24
III. Community Health Data.....	25
A. Support Organizations.....	25
B. Polk County Factors That Affect Health.....	25
1. Tier Designation.....	25
2. Radon.....	26
3. Water Supply & Treatment.....	26
4. Rabies.....	26
5. Health Policies Environment.....	26
6. Recreation.....	26
7. Crime Rates.....	27-28
8. Poverty Indicators.....	28
a. Free and Reduced Lunch.....	28
b. Food Stamps.....	28

c. Work First Recipients.....	28
d. Child Care Subsidy.....	28
9. Child Dental Health/Tooth Decay.....	29
10. Child Maltreatment.....	30
IV. Medical and Behavioral Health Resources.....	30
A. St. Luke’s Hospital.....	30
B. Behavioral Healthcare Facilities.....	30-31
C. Primary Care and Dental Services.....	31-32
D. Polk County Health Department.....	33
V. Health Information.....	33
A. Causes of Death.....	33
B. Cancer Rates.....	33
C. General Health/Physical Activity.....	34
D. Tobacco Use.....	34-35
E. Overweight/Obesity.....	35-37
F. Maternal and Infant Health.....	37
G. Mental Health and Substance Abuse.....	37
H. Youth Substance Abuse.....	40
I. Uninsured.....	40
J. Health Disparities.....	41-42
VI. Community Health Status.....	43
A. Demographics.....	43

B. Health Issues.....	44
a. Personal Health Issues.....	44
b. Community Health Issues.....	45
c. Wellness Factors.....	46
C. Individual Health.....	47
D. Access to Care.....	48
E. Insurance.....	49
VII. Listening Sessions.....	49-50
VIII. Identification of Leading Community Health Problems.....	50-51
IX. Dissemination Plan.....	52
Appendix.....	53

2008 Polk County Community Health Assessment

Introduction

The Polk County Wellness Coalition and Rutherford/Polk/McDowell District Health Department collaborated on the 2008 Community Health Assessment for Polk County. It is important to know who are the collaborative partners and what exactly is a community health assessment as we review county data, health data, community data and identify health priorities for Polk County.

What is the Polk County Wellness Coalition? Its mission statement is: *The Polk County Wellness Coalition is a broad-based community partnership working to improve the health and quality of life of people in our community.* It is a group of community leaders, health professionals and concerned community members working together to plan and implement effective strategies to address health needs in the community without duplication of effort. The coalition has over 50 members, representing various sectors in Polk County, all working together for a healthier community. The coalition completes activities through action teams. In October of 2007, the Polk County Wellness Coalition was awarded Healthy Carolinians certification by the NC Division of Public Health, Office of Healthy Carolinians.

What is the Rutherford/Polk/McDowell District Health Department? The Rutherford Polk McDowell District Health Department is the health department for these three surrounding counties. It is governed by a Board of Health comprised of representatives from each county. Programs include infant and child health services, child service coordination, health check, women's preventive health, adult health clinical services, walk in clinic (infant, child and adult immunizations and pregnancy tests), health promotion, dental public health, communicable disease control, maternal health, maternity care coordination, postpartum home visiting nurse, vital records, home health, environmental health, and the WIC Program.

What are Healthy Carolinians? The Governor's Task Force on Healthy Carolinians awards certification to communities who have broad based community partnerships which represent the needs of the disadvantaged and whose mission is prevention based. Healthy Carolinians are a statewide network of local partnerships that collaborate on Healthy Carolinians/Healthy People 2010 objectives. Healthy Carolinians are driven and led by the energy and vision of local partnerships and facilitated by the Office of Healthy Carolinians with governance and oversight from the Governor's Task Force for Healthy Carolinians.

What is a Community Health Assessment? Funded by a grant from the Centers for Disease Control and Prevention, the NC Community Health Assessment Initiative (NC-CHAI) is a joint project of the State Center for Health Statistics and the Office of Healthy Carolinians/Health Education. These two agencies work to connect and strengthen the assessment activities of county/district health departments, local Healthy Carolinians partnerships, and other community

organizations. It is a state requirement that the Local Health Department (LHD) in conjunction with its local Healthy Carolinians partnership conduct a community health assessment every 48 months. The role of community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors. A Community Health Assessment is a collaborative effort among community leaders and residents, social service, public health, hospital and academic centers, to enable the community to begin to answer key questions, such as:

1. What are the strengths in our community?
2. What health concerns do community members have?
3. What resources are available and what do we need in the community to address these concerns?

I. HEALTH ASSESSMENT PROCESS

A. Community Collaboration: The RPM District Health Department requested at the 02/29/08 Wellness Coalition meeting that the 2008 Community Health Assessment (CHA) be conducted jointly between the health department and the Wellness Coalition. The members unanimously agreed and assigned Anne Marie Lester, Wellness Coalition Coordinator, to be the project manager of the CHA, working with Mary Smith, Health Educator for RPMHD. Members of the coalition volunteered to be on the Community Assessment Team. The assessment was funded by the RPMHD and the Polk Community Foundation Bradley Grant.

The Polk County Community Health Assessment (CHA) Team consisted of:

Kathy Woodham, Marketing Director, St. Luke's Hospital

Anne Marie Lester, Coordinator, Wellness Coalition

Mary Smith, Health Educator, RPMHD

Becky Collins, Community Member/Advocate

Cheryl Womack, Executive Director, Steps To Hope (domestic violence agency)

Cathy Brooks, Director of Program and Planning, Ruth/Polk Smart Start Partnership

Brett Sculthorp, Prevention Coordinator, ARP/Phoenix (Substance Abuse agency)

Jim Van Hecke, President, Addiction Recovery Institute.

B. Gathering Data: Data was gathered from the following sources: 1) secondary data, 2) primary data collected by the CHA Team, i.e. opinion survey, 3) listening sessions, 4) primary data collected by other Polk County agencies or regional entities, and 5) Health Summit.

Community Opinion: Gathering community opinion was achieved through three means: 1) opinion survey (the primary data tool), 2) listening sessions, and 3) a health summit.

Designing primary data tool: The survey distribution plan was to reach as many Polk County residents as possible, representing the overall population of Polk residents, in relation to

socioeconomic status, community affiliation, education, race, and age. The survey tool was based on an example in the *Community Assessment Guide Book*, the 2003 Polk County Health Assessment Survey sponsored by Thermal Belt Outreach for their Bridging the Gap assessment, and the 2007 Polk County Visioning Survey. The resulting survey was reviewed, and additions and deletions were made to meet the needs of Polk County. The team elected to use various question formats, such a multiple choice, rating on Likert scale, choosing “all that apply”, and open ended questions. Some questions from the Bridging the Gap survey was used so that responses could be assessed over time. More specific health questions than the Visioning Survey were asked so to explore more detailed health opinions and behaviors than the county survey asked. The resulting survey was six (6) pages long and is included in the appendix. The survey was also translated into Spanish. The survey was promoted in the local newspapers (English and Spanish). It was introduced and discussed at various civic organizations (Rotary, Lions Club, faith based).

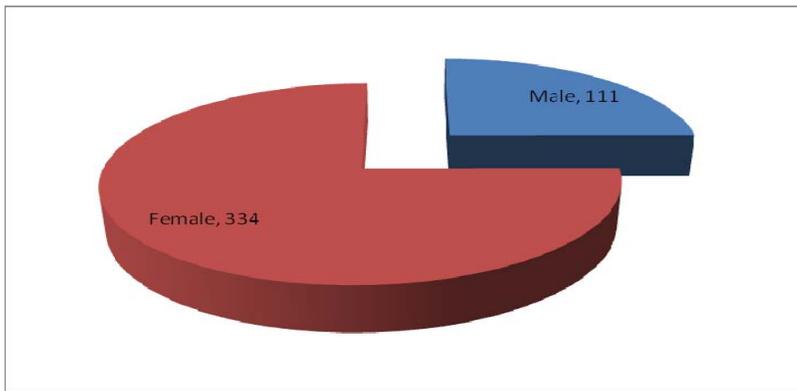
It was determined that the 2008 Survey would include questions and ratings in the following categories:

Section/Category	Topics	# of questions
Health issues	Overall Health Quality	4
	Personal Health Needs	26
	Awareness of where to find help for that need	26
Community Health Issues	Health issues that may occur in the county	25
	Most important health problems	Write in comments
Wellness	Assess opinions on factors that affect feeling healthy	9
	Wellness activities in the community	7
	Personal changes you would like to make in order to feel healthier	12 choices
	Physical activities	11
	Alternative treatments	12
Individual health	How long has it been since you have seen XX provider	10
Access to Care	Needed care but did not go to provider	4
	Primary reasons for not visiting the provider	13 choices
	Office hours you would use	5 choice
	Who do you discuss feeling of sadness	7 choices
	Integrated care/co-located services	2
Insurance coverage	Insurance	5
Demographics of Respondents	Demographics	11
What would you suggest to improve health and wellness in Polk County	Solutions	1

To meet the goal of having a comprehensive convenience sample needed to statistically valid results, over 1500 paper surveys were distributed across the county (see distribution tables in appendix), including but not limited to the following locations: Polk County Health Department, Polk County Department of Social Services, Physician’s Offices, St; Luke’s Hospital and Outpatient Services, Libraries (3), Isothermal Community College, Senior Center, and Mental Health Providers, civic organizations, and churches. Over 50 professionals/agencies were sent the survey via email. The survey was available on line though Survey Monkey.

Five hundred and thirty three surveys were returned and analyzed. The CHA team was pleased with the community response to the survey in quantity and quality of feedback. The sample size is considered to be sufficient for getting valid results. Respondents were primarily female, between the ages of 35-54.

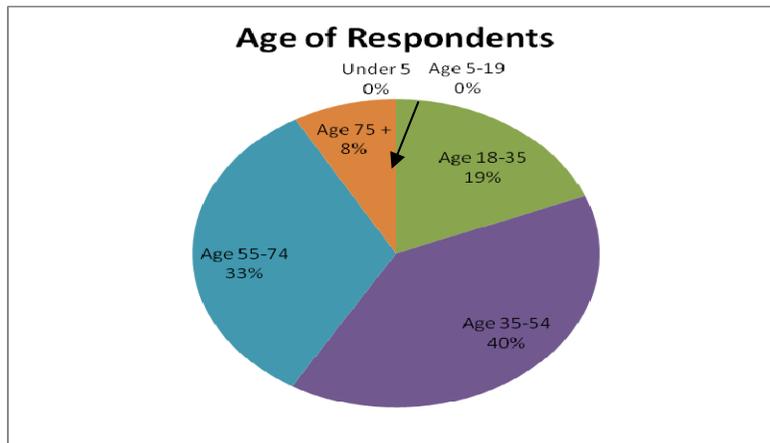
1. Gender of Respondents



Female	75%
Male	25%

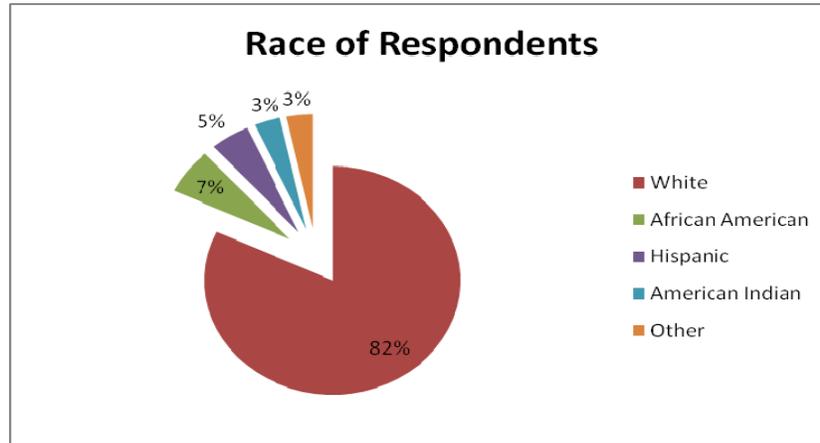
2. Age of Respondents

The largest number of respondents (40%) fell into the category 35-54 following by the 55-74 age group (33%). The survey was not completed by residents younger than 18.



3. Race/Ethnicity of Respondents

The percentage of race of respondents was similar to that of Polk County as a whole.



C.Listening Sessions: The CHA Team also determined that community feedback would be gathered in informal, community-based listening sessions. Six target populations were identified:

Target Population	How Participants Were Recruited
1) African Americans in Pea Ridge/Mill Spring area (rural part of county)	Two participants on the Access to Care action team , who are African American, were asked to invite parishioners of their churches to a Saturday morning breakfast
2) Mills Spring and Sunnyview area	The Nurse Practitioner in Mill Spring was asked to host and invite community members of this area to a evening session
3) Uninsured	Persons who had enrolled in the Community Health Network (CHN) were contacted by CHN staff and asked to participate in the listening session.
4) Saluda and senior residents	The office manager of the Saluda Medical Center and the program manager of the Saluda Senior Center were asked to invite community members who utilized the services of these two facilities.
5) Public Safety Staff (police, emergency services)	Staff of the county sheriff department, all three city police departments (Saluda, Columbus and Tryon), fire departments, and county emergency services were invited.
6) Latino population	The Hispanic Services Coordinator/Interpreter of the Thermal Belt Outreach Ministry was asked to invite Latino residents.

Five listening sessions were actually scheduled due to the departure of the Latina staff person who was assisting the CHA team in setting up the listening session. Of the five that were scheduled, the listening session targeting uninsured residents had no attendees. Every effort was made to decrease barriers to getting to the sessions (held in central locations, held during lunch, on Saturday or early evening) and incentives were provided (meals and gift cards to local grocery store). A standard rules and questions were used for each session, which had a facilitator and a scribe. Each participant was asked to sign a release to allow for the information to be used in a research paper if possible and complete a demographic questionnaire. Detailed minutes were taken. Twenty-nine participants attended the four listening sessions providing a wealth of introspective information and a personal perspective of the health and wellness challenges in the county. Please see appendix for rules and question and summary of all listening sessions.

D.Secondary Data: Secondary data was reviewed in order to determine a profile of general demographics, disease rates, available services, and some health and wellness behaviors. Sources of secondary data are cited with the statistics. Sources include but not limited to NC-CATCH, Sheps Center, 2000 Census, NC Department of Justice, NC Department of Social Services, Claratis.

E.Reviewing results: The survey was distributed in July 2008 and closed in October 2008 and a summary of the results were presented to the Access to Primary Care Action Team of the Wellness Coalition and the Wellness Coalition for review. From these larger groups came a small team of community partners who met to review the results and analyze the primary and secondary data. Community resources and assets were also identified during this review. This team consisted of Anne Marie Lester, Wellness Coalition Coordinator; Dr. Jeff Viar, Family Practitioner; Becky Collins, Community Member/Advocate; Bobby Jones, Operations Director, Family Preservation Services (a mental health and substance abuse provider); Mary Smith, Health Educator, Rutherford-Polk-McDowell District Health Department; and Patsy Brock, Health Resource Navigator, Wellness Coalition.

F.Report to the Community: From this review came the basis for the presentation of data at the Polk County Health Summit held on November 7, 2008. The health summit provided an opportunity for the community to review the results and discuss the gaps in healthcare and wellness in Polk County. Participants numbered 68 and represented the school system, faith community, mental health and substance abuse providers, consumers, advocates, healthcare providers, hospital providers, and senior care providers. A complete list of participants and their affiliation is included in the appendix. Sixty-eight individuals participated in the county health summit where the data from this assessment were presented, discussed and prioritized. Two hundred thirty individuals were invited including all persons who had participated in listening sessions, medical community, community leaders, agency heads, faith community, heads of organizations, consumers. The group was an excellent reflection of the community.

Health Summit: The summit consisted of an overview of the Wellness Coalition and the Community Health Assessment process. The CEO of the county hospital, St. Luke's Hospital, presented a profile of Polk County which included county demographics and Polk County health statistics. The Director of the R-P-M Health District then presented the community health data from the health survey. A Health Panel followed which included a brief presentation on the health and wellness issues as seen from the perspective of different leaders in the community, including Buck Wilson, R-P-M Health District; Melinda Young, Polk County; Cameron Highsmith, CEO St Luke's Hospital; Jim Van Hecke, President of the Addiction Recovery Institute and Chair of the MH/SA Initiative; Becky Collins, Community Member/Advocate; and Dr. Jeff Viar, Family Practitioner. The audience was able to ask questions of the panel on the survey results and available resources in the community.

G. Recognizing and Setting Priorities: The participants then broke into small groups (5) to review all the county data and survey results and everyone was instructed to list a top concern. Once everyone had a chance to share his/her concern, the facilitator made sure that all concerns were listed and that they were captured accurately. Once this was completed, each participant was asked to select the top three (3) health and wellness issues for Polk County. From these five groups, a lead facilitator from the Dispute Settlement Center in Hendersonville, brought the five small group facilitators together to collect the top three issues from each group. These were documented. The entire large group reconvened and the top three issues from each group were shared with the group and clarification was made. The goal of this segment of the health summit was to set priorities for health and wellness for Polk County based on these top issues. It was evident that certain issues were listed on each list and therefore became part of the final list of priorities. These included 1) Access to mental health and substance abuse services, 2) access to healthcare for the uninsured, 3) prevention, 4) obesity, and 5) education. The entire group was involved in the selection and agreed with these priorities. The group also spent some time on solutions before being asked to continue the momentum of the health summit and sign up for an action team of their choice. From these action teams, action plans will be developed.

II. PICTURE OF POLK COUNTY

A. Historical Information

The area now embraced in Polk County in the southwestern corner of North Carolina was settled long before the American Revolutionary War. By 1540, some 47 years after Columbus discovered the New World, Hernando DeSoto had arrived in the mountain country, probably here in Polk County, where he found the Cherokee Tribe already in an advanced state of civilization. The Indians lived in substantially-built log houses. Though accomplished hunters, they subsisted chiefly by their knowledge of agriculture. They raised corn, pumpkins, and beans.

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. By 1768 traders were already traveling up the old Blackstock Road from Charleston to bargain for furs and hides.

The early tide of settlement acted as a buffer between Cherokee Indians in the West and the white settlers in the East. Cherokees had occupied the entire Alleghany Mountain area from the Blue Ridge to the Cumberland range, including the western half of Polk. Little evidence is available that they had villages in this territory. However, large numbers of the tribe used the lands as hunting grounds in summer. Hostile feelings on the Cherokees' part toward white settlers were a menace to people living near the foothills.

The proximity of the two civilizations resulted in many clashes and much bloodshed. The conflicts became so numerous that the Royal Governor, William Tryon, himself journeyed west from the colonial capital to parley with the Cherokees and negotiate a boundary line.

The North Carolina General Assembly in 1767 advised the English Colonial Governor William Tryon to meet Cherokee chiefs in the hope of setting a boundary line between the frontier of the Province of North Carolina and the Cherokee hunting grounds thus preventing disputes. The survey, resulting from the meeting, was undertaken on June 4, 1767. The new line agreed upon extended from a point near Reedy River near Greenville in South Carolina to the highest peak on White Oak Mountain. When the treaty had been signed, Governor Tryon was flattered to learn that the settlers had named this the highest place on White Oak -- Tryon Peak.

Determination of the boundary, however, failed to insure safety for the pioneers to the east or for Indians to the west. Many vicious raids continued despite the establishment of forts. *One* of the heroes of the *time* was the Indian, *Skyuka*.

As its population slowly increased, the area became a favorite stopping place for drovers transporting livestock from Kentucky and Tennessee to seaboard harbors. With political independence, towns gradually emerged.

Until 1840 North Carolina was the nation's principal source for gold and Polk County was well prospected. The "gold rush" brought additional settlers, adding to the numbers already in the area who were establishing farms and plantations.

Across the years Polk County was a part of Bladen, then of Anson, Mecklenburg and Tryon counties. Still later it was part of Rutherford, and finally it was formed from portions of Rutherford and Henderson counties. 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.

Controversy over the location of the county seat resulted in an Act on January 16, 1849, by the General Assembly repealing the Act which had created Polk County in the first place. A supplementary Act, passed a few days after January 16, provided that the lands which had been taken from Rutherford and Henderson counties, should be returned to these counties.

Dr. Columbus Mills and Colonel William F. Jones of Cleveland were elected to the General Assembly in 1854 and their combined efforts recreated Polk County under Chapter 10, Public Laws of 1854-1855, ratified by the General Assembly on January 20, 1855. This provided that the county seat "shall be located by J. J. Irvin of Burke, Major Benjamin Burgin of McDowell and John R. Logan of Cleveland, or a majority of them, at the geographical center of the county, or within two miles thereto." A further section of this law provided that the county seat "be named Columbus in honor of Dr. Mills whose efforts had resulted in the reestablishment of the county of Polk."

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.

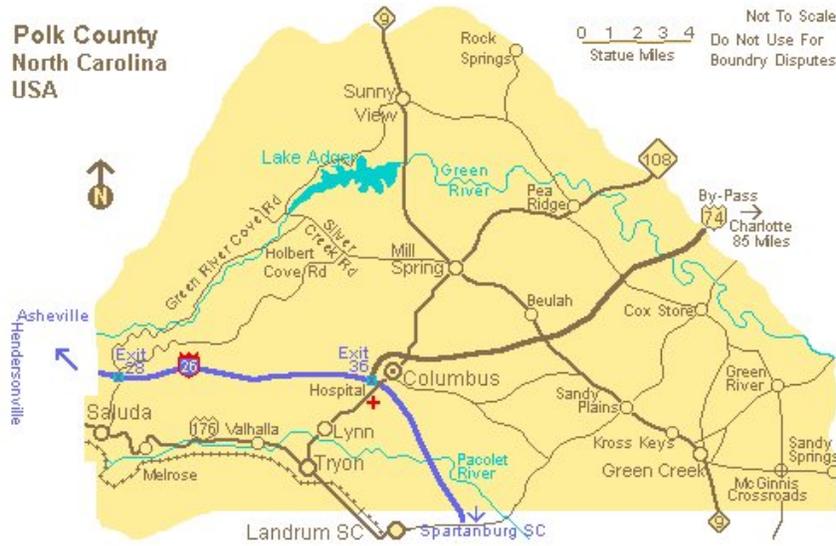
The Town of Columbus is distinguished by an imposing courthouse, built of handmade brick in 1855. The ancient slave block still remains on the courthouse lawn.

The town of Saluda was incorporated by the General Assembly of 1881. In 1885 the General Assembly incorporated Tryon and Mill Spring as municipalities.

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 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 names of Gibbs, Laughter, Pace, Arledge, Lankford, Newman, Wilkins, Green, Williams, Fagan, Durham, Bradley, Fisher, Jackson, Nodine, and Mills represent the fourth generation of Polk County pioneers and there are probably many more. Few centurion counties anywhere, of small population, can count today so high a percentage of descendants from its first settler families.

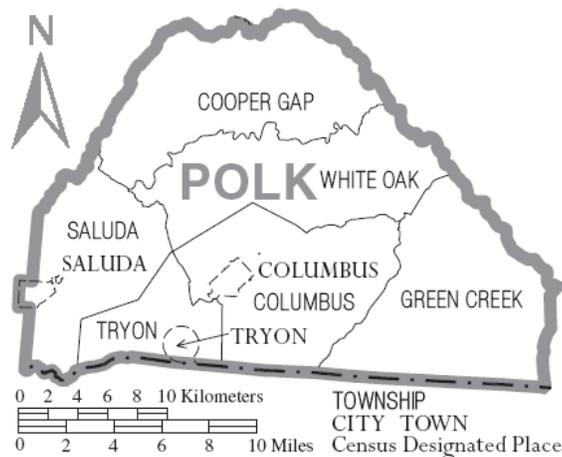
B. Geographic Information



Polk County is located 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. Forest land comprises 77.6% of the county compared to 62% for NC. Total land acreage in 152,512 acres. Polk County's terrain varies from lowlands and 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.



The populations of the three incorporated municipalities within Polk County are: Tryon - 1,760; Columbus – 992; Saluda - 575. Urban areas account for 18% of the County’s population. The rural areas account for the other 82% of the total population. The largest township population is Columbus Township with a population of 5,719 (31% of the County population), second is Tryon Township with a population of 3,811 (21%), third is Green Creek Township with 2,994 (16%), next is White Oak Township with 2,094 (11%), next is Coopers Gap with 1,882 (10%), and last is Saluda with 1,869 (10%).

Tryon is the largest city in the area and is most unusual in the versatility of its residents. Tryon has a reputation as a premier retirement area. It has been listed as one of the top ten retirement communities by Money Magazine, The Wall Street Journal and other publications. Half the population has migrated from other parts of the country to enjoy the mild climate and beauty of the surrounding countryside. The transplanted residents are chiefly writers, artists, educators, professional people and industrial executives *who* are fascinated with the *tranquility* of the *community* life and who contribute so greatly to the social advantages of the city.

Columbus is the county seat where the government offices and the historic courthouse are located. The courthouses is one of the oldest still in use, recently renovated, in North Carolina and has been restored to its original grandeur.

Historic Saluda, on the county’s western border, located on the crest of the “Saluda Grade”, the steepest standard gauge railroad in the country, has retained its turn-of-the century atmosphere. The downtown business district has 16 buildings on the National Register of Historic Places, which is to say the whole town. Saluda is also known for its artists, fine crafts, and restaurants. Saluda has long enjoyed fame as a vacation area and place of retirement. Saluda is noted for its fine apple orchards which constitute the main source of farm income.

Other communities such as Mill Spring, Sunny View and Green Creek have retained the charm of the Old South. The local roads are all good and *provide easy* access. An interstate highway, extending from Charleston to Asheville, provides convenient egress from the outside world.

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.

The property tax in 2007-08 was \$0.6800 per \$100 valuation, an increase from the 2001-02 rate of \$0.5376.

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 which 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 outdoor activities and events to be enjoyed throughout the seasons, such as site seeing the many mountain vistas, scenic drives, bicycle touring, white water canoeing, hiking, horse back riding, nature trails, water falls, fishing, visiting local wineries, and nature gardens plus lots of antique and craft shops to visit.

There are whole host of other activities available as well - such as Horse Shows, Steeplechase, The BBQ State Championship, The Fabulous 4th 100K Bicycle Tour, The Assaults Bicycle Challenge, and Coon Dog Day 5K Race. Historic small towns and sites, fine art, crafts, scenic areas and friendly people make Polk County a place you will want to visit over and over. F. Scott Fitzgerald, Ernest Hemingway, Lady Astor, Sidney Lanier and David Niven were regular guests between World War I and II.

Equestrian pursuits have more than a 50 year history in Tryon including steeplechase, dressage, hunter jumper, and carriage driving events. The Tryon Riding and Hunt Club, Foothills Equestrian Nature Center (FENCE), as well as many other equestrian organizations host events from March through early December. The Block House Steeplechase Races, held in April, have been an annual event for 54 years.

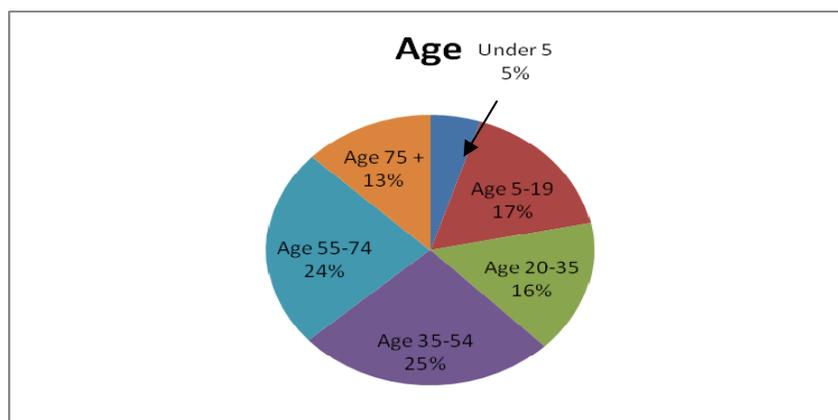
Polk County is truly a rural county with an average of 77 people per square mile compared to 167 people per square mile for North Carolina. The town of Tryon has 20 times the density of the Mills Spring area and 10 times the density of Saluda and Columbus.

C. Demographics of Polk County

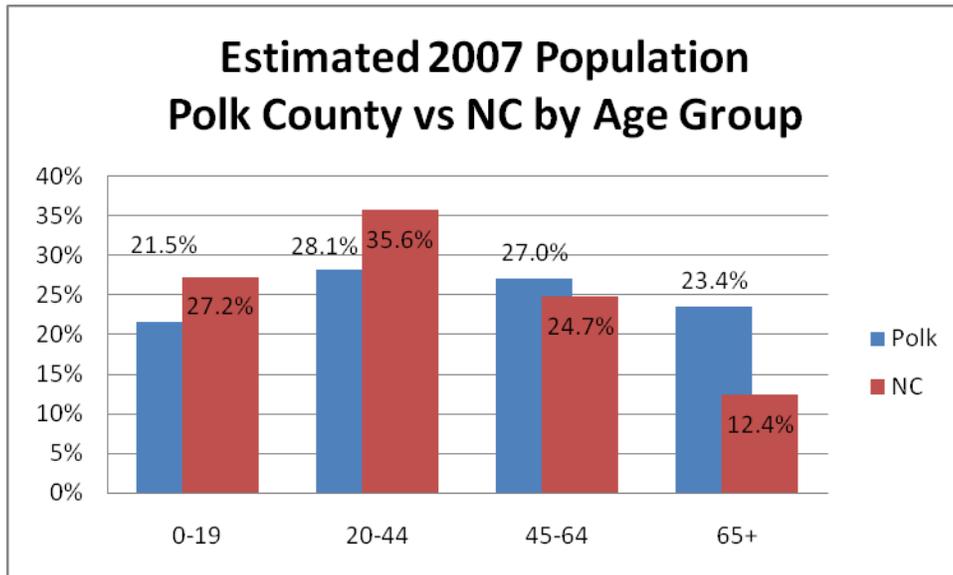
1. Population

Polk County is a small rural county in western North Carolina. It's population estimate for 2007 (US Census) is 19,365. The population of Polk County is growing and is expected to continue this growth. From 1990-2000, it grew 3.9%. The county experienced a 4.9% growth from 2000-2006. As of the census of 2000, there were 18,324 people, 7,908 households, and 5,337 families residing in the county. Polk County ranks 45 in fastest growing counties.

a. Age



The largest population groups are the 35-54 and 55-74 year olds, making up 25% and 24% respectively. In the county the population was spread out with 22% under the age of 19, 16% from 20-35, 25% from 35 to 54, and 24% from 55-74 and 13% who were 75 years of age or older. The median age was 44.9 years as compared to NC median age of 35.3 years. (Source: Claritas)

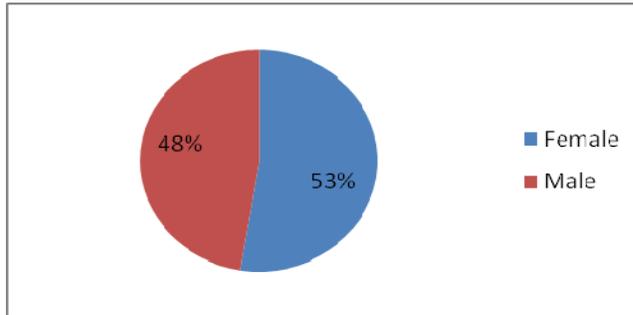


Polk County has almost twice the percentage (23.5%) of senior residents than North Carolina (12.4%). The county has less youth and young adults also than NC rates. Residents 65 and older comprise 23.4% of the population of Polk County as compared to 12.4% in NC. Source: Claritas

This large aging population has a huge impact on services and healthcare in the county and is a key factor in planning health care now and in the future. St Luke’s created a specialty unit, Geropsych Unit which serves 55 and older, to meet the needs of the population. Participants in the listening sessions shared concerns of not being able to afford residential care for their elders when health needs became too complicated to meet at home.

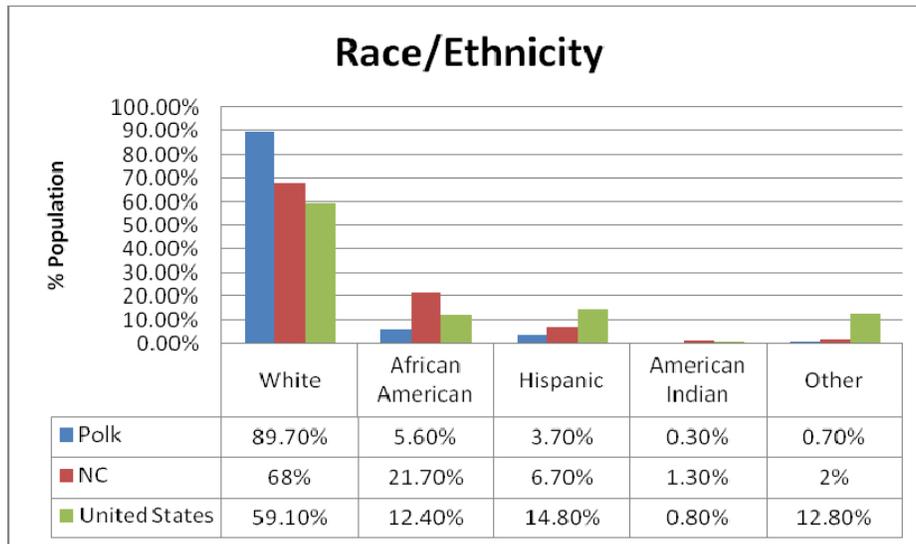
The National Bureau of Economic Research’s article on “Designing Health Insurance for the Elderly” state that expenditures on health care for the elderly are high and rising rapidly. In 2006, Medicare benefit payments totaled \$374 billion, accounting for 20% of the nation’s total health care spending. Including supplemental insurance policies and out-of-pocket spending, the elderly consume more than one-third of all health care in the US, despite being only 13% of the population. With 23.5% of the county being elderly, that puts an extra burden on the healthcare costs for Polk County.

b. Gender of Polk County



Polk County has slightly more females (52.5%) than males (47.5%) in the county. Source: US Census, 2006 estimates

c. Race/Ethnicity of Polk County



Polk County has a higher White population than NC or the US. Polk has a very small African-American population compared to NC and the US. The Hispanic population is also smaller than the NC and US rates but not as significantly lower as the African-American population. (Source: US Census Data, 2006 estimate)

2. Government

Polk County has been governed by a Board of Commissioners and presently has five seats on the board. Polk County is a member of the **Isothermal Planning and Development Commission** regional council of governments. The commissioners employ a county manager to oversee the day-to-day operations of the county. The county has established a Mental Health Advisory Board and oversees Maintenance of Effort money which is used for mental health and substance abuse services.

3. Education

Polk County Schools is a public school system in Western North Carolina serving approximately 2,600 students from prekindergarten through grade twelve. It has seven schools, which include one virtual early college, one high school, one middle school and four elementary schools:

- Polk Central Elementary, grades Pre-K-5, 441 students;
- Polk County High School, grades 9-12, 725 students;
- Polk County Virtual Early College, 20 students
- Polk County Middle School, grades 6-8, 561 students
- Saluda Elementary, grades Pre-K-5, 170 students
- Sunny View Elementary, grades Pre-K-5, 198 students
- Tryon Elementary, grades Pre-K-5, 485 students

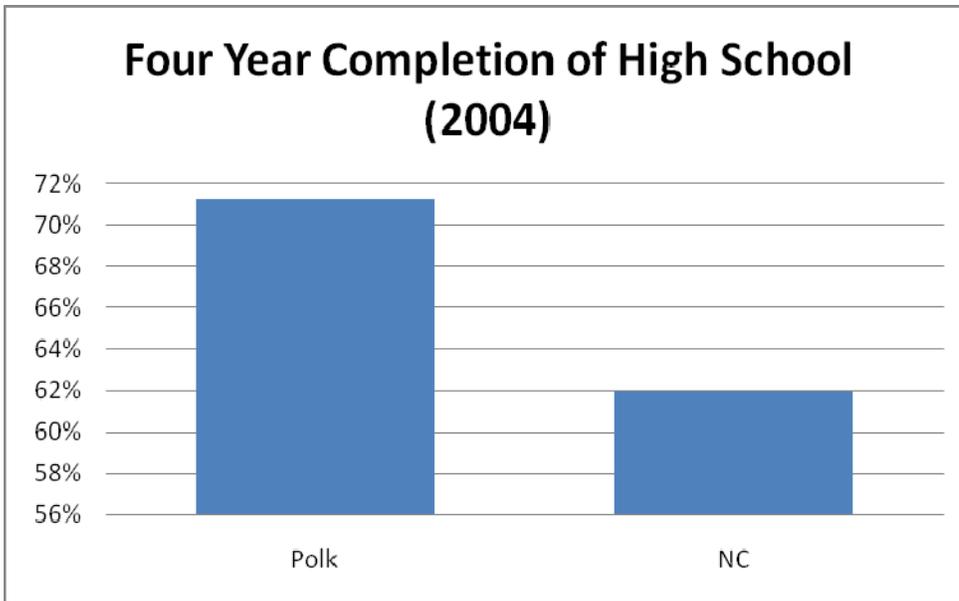
Accountability. Test scores for students in grades 3 -12 have consistently ranked among the top of both state and national averages in recent years. All of the system's schools met or exceeded both state and federal accountability standards for 2006-07.

The system strives to meet all goals of the "No Child Left Behind" legislation and ranks 15th among 115 school systems statewide in local per-pupil spending and ranks 18th in the state in total per pupil spending. The teacher/student ratio is among the highest in North Carolina. To date 32 Polk teachers have earned extra certification by the prestigious National Board for Professional Teaching standards.

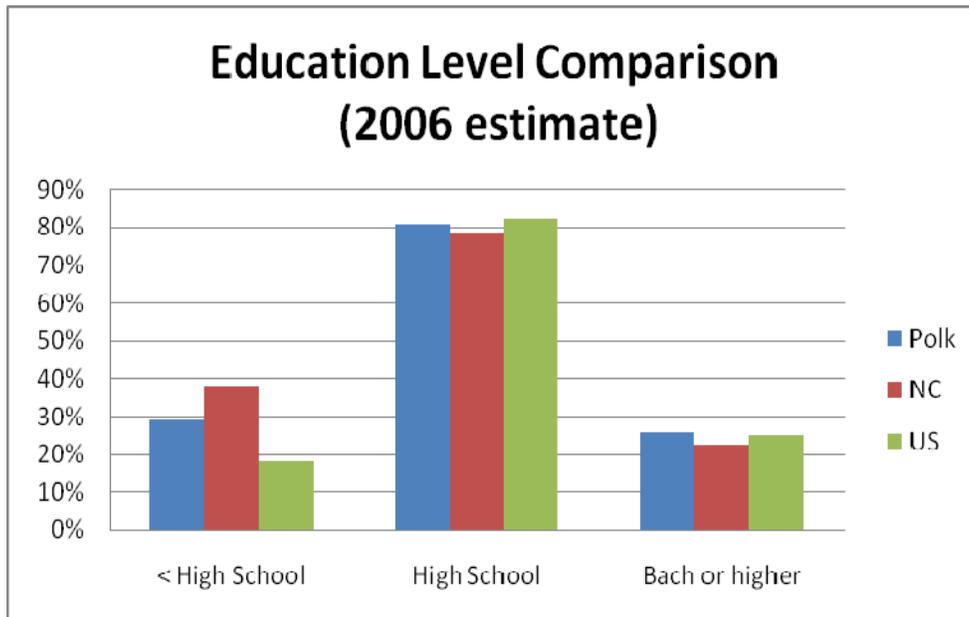
U.S. News & World Report recently named Polk County High School a Bronze Medal School in its Nov. 2007 report on America's Best High Schools. Polk County High was recognized in large part due to its efforts to meet the educational needs of all students of all learning ability levels.

Preschool. Four-year-old children may attend one of the model preschool programs in each of our elementary schools. Resources are available to all children, from three year-old handicapped to academically gifted, who qualify for special education.

Polk County also has a branch of the Isothermal Community College located in Columbus, which provides computer classes, photography and image editing, creative arts, art and music history, foreign language, health and happiness, small business center seminars, emergency services classes, medical classes and certifications, adult basic education, and English as a second language.



Polk County has a higher percentage (71.2%) of high school graduates as compared to NC (61.9%) in 2004. Source: Action for Children, www.ncchild.org



Polk County does have a higher (80.6%) rate of high school graduates compared to NC (78.1%) and a lower number of students who drop out of high schools compared to NC.

DROP OUT RATE FOR GRADES 9-12

	Polk County	North Carolina
2005-06	4.62 (36 students)	5.04
2006-07	3.45 (27 students)	5.24
% Change	Decrease 25%	Increase 6.2%

The drop out rate for Polk County grades 9-12 in 2006-07 is lower (3.45) than the NC rate (5.24) and the drop out rate decreased 25% from year 2005-06 to 2006-07 as compared to the NC rate, which increased 6.2%.

Our respondent demographic data showed a large number (31.6%) of persons with a bachelor's degree and only 8.4% who did not receive their high school diploma.

4. ECONOMY

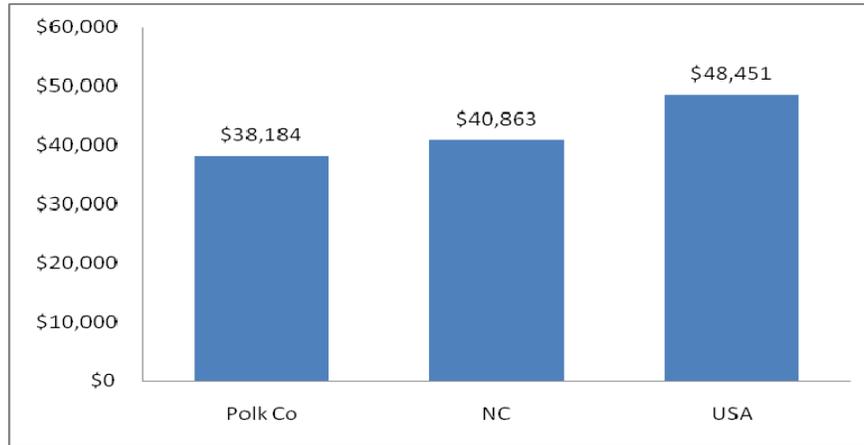
a. Employers

The Polk County Schools, St Luke's Hospital and ACTS Retirement Life Communities, Inc. are the largest employers in Polk County, employing over 250 persons each. The largest employers in Polk County consist of education and health services, public administration and manufactures. Only two small sized manufacturers are in Polk County, Milliken which is a textiles/knitting company and Woodland Mills Corporation, which is a cotton yarn manufacturer. These are only two manufacturers in the county that employ over 100 people. Types of employment in Polk County are as follows: healthcare and social assistance (28.7%), Government (17.8%), Manufacturing (12%), and Professional and Technical Services (2.9%) . (Source: NC Department of Commerce, 2nd Quarter 2007)

Employer	Type of Service	# Employed
Polk County Schools	Education & Health Services	250-499
St. Luke's Hospital, Inc.	Education & Health Services	250-499
ACTS Retirement Life Communities, Inc.	Education & Health Services	250-499
County of Polk	Public Administration	100-249
Milliken & Co., Inc.	Manufacturer	100-249
Woodland Mills Corp	Manufacturer	100-249
White Oak Manor, Inc.	Education & Health Services	100-249

b. Polk County Income Data:

MEDIAN HOUSEHOLD INCOME



- The median household income in the county is \$38,184 (US Census, 2004), which is lower than NC (\$40,863) and the US. (\$48, 451). Source: US Bureau of the Census.
- Polk County has a large wealthy retirement community which distorts the average household income making it higher.
- The per capita personal income (2006) for the county was \$19, 804, compared to \$32,247 in NC. Source: US Department of Commerce, Bureau of Economic Analysis

HOUSEHOLD INCOME – SURVEY RESPONDENTS

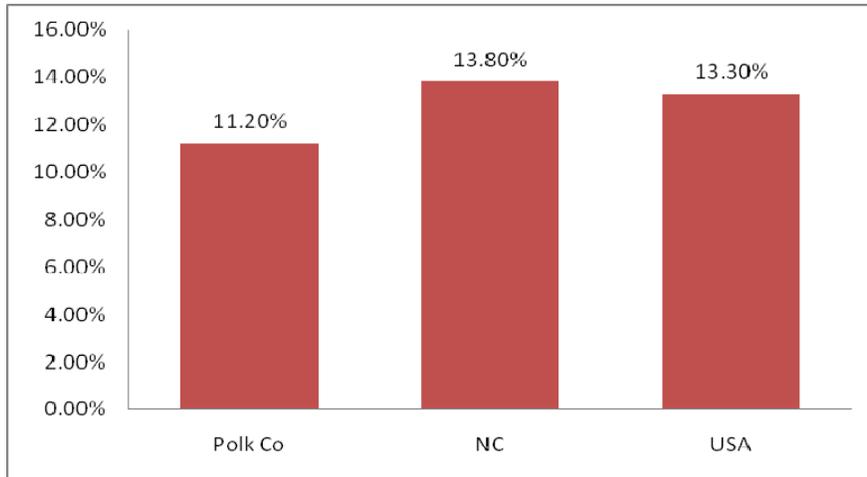
Household Income	Percent
< \$15,000	21.1%
\$15,000 - \$25,000	13.6%
\$25,000 - \$35,000	14.5%
\$35,000 - \$45,000	7.5%
\$45,000 - \$55,000	7%
\$55,000 - \$75,000	15.2%
\$75,000 - \$100,000	11.5%
\$100,000 or more	9.6%

The majority respondents from the Polk Community Health Survey fell into the category “under \$15,000” for household income. The second largest number of respondents (15.2%) made \$55,000-\$75,000.

c. Poverty

The percent (2004) of all ages below poverty was 11.2% in Polk County, 13.8% for NC. Under age 18 in poverty is 16.4%. Rutherford County percent of persons below poverty is 13.8%. Henderson County is 11.2%. The percent of poverty for Polk County is below that of NC and US and one of its neighboring counties and the same for the neighboring county to the west. Source: US Census

PERCENT OF ALL AGES IN POVERTY (2004) FOR POLK/NC/USA



Being poor affects health in many ways. Poverty makes it difficult to find and maintain high quality medical care. Finding and taking advantage of opportunities for physical activity and good nutrition are harder in poor neighborhoods. Low quality housing also exposes people to environmental health risks, such as lead paint. And, low paying jobs, unavailability of child care and fear of crime make it difficult to maintain a safe, healthy home. All of these aspects of being poor contribute to stress and anxiety, which, in addition to being bad for people's health, also can lead to unhealthy habits like smoking, drug and alcohol use. The relationship between poverty and health is a two way street. Poor health makes it difficult if difficult for people to achieve high education levels and to obtain and keep well paying jobs, which in turn, can lead to poverty. Health care costs can also directly contribute to income levels. Source: <http://www.nyc.gov/html/doh/downloads/pdf/epi/disparities-2004.pdf>

d. Unemployment

In August 2008, the Polk Unemployment Rate was 5.2% , as compared to the NC Unemployment Rate of 6.9%, and the National Unemployment Rate of 6.1%. Polk County's unemployment is less than NC and US. The unemployment rate has increased from 12 months ago when the rate was at 3.2%. (Source: Civilian Labor Force Estimates, Employment Security Commission of NC)

e. Travel Time To Work

The mean travel time to work, in minutes, for workers age 16 and over reported by the 2000 census was 26 minutes.

III. COMMUNITY HEALTH DATA

Multiple educational, foundation, and government institutes monitor health data for North Carolina. It is important to review this data in order to determine a profile of disease rates, available services, and some health and wellness behaviors, which we can compare to the Polk Health Survey responses.

A.Support Organizations

Polk County is a small community that revolves around church and school and other community activities. When asked “What are the best things about Polk County?”, listening session participants replied: the community, the people, the connection to your neighbor.

- There are over 80 churches located throughout the community ranging from Methodist, Southern Baptist, Catholic, Episcopalian, non-denominational, and Presbyterian, to name a few.
- There is also a faith based organization that unites its efforts for the good of the community, the Thermal Belt Outreach Ministry, which provide emergency funds for utilities, medical care, clothes, and food.
- Non- profit organizations that contribute to the healthy living include American Red Cross, Mountain Biz Works, NAMI Four Seasons, Pacolet Area Conservancy, Polk County Community Foundation, Polk County Historical Association and Museum.
- Polk County Transportation provides affordable transportation in county and to neighboring counties.
- The school system offers Pre-K services and after school care.
- Tryon also has the Tryon Fine Arts Center which is home to Tryon Little Theatre which was founded in 1949.

A. Polk County Factors That Affect Health

1. **Tier Designation:** Polk County is designated as Tier II county. The NC Department of Commerce annually ranks the state’s 100 counties based on economic well being and assigns each a Tier designation. This Tier system is incorporated into various state programs to encourage economic activity in the less prosperous areas of the state. The 41 most distressed counties are designated as Tier I, the next 39 as Tier 2, and the 20 least distressed as Tier 3. Interestingly, Henderson County to our west is a tier 1 county, McDowell to our north is a tier 1, and Rutherford to our east is a tier 3 county.

- 2. Radon:** The average national indoor radon level is 1.3 pCi/L. The average indoor radon levels of Polk County, as determined from radon test results from Air Chek, is 3.7 pCi/L. Henderson is 6.1 (zone 1: higher radon screening levels)and Rutherford is 3.5 pCi/L (zone 2). According to the Environmental Protection Agency, Polk County is considered in the zone 2 category for radon potential. Zone 2 typically finds moderate potential with radon levels from 2-4 pCi/L. Looking at how our community rates for radon is important for health reasons because exposure to radon is the second leading cause of lung cancer in the US behind smoking. (www.epa.gov)
- 3. Water Supply and Treatment:** Polk County has been considered a “drought afflicted community” and recently has negotiated with Henderson County to develop new water sources and improve existing ones. The city operates an intake on the Mills River, plus two reservoirs in Pisgah National Forest. In May 2008, Polk County purchased Lake Adger from Northbrook Energy.
- 4. Rabies:** There were two reported animal (bat and fox) rabies cases reported in 2006.
- 5. Health Policies and Environments:** Polk County Schools has been 100% tobacco free since 08/12/2002. Polk County Schools was one of the first in the state to go tobacco free. The county offices and buildings have been tobacco free since 11/01/2007. The towns of Saluda, Columbus and Tryon are tobacco free. St. Luke’s Hospital’s campus is tobacco free. Restaurants still allow smoking. The town of Columbus is currently working with Isothermal Planning and Development Commission on a Walkability Study to improve the mobility of pedestrians and bikers.
- 6. Recreation:** Polk County offers a variety of outdoor recreation choices including canoeing, horseback riding, hiking, biking, and scenic sites. Polk County provides recreational opportunities through its parks, facilities, and programs. Facilities include Stearns Gym, Gibson Park and pool in Columbus, Searcy Park and Recreation Complex in Mill Spring. The town of Tryon also maintains many acres of parks and recreational facilities consisting of Harmon Field, Woodland Park, The Green Corner and Rogers Park. *Although there appears to be a plentiful assortment of recreational activities, the community health survey rated that they were dissatisfied with bike paths and lanes and availability of recreational facilities (gym/pool).*

7. Crime Rates

Crime	Number (2000)	2004	2005
Total	297	284	272
Murder	0	1	2
Rape	1	3	2
Robbery	4	4	0
Aggravated Assault	27	23	17
Burglary	101	87	77
Larceny – theft	147	136	146
Motor vehicle thefts	15	30	28

POLK COUNTY CRIME RATES PER 100,000 PERSONS COMPARED TO NC

	2006		2007	
	Polk	NC	Polk	NC
Index Crime Rate	2009.5	4654.4	1970.1	4658.9
Violent Crime Rate	121.0	483.5	73.4	480.2
Property Crime Rate	1888.5	4170.9	1896.8	4178.2

<http://sbi2.jus.state.nc.us/crp/public/2007/ASR/2007%20Annual%20Summary%20.pdf>

Polk County has decreased most areas of crime indicators as seen by specific crimes (2000, 2004, 2005) and crime rates (2006-07). Polk County has a much lower crime rate for all types of crime as compared to NC. Property Crime rate has risen slightly from 2006 to 2007.

JUVENILE JUSTICE (2004)

	NC	Polk County
Number of Complaints Against Juveniles	46,097	65
Number of Juveniles with Complaints	23,368	31
Juveniles with Complaints Approved for Court	12,119	22
Juveniles Sentenced	8,418	22
Juveniles in Youth Development Centers	473	0

8. Poverty Indicators

16.4% of Polk County children living in poverty (2003, Action For Children NC, Polk County Profile) is lower when compared to the NC rate of 19.1%. The percent of population with income below poverty level in 2000 was 10.1%. (Economic Development Intelligence System)

a. School Children Enrolled in Free/Reduced School Meals

The percentage of children enrolled in Free/Reduced Price School Meals (2005, Action For Children NC, Polk Profile) indicates that Polk County rate is 43.9%, compared to 47.7% in NC.

b. Number of People Receiving Food Stamps

Children in Polk County receiving food stamps (9.1%) is much less than North Carolina, 18.2%.

c. Work First Recipients

Only 1.8% of Polk County children are Work First Recipients as compared to NC at 3.1%.

d. Child Care Subsidy

42.4% of Polk County children in regulated child care receive subsidies as compared to 35.5% for NC. The number of children (0-5) in regulated child care facilities receiving subsidies increased approximately 55% from 2001 – 2005. Source: Action for Children, NC/Polk County Profile, 2005.

9. Child Dental Health/Tooth Decay

The NC Oral Health Section (NCOHS), Division of Public Health annually conducts a dental assessment screening for kindergarten and fifth grade students. The Public Health Hygienists use a calibrated technique to measure prevalence of dental disease among these children. Polk County percentages compared to NC statewide averages in 2006-07 found:

- A higher proportion of kindergartners and fifth graders were screened as compared to the state.
- NCOHS data shows that almost 60% of Polk County kindergarten students have a history of decay in their primary teeth and 30% have untreated dental decay. This means that only 41% screened had no decay.
- For Polk County fifth graders, 45% have a history of decay in their permanent teeth and 6% have untreated dental decay.
- While the percentage of kindergarten and fifth grade children in Polk County with a history of decay and untreated decay is higher than the NC state average, a higher percentage of Polk County fifth graders have received one or more dental sealants on a permanent tooth, a plastic substance placed on the chewing surfaces of back teeth and have been shown to be effective at preventing decay.

	% Students Screened		% Students with History of Decay		% Students with Untreated Decay		% Students with Sealants
	Kindergarten	5 th Grade	Kindergarten	5 th Grade	Kindergarten	5 th Grade	5 th Grade
Polk	95%	95%	59%	45%	30%	6%	49%
North Carolina	78%	81%	39%	25%	19%	4%	42%

Source: Annie E. Casey Foundation, Community Level Data, 2005 Percentage of XIX eligible receiving dental services

The 2003 Bridging the Gap Assessment prioritized child dental health as a major concern and this resulted in the building of the Collins Dental Center in Columbus, which serves the children of Polk and Rutherford counties with limited access for adults. Data obtained from surveys has shown that tooth decay has reduced 8% since the opening of the dental center.

10. Child Maltreatment

According to the Action for Children NC, Polk County Profile, Polk County had 59.2 maltreatment reports investigated per 1,000 children, compared to 53.6 reports for NC. 21 cases per 1,000 were substantiated as compared to 9.8 per 1,000 in NC. 8.5 (per 1000) children are in foster care in Polk County as compared to 4.7 (per 1000) in NC.

IV. MEDICAL AND BEHAVIORAL HEALTH RESOURCES

A. St. Luke's Hospital

Polk County has St. Luke's Hospital, a small, JCAHO accredited, 25 acute care bed hospital (licensed for 55) with specialized medical and surgical services located in Columbus. The hospital also has a 24 hour physician staffed emergency department and a 10 bed Geriatric Psychiatry Unit (serves ages 55 and over). Also residing on the St. Luke's campus is the Polk County EMS and Hospice of the Carolina Foothills. St. Luke's Hospital has close affiliations with Spartanburg Regional Medical Center and Mission-St Josephs Health System (Asheville), both major tertiary care centers, which are only a few minutes away by helicopter or ambulance.

The 2007 Polk County Visioning Committee Report stated that 57.1% of respondents felt that the hospital was excellent or good.

Polk County is fortunate to have a small acute care hospital. Founded 79 years ago, it remains a private, not-for-profit community hospital providing primary and acute healthcare services to Polk County and the upstate of South Carolina. The hospital, in order to improve its sustainability, recently signed a contract with Carolinas Healthcare System of Charlotte for management services that provides for specialized management expertise, experience with developing strong community based clinical services, and participation in revenue and purchasing contracts.

While it is uncommon for a county of this small size to have a hospital, there are benefits and barriers. Benefits include a 24 hour physician staffed emergency department and specialized medical and surgical services and a 10 bed Geriatric Psychiatric Unit. Barriers include very limited specialty care such as critical care, pediatrics and ob/gyn services. *Due to these limitations, survey respondents ranked access to medical services and access to specialists as top five personal health concerns. The 2007 Polk County Visioning Committee Report reported that only slightly more than half of respondents felt good about availability of family doctors, and 56.3% of respondents felt that availability of medical specialist was fair to poor.*

B. Behavioral Healthcare Facilities

1. **St. Luke's Center of Geriatric Psychiatry** is a 10 bed facility that treats a spectrum of disorders for adults age 55 and older including: Alzheimer's disease,

depression, anxiety, adjustment disorder and other early onset dementias. Two Board Certified Psychiatrist treat patients at the unit.

2. **Outpatient Behavioral Health Services** have seen a dramatic decline since mental health reform which began in 2001. Due to the changes in service definitions and reimbursement rates, many providers have closed or moved their satellite offices out of Polk County. Persons who have no insurance seeking mental health and substance abuse care often have to go out of the county for services or simply do not go since they do not know how to navigate the system. Western Highlands Network covers an eight county region and oversees MH/SA/DD services for the region. Many regional providers based in Asheville, Hendersonville, and Rutherfordton, offer MH/SA services such as assessments, CAP services, child respite, Clubhouse, Community Support/Adult and Child and Group , Community Support Team, Day Treatment, DD respite, detox services, developmental therapy, family therapy, group therapy, individual therapy, and residential services, psychiatric services, substance abuse treatment services. Crisis services are provided by St Luke's Hospital. Unfortunately this continuum of services does not exist in Polk County. The following providers/services are located in the county:

- a. **Family Preservation Services** offers assessments, MH/SA services, in home preservation services, Community Support (CS)/Adult, Child and Group, CS Team, family/individual and group therapy, psychiatric services.
- b. **Lifespan Psychological Services** providing psychological assessment, individual and family therapy.
- c. **New Hope Counseling Center** offers substance abuse services.
- d. **Luminous Enterprises** offers CAP services, DD Respite, personal care, etc. to the developmental disabled population.
- e. **Polk Vocational Services** offers CAP services to the developmental disabled population.

C. Primary Care and Dental Services

Polk County has been designated a Medically Underserved Area/Population since 11/1/1978, which means that it has too few primary care providers, high infant mortality, high poverty and/or high elderly population.

- There are 5 general practice providers located in Polk County, which includes one rural health facility, Saluda Medical Center, which operations are supported by the NC Office of Rural Health and Community Care.
- Polk County is also considered in the catchment area of Blue Ridge Community Health Services, a federally qualified health center (FQHC) located in Hendersonville.
- Obstetrics and Gynecology are offered on a limited basis in Columbus.
- There are no pediatricians in the county. Children must travel to Henderson or Rutherford counties.
- The county has four general practice dentists including the Collins Dental Center in Columbus. *The survey indicated a strong need for affordable, adult dental care.*
- The large retirement community in Polk County has resulted in comprehensive elderly care including three continuing care retirement communities and two nursing homes.

Physicians/Dentists/Psychologists

Type of Provider	# per 10,000 population in POLK COUNTY (2006)	# per 10,000 population in NORTH CAROLINA
Primary Care Physicians	5.8	9
Physicians	13.1	20.8
Physician Assistants	2.6	3.2
Nurse Practitioners	3.6	3.0
Registered Nurses	80.2	92.9
Pharmacists	5.7	9.0
Dentists	4.2	4.4
Psychologists	2.1	2

Source: Cecil G. Sheps Center for Health Services Research, UNC Chapel Hill

As the numbers show, Polk County has a deficit in all primary medical providers as compared to North Carolina. Polk County has been designated a Medically Underserved Area/Population. Polk County is close to the NC rate for dentists and psychologists. *IMPLICATIONS: A shortage of medical providers results in decreased access for residents. This was documented in the survey results as a top health concern. The county has focused on expanding its physician extenders (nurse practitioners and physician assistants).*

D. Polk County Health Department

The Polk County Health Department is part of the Rutherford Polk McDowell District Health Department. The Health Department is governed by a Board of Health comprised of representatives from each county. Polk County has 5 members. Each county offers various programs depending on its size and population (Polk County may not have all of these programs on site). Programs include infant and child health services, child service coordination, health check, women's preventive health, adult health clinical services, walk in clinic (infant, child and adult immunizations and pregnancy tests), health promotion, dental public health, communicable disease control, maternal health, maternity care coordination, postpartum home visiting nurse, vital records, home health, environmental health, and the WIC Program.

V. HEALTH INFORMATION

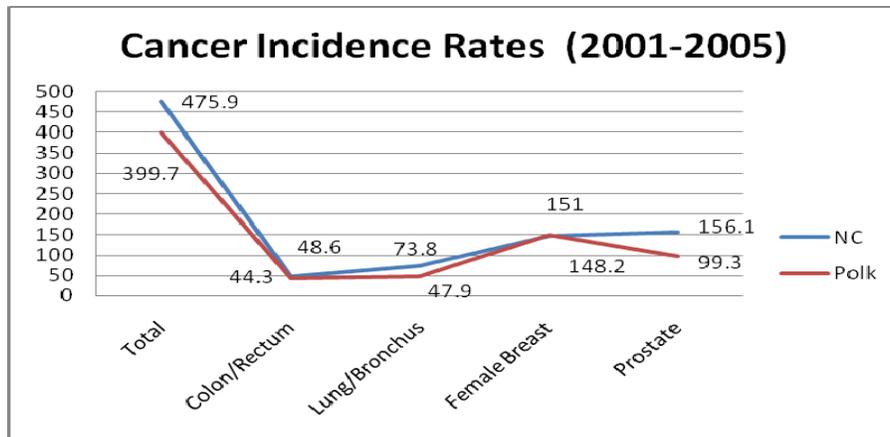
A. Causes of Death

The leading causes of death in Polk County are the following:

- 1.) Heart Disease
- 2.) Cancer
- 3.) Cerebrovascular Disease
- 3.) Alzheimer's Disease
- 5.) Chronic Lower Respiratory Disease

Source: The 2002-2006 NC Resident Death Rates, 2008 County Health Data Book, NC Department of Health and Human Services.

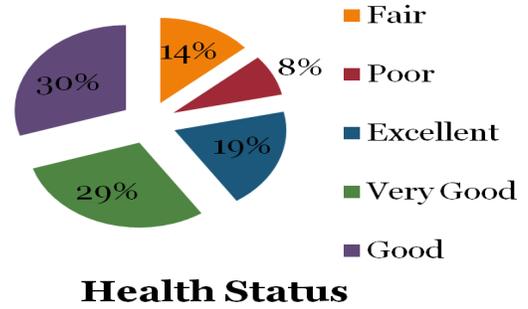
B. Cancer Rates



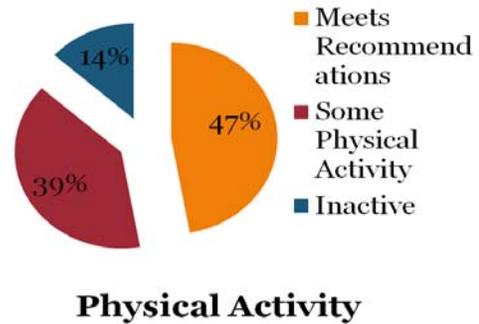
These rates are the age adjusted incidence rates of cancers in Polk County as compared to NC for the period 2001-2005. Across the board, Polk County, rates lower than NC for cancer incidence rates.

B. General Health/Physical Activity

The 2007 Western NC Behavior Risk Factor Surveillance System Survey Results assessed: Would you say that in general your health is? 78% of respondents rated their health as good to excellent.



When asked about their physical activity recommendations* status, 14% reported that they were inactive, 39% reported only some physical activity and 47% rated their activity as meets recommended amounts. Source: 2007 Western NC Behavior Risk Factor Surveillance System Survey Results

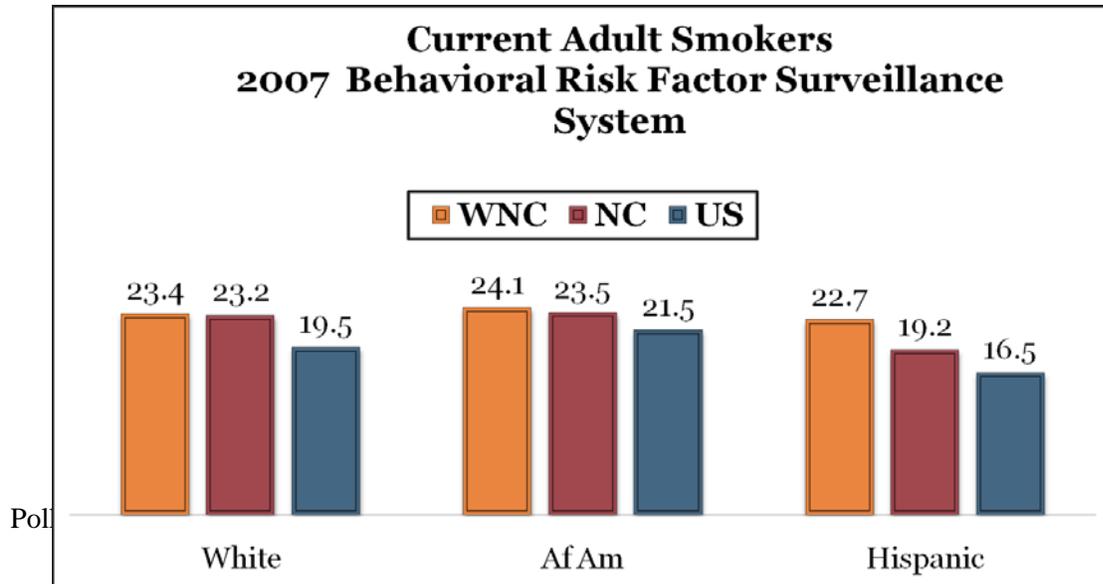


*Moderate physical activity for 30 minutes or more per day, five or more days per week or vigorous physical activity for 20 or more minutes per day, three or more days per week.

C. Tobacco Use

- 23.6% of adults in WNC currently smoke cigarettes.
- 58.8% of high school (1) and 31.1% of middle school (2) students in this region have tried tobacco (cigarettes, cigars, spit tobacco or other tobacco product).
- 16.4% of women smoke while pregnant (3).
- Tobacco users in POLK County want to quit. 53.9% of POLK and surrounding county adults made a serious quit attempt in 2005 (4)

Sources: 1-2) NC YTS by regions, 2005; 3) NC Vital Records 2004; 4) NC BRFSS, 2005; <http://www.tobaccopreventionandcontrol.ncdhhs.gov/data/Documents/CountyProfiles/POLK.pdf>



US Source: <http://apps.nccd.cdc.gov/brfss/race.asp?cat=TU&yr=2007&qkey=4396&state=US>

WNC Source: http://www.schs.state.nc.us/SCHS/brfss/2007/west/_rfsmok3.html

WNC Counties included in survey: Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, McDowell, Macon, Madison, Mitchell, Polk, Rutherford, Surry, Swain, Transylvania, Watauga, Wilkes, and Yancey counties.

NC Source: http://www.schs.state.nc.us/SCHS/brfss/2007/nc/all/_rfsmok3.html

Costs of Smoking in NC and POLK County

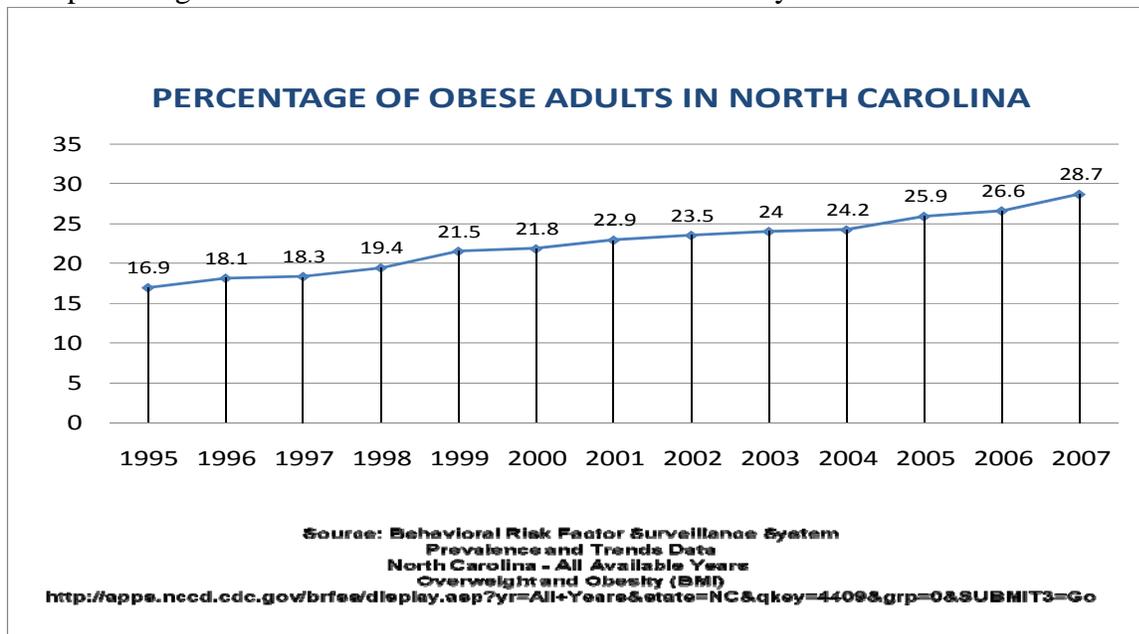
	Estimated Smoking Attributable Health Care Costs	Estimated Smoking Attributable Medicaid Costs
N.C. (2004) (5)	\$2,463,000,000	\$769,000,000
Polk County: (2002)	Data not available	\$1,645,979 (6)

Source: 5) CDC State Data Highlights: Tobacco Control, 2006; 6) NC Medicaid Office 2002 based on CDC estimated 13% tobacco related costs, 2002;

The health risks of tobacco use are well known and documented. Just in Polk County, the estimated Medicaid costs attributable to smoking are \$1,645,979. *Tobacco use by adults was the number one Polk County community concern reported by survey respondents and tobacco use by youth (17 and under) was ranked #3.*

D. Overweight/Obesity (Adults and Children)

Adults: According to the 2007 Behavior Risk Factor Surveillance System (BRFSS) Polk County has 62% - 64% of its adults who are overweight or obese (BMI \geq 25). This increased from the previous year's percentage, which was 57% - 61% of the population was overweight or obese. The percentage of obese adults in NC continues to climb as you can see on the chart below.

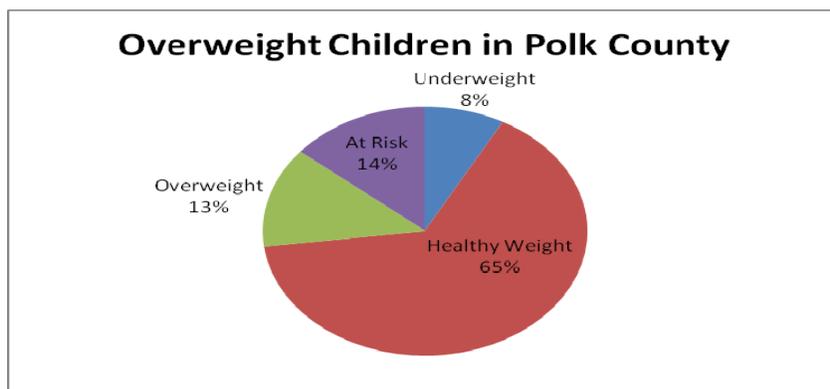


The article “Health Impact of Obesity and Physical Inactivity”

(www.healthyamericans.org/pages/?id=244) summarizes key findings based on a range of research into the health impact of obesity on adult and child health. Physical activity has been shown to have a role in reversing or preventing many of these health problems.

- Obesity is linked to Type 2 Diabetes:
 - More than 80% of people with type 2 diabetes are overweight.
 - More than 20 million adult Americans have diabetes.
- Obesity is linked to Heart Disease and Stroke:
 - People who are overweight are more likely to suffer from high blood pressure, high levels of blood fats, and high LDL (“bad”) cholesterol – all risk factors for heart disease and stroke.
 - Heart disease is the leading cause of death in the US, and stroke is the 3rd.
- Obesity is linked to Cancer:
 - People who are overweight “may increase the risk of developing several types of cancer, including cancers of the colon, esophagus, and kidney. Overweight is also linked with uterine and post-menopausal breast cancer in women.
 - Approximately 20% of cancer in women and 15% of cancer in men are attributable to obesity.
- Obesity is linked to Neurological and Psychiatric Diseases
 - Obesity may increase adults’ risk for dementia.
 - An analysis of data from a health survey of more than 40,000 Americans found that obese adults were more likely to suffer from depression, anxiety and other mental health conditions than normal weight adults.
- Obesity is linked to kidney disease
 - Obese individuals (BMI \geq 30) are 83% more likely to develop kidney disease than normal weight individuals, while overweight individuals ($25 < \text{BMI} < 30$) are 40% more likely to develop kidney disease.
- Obesity is linked to Arthritis
 - Obesity is a known risk factor for the development and progression of knee osteoarthritis and possibly osteoarthritis of other joints.

Overweight Children in Polk County: In 2007, BMI Data from three Polk County Schools were collected. Children were asked their height and weight (n= 554). Since these measures were self reported, they may not be completely accurate. 13% of the children met criteria for being overweight and 14% of the children were at risk of being overweight.



The article “Health Impact of Obesity and Physical Inactivity” reports that nearly 32% of US children and adolescents are overweight or obese. Childhood weight problems can lead to complications such as elevated blood pressure and cholesterol, joint problems, type 2 diabetes, gallbladder disease, asthma, depression and anxiety. Severely overweight and obese children often suffer from depression, anxiety disorders, isolation from their peers, low self esteem and eating disorders.

The American Diabetes Association describes type 2 diabetes as a “new epidemic” among American children. Traditionally a disease of mature adults, type 2 diabetes now accounts for 8-45% of new pediatric diabetes cases. The problem is especially severe among children and youth of African, Hispanic, Asian, or American Indian ancestry.

Costs of obesity: In 2007, \$696,383 (approximately 8%) of total dollars spent on Polk County Medicaid were attributed to overweight and obesity. (Source: http://www.eatsmartmovemorenc.com/program_tools/policy/docs/county_profiles/Polk)

E. Maternal and Infant Health

	Polk County	North Carolina
Late or No Prenatal Care	2.5%	2.9%
Infant Deaths per 1000 live births (2006)	6.8	8.1
Low Birthweight Infants	8%	9.1%
Births to Mothers Who Smoked Prenatally	14.8%	12.4%
Overweight Children	15.5%	17%
Children on Medicaid	28.1%	32.6%
Medicaid Cost (2854 eligibles)	\$17,097,442	\$7,907,271,830

Source: Items # 1-7 State Center for Health Statistics; #8 Medicaid Cost Calculation Fiscal YTD June 2006

TEEN PREGNANCIES PER 1000 GIRLS AGES 15-19 (2006)

	White	Rate	Minority	Rate	Total Pregnancies	Total Rate
NC	# Unknown	79.1	# Unknown	93.2	19,192	65.5
Polk	23	46.2	1	35.7	24	45.2

Teen pregnancies are significantly lower than the NC rate. Teen pregnancies in Polk County have decreased 20% since 2002, which experienced 30 teen pregnancies as compared to 24 in 2006.

F. Mental Health and Substance Abuse

Mental health reform in 2001 transformed how residents received mental health and substance abuse services. Services were privatized and the new system was difficult to navigate resulting in decreased access for clients and financial strain on providers. Multiple providers who served Polk County clients have either closed completely or closed their offices in Polk County.

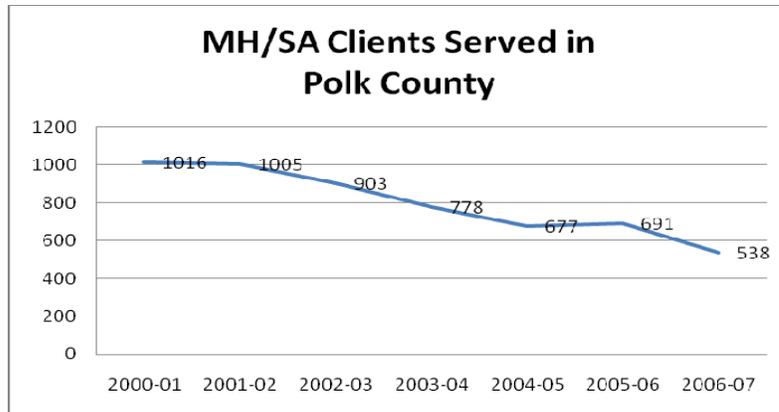
Prevalence: An estimated 26.2% of Americans ages 18 and older (about 1 in 4) suffer from a diagnosable mental disorder in a given year (Archives of General Psychiatry, 2005 June).

Economic Cost: Without treatment the consequences of mental illness for the individual and society are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide and wasted lives; The economic cost of untreated mental illness is more than 100 billion dollars each year in the United States.

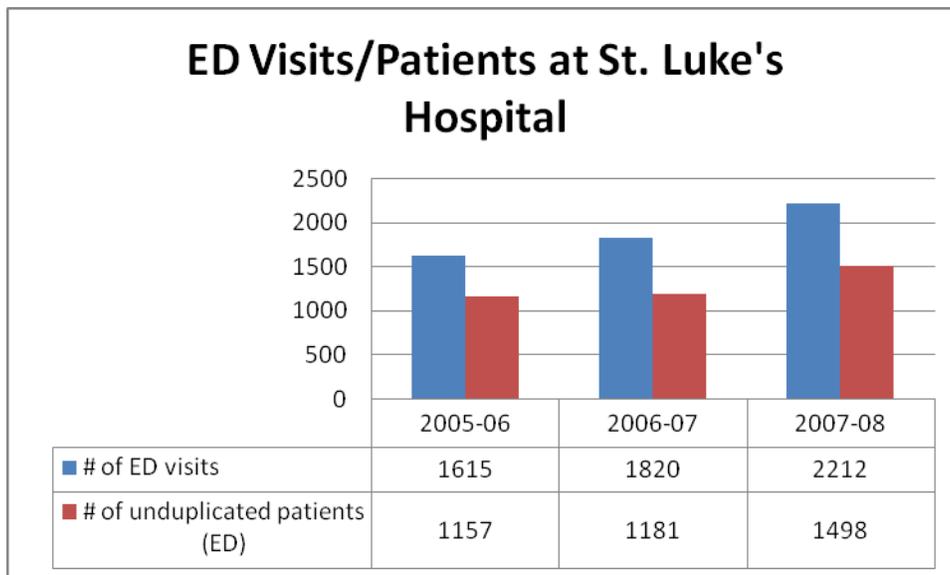
Uninsured and Mental Illness: Americans without health insurance face even greater difficulties in obtaining mental health and addictions treatment services. According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) 2005 National Survey on Drug Use and Health, one in five people with a serious mental health condition are uninsured. Without insurance, people with mental illness or addictions disorders are at an increased risk of hospitalization, poor health outcomes, and diminished quality of life. People without insurance are also more likely to rely on more expensive emergency room care.

Health Impacts: According to an study done by Partnerships for Solutions, www.partnershipforsolutions.org, many people with mental illness have multiple chronic conditions. 60% of people with mental illness have one or more additional co-morbid conditions. The most common co-mordic conditions are cardiovascular diseases (including hypertension), arthritis, upper respiratory disease, and other respiratory infections. Co-morbidities in people with mental illness greatly increase health care expenses, inpatient and outpatient. Having just one additional condition doubles expenses.

Local Impact: 5,074 people in Polk County have a diagnosable mental disorder. How many of these people are actually being treated? Since the reform there has been a drastic decrease in persons being treated. Source: Western Highlands LME Utilization Data



Getting Help: With limited resource in the county, especially when someone is in crisis, where do persons with mental illness get help? St. Luke’s Emergency Department has seen an increase in its number of visits in the past three years.

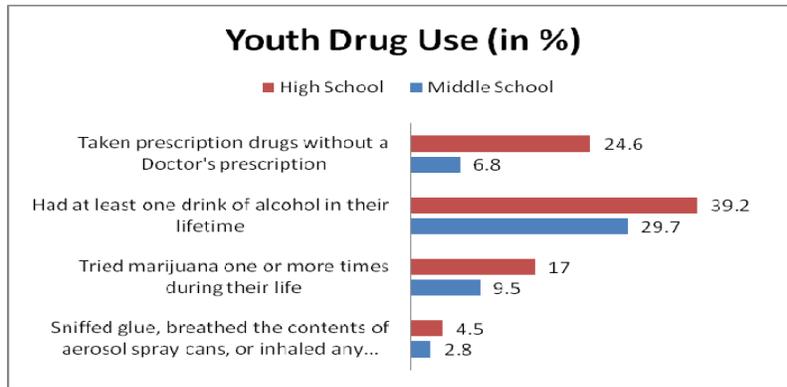


Source: St. Luke’s Hospital ED Utilization Data

A local ad hoc group, the MH/SA Initiative, which is an action team of the Wellness Coalition, has prioritized the creation of an integrated mental health and primary care center in Polk County. The initiative supported the creation of a new agency, the Polk County Community Health and Wellness Center, which has secured pilot funds from the local management entity to begin operation in early 2009.

Survey respondents listed limited access to mental health services and drug abuse among adults as top 5 concerns in the community.

G. Youth Substance Abuse



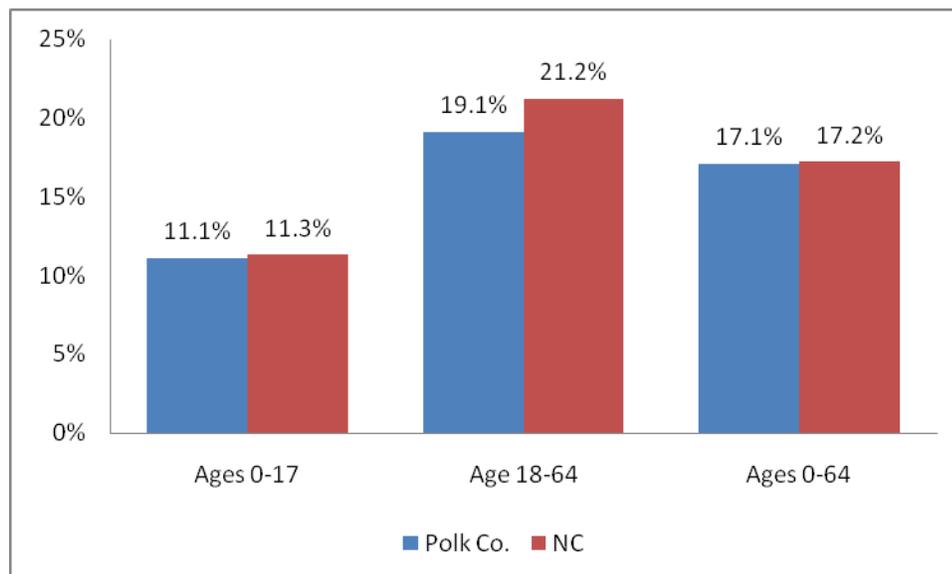
Source: 2007 Youth Risk Behavior Survey Western Region Middle and High School Comparison

When reporting out to the community, the fact that Polk County youth was having an increasing incidence of drug use was reviewed but not identified as a high priority of concern.

H. Uninsured

In 2005, 19.1% of residents in Polk County between the ages of 18-64 were more likely to be uninsured compared to 11.1% of residents between ages of 0-17. (Source: Scheps Center, UNC Chapel Hill, 2005). *23% of survey respondents reported they were uninsured.*

PERCENT OF UNINSURED IN POLK COUNTY/NC



Risk of being uninsured: According to www.covertheuninsured.org, despite having the highest health care spending per capita, the US consistently scores at or near the bottom in comparisons with other highly developed, high income countries on infant mortality, life expectancy, and the proportion of the population with health insurance coverage. In the US, 15.8% of the population, or 47 million people, were uninsured in 2006. What are the consequences? Compared to people with insurance, uninsured children and adults experience worse health and die sooner. Families can suffer emotionally and financially when even a single member is uninsured. The nation as a whole is economically disadvantaged as a result of the poorer health and premature death of uninsured Americans. The Institute of Medicine estimated that the lost economic value of uninsurance is between \$65 billion and \$130 billion annually.

I. Health Disparities

The “Health Profile of North Carolinians: 2007 Update – May 2007” reports:

African Americans/Blacks – In 2005, 21 percent of North Carolina’s population was African American/Black. Polk County has only a 5.6% population of African American/Black. This compares with only 12 percent of the population nationally. In 2005, North Carolina had the eighth highest percentage of the population that was African American of all the states. North Carolina’s African Americans are more likely to live in poverty (33%) and more likely to have no health insurance (18%) than whites. Poverty and a lack of access to health care are two main reasons why North Carolina’s African Americans are generally in poorer health than whites based on mortality and disease incidence patterns. North Carolina’s African Americans have a much higher infant mortality rate than do whites (15.5 deaths per 1,000 live births for African Americans compared to 6.2 for non-Hispanic whites in 2001-2005).^{6,28} African Americans also have higher death rates from HIV, homicide, cancer, diabetes, cerebrovascular disease (stroke), and heart disease, compared to whites. According to the 2005 North Carolina BRFSS, African Americans are less likely to smoke and binge drink compared with whites, but are more likely to be obese, have high blood pressure, be physically inactive, and have inadequate fruit and vegetable consumption.

Hispanics – According to Current Population survey estimates from the U.S. Census Bureau, the total Hispanic population of North Carolina was 563,160 in 2005, representing approximately seven percent of the total population. Polk County has 3.7% Hispanic population. Although the percentage of North Carolinians that are Hispanic is much lower than the national average of 15 percent, North Carolina’s Hispanic population grew at the highest rate of any state in the nation in the 1990s, increasing almost five-fold from 1990 (76,726) to 2000 (378,963), compared with an average national rate of growth for the Hispanic population of 58 percent. Since 2000, North Carolina’s Hispanic population has increased by an additional 44 percent. Moreover, because North Carolina’s Hispanic population is disproportionately young and most of the female Hispanic newcomers are in their peak childbearing years, the potential for continued growth of the state’s Hispanic population is great. Seventy-three percent of North Carolina’s 2005 Hispanic population is age 35 or younger whereas only 49 percent of the state’s non-Hispanic population is in this age range. According to the U.S. Census Bureau’s 2005 American Community Survey, the median age of the state’s Hispanic population was 25.6 years, compared to 39.5 years for

the white non-Hispanic population of the state. Given the younger age distribution of the Hispanic population, there are unique health issues for this group. The leading causes of death among North Carolina Hispanics are consistent with the young age of the population. Approximately 40 percent of North Carolina's 627 Hispanic deaths in 2005 were due to fatal injuries – either intentional or unintentional. Motor vehicle injuries topped the list of leading causes of death in 2005, representing 19 percent of all Hispanic deaths (122 deaths). Cancer (83 deaths), homicide (63 deaths), and heart disease (60 deaths) were the second, third, and fourth leading causes of death, respectively, and comprised another 33 percent of all Hispanic deaths in 2005. Suicide was the ninth leading cause of death among Hispanics in 2005 (15 deaths). Despite relatively low socio-economic status and delayed prenatal care services, Latina women – especially first generation Latinas from Mexico – have birth outcomes as good as non-Hispanic whites. In 2005, 68 percent of Hispanic mothers received prenatal care in the first trimester, compared with 90 percent of white, non-Hispanic mothers. However, during 2001-2005, the Hispanic infant death rate of 6.1 was slightly lower than the non-Hispanic white infant death rate of 6.2, and both were much lower than the rate of 15.5 for non-Hispanic African Americans. Among Hispanics, Spanish-speaking Hispanics in North Carolina may have elevated risks of poor health outcomes. NC BRFSS data reveals that North Carolina's Spanish-speaking Hispanics were more likely to report inadequate nutrition, physical inactivity, and a lack of health insurance compared to English-speaking Hispanics. The persistence of these problems among Spanish-speakers could lead to an excess of burden of chronic disease and morbidity as that population ages.

Minority Death Rate: The minority death rate from diseases of the heart is 23% higher than NC's death rate and 38% higher than Polk County's death rate from diseases of the heart.

Minority death rates are higher in cancer, trachea, bronchial, lung, and Alzheimer's but the actual number of deaths in these diseases are too low to be statistically reliable. The death rate from all causes for minorities is 32% higher than the NC rate and 46% higher than Polk County's death rate for all causes of death.

Male death rates were 36% higher than NC's rate for heart disease and 39% higher than the Polk County rate. Male death rates for Chronic Lower Respiratory disease were 20% higher than NC's rate and 26% higher than the Polk County rate. There were no minority male deaths reported for Chronic Lower Respiratory disease so it is safe to assume that the white male population is more subject to deaths from this disease. Death rates from all causes of death for males was 6% higher than NC's death rate and 17% higher than Polk County's death rate from all causes.

Due to the low number of minorities in Polk County, it was difficult to compare rates. Based on NC data, both the African American and Hispanic populations are at risk for poorer health and shorter life expectancy. The uninsured population is also at risk.

VI. Community Health Status

The Polk County Community Health Survey was conducted from July – October 2008 with over 1500 paper surveys distributed and on line access available (the survey was sent to over 50 email addresses). We experienced a slow return after our 30 day deadline and extended the deadline to allow for teachers and parents to complete the survey at the beginning of the school year. We were able to collect 533 surveys. Due to the lengthened time period of gathering surveys and need to complete the health summit and CHA final report, the CHA Team was unable to adjust for biases. Basic survey results and comparisons are as follows. A copy of the survey and a summary of results (powerpoint) can be found in the Appendix.

A. Demographics of respondents

Of the 533 surveys that were returned,

- Gender: 75% were completed by women and 25% were completed by men.
- Race: The majority, 82%, were completed by Caucasians, 6.5% were completed by African-Americans, 4.9% by Hispanics, and 3.3% by other races. The break out paralleled the county demographics.

	CHA	County
White	87%	89.3%
African American	6.5%	5.5%
Hispanic	4.9%	3.2%
Native American	3.3%	0.25%
Asian/Pacific Islander	0.2%	Included in “other”
Other	3.1%	1.7%

- Age: The majority, 49%, were between 35-54 years of age, 33% were 55-74 years old, 19% were 18-34 years old and 8% were 75 or older.
- The CHA Team had agreed to survey Polk County residents and people who worked in Polk County as many of our larger employers employ people from out of county. 84% of the respondents live in Polk County.
- County employed: 76% work in Polk County and 10% worked in surrounding counties.
- Employment: 61% were employed full or part time, 17.3% if those surveyed were retired. 8.2% were unemployed.

- Community: Residents from all over the county completed the survey: 23% from Columbus, 22% from Tryon, 14% from Mill Spring, 9% from Green Creek, 7% from Saluda, and 9% from Sunnyview, Lynn and Coopers Cap.
- Length of living in county: 57% of respondents have lived here 10 years or more and 27% have lived here less than 10 years.
- Education: The majority (32%) of the respondents had a bachelors or graduate degree, 31% had some college, 11.5% hold an associate degree, 17.4% hold a high school diploma or GED and 8.4% did not complete high school.
- Insurance: 23% of those surveyed are uninsured; of the 77% who had insurance: 35.9% had Blue Cross/Blue Shield; 22% had other insurance; 23.2% had multiple insurance carriers and/or Medicaid/Medicare; 9.6% Medicare; and 6.8% Medicaid.
- Income: The income break out demonstrates the dichotomy of the poor and wealthy of the county. Polk County has 10% who are below poverty level and a small number of very wealthy retirees that when you average the incomes, Polk County appears to have a higher income. 35% surveyed make less than \$25,000/year, while 22% make over \$75,000/year. PerCapita income (2005) for the county is \$36,528.

Under \$15,000	21.1%
\$15,000 - \$25,000	13.6%
\$25,000-\$35,000	14.5%
\$35,000-\$45,000	7.5%
\$45,000-\$55,000	7.0%
\$55,000 - \$75,000	15.2%
\$75,000-\$100,000	11.5%
\$100,000 or more	9.6%

B. Health Issues

Respondents were asked to rate different health issues. The survey included questions about opinions on personal health issues, community issues, wellness, individual health, access to care, and insurance coverage. The complete powerpoint presentation on the survey data is included in the appendix.

1. **Personal Health Issues:** Residents were asked to rate, on a 5 point Likert scale, ranging from poor to excellent, different aspects of healthcare in the county, its affordability, quality, convenience of locations, and convenience of office hours.

Most rated all four aspects as good. 38% had concerns (rated not very good or poor) about affordability of healthcare and 19% felt that convenience of office hours was not very good.

Residents were also asked in this section, if they or someone in their family had a problem with a list of issues and if so, did they know where to find help for that issue in the county. This question's goal was to tap into resident's personal challenges they experienced with various health issues. The top five (5) health issues identified for person/family were:

1. Access to dental care
2. Access to medical care
3. Access to vision care
4. Access to specialized medical care
5. Stress

The second part of this question was if you had a problem with any of the issues, indicate if you know where to get help in Polk County for that particular problem. The top five (5) issues residents did not know where to get help for were:

1. Not having enough money to pay household bills
2. Stress
3. Access to specialized medical care
4. Not having enough money to buy needed clothing/shoes
5. Obesity

2. Community Health Issues: Residents were asked to rate community issues using a Likert scale, with answers ranging from “no problem” to “major problem”. The goal of this section was to tap into resident's opinions about what were the health issues for people in Polk County. The top five (5) identified problems in Polk County were:

1. Tobacco use among adults
2. Obesity
3. Tobacco use among children 17 and younger
4. Poor eating habits/lack of good nutrition
5. Drug abuse among adults (18 or older)

Residents were also asked to write in the three most important problems facing Polk County. 429 people responded and they ranked the following as the top five (5) important health problems:

1. Obesity
2. Medical Services (included hospital services, physician availability, lack of specialists)
3. Drug Abuse
4. Mental Health/Depression
5. Poor Nutrition/Diet

3. Wellness Factors: The CHA Team as well as the Wellness Coalition strongly believes in a wellness philosophy that must be included /addressed to truly achieve optimal health. This wellness philosophy resulted in a comprehensive list of questions to assess opinions on factors that affect feeling healthy, such as feeling rested, eating healthy, feeling depressed, feeling a part of your community, satisfaction with personal relationships, hours of sleep, and volunteerism.

- Feel healthy: 53.5% feel healthy and full of energy all or most of the time.
- Feel rested: 45.4% wake up feeling rested all or most of the time; 42.1% wake up feeling rested some of the time.
- Eat healthy diet: 56.8% feel that they eat a healthy diet all or most of the time.
- Feel troubled: 56.7% feel troubles some of the time and 25% feel troubled all or most of the time.
- Does feeling troubled affect your life: 51.2% report that these feeling affect work or family some of the time, while 30.1% say these feelings don't affect work or family.
- Feel part of your community: 60% feel satisfied with feeling part of their community.
- Satisfied with personal relationships: 82.5% feel satisfied
- 38% surveyed get 7 hours of sleep; 28% get 6 hours; 13% get less than 5 hours
- 65% respondents volunteer at least 1 to 3 times a month (30%) to daily (8%); 35% don't volunteer at all.

This section also assessed opinions on:

Wellness activities in the community: 55% of respondents are satisfied with recreational area such as greenways and walking trails but 50% were dissatisfied with recreational facilities such as a gym or pool. While most (42%) respondents were satisfied with safe accessible sidewalks, 47% were dissatisfied with bike paths and lanes.

Personal changes you would make in order to feel healthier: The top five changes are:

1. Increase exercising
2. Lose weight
3. Choose more nutritious foods
4. Decrease or stop overeating
5. Eat fewer fatty foods to lower cholesterol

Physical activities: 90% of respondents report that they walk at least 1-3 times a month, with 26% walking daily. The amount of physical activity reported was overall very low. The next highest activity engaged in was gardening! Only 14-32% reported that they engaged in other forms of exercise such as swimming, sports, working out, dancing, jogging, exercise class, running, biking, or yoga.

Alternative treatments residents have tried or would consider trying: The top five alternative or complimentary services were:

1. Vitamins or supplements
2. Massage Therapy or Other Body Work
3. Chiropractic Medicine
4. Herbal Medicine
5. Prayer Healing

C.Individual Health

Residents were asked to select when they last engaged in a healthcare activity such as seeing a doctor for any reason, see a doctor for a routine check up, check your blood pressure, etc. Overall responses showed a high utilization of medical providers and screenings, which contradicts the high ratings that not having access to healthcare received. There were fewer persons responding to this question than to the access question, possible resulting in a higher response rate for people who had access to healthcare. A review of the results for the uninsured

respondents showed that the utilization of providers was lower. Another possible corruptive element in this question, is that “seen a doctor” is not defined as to location, such as the emergency room. Therefore respondents may have responded affirmatively even if they frequented the emergency room for their care. Due to the obvious discrepancies of the results of this section to the results of the first section and possible a badly asked question, the data was not used in the health summit or determination of priorities.

D. Access to Care

Barriers: Residents were asked if they did not go to a medical provider, to indicate the reasons. The following reasons were given for various providers:

- I did not think problem was serious (physician)
- I did not know who to call (physician, mental health professional, dentist)
- I could not get through by phone (SA counselor)
- I could not get an appointment soon enough (physician)
- I had difficulty getting transportation/could not afford it (physician, mental health professional, SA counselor)
- I could not find a babysitter (physician)
- Inadequate or no health insurance (physician, dentist)
- Costs too much/could not afford (dentist)
- Medicaid or insurance co-pay too expensive (dentist)
- Did not want family or friends to know I was going (mental health professional)

Office Hours: Respondents also indicated what office hours would you most likely use: 49% would use regular office hours, 23% would like appointments after 5 pm, 17% would like availability on Saturdays, 7% would like an appointment before 9 am, and 4% would like an appointment at lunch time.

Support System: With the prevalence of mental illness and the shortage of mental health services in the county, the CHA Team was interested to see who people went to to discuss any feelings of sadness, anxiety, stress, concerns about drinking, etc? 27% spoke to friends, 25% went to families, 16% talked to their physician, 11% not applicable, 8% spoke to a MH/SA Professional, 7% reported that they did not discuss their feelings with anyone, and 6% spoke to clergy.

Co-located Services: Currently, one of the action teams of the Wellness Coalition, had prioritized an integrated health and wellness center to provide for crisis mental health services and primary care for uninsured and underserved residents of Polk County. The survey provided an opportunity to see if the community would utilize such a facility. 91% responded that they would consider getting all their healthcare in one location. 86% responded that they would consider utilizing co-located health, mental health and substance abuse services.

E. Insurance

23% of those surveyed are uninsured; of the 77% who had insurance: 35.9% had Blue Cross/Blue Shield; 30.8% had other commercial insurance; 9% had Medicare plus another insurance; 9.6% Medicare; and 7.3% Medicaid, 2.3% had Medicaid/Medicare; 5% Don't know/Other.

Respondents were asked if you had no insurance and needed medical care, how would you pay for it. 32.7% responded that they would pay for it themselves; 20.4% responded "other", 19.4% would not get medical care, 12.8% said not applicable, 12.2% reported that they would go somewhere that does not charge me, 2% said a family member would pay, and 0.5% would have a friend pay for it.

30.5% responded that not everyone in their household had healthcare insurance. 40.8% said their spouse was not covered, 24.6% said their children were not covered, and 14.6% said that a parent was not covered.

VII. LISTENING SESSIONS

Five listening sessions were scheduled and four were held due to none of the uninsured participants attended. A total of 29 participants attended the four sessions. The target populations were African-Americans, uninsured, Saluda residents, elderly, Mill Spring area, Public Safety staff, and Green Creek residents. 79% of the participants were female, 55% were between the ages of 35-54 years old, 62% were White, 34% resided in Mill Spring, 45% had some college, 66% lived in Polk County more than 10 years, 28% made between \$25,000-\$35,000, 79% worked in Polk County and 41% of the participants were uninsured.

The groups were very informative and spoke to the challenges they faced regarding healthcare as they answered the six questions. (The "Listening Session Summary" is included in the appendix.) Responses were categorized and each time an issue was mentioned by a participant it was counted as an "event". The responses that received the most "events" are as follows: Most respondents stated that the community is the "best thing about living in Polk County". Walking was the most mentioned activity respondents mentioned as "what people do to stay healthy", although exercise and having a healthy lifestyle were close behind. There was much discussion regarding the "serious problems that affect health in your community" and the most frequently mentioned issues were mental health, economy, insurance (lack of), access to healthcare (lack

of), substance abuse, no facilities to work out in, and unhealthy lifestyle. The question related to solutions, “What can be done to solve these problems?”, was also discussed passionately as the previous question. The most mentioned solutions included: promote healthy living, learn new ways to eat/move, parent involvement, incentive programs, and need activities. Respondents got very personal when considering the question, “Is there any group not receiving healthcare?”. Some responded, “Me!”. Respondents felt that people with a need for a specialist, persons with no doctor, and the elderly fall into a healthcare gap. When asked “Is there anything else about the healthcare of our community that you would like to add?” participants replied that things have to change, there needs to be a better awareness of resources, need access to exercise, and need community involvement.

Amazingly this small group of concerned citizens was able to nail many of the community issues that the survey captured and the secondary data indicated. Combined with their passion and sense of community, the listening sessions left you with a strong sense of reality at the real life struggles of Polk residents but balanced with their commitment to the community and passion to do something about it. All participants were invited to the Health Summit and eight (28%) attended.

VIII. IDENTIFICATION OF LEADING COMMUNITY HEALTH PROBLEMS

The data from the secondary data and the survey was reviewed and collated into a presentation to the community at the Polk County Community Health Summit on 11/7/08. Sixty eight community leaders, advocates, agency heads, and consumers attended the summit to determine the health priorities of the county. The list of participants and the presentation are in the appendix. Summit participants were provided with all the data and the following slide shows the top 5 concerns for different questions asked on the survey.

Top 5 Issues from Various Questions



Personal Issues

- Access to Dental Care
- Access to Medical Care
- Access to Vision Care
- Access to Specialized Medical Care
- Stress

Don't Know Where to Get Help for the Following Needs

- Don't have enough money to pay bills
- Stress
- Access to Specialized Medical Care
- Don't have enough money to buy clothes/shoes
- Obesity

Community Issues

- Tobacco Use Among Adults
- Obesity
- Tobacco Use Among 17 & under
- Poor Eating Habits/Lack of Good Nutrition
- Drug Abuse Among Adults

Top Issues Written in

- Obesity
- Medical Services
- Drug Abuse
- Mental Health/Depression
- Nutrition/Poor Diet

The summit participants were asked to break out into small groups (5) to review all the county data and survey results determine three (3) health and wellness issues for Polk County. The entire large group reconvened and the top three issues from each group were shared with the group with the goal being to set priorities for health and wellness for Polk County based on these top issues. It was evident that certain issues were listed on each list and therefore became part of the final list of priorities. These included:

Access to mental health and substance abuse services

Access to healthcare for the uninsured

Prevention/Lifestyle Change

Obesity

Education/Awareness of Resources

The entire group was involved in the selection and agreed with these priorities. The group also spent some time on solutions before being asked to continue the momentum of the health summit

and sign up for an action team of their choice. From these action teams, action plans will be developed. The action plans will be submitted in June 2009 and will show how the county plans to address these priorities.

IX. DISSEMINATION PLAN

Dissemination of information gathered is a key element of this process. The 2008 Polk County Community Health Assessment will be posted on the Rutherford/Polk/McDowell web site in December 2008. An announcement will be sent to the Wellness Coalition members, Health Summit invitees and participants informing them of its availability on the web site. A report on the CHA will be made to the Wellness Coalition in January 2009 and the County Commissioners in December 2008 or January 2009 (being scheduled at this time). A condensed version will be created and available for distribution in January 2009 to the community. A press release will also be written and sent to the local papers, Tryon Daily Bulletin, Hendersonville Time-News, Polk County News Journal, and The News Leader.

APPENDIX

	Document	Page
A	Survey Distribution List by Agencies/Organization/Civic Groups	
B	Survey Distribution List by Numbers Given Out per Agency	
C	Survey (email attachment)	
D	Agenda for Health Summit (email attachment)	
E	Presentation (Powerpoint) (email attachment)	
F	Listening Session Summary	
F	Participant List for Health Summit	
G	The Role of the Facilitator	

Small Workgroup Discussion Format

Small Workgroup Worksheet

Survey Distribution List by Agencies/Organization/Civic Groups

Location/Agency	Columbus Medical Associates
Access To Care Team Members	
MHSA Initiative Members	
Polk County Offices	Tryon Kiwanis Club
Polk Health Dept - staff	Tryon Lions Club
St Lukes Staff	Rotary Club of Tryon
Wellness Coalition Members	Thermal Belt Rotary Club/Lynn
	Tryon Garden Club
Deb's/Green Creek	
Autumn Care	Community Foundation
Columbus Public Library	Community Foundation
	Coon Dog Day
Hospice	CooperRiis
	DSS - staff
Polk Health Dept - Home Health	Father Bryan Good Shepherd
Polk Health Dept - patients	FENCE - staff
Saluda Medical Center	
Saluda Public Library	Foothills Ministerial Association
Second Chance Thrift Store	
Springs Health Center/Trel Lowe	Pavillon
St Lukes Admission and ED Dept	
Thermal Belt Outreach Ministry - clients	Polk Co Baptist Ministerial Assoc
Thermal Belt Outreach Ministry - staff	Tryon Daily Bulletin
White Oak Manor	Tryon Daily Bulletin
	Tryon Fine Arts Center
	Western Highlands Network Newsletter
Dental Center	La Voz Independiente
Dr. Bryan Carey/Tryon Urgent & Family Care	Chamber of Commerce
Dr. George Kim	Churches
Dr. James Salerno	
Dr. Kate Sloss/Valley Family Health Center	Carolina Medical Multi-Care Center
Roseland Community Center	
	Dr. Thomas Perraut
Isothermal Community College	DSS - Clients
JCPC	Family Preservation Services
Mary Black Family Medicine - Landrum	Foothills Medical Associates
Nature's Storehouse	
St Luke's Thrift Store	Lanier Library, 72 Chesnut St., Tryon

Laurel Woods
Laurelyn Medical Group (Tryon)
McGuinn's Store/Sunnyview
Meeting place Senior Center Tryon/Greencreek/Saluda
Polk County School System - Parents
Polk County School System - Staff
St Lukes Community Health Connections

St Lukes Physical Therapy
St. Luke's Wound Care
Steps to Hope
Tryon Estates
Tryon Family Physicians
Wheat Creek Baptist Church
Milliken

Survey Distribution List by Numbers Given Out per Agency

Survey #	# given	# rcvd	Location
1-25	25	3	Polk Health Dept
26-48	23		Saluda Public Library
49-50	2		Polk Health Dept Home Health (Debbie)
51-75	25	1	Dr. Sandra McCormick
76-99	24	2	Dr. Viar
100-125	26	4	Columbus Public Library
126-150	26		Laurellyn Medical Group
151-169	50	15	Saluda Medical Center
151-200	50		Laurel Woods (I numbered this section on two sets!)
170-188	19	15	Isothermal Community College (Medical Class)
202-229	27	7	Meeting Place/Senior Center
230-280	50	17	DSS
281-295	15	2	Steps to Hope
296-346	50		Tryon Estates
347-396	50	10	White Oak Manor
396-399	4		Polk Health Dept Home Health (Debbie)
400-449	50	20	Springs Health Clinic
1-20 Span	20		Springs Health Clinic
450-474	25		Dr. Thomas Perraut (Columbus)
475-482	8	6	Foothills Ministerial Association
483-500	17		Church Mailing List
501-525	25		McGuinn's Store/Mills Spring
526 - 550	25		Polk Health Dept Home Health (Debbie)
551-599	49		Polk Health Dept Home Health (Debbie)
600-699	100	7	Polk County Ministerial Association
700-724	25		Deb's Mini Mart/Mill Spring
725-750	25	14	Autumn Care
751-775	25		St Luke's Hospital - Wound Care
776-800	25	3	St. Luke's Hospital - Community Health Connections
801-825	25	5	St Luke's Hospital - Physical Therapy
826-850	25	21	Thermal Belt Outreach
851-875	25	6	Thermal Belt Outreach
876-900	25		St Lukes' Hospital
901-925	25		St Lukes' Hospital
926-950	25	4	Lanier Library
951-1020	70	12	White Oak Manor
1021-1047	27	12	Family Preservation Services
1050-1150	100	20	Wheat Creek Baptist Church/Green Creek Churches
21-35 Span	15		Wheat Creek (Ruth Reid)

36-50 Span	15		Wheat Creek (Lesley Miller)
1151-1170		1	Church Mailing List
1171-1188			Church Mailing List
1189-1198	10	1	Tryon Family Physicians
1199-1208	10		Carolina Medical Multi Care Clinic, Columbus
1209	1		Uninsured Focus Group
1210	1		Thrift Store, Columbus
1211-1220	10		Uninsured Focus Group
1221-1240	20	4	St Luke's Admissions and ED
1241-1244	4		Thrift Store, Columbus
1245-1267	23	2	Health Fair 8/9/08
51-72 Span	22		Health Fair 8/9/08
1268-1300	33	1	Saluda United Methodist Church (40 total)
1301-1321	21		Church Mailing List
1322-1328	7		Saluda United Methodist Church
73-77 span	5		saluda united methodist church
1329-1346	18	3	Unassigned
78-100 Span	23		Polk County Health Department (10 to translator)
E1-13	13	9	EMS
1350-1370	21	15	Polk Health Dept
1373-1380	10	4	Public Safety Focus Group
1371 -1372, 1376	3	8	DSS
941-945	5	5	Saluda Focus Group
1381-1390	10	6	DSS
1391-1400	10	2	Lions Club on 8/26
1401 - 1419	18	1	DSS/Employment Commission
1405-1409, 1420-1434	20	3	Rotary Club
Spanish	100	3	see below
	1630		
No Numbers		75	
RETURNED			
Paper		346	2 entered(122 sent to Melinda for entry/31 given to Malinda on 8/27)
on line		187	
TOTAL		533	
1-20 Span	20		Springs Health Clinic
21-35 Span	15		Wheat Creek (Ruth Reid)
36-50 Span	15		Wheat Creek (Lesley Miller)

51-65 Span	15		Health Fair 8/9/08
66-72	7	2	Mexican Restaurants
73-77 span	5		saluda united methodist church
78-100 Span	23	2	Polk County Health Department
101-110		1	Restaurants
No number		9	

The Role of the Facilitator:

To be a neutral/impartial person, maintaining an impartial attitude about the discussion content, during the discussion.

Be careful to keep your personal views and perspectives out of the discussion.

Over appreciating one person's response over another's might be perceived as taking sides.

To allow each person in the group to express their ideas as clearly as they can. To help each person feel they have been heard

Writing down the core of a person's stated thought(s) helps them see and confirm the facilitator and the group has heard and understood what they wish to express.

Keep track of who may not have spoken yet so you can encourage input from all.

To be in charge of the process, help the group use their time in a focused and productive way. Keep the group on track.

Be willing to respectfully interrupt when necessary to give another person air-time or to move forward with the next topic at hand.

Redirect discussion back to the topic when "war-stories" distract or take too much time.

Respects each person's contribution and models respect for diverse ideas and perspectives

Write down each person's idea(s) and respectfully acknowledge each person's contribution.

Intervene when someone's "attacked", acknowledging differing views and challenging ideas is different than a personal attack. This is a dialog not a debate.

Assists in clarification of expressed ideas by asking for additional information, summarizing ideas to confirm accuracy, and confirming understanding among the group members

I may be helpful to restate the core idea and any associated feeling expressed to confirm with the individual their idea(s).

Remove any unnecessary or "negative" terminology (cuss words, racist terminology, etc.) and replace with more neutral wording that can express similar concepts.

LISTENING SESSION SUMMARY

Report to the 2008 Health Summit

November 7, 2008

Number of sessions scheduled:	5
Number of sessions attended:	4*

Number of participants:	29
*No one showed for the session targeting uninsured	

Populations targeted:	Saluda and elderly (8)
	Mill Spring area (7)
	Uninsured (0)
	Public Safety Staff (3)
	African Americans (11)

Age:	Under 18 (2) 7%
	18-34 (1) 3%
	35-54 (16) 55%
	55-74 (8) 28%
	75+ (2) 7%

Gender:	Female (23) 79%
	Male (6) 21%

Race:	White (18) 62%
	African American (11) 38%

Education:	High school (5) 17%
	Assoc degree (3) 10%

Community	Mill Spring (10) 34%
	Saluda (7) 24%

Bachelors (2)	7%
Graduate (5)	17%
Some college (13)	45%

Shelby/Forest City(4)	14%
Green Creek (3)	10%
No answer/other (3)	10%
Columbus (1)	3%
Pea Ridge (1)	3%

Live in Polk County:	Less than 10 years (4)	14%
	More than 10 yrs (19)	66%
	No answer (1)	3%
	Not resident (5)	17%

Work in county:	Polk (23)	79%
	Rutherford (3)	10%
	Other (2)	7%
	Henderson (1)	3%

Income	Under \$15000 (4)	14%
	\$15000-25000 (3)	10%
	\$25000-35000 (8)	28%
	\$35000-45000 (6)	21%
	\$55000-65000 (2)	7%
	\$75000 -100000 (1)	1%
	\$100000+ (1)	1%
	No answer (4)	14%

Insurance	Yes (13)	45%
	No (12)	41%
	No answer (4)	14%

1. What do you think is the best thing about living in this community?		
	Community (36)	“less complicated world” “Didn’t come here for the Wal-Mart”
	The people (16)	“People are generous, kind, considerate, greet you with open arms”
	Commitment to help (10)	“we can handle anything in this community if we can get everyone together”
	Services (7)	“Saluda Medical Center has been wonderful to help me”
	Schools (5)	“education system is really good for small community”

2. What do people in this community do to stay healthy?		
	Walk (19)	“walk at Harmon Field” “Roads are good to walk on”
	Exercise (16)	“work out at home” “ride bikes”
	Healthy lifestyle (13)	“be healthy to be a good example to others” “try to stay active”
	Work out at gym (4)	“go to gym in Tryon”

3. What are the serious problems that affect health in your community? What are some of the causes of these problems?		
	Mental Health (45)	“now no place to go” “large issue – touching young, old, families and individuals” “Can’t separate mind and body” “went to Hendersonville to get help” “daughter needs mental health services – she is bipolar”
	Economy (27)	“plants closing down” “unemployment up” “just lost my job” “just getting by” “hard to make money here and expensive to buy a house” “lean times”
	Insurance (24)	“even if you have insurance, you can’t afford to use it” “don’t go for regular checkups” “use to be afraid to tell people that I am not insured but now realize that most people are uninsured” “medical mcDonalds – get procedure and they kick you out in your hospital gown”
	Access Issues (20)	“people don’t know where to go to get help” “very little specialty care, no pediatrics”
	Substance Abuse (18)	“drugs are very available” “get a 2 second blurb on abstinence in PE” “bigger problem with prescription drugs than illegal”
	No facilities to work out in (18)	“there is nothing for Green Creek area residents” “lack of recreational facilities” “YMCA fell through for county”
	Lifestyle (17)	“we eat and lay down or watch tv” “don’t want to cook so go to McDonalds”
	Kids are not active (12)	“kids have nothing to do” “video games are tv are bad influences”
	Lack of personal responsibility (11)	“attitude of “I have a Medicaid card and get a free ride”” “Medicaid card is known as “visa blue”
	Laziness (8)	“we want a quick fix” “people want others to do the work for them”

	Services from the schools (8)	“have been battling so much with school for special services” “I had to have private testing for my child”
	Availability of doctors (7)	“Not enough Vikki (at SMC) when she goes on vacation” “prefer a woman to do my pap”
	Dental access (6)	“issue getting dental services – fixed income and no insurance” “I have a problem with my tooth – I clean tooth myself” “how can we address adults and senior need for dental care?”
	Lack of Parent Involvement (6)	“Who is the grown up here? Dad is playing videos too”
	Work Stress (5)	“jobs are creating more stress and cause problems to try to handle stress”
	Location (4)	“gyms too far away “
	Obesity (3)	“we don’t push back from the table”
	Poor eating habits (3)	“we eat unhealthy”
	Affordable healthcare (3)	“had to use grocery money to pay for medical services”
	No specialty care (3)	“need access to specialized care”
	Smoking (1)	“smoking is one of the worse problems”

4. What can be done to solve these problems?		
	Promote healthy living (19)	“challenge people to be healthier – have you exercised today?” “our church did a cookbook with healthy recipes”
	Learn new ways to eat/move (16)	“re-educate about eating” “need a health information center” “key is discipline – set goals and stick to it” “break the chain” “everyone needs to move more”
	Parent Involvement (14)	“family is backbone – if you lose the backbone you are paralyzed” “set good example” “health starts at home”
	Incentive Programs (11)	“get incentives for not smoking” “some insurances pay for health club membership”
	Need activities (10)	“need sidewalks” “need for recreation that is accessible & affordable”
	Creative Services (9)	“mobile doc office – doc, dentist, counselors” “urgent care services on weekend” “integrated care program” “teen hotline”
	Community (8)	“need gym” “church can build a fellowship hall” “utilize old Green Creek School”
	Schools (6)	“have drug education in schools” “educate the kids at school on healthy choices”
	System Change (3)	“society issue”

5. Is there any group not receiving healthcare?		
	Me!!	"I can't work due to my health and I don't have insurance"
	Uninsured (6)/Underinsured (1)	"we don't qualify for Medicaid or NC Healthchoice" "even when on Medicare you don't qualify for certain services"
	People with need for specialist (4)	"patients have to go out of county sometimes far away to see a specialist"
	People with no doctors (3)	"many people don't know where to go" "use emergency department as primary physician"
	Specific workers (3)	"brick masons, home health workers, temp workers"
	Elderly (3)	"poor and old don't have enough money to do anything"
	Mentally Ill (2)	"not getting the mental health services I need"
	Kids (1)	"Kids may not get care they need"
	Self Employed (1)	"construction job can be \$4000 one month and \$200 the next with no insurance"
	Other (1)	"people who fall through the cracks are the worse off"

6. Is there anything else about the health of our community that you would like to add, or think would be helpful for us to know?		
	Things have to change (12)	"the health of our community has just gotten better since we came together" "decisions are made whether you are there are not – need to be there!" "stop focusing on illness and focus on wellness" "focus on prevention"
	Awareness of Resources (11)	"learn what is available to us" "information is not properly distributed"
	Access to exercise (5)	"no sidewalks" "nothing in community to exercise" "putting a facility in Columbus does not help people in Saluda"
	Community involvement (4)	"As a community, commit do something that children can come together, walking trail, playground, designated place to come and get exercise."
	Healthy is more than physical (4)	"Environment you are in impacts your health" "More than our health. Not just the outcome of being sick. Status of home makes health problems (fighting at home, stress, not clean)."
	Cost of healthcare (4)	"when you have to pay for your own insurance, it is hard"
	Access to healthcare (3)	"make dental services available" "we need a health center down here"
	Need more activities (3)	"Not having a yard to play in – that affects your health"
	County responsibility (2)	"what can county commissioners do to help"

Polk County Wellness Coalition

Health Summit Friday November 7, 2008

Workgroup discussion format.

Small Group Facilitator Outline:

Welcome and thank everyone for their time and participation

Introduce self and your interest and/or connection to the Health and Wellness Coalition in Polk C. (ex: employed by _____, long-time resident, etc.). In order to stay focused on process, suggest that team select a scribe. Easel and markers are provided.

C) Review ground rules for discussion:

Confidentiality – personal information and/or perspectives shared should not be repeated. Talking *about the discussion* in general terms is OK.

Speak one person at a time. Side conversations (and cell phone answering) should happen outside the group space.

Listen for understanding, allowing each person to complete their thought.

There are no right or wrong answers

The facilitator may interrupt to insure everyone has time to speak or redirect/refocus to the discussion point being addressed.

D) Give a brief overview of the small workgroup format and goals = “We would like ...

1) To think about, get feedback and discuss, as much as time allows, the following questions;

What are the health issues/needs in Polk County?

What can be done to address these issues?

2) Consider within the workgroup which of the identified issues/needs do you see as the top priorities to be addressed? Which are high or low importance AND which are easily fixed vs. hard to “fix”. Visual of this grid is in your presentation handouts.

E) BEGIN PROCESS:

[go around allowing each person a moment to introduce themselves]

a) Self introductions: Your name and your interest and/or connection to this discussion on Health and Wellness in Polk County. (ex: employed at _____, community member, long-time resident, I am raising 3 kids here,...)

b) Explain that the worksheet with the questions have two purposes – first as a way to gather thoughts and suggestions in writing from people (if you wish to turn in ideas in writing) and second to be used to make a few notes of your thoughts prior to beginning of this discussion.

Pass out the worksheets with the questions and give everyone a few minutes to make a few notes to themselves prior to beginning the discussion.

c) Go around the group and allow each person the opportunity to express one issue/concern. As people express their thoughts encourage ideas that have not yet been mentioned AND acknowledge [possibly with a checkmark] where people agree with something already mentioned.

[be sure to distinguish between an issue/concern and ideas to address issues/concerns]

d) Gather (or sort) ideas for addressing the issues/concerns. Allow questions and discussion on ideas as time allows.

e) Each person will have an opportunity to place each of 3 dots adjacent to the idea(s) you feel are of highest priority to be addressed. *[In order to sort each person's priorities - Give each person 3 dots]* BEFORE you decide please consider --- which are high or low importance AND which are easily fixed vs. hard to “fix” – cost can be a contributing factor in your choices. *[you may wish to point out the priority grid provided in the packet].* All issues will be part of the ongoing conversation.

F) Before breaking for lunch, review how the dots have clustered. Discuss those that have the most dots. Does the entire group agree with the top 5?

G) Share summary with Jan Woloson.

H) Be prepared to answer questions is large group on your priorities.

Health Summit Participant List, November 2008

Attended	Last Name	First Name	Job Title	Agency	Address
	Arndt	Tamara	Chief Finance Officer	St Luke's Hospital	100 H
X	Bango	Giselle	Prevention Specialist	ARP Phoenix	31 Co
X	Bayne	Stan		CooperRiis	101 H
	Beddingfield	June	Director	Community Health Connections	PO B
X	Brock	Patsy	Health Resource Navigator	Polk Health Department	161 W
X	Brooks	Cathy	Director of Program and Planning	Ruth/Polk Smart Start Partnership	1141
X	Bryan	Fr. Walter	Pastor	Good Shephard Episcopal Church	PO B
X	Buell	Jimmie	Family and Consumer Agent	Polk County Cooperative Extension Service	PO B
X	Burney, Pharm D	Steve	Pharmacist	Medicap Pharmacy	80 Sh
X	Butterworth	Milton	Director of Development	Blue Ridge Community Health Services	PO B
X	Byrd	Jeff	Editor	Tryon Daily Bulliten	16 N.
X	Carson	Donna	Manager	Saluda Senior Center	64 Gr
X	Carswell	Jewell	Director	Polk County Transportation	PO B
X	Chalmers	Lynn	Development and Public Relations Coordinator	Thermal Belt Outreach	PO B
X	Collins	Becky	Community Member		859 R
X	Copeland	Amy	Administrator	Saluda Medical Center	86 Gr
X	Creighton	Phyllis	Community Member		423 L
X	Crowder	Joe	Community Member	St Luke's Hospital	408 W
X	Davidson	Jamie	Coordinator	Mountain Regional Medical Reserve Corps	96 Ha
X	Doty	Pamela	Director	The Meeting Place Senior Centers	330 C
X	Fedock	Barbara	Principal	Polk County Virtual Early College	51 W
X	Fitch, DVM	Iain	Veternarian	Bonnie Brae Veterinary Hospital	131 G
X	Gold	Barry	Executive Director	Rutherford/Polk Smart Start	PO B

X	Goyeau	Michelle	Integrated Care Project Manager	Western Highlands Network LME	356 B
X	Grymes	Sheila	Community Member		191 P
	Halford	Sandra	Director	Polk County Emergency Services	PO B
X	Harding	Kathy	Director of School Health and Preschool	Polk County Schools	Stearr 638
X	Henderson	Jennifer	Chief Executive Officer	Blue Ridge Community Health Services	PO B
X	Highsmith	Cameron	Executive Director	St Luke's Hospital	101 H
X	Holloman	Tim	Town Manager	Town of Columbus	PO B
X	Ingle	Dr. Mary Margaret	Associate Superintendent	Polk County Schools	Stearr 638
X	Jones, MSSW	Bobby	Director of Operations, Polk	Family Preservation Services	330 C
X	Kennedy	Dr. Joan	Nurse Practitioner	Carolina Medical Multi Care Center	89 W
X	King	Joshua	Regional Planner	Isothermal Planning and Development Commission	111 W
X	Lester	Anne Marie	Wellness Coalition Coordinator	Wellness Coalition	161 W
	Lindsey	Tonya S.	Police Chief	Saluda Police Department	2 East
X	Lowe, RN, FNP-C	Trel	Family Nurse Practitioner	Springs Health Center	PO B
X	Martin	Patty	Community Member		139 B
	Miller	Bill	Superintendent	Polk County Schools	Stearr 638
	Miller	Jack	Tryon Town Manager	Town of Tryon	301 N
	Miller	Barbara	Community Member		Whea
X	Morris	Andrea	Community Relations Specialist	Western Highlands Network LME	356 B
X	Nagi	Jim	Executive Director of Western NC	Family Preservation Services	330 C
X	Owens	Ted	County Commissioner	County Manager's Office	40 Co
X	Parton	Lou	Program Manager	Dept of Social Services	330 C
	Ramirez	Ruth	Care Coordinator	Community Health Network/AIIC	4457 .
X	Reid	Ruth	Community Member		130 C
X	Rhodes	Sue	Director	Dept of Social Services	330 C
X	Rogers	Kathi	CHN Enrollment Specialist	Community Health Network/AIIC	
X	Sams	Winn	Chiropractor	Adewehi Institute	PO B

X	Schneider	Gordon	Licensed Psychologist	LifeSpan Psychological Services	801 W
X	Schulman	Mark	Editor	Hendersonville Time News	email
X	Smith	Mary	Health Educator	Rutherford/Polk/McDowell District Health Department	408 S
X	Sox	Sandi	Community Member		556 H
X	Swetman	Carol	Member	Polk County Mental Health Advisory Board	335 M
X	ter Kuile	Robbie	Secretary	Polk County Mental Health Advisory Board	PO B
X	Thompson	Larry	CEO	Blue Ridge Homes	119 T
X	Thwing	Eloise	Executive Director	Thermal Belt Outreach	PO B
X	Tyner	Jennifer	HealthNet Coordinator	Access II Care of WNC	9 Old
X	Van Hecke	Jim	Director	Addiction Recovery Institute	PO B
	Van Hecke	Marsha	Director of Community Outreach	Hospice of the Carolina Foothills	
X	Viar, DO	Jeffery	Family Physician	Foothills Medical Center	PO B
X	Weaver	Katie	Administrative Assistant	Carolina Medical Multi Care Center	89 We
X	Weaver	Rosemary	Independent Living Specialist	Western Alliance Center for Independent Living	30 Lo
X	Wetherell	Joyce	Community Member		511 F
X	Wilson	Buck	Health Director	Rutherford/Polk/McDowell District Health Department	221 C
X	Wofford	Carol	Acting Director	Luminous Enterprises	20 Jer
X	Wofford	Kathy	Member	MH Advisory Board	20 Jer
	Woloson	Jan	Coordinator	Dispute Settlement Center	101 S
X	Woodham	Kathy	Marketing Director	St Luke's Hospital	101 H
X	Woodruff	Conyers	Community Member		2286
X	Stockman	Kate	Executive Director	Dispute Settlement Center	
X	Young	Melinda	Director of Tourism	Polk County	
X	Young	Sharon	Program Manager	CooperRiis	
X	Smith	Jennie	Community Member		
X	McDermott	Renee	Commissioner Elect	Polk County	
X	Walker	Cindy	Commissioner Elect	Polk County	
X	Pack	Loretta	Clinical Services Coordinator	Hospice of the Carolina Foothills	

