

STATE OF THE COUNTY HEALTH REPORT

2010 SOTCH

Rutherford Community
Health Council

Rutherford-Polk-McDowell
District Health Department

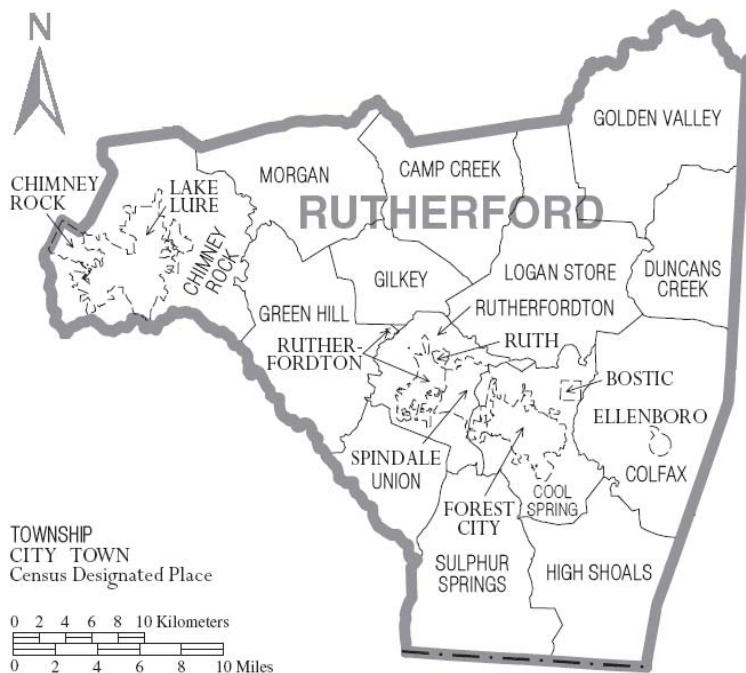


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OVERVIEW

The Rutherford Community Health Council and the Rutherford-Polk-McDowell District Health Department is pleased to release the annual State of Rutherford County's Health Report for 2010. This report is a summary of health trends among county residents. It provides the most current data highlighting county demographics, leading causes of death, and our three health priorities. Its purpose is to educate the community about the health of our citizens, as well as serve as a resource for grant writing, local policies, budgets, and programs. This is a statewide effort to meet the Healthy Carolinians 2010 health objectives.

The Rutherford Community Health Council, the local Healthy Carolinians partnership, is a coalition of local agencies and citizens dedicated to improving the physical, mental, and social health and well-being of Rutherford residents.

Every four years the State of North Carolina requires every local health department and Healthy Carolinians Partnerships to conduct a community health assessment. A community health assessment is a process that allows the members of the community and stakeholders to gain a better understanding of the health needs and concerns of the community. During the three interim years, the local health department is responsible for issuing the State of the County Health (SOTCH) report. The 2010 Rutherford County SOTCH report is an annual review of the priority health issues that were identified in the 2008 Rutherford County Community Health Assessment and chosen through a public process at the Rutherford County Health Summit in October 2008. The three issues that the community felt were the most pressing and needed attention were: obesity, substance abuse and access to medical care.

The 2008 Rutherford County Community Health Assessment may be viewed online at:

<http://www.rpmhd.org/new/cha/2008/index.htm>

The 2010 SOTCH Report may be viewed at:

http://www.rpmhd.org/new/sotch/reports/2010_ruth_sotch.pdf

These reports are also in local libraries.

REVIEW OF DATA

In Rutherford County, the leading causes of death include heart disease, cancer, chronic lower respiratory disease, cerebrovascular disease, and all other unintentional injuries. Rutherford County's age-adjusted top five mortality rates from 2005-2009 were all higher than North Carolina's rates. Rutherford County's age-adjusted death rate for all other unintentional injuries in 2005-2009, was 41.4 per 100,000 population compared to North Carolina's rate of 28.7.

Many of these deaths are preventable and involve risky behaviors or lifestyles including tobacco use, alcohol, illicit drug use, physical inactivity, and poor nutrition. Chronic disease and injury are responsible for approximately two-thirds of all deaths in North Carolina. Despite the preventable nature, chronic diseases account for more than 75% of the nation's \$2 trillion medical costs.

Rutherford County Death Rates Comparisons

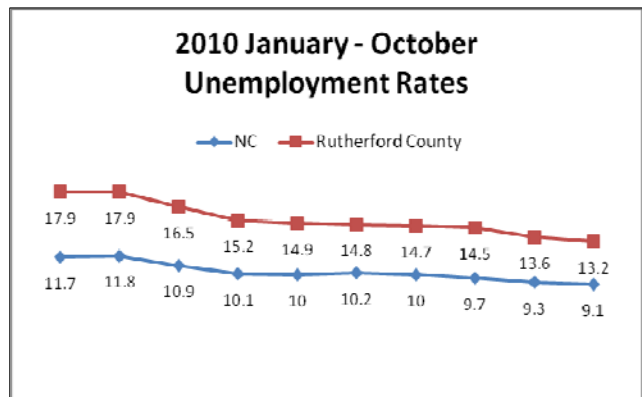
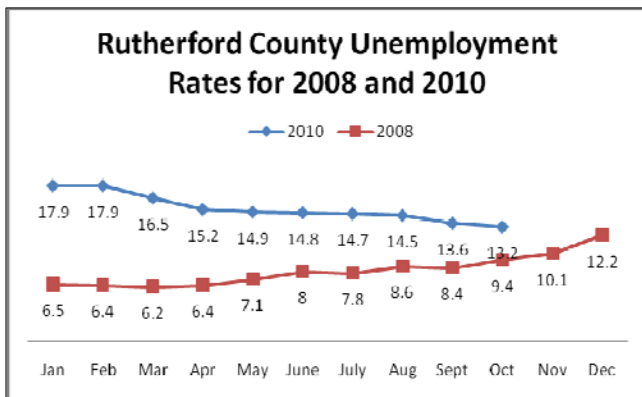
CAUSE OF DEATH:	2004-2008 Age-Adjusted Death Rates by County			2003-2007 Age-Adjusted Death Rates by County		
	Rutherford Overall Deaths	Rutherford Overall Rate	State Overall Rate	Rutherford Overall Deaths	Rutherford Overall Rate	State Overall Rate
All Causes	3,998	1007.3	861.4	3,925	987.9	875.3
Diseases of Heart	985	241.7	202.2	989	241.9	210.7
----Acute Myocardial Infarction	230	56.5	44.5	246	60.2	47.6
----Other Ischemic Heart Disease	449	110.0	86.7	456	111.2	91.2
Cerebrovascular Disease	267	65.1	54.4	270	65.4	57.6
Cancer	910	228.2	192.5	858	215.6	194.9
----Colon, Rectum, and Anus	106	26.5	17.3	103	25.8	17.8
----Pancreas	55	13.7	11.1	53	13.2	11.2
----Trachea, Bronchus, and Lung	260	64.8	59.1	237	59.2	59.6
----Female Breast	57	26.1	25.0	54	24.6	25.5
----Prostate	44	28.9	27.3	44	28.6	28.3
Diabetes Mellitus	84	21.6	25.2	74	18.9	26.4
Pneumonia and Influenza	95	23.0	20.3	97	23.2	21.4
Chronic Lower Respiratory Diseases	241	59.1	47.8	233	57.3	47.5
Chronic Liver Disease and Cirrhosis	35	9.1	9.1	33	8.7	8.9

Septicemia	69	17.4	14.2	68	17.0	14.2
Nephritis, Nephrotic Syndrome, and Nephrosis	79	19.7	18.8	81	20.2	18.5
Unintentional Motor Vehicle Injuries	67	21.8	18.6	73	23.9	19.1
All Other Unintentional Injuries	135	40.9	28.4	134	39.8	27.8
Suicide	55	17.4	11.9	52	16.4	11.7
Homicide	24	8.2	7.2	29	9.5	7.1
Alzheimer's disease	145	34.0	28.7	148	34.5	28.3
Acquired Immune Deficiency Syndrome	5	1.4	4.4	3	1.0	4.7

2008 LEADING CAUSES OF DEATH							
Rutherford County				North Carolina			
Rank	Cause	Number	%	Rank	Cause	Number	%
1	Diseases of heart	198	24.4	1	Diseases of heart	17417	22.6
2	Cancer	192	23.7	2	Cancer	17403	22.6
3	Chronic lower respiratory diseases	53	6.5	3	Chronic lower respiratory diseases	4527	5.9
4	Cerebrovascular diseases	44	5.4	4	Cerebrovascular diseases	4477	5.8
5	All other unintentional injuries	29	3.6	5	All other unintentional injuries	2713	3.5
6	Diabetes mellitus	29	3.6	6	Alzheimer's disease	2620	3.4
7	Alzheimer's disease	25	3.1	7	Diabetes mellitus	2164	2.8
8	Atherosclerosis	20	2.5	8	Influenza and pneumonia	1750	2.3

9	Influenza and pneumonia	15	1.9	9	Nephritis, nephrotic syndrome and nephrosis	1725	2.2
10	Septicemia	14	1.7	10	Motor vehicle injuries	1544	2
	All other causes (Residual)	191	23.6		All other causes (Residual)	20717	26.9
Total Deaths – All Causes		810	100	Total Deaths – All Causes		77057	100

2009 US CENSUS BUREAU POPULATION ESTIMATES		
Rutherford County Population Estimate for 2009	63,415	
	Rutherford	NC
White persons, percent, 2009	87.2%	73.7%
Black persons, percent, 2009	11.0%	21.6%
American Indian and Alaska Native persons, percent, 2009	0.2%	1.3%
Asian persons, percent, 2009	0.4%	2.0%
Native Hawaiian and Other Pacific Islander, percent, 2009	Z	0.1%
Persons reporting two or more races, percent, 2009	1.0%	1.3%
Persons of Hispanic or Latino origin, percent, 2009	2.5%	7.7%
White persons not Hispanic, percent,	85.0%	66.8%



PRIORITY HEALTH ISSUES

The three issues that the community felt were the most pressing and needed attention were:

1. Obesity
2. Access to medical care
3. Substance abuse

1. OBESITY

Adult Obesity

Obesity is a growing public health concern for the nation, North Carolina, and locally. Obesity is caused due to the lack of physical activity, lack of recreational facilities, pedestrian planning, and poor nutritional diet often due to lack of access to nutritious foods in poorer neighborhoods, rural areas and other environments. Obesity increases the likelihood of someone developing certain chronic diseases such as type 2 diabetes, some types of cancer, heart disease and high blood pressure.

“These unhealthy lifestyles cost Rutherford County over \$92 million annually in direct medical expenses and indirect expenses such as lost productivity, presenteeism and absenteeism. If we can get just 3% of at-risk adults in Rutherford County to be more active, eat nutritiously, and achieve a healthy weight, we can save nearly \$3.9 million annually. These wasted expenditures would be sufficient to fund about 165 new jobs in our county (based on average salary figures). “(Source: Be Active NC).

Percentage of North Carolina Adults Who Are Overweight or Obese 2007 & 2009 Behavior Risk Factor Surveillance System						
	Overweight		Obese		Overweight or Obese	
	2007	2009	2007	2009	2007	2009
North Carolina	35.9%	35.3% ▼	28.7%	30.1% ▲	64.6%	65.4% ▼
Western NC No Data Available for Rutherford County	37.1%	34.6% ▼	26.0%	28.2% ▲	63.1%	62.8% ▼

STRATEGIES TO REDUCE ADULT OBESITY

Increase the Percentage of People Who Are Physically Active

The 2010 Healthy Carolinian health goal is to increase the percentage of adults that engage in physical activity for at least 30 minutes on 5 or more days to 20.1%. According to the Behavioral Risk Factor Surveillance System (BRFSS) for WNC, in 2009, 49.7% of WNC adults met the recommendation compared to 46.4% of North Carolinians total. This data shows an increase in physical activity compared to 2007 data of 47.2% for Western North Carolinians and 44.0% of North Carolinians.

- **Rutherford Community Health Council Promotes Physical Activity**

The Rutherford Health Council (RCHC) and the Rutherford-Polk-McDowell District Health Department received a grant from the Office of Healthy Carolinians to enhance and expand the RCHC through marketing its mission and promoting physical activity to reduce obesity. The RCHC will promote the use of the Rutherford County walking track for all residents.

The Health Department and Community Clinic of Rutherford County will promote the use of the walking track with their patients. Prescriptive and written material will be provided for patients. Materials will also be made available for physicians, the hospital and other healthcare organizations. Healthcare staff will be provided tools to use in measuring the patients' progress. By focusing on the health department and the community clinic patients (uninsured), disparities will also be addressed.

Design Communities That Encourage Physical Activity

- **New Trail Plans Developed for Rutherford County**

Regional Trail Plan - Isothermal Planning and Development worked through community partners such as the Rutherford Outdoor Coalition, city and county governments to develop a regional greenway master plan.

Chimney Rock State Park Master Plan - The master plan for Chimney Rock State Park has been developed and the draft has been released for review and comment until December 13. The draft can be viewed at:

http://www.greenways.com/chimneyrock_download.html

Village of Chimney Rock Pedestrian Plan – completed

- **New Parkland Acquisition** - Lake Lure Rutherford received \$470,000 from 2010 North Carolina Parks and Recreation Trust Fund Grant for a 200 acre Northern Parkland Acquisition

Increase Worksite Wellness Programs

- **Eat Smart Move More Weigh Less**

Rutherford County Extension Service provided a free 12 week weight loss program to all Rutherford County Employees. Program was taught by Tracy Davis, Family and Consumer Science Agent.

- **Maintain, Don't Gain Holiday Challenge**

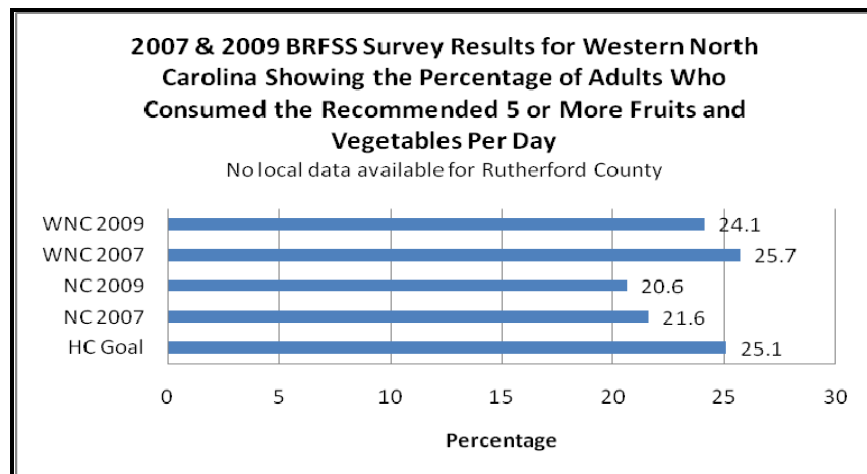
Rutherford-Polk-McDowell District Health Department promotes the *Maintain, Don't Gain Holiday Challenge* through Eat Smart, Move More (ESMM) NC - a statewide coalition promoting healthy eating and physical activity from November 22 through December 31. The public is invited to participate by registering online at www.myeatsmartmovemore.com. *Maintain, Don't Gain Holiday Challenge* weight management tools include:

1. A calorie calculator,
2. A meal planner
3. A food diary to help you keep track of the foods you eat throughout the day;
4. An activity log
5. A weight log
6. Healthy recipe ingredient substitutions

Increase the proportion of adults eating five or more servings of fruits and vegetables each day.

Beginning with breastfeeding and continuing healthful eating habits throughout life provides the foundation for health and well being. Improper nutrition and diet contribute to the burden of preventable illnesses. Leading causes of morbidity and mortality in North Carolina and the United States include heart disease, cancer (lung, colon, rectum, breast, and prostate), stroke, and diabetes. In 2000, an estimated 20-40 percent of all deaths from heart disease and over 40 percent of all deaths from cancer are associated with the typical American high-fat, low-fiber diet.

The 2010 Healthy Carolinian health goal is to increase the percentage of adults eating five or more servings of fruits and vegetables each day to 25.1%. According to the Behavioral Risk Factor Surveillance System (BRFSS) for WNC, in 2009, 24.1% of WNC adults ate the recommended 5 or more fruits and vegetables a day compared to 20.6% of North Carolinians total. The BRFSS-WNC 2007 data shows a slight decrease in fruit and vegetable consumption in WNC from 25.7% to 24.1% and North Carolina as well; from 21.6% to 20.6%. According to the 2007 Child Health Assessment and Monitoring Program (CHAMP) results, only 34% of children in North Carolina eat 3 or more servings of fruit and 27.7% eat 3 or more servings of vegetables on a given day.



Individuals with higher incomes tend to eat a higher quality diet than individuals with lower incomes. There are many reasons underlying this disparity. One reason is that as food quality increases, food prices increase. Access to healthy foods is another issue. Low-income neighborhoods often do not have grocery stores, and individuals with low incomes may have limited access to transportation to grocery stores to purchase produce. Fruit and vegetable consumption has been shown to be higher among low-income populations when grocery stores are easily accessible.

- **Hickory Nut Gorge Community Garden** - The Friends of Hickory Nut Gorge

(www.friendsofhng.org/) opened a community garden just a couple hundred yards west from the Chimney Rock Park entrance. The garden is open to area residents and plots are affordable at \$30 for a 30x10-ft. plot and \$20 for a 20x10-ft. plot. Participants agree to donate a percentage of their crop yield to area charities to provide fresh produce to families in need.



- **Cook Smart Eat Smart** - NC Cooperative Extension-Rutherford County taught two classes of *Cook Smart Eat Smart* where 24 participants learned healthy preparation techniques, and how to plan, shop and stock a pantry that encourages simple meal preparation.

- **Rutherford County is Building an Infrastructure to Increase Local Food Production**

Foothills Connect held a two-part class on permaculture program to encourage farmers and non-farmers alike to make use of their woodlots. The classes introduced both novice and experienced farmers to crops that can be grown on forest farms and sold in retail markets. Topics covered included:

- examples of successful forest agriculture systems around the world including 20 of the most promising perennial, forest-farmed crops for commercial production
- synergistic groups of plants, animals, and mushrooms that can be cultivated at different elevations and in different forest types.
- detailed descriptions of horticultural practices, propagate sources, inter-planting of different species, harvesting techniques and strategies, processing for value-addition, recipes, and niche marketing for approximately 20 species

- **R-S Central Grows Tilapia for Aquaculture System**

RS Central FFA added aquaculture to its greenhouse. The system at RS Central is made up of three levels. Hydroponic vegetables are grown in the two upper beds, while Tilapia is grown in the large lower tank. Through its re-circulating system, the fish provide nitrogen to the plants to grow and the plants clean the water for the fish. The current prototype holds 700 gallons of water and can raise 350 Tilapia. The students are building another larger system that will be twenty four feet long, hold 2000 gallons of water, and raise 1,000 Tilapia.



Students are learning about entrepreneurship and scientific research. Enclosed aquaculture systems require students to monitor PH, dissolved oxygen levels, feed conversion and general water quality. Students also learn valuable lessons in water quality, animal management, and green building techniques. They are also learning valuable observation skills that make them more marketable and align them with 21st Century goals. The aquaculture system was built from a \$50,000 grant received (with Foothills Connect) from the NC Rural Center. These fish and vegetables will be marketed to the community members, local restaurants, and

Charlotte restaurants.

Through a grant from the NC Rural Center, Foothills Connect is partnering with Isothermal Planning and Development Commission's Workforce Development Program, Rutherford County, Isothermal Community College to expand a sustainable agriculture program. A three acre site has been selected near the Municipal Solid Waste Landfill to house multiple greenhouses where local displaced workers, Entrepreneurs, RS Central FFA graduates and ICC students can enroll in its new Entrepreneurship program. These students will be exposed to high intensity horticulture, advanced green energy techniques, and the integration of Aquaponics (raising Tilapia) and Vermiculture (feeding tons of garbage to worms.) This will develop into a comprehensive, entrepreneurial horticulture business education cohort.

Childhood Obesity

North Carolina has the 10th highest adult obesity rate and the 11th highest childhood obesity rate in the nation. (Source: <http://healthyamericans.org/reports/obesity2010/release.php?stateid=NC>) According to data collected on children seen in North Carolina Public Health sponsored WIC and Child Health Clinics and some School Base Health Centers in 2009, out of 444 Rutherford County children between the ages of two and eighteen, 13.7% were considered overweight and 14% were obese. The obesity rate has increase from the 2008 data: 13.4% obese. The prevalence of obesity has more than doubled among adults and has tripled among children and adolescents from 1980 to 2004. Currently, two-thirds of adults and nearly one in three children are overweight or obese. Increased food intake, a sedentary lifestyle, and environments that make it difficult for people to make healthy choices but easy to consume extra calories, all contribute to the epidemic of overweight and obesity. This epidemic threatens the progress we have made in increasing Americans' quality and years of healthy life. Curbing the obesity epidemic requires parents, neighborhoods, the medical community, employers, schools and individuals to take a coordinated and comprehensive approach to combating overweight and obesity. The 2010 Healthy Carolinian health goal is reduce these rates down to 10%.

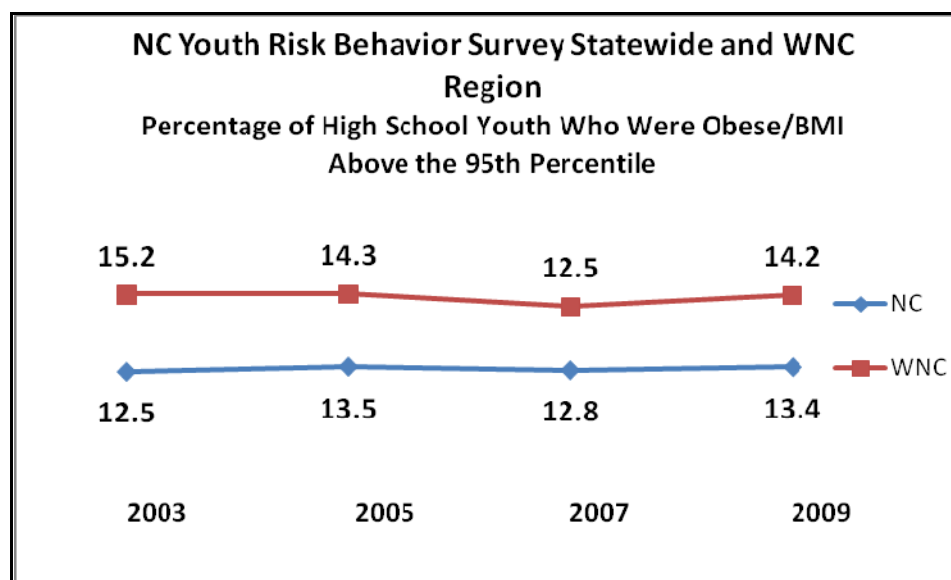
**Prevalence of Obesity in North Carolina Children 2 through 18 years of age
North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS)**

	North Carolina	Rutherford	McDowell	Polk
2004	17.0%	14.2%	10.8%	15.5% (n=25)
2005	16.7%	13.4%	14.2%	17.2% (n=31)
2007	17.3%	14.4%	13.4%	12.7% (n=24)
2008	17.5%	13.6%	12.9%	12.4% (n=20)
2009	18.0% ▲	14% ▲	12.2% ▼	15.1% (n=18) ▲

Definitions: The percentage of overweight children, ages 2-18, seen in public health clinics.

Data Source: <http://www.eatsmartmovemorenc.com/Data/ChildAndYouthData.html>

The North Carolina Youth Risk Behavior Survey for Western North Carolina is the most local data available to gauge how Rutherford County youth are doing in terms of their weight status. The WNC YRB survey includes samples from Rutherford, Polk and McDowell Counties and 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. This survey monitors BMI of Western NC 9th, 10th, 11th and 12th grade students. The percentage of obese high schools students tends to be higher in WNC than statewide.



STRATEGIES TO REDUCE CHILDHOOD OBESITY

Improving Nutrition and Physical Activity Environment, Policies and Practices

- **NAP SACC**

The Rutherford/Polk Smart Start Partnership implemented the Nutrition and Physical Activity Self-Assessment for Child Care project (NAP SACC) in five child care centers in Rutherford County, beginning July, 2010. There are 104 Rutherford County children ages two to five years, enrolled in the five participating child care centers who will benefit by this project in the first year. At least 52% of the children are living in low income households.

This project is aimed at improving the child care environments, policies and practices of nutrition and physical activity through self-assessment and technical assistance targeting young children ages two to five. The NAP SACC project includes five steps: (1) Self-Assessment; (2) Action Planning; (3) Workshop Delivery; (4) Targeted Technical Assistance; and (5) Evaluation, Revision and Repetition.

The child care center director and staff will complete a pre- and post-self assessment to show change in the child care center's nutritional quality of food served, amount and quality of physical activity, staff-child interactions and the nutrition and physical activity policy.

The Smart Start funded Child Care Health Consultant employed by the Rutherford/Polk/McDowell Health District, is a trained NAP SACC Consultant. She is facilitating five mandatory workshop sessions for the child care staff in each of the five centers. With the consultant's assistance, the center director will complete an action plan, targeting nutrition and physical activity areas for improvement. Targeted technical assistance is provided to child care staff on a monthly basis and post assessment surveys will be completed by June 30, 2011.

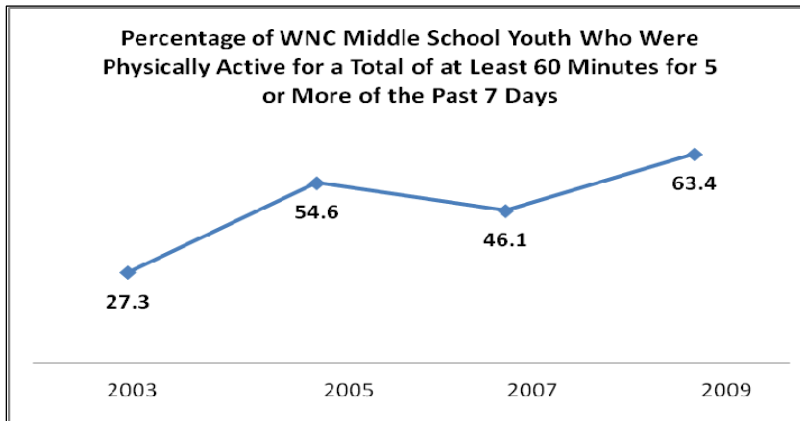
Five new centers will be added to the project the following year, along with follow up and support provided as needed, to the initial five participating centers.

Increase the Amount of Time Children Are Physically Active

Healthy Carolinians 2010 Goal is to Increase the proportion of middle and high school students who report participating in moderate physical activity for at least 30 minutes on 5 or more of the previous seven days. The baseline and target for this objective is based upon the proportion engaging in physical activity for at least 30 minutes on 5 or more days of the week, regardless of intensity.

According to the 2007 Child Health Assessment and Monitoring Program (CHAMP) results, 12.7% of children in North Carolina spend 20 minutes to 1-hour physically active play.

The NC Youth Risk Behavior Survey for Western North Carolina is the most local data available to gauge how Rutherford County youth are doing in terms of getting in their physical activity. It appears that there is an increasing trend of physical activity among middle school youth with only 27.3% getting the recommended 60 minutes per day for five or more of the past seven days in 2003 and 63.4% achieving that goal in 2009! A dramatic improvement however, it does not appear to be affecting the obesity level which has ranged between 12.5% and 15.2% between 2003 and 2009.



Source: NC Youth Risk Behavior Survey for WNC Region, 2003, 2005, 2007, 2009
<http://www.nchealthyschools.org/data/yrebs/>

- **Rutherford County Schools is Participating in ISPOD**

ISPOD - In School Prevention of Obesity and Disease Initiative by the NC Alliance Athletics, Health, Physical Education, Recreation and Dance - In fall 2008, KBR committed over three million dollars to the state-wide implementation of this project over the next four years, with the objective of making SPARK curriculum and training available to all K-8 elementary schools in all 115 NC counties. In addition, the Blue Cross Blue Shield of North Carolina Foundation awarded a \$139,500 grant to expand the Health and Wellness Trust Fund initiative in the original 7 counties to include the K-2 SPARK curricula, provide the latest 3-8 SPARK manuals, and begin the development of the train the trainer program. 61, or 53%, of NC counties have adopted the SPARK program and received training in SPARK mid-way through the grant. (Source: <http://www.ispod.info/overview-ispod.html>)

Program Includes:

1. SPARK™ (Sports, Play, and Active Recreation for Kids) Curriculum training for PE teachers
2. FITNESSGRAM™, a physical fitness testing and monitoring software, PE teachers measure each student among at least 5 variables of physical fitness including: aerobic capacity, body composition, muscular strength, muscular endurance, and flexibility. Students and parents receive individualized "report cards," and are able to monitor progress from year-to-year.
3. Through IsPOD, NCAAPERD is collecting the largest collection of student fitness data. Each year, K-8 students and teachers complete behavioral surveys to monitor students' lifestyle trends, gauge student and teacher perceptions, and examine the day-to-day challenges and realities of PE teachers in North Carolina
4. All data collected will go to the North Carolina Center for Health Statistics who will analyze the data.
5. NCAAPERD will make the data available to researchers and present unprecedented findings to the state legislature to advocate for higher quality physical education.

- **Be Active Appalachian Partnership**

Through a grant from BE Active-Appalachian Partnership, Rutherford County Schools is using a Physical Activity Equipment Loan Library to use with their students. The equipment can be loaned to schools, pre-schools, camps, churches, senior centers, community programs, etc., whoever has a need for equipment.

- **Just Push Play Initiative at Rutherford Elementary**

Karen Gray, Physical Education teacher for Rutherford Elementary School received funding to implement Be Active North Carolina's Just Push Play initiative. Just Push Play is a statewide school intervention program that will get kids moving in schools. The program's objective is to change school culture so that physical activity is the norm, not the exception. Because healthy students are successful students, physical activity at school is an academic imperative. Through the program, Be Active North Carolina's experts help Rutherford Elementary develop a school wellness committee and create a comprehensive plan to integrate physical activity into the daily routines of students, teachers, and administrators.

A needs assessment of both the school community and employee wellness was conducted before beginning the implementation of programs.



Increase Fruit and Vegetable Consumption

- **Learning Tree Garden**

Through a grant awarded by the Rutherford-Polk-McDowell District Health Department and Eat Smart Move More NC, The Learning Tree Child Development Center incorporated gardening into their child development program. They began planting in May and grew yellow squash, zucchini squash, cucumbers, tomatoes, okra, corn, red, yellow and green peppers, potatoes, cantaloupe, watermelon, sunflowers, and marigolds. According to their teacher Heather Banfield, the children ate vegetables that they had never eaten before and liked them.

Nutrition Education

- **SNAP Ed**

Tracy Davis, Family and Consumer Science Agent for NC Cooperative Extension – Rutherford County, taught *SNAP Ed*, the Supplemental Nutrition Assistance Program to school students. *SNAP Ed* is a nutrition education program consisting of nine, 30-45 minute sessions. The program consists of 1 pre-test and introductory class, 6 nutrition lessons, 1 physical activity lesson, and 1 post-test and wrap-up/graduation class. Behavioral outcomes are evaluated by using a pre and post nutrition test and parent and teacher feedback forms. Here are some of the results:

- 66.6% of parents report they have observed positive behavior change in regards to eating more fruits and vegetables
- 47.8% of students improved their overall knowledge of nutrition
- 53.3% of parents report they have observed positive behavior change in regards to playing outside more often.
- 37% of students improved their knowledge of healthy drinks
- 35.9% of students indicated they intended to make positive nutritional behavior changes

Parents reported the following in regards to their own eating and physical activity behaviors:

- 53.3% of parents report they have experienced positive behavior change in regards to eating more fruits and vegetables.
 - 40% of parents report they have experienced positive behavior change in regards to drinking fewer soft drinks.
 - 46.7% of parents report they have experienced positive behavior change in regards to reading nutrition labels.
 - 62.5% of parents report they have experienced positive behavior change in regards to being more active.
- **Kids Cooking with Local Chefs** - 15 kids learned about good nutrition, agriculture and cooked with area chefs at a week long summer day camp hosted by NC Cooperative Extension-Rutherford County

2. ACCESS TO MEDICAL CARE

The NC Healthy Carolinians Objective is to increase the percentage of persons with health insurance. The target is that 100% of adults 18 years and older will have insurance coverage. Baseline, 1995-1999: 9.2 percent adults 18 years and older report having no health insurance within the last 12 months.

Original baseline data for Rutherford County shows that in 2005, 12% of children between the ages of 0-17 were uninsured (NC 11.3%), 21.2% ages 18-64 (NC 19.5%), and 18.6% ages of 0-64 were uninsured (17.2%). (Source: <http://www.shepscenter.unc.edu/new/NorthCarolinaUninsured2005.pdf>) *The 2008-09 Data Snapshot of the Uninsured* prepared by the North Carolina Institute of Medicine and the Cecil B. Sheps Center for Health Services Research reports North Carolina 2008-2009 uninsured rates for 0-18 are 11.5%, ages 19-64 are 23.2% and 0-64 are 19.7%. (Source: http://riversdeveloper.com/wp-content/uploads/2010/08/Uninsured-Snapshot_08091.pdf). There was no comparative county data available in this report.

According to 2010 *County Health Rankings*, <http://www.countyhealthrankings.org/north-carolina/rutherford>, there are 14% uninsured adults in Rutherford County compared to 17% for NC. The Small Area Health Insurance Estimates from the U.S. Census Bureau provide annual estimates of the population without health insurance coverage for all U.S. states and their counties. The estimates used in this report are for the year 2005, the most recent year for which reliable county-level estimates were available. **(The report warns that more current estimates are likely to be higher so caution is advised against reporting this specific measure for a particular county.)**

In recent years the number of uninsured has been increasing. Many of these uninsured people make too much money to qualify for Medicaid or they make too little to afford private health insurance. The population ages 19 to 65 years has no publicly funded health care coverage. Their health care insurance is dependent on their employment status or financial well-being. Of this population, Hispanic/Latinos have the highest uninsured rate. Unemployed or part-time workers and families that no longer qualify for welfare support also lack health insurance. People who live in rural areas often experience a shortage of health care providers or lack of facilities to provide health care. Other barriers to access are unemployment, under-employment,

or part-time work; No college education; being very poor; lack of transportation; un-affordability of insurance plans; language barriers

Access to health care is critical to eliminating disparities in health status among North Carolinians. To fully realize the potential of prevention, each resident must have access to clinical preventive care, primary care, emergency services, dental services, medicines, long-term care, and rehabilitative services.

STRATEGIES TO INCREASE ACCESS TO CARE

- **Community Clinic of Rutherford County**

The Community Clinic of Rutherford County is continuing to provide primary care to Rutherford County's uninsured and maintaining a strong relationship with the Hispanic and Minority communities. Their services have grown so large that they have out grown their current space and plan on moving into a new building by the middle of February. The clinic is seeing an average of 525 clients a month, is open 5 days per week and 2 evening per week (a 51 hour week). They have applied for a HRSA grant and plan to increase staff from 6 to 20 with 3 doctors if funding is received. The clinic has become an integral part of the health delivery system for the uninsured in Rutherford County. Through a collaborative arrangement, they currently provide the follow up care for patients recently discharged from Rutherford Hospital or seen in the emergency room for non emergent care.

- **Free School Athletic Physicals**

The Community Health Council and Rutherford Hospital continue to collaborate to provide over 1200 sports physicals to middle and high school athletes.

- **Nurse Family Partnership (NFP)**

Rutherford-Polk-McDowell District Health Department continues an evidence-based nurse home visitation program that improves the health, well-being and self-sufficiency of first-time, low-income parents and their children. The Nurse Family Partnership has served 72 first time mothers to date in Rutherford County and is presently serving 51 families.

Three randomized controlled trials of the NFP model in other states have documented substantial, consistent and dramatic benefits to both mother and child, including improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, increased intervals between births, increased maternal employment and improved school readiness

The NFP nurse home visitor works with their clients to achieve three important goals:

- Improve pregnancy outcomes by helping women engage in preventive health practices, including obtaining thorough prenatal care from their healthcare providers, improving their diet, and reducing their use of cigarettes, alcohol and illegal substances;

- Improve child health and development by helping parents provide responsible and competent care; and
- Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

- **Access to Dental Care**

The North Carolina Oral Health Section's Registered Dentist Hygienists have been working throughout the county to provide education and prevention services. Their focus areas for the 2009-2010 year has been dental disease prevention, access to dental care, oral health monitoring systems, health education and health promotion. Some of the results for the year are:

Rutherford County

- K - 5th graders screened
 - 21% of kindergarteners had untreated obvious decay in primary teeth
 - 5% of fifth graders had untreated obvious decay in permanent teeth
 - 44% of fifth graders had dental sealant present
- 271 Follow ups
- 5259 Education services

Coordinator for the Fluoride Mouthrinse Program

- Participating Schools: Cliffside, Ellenboro, Forrest Hunt, Forest City Dunbar
- 1,185 participating students
- 1,894 K, 1st and 2nd graders were provided a toothbrush and cover as part of the Dental Learning Libraries Project

Other Activities include:

- Coordinated Give Kids A Smile Event, where students received free dental care
- Team member working in several counties in western NC to provide sealants in a school setting
- Provided technical assistance to existing safety net facilities

3. SUBSTANCE ABUSE

The NC Healthy Carolinians goal is to reduce the prevalence of adults, age 18 and older, using any illicit drugs during the past year. Target is 5 percent; Baseline, 1995: 7.2 percent of adults, 18 years and older, used illicit drugs during the past year. Substance abuse is one of North Carolina's most expensive health problems. It is estimated that substance abuse problems are costing North Carolina \$5 billion in health care costs, premature death, reduced productivity, criminal justice, motor vehicle crashes, etc. There is substantial research evidence indicating that comprehensive substance abuse treatment can greatly reduce substance abuse and dependence. Managed care and lack of substance abuse parity in health insurance has contributed to a decrease in funding capacity in the private sector in spite of evidence suggesting that an increasing number of our citizens are abusing substances. This means that more people need substance abuse services at a time when capacity in the private sector is declining.

STRATEGIES TO REDUCE SUBSTANCE ABUSE

- **Community Engagement Team**

United Way of Rutherford County created the Community Engagement Team (CET) in October 2008 after residents identified substance abuse issues as a top concern during a county-wide needs assessment. The CET is a substance abuse prevention coalition comprised of representatives from law enforcement, the judicial system, Rutherford County Schools, Isothermal Community College, the health department, local government, Rutherford Hospital, Forest City Housing Authority, social service agencies, nonprofits, the faith community, mental and behavioral health service providers, concerned citizens and business owners.

In its first two years, some of the CET's notable achievements include:

- Coordinated Rx drug abuse prevention workshops for local medical personnel
- Hosted a parents' forum addressing youth drug use and problem behaviors (next parents' forum is planned for January 2011)
- Worked with the Behavioral Health Coalition to host a Community Forum on Behavioral Health providing a panel of experts ranging from crisis counselors and treatment providers to law enforcement and consumer advocates to answer questions on:
 - How to access mobile crisis services
 - What to expect if you ever need to file an Involuntary Commitment petition to protect a loved one from harming himself or others
 - Where you can get help for troubled youth
 - Why the emergency room is NOT your only option for crisis care
 - Where you can get help for Developmental Disabilities
 - Where you can get help for substance abuse disorders
- Partnered with local law enforcement and other agencies to promote Operation Medicine Drop so residents could safely dispose of unused or expired Rx medications. Residents were able to take their unused and expired medications to three locations: Food Lion-Rutherfordton, Forest City Fire Department, and Lake Lure Fire Department
- Connected residents with services and resources to improve their quality of life
- Worked with the Behavioral Health Coalition to disseminate information about crisis and substance abuse services
- Hosted the FACE-IT! Rx drug training workshops for community residents. Eight participants completed the 15 hours training. The FACE-IT project seeks to reduce misuse of prescription drugs and improve access to best practice substance abuse education, prevention and treatment for populations at risk in WNC through evidence-based and culturally appropriate training of healthcare providers, interested community members and key stakeholders. Another FACE-IT! Training is scheduled for December 6th at the United Way in Forest City.

In 2009, the CET coordinated the effort to apply for a Department of Justice Weed and Seed crime fighting and neighborhood restoration grant. This process required collaboration between the U.S. Attorney's Office, four local law enforcement agencies, local government, and residents. Although the federal government suspended all new Weed and Seed funding in 2010 to modify the program--- this effort led to the creation of the Rutherford County Citizens Police Academy which graduated its inaugural class in June 2010.

In the summer of 2010, the CET worked with the Rutherford Behavioral Health Coalition to write a Bureau of Justice Assistance grant for the Rutherford County Sheriff's Office. The grant award

was announced in September. It will provide \$300,000 over a 2-year period for substance abuse treatment for Rutherford County Jail inmates who are parents of minor children. The grant also includes assessment and treatment for the inmates' families.

The Community Engagement Team is currently working on a strategic prevention framework strategy as a grantee of the Wake Forest University North Carolina Coalition Initiative program. This work through NCCI will focus on strategies to reduce prescription drug use rates in Rutherford County.

The Community Engagement Team meets the 4th Tuesday of each month. Meeting locations are open to the public and rotate throughout the county. For more information, please contact the United Way of Rutherford County at 286-3929.

- **The Community Clinic of Rutherford County**

received a \$137,500 grant from Kate B. Reynolds Charitable Trust to contract with licensed counselors to provide substance abuse/mental health services to low-income individuals.

- **District 29A Adult Drug Treatment Court**

Adult Drug Treatment Courts in Judicial District 29A is in the third year of accepting participants. Drug Court is a place where instead of prison addicts receive the right mix of treatment and accountability needed to change their lives. The first participants were brought into the program in September 2007.

162 offenders have been referred to DTC

69 participants have been admitted to the program

16 participants have successfully completed the program

1 drug-free baby has been born to mothers in the program

17 participants have earned their GED while in drug court

4 are currently enrolled in a GED program

2 participants have been able to obtain their driver's license

- **Family Preservation Services** provides mental health services to 550 children, families and adults; including the uninsured/underinsured, Medicare, Medicaid and North Carolina Health Choice. They partner with many community agencies such as DSS, DJJ, and Rutherford Hospital.

- **ARP Addiction Recovery & Prevention** - www.arpnc.org - provides programs and resources to address:

- Substance Abuse & Mental Health Assessments

- Adult & Youth Substance Abuse treatment

- DWI Assessments, Education & Treatment

- Integrated Mental Health & Substance Abuse Counseling

- Family and Marriage Counseling

- Medication Management - Psychiatric

- Residential Treatment for Pregnant Women & Mothers - Mary Benson House

- Science-based Prevention & Education Programs

- Methamphetamine and Crack Cocaine Treatment

- Workplace Substance Abuse Assessments & Treatment

NEW INITIATIVES

The Rutherford-Polk-McDowell District Health Department received a grant from the Office of Healthy Carolinians/Health Education to provide funding to increase the Rutherford Community Health Council facilitator's work hours from eight to sixteen hours per week and provide funds for the facilitator to attend regional and statewide Healthy Carolinian trainings. The funds will be used to train members, facilitator, key community leaders, and other relevant associates using the Rensselaerville Institute staff in their signature program called *Community Spark Plugs*. *Community Spark Plugs* is a program that focuses on the power of individuals – most often volunteers- to lead community change in even the most depressed of settings. Funds will also be used to enhance and expand the Rutherford Community Health Council through marketing its mission and promoting physical activity to reduce obesity.



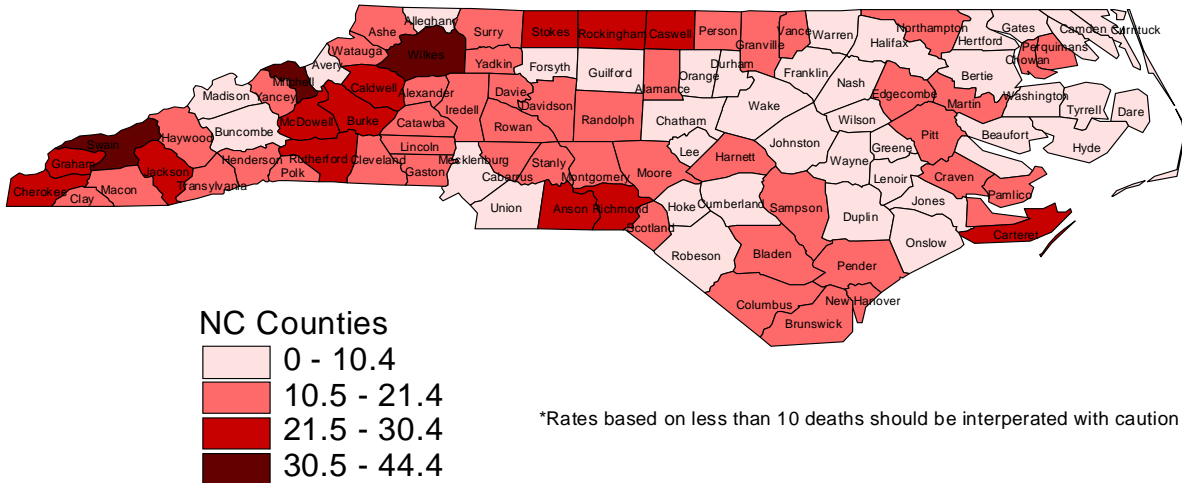
Rutherford Community Health Council is a certified Healthy Carolinians Partnership

EMERGING ISSUES

- **Unintentional Poisoning Death Rates**

Unintentional deaths from poisonings, primarily due to drug overdoses, do not occur equally across our state. The counties with the highest mortality rates from unintentional poisonings are shown in the darkest shade of red. There are more counties with fatal drug overdoses in the western part of NC than in the piedmont or the eastern regions. Mitchell, Swain and Wilkes on this map have the highest rates. Rutherford County falls in the next highest category.

North Carolina Resident unintentional and undetermined intent poisoning death rates 2008



Project Lazarus is supported by Purdue Pharma, L.P., Grant # NED101356

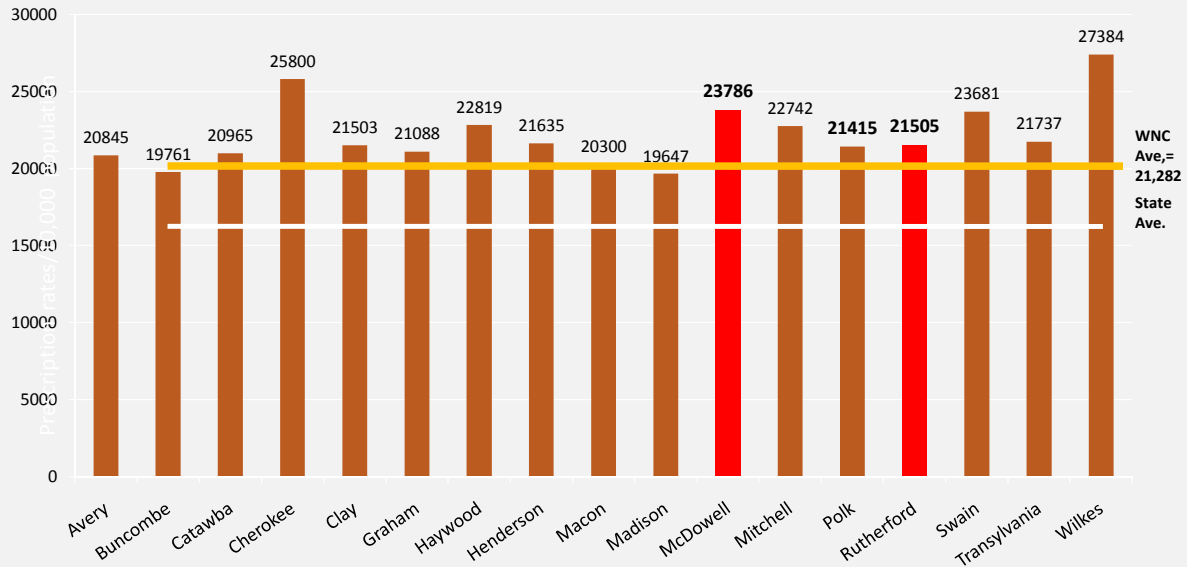
Rutherford County had one of the higher controlled substance dispensing rates in North Carolina in 2009.

Top 10 Controlled Substances Outpatient Dispensing Rates: NC, 2009

Source: NC CSRS, April 2010

County	2009 Script Rate
1. Columbus	30,177
2. Rockingham	28,513
3. Carteret	28,406
4. Richmond	27,702
5. Rutherford	27,487
6. Caldwell	27,406
7. Wilkes	27,377
8. Gaston	26,851
9. Burke	26,755
10. Stokes	26,718

Dispensed outpatient prescriptions for controlled substances rates/10,000 population: Western NC Counties, 2008



Prescription data source: NC CSRS, March 2009

Supported by Purdue Pharma NED101356 and DPA grant

1. Prescription rates calculated as dispensed scripts/10,000 pop., estimated from OSBM, April 2009 estimates. NC pop = 9,227,016 residents. Prescription data from NC-CSRS, reported as of March 2009.
2. 2008 state outpatient prescriptions for controlled substances rate = 17,522 scripts/10,000 population. Western NC rates for 2008 were 21,178 scripts per 100,000 population.
3. The top five counties in western NC counties with the highest prescription rates/10,000 pop in 2008 were Cherokee (25800), Haywood (22819), McDowell (23786), Swain (23681), and Wilkes (27384).

- **The Continuing Recession**

The worst recession since the 1930s has caused the steepest decline in state tax receipts on record. State tax revenues were 8.4 percent lower in the 2009 fiscal year than in 2008, and an additional 3.1 percent lower in 2010, while the need for state-funded services did not decline. As a result, even after making very deep spending cuts over the last two years, states continue to face large budget gaps. At least 46 states struggled to close shortfalls when adopting budgets for the current fiscal year (FY 2011, which began July 1 in most states). These came on top of the large shortfalls that 48 states faced in fiscal years 2009 and 2010. States will continue to struggle to find the revenue needed to support critical public services for a number of years, threatening hundreds of thousands of jobs. States face:

- Sharply constrained budgets in 2011
- No diminishment in budget problems in 2012

- Declining federal assistance
- Combined gaps of over \$425 billion since recession's start. States have closed budget shortfalls of over \$425 billion for fiscal years 2009, 2010, and 2011 combined. They will continue to face large gaps in fiscal years 2012, 2013, and beyond.

Source: Center on Budget and Policy Priorities, *States Continue to Feel Recession's Impact*, by Elizabeth McNichol, Phil Oliff and Nicholas Johnson, Updated October 7, 2010

This report was prepared by the Rutherford-Polk-McDowell District Health Department.

For more detailed information about this report or how the Rutherford Community Health Council is addressing these health priorities, please contact:

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Website: www.rpmhd.org

The 2008 Rutherford County Community Health Assessment may be viewed online at:

<http://www.rpmhd.org/new/cha/2008/index.htm>

The 2010 SOTCH Report may be viewed at:

http://www.rpmhd.org/new/sotch/reports/2010_ruth_sotch.pdf

These reports are also in local libraries.

Working Together for a Healthy Community