

RUTHERFORD STATE OF THE COUNTY HEALTH REPORT

2011 SOTCH

Rutherford-Polk-McDowell District Health Department

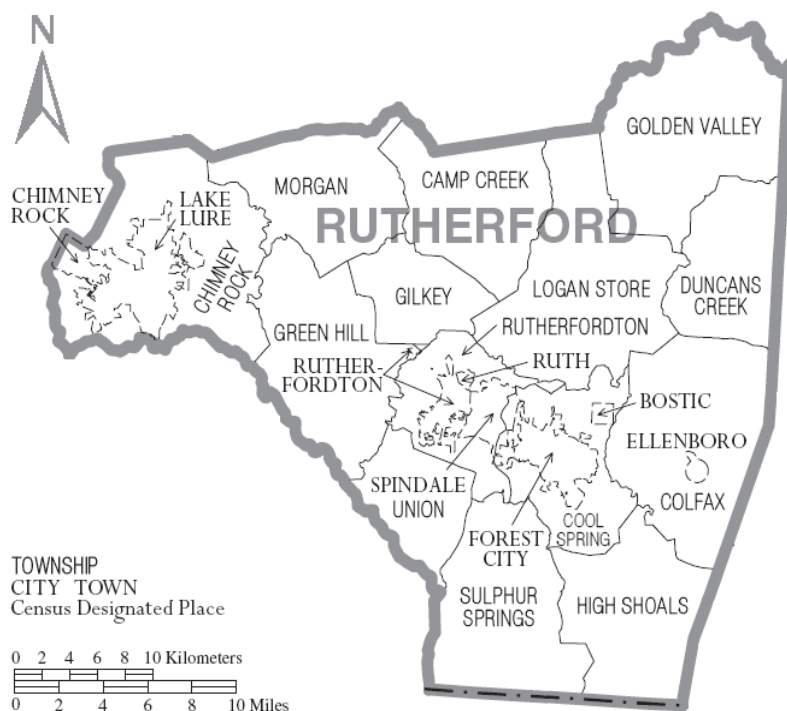


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RUTHERFORD POLK MCDOWELL DISTRICT HEALTH DEPARTMENT

Dear Rutherford County Residents,

Your District Public Health Department has the responsibility to update officials on the "State of the County's Health" annually except in years when the community conducts a community health assessment.

Although officials expect this report annually, we believe it's even more important that we share our collaborative efforts with you as we work together to create healthier communities. Positive outcomes and results are achievable when **You** are part of the solution.

I read a quote from Surgeon General C. Everett Koop MD that said, "Healthcare is vital to all of us some of the time, but Public Health is vital to all of us, all of the time." The SOTCH (State of the County's Health) report reflects what we are doing as a community to improve health.

I believe it is important we work toward one system for health including: comprehensive prevention, clinical preventive screenings, and disease management. In times of limited healthcare resources it is imperative we design cost efficient strategies and achieve positive results in our communities. This report reflects some of the progress we are making and has been written by our District Public Health Educator Mary Smith. Mary has done a great job and she has provided her contact information if you have questions or want to get involved.

In 2012, we will conduct a comprehensive Community Health Assessment that will seek community input and include evidence-based data to guide our collaborative practices in developing community action plans. Please join our effort to improve **HEALTH!**

Sincerely,

James H. Hines, Jr., Public Health Director
Rutherford-Polk-McDowell District Health Department

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Leading Causes of Death in North Carolina 2009 Compared to Rutherford County

Rank	Rutherford County			All Counties in North Carolina		
	Cause	Number	%	Cause	Number	%
1	Diseases of heart	170	22.4	Cancer	17476	22.7
2	Cancer	166	21.9	Diseases of heart	17133	22.3
3	Cerebrovascular diseases	54	7.1	Cerebrovascular diseases	4391	5.7
4	Chronic lower respiratory diseases	39	5.1	Chronic lower respiratory diseases	4324	5.6
5	Atherosclerosis	30	4.0	All other unintentional injuries	2764	3.6
6	All other unintentional injuries	24	3.2	Alzheimer's disease	2645	3.4
7	Alzheimer's disease	20	2.6	Diabetes mellitus	2107	2.7
8	Nephritis, nephrotic syndrome and nephrosis	17	2.2	Nephritis, nephrotic syndrome and nephrosis	1827	2.4
9	Diabetes mellitus	14	1.8	Influenza and pneumonia	1719	2.2
10	Pneumonitis due to solids and liquids	12	1.6	Motor vehicle injuries	1394	1.8
	All other causes (Residual)	213	28.1	All other causes (Residual)	21168	27.6
Total Deaths -- All Causes		759	100.0	Total Deaths -- All Causes	76948	100.0

Source: State Center for Health Statistics, North Carolina

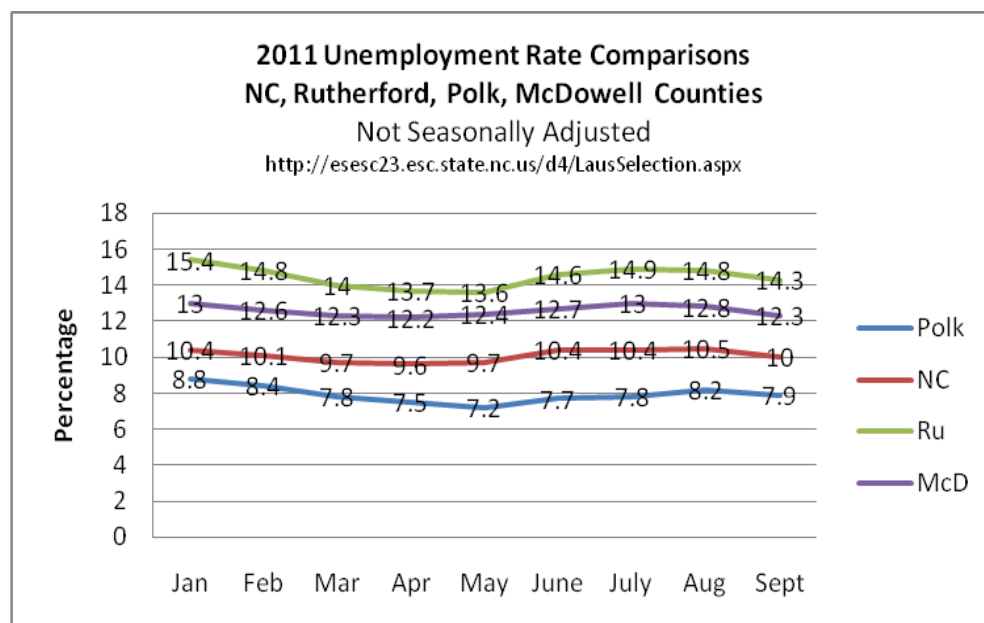
Except for diabetes the overall death rates for Rutherford County are higher than the overall North Carolina death rates. The minority death rates are higher still except for acute myocardial infarction, trachea, bronchus, lung, breast cancer, pneumonia and influenza. The minority death rate from cerebrovascular disease is 26% higher than the white death rate. The minority death rate from colon, rectum and anus cancers is 40.7% higher than the white death rate.

**2002-2008 Rutherford County Race and Sex Specific Age-Adjusted Death Rates
Compared to North Carolina**

CAUSE OF DEATH:	NC Overall Rate	Rutherford Overall Rate	White Rate	Minority Rate	Male Rate	Female Rate
All Causes	861.4	1007.3	990.2	1156.2	1227.9	836.0
Diseases of Heart	202.2	241.7	240.0	252.6	299.1	197.6
----Acute Myocardial Infarction	44.5	56.5	58.1	38.1	76.6	40.9
----Other Ischemic Heart Disease	86.7	110.0	109.5	117.1	140.8	87.7
Cerebrovascular Disease	54.4	65.1	63.3	85.7	74.2	57.1
Cancer	192.5	228.2	225.7	262.1	297.9	182.4
----Colon, Rectum, and Anus	17.3	26.5	24.9	45.2	31.5	24.7
----Pancreas	11.1	13.7	13.4	17.6	16.7	11.0
----Trachea, Bronchus, and Lung	59.1	64.8	65.7	56.5	100.1	39.0
----Female Breast	25.0	26.1	26.8	19.9	0.0	26.1
----Prostate	27.3	28.9	27.1	50.2	28.9	0.0
Diabetes Mellitus	25.2	21.6	17.6	57.9	29.8	14.6
Pneumonia and Influenza	20.3	23.0	23.9	13.7	27.8	20.5
Chronic Lower Respiratory Diseases	47.8	59.1	60.8	39.3	70.1	52.9
Chronic Liver Disease and Cirrhosis	9.1	9.1	9.2	8.4	12.3	6.2
Septicemia	17.4	15.5	33.2		20.7	15.2
Nephritis, Nephrotic Syndrome, and Nephrosis	19.7	17.1	15	41.1	42	27.5
Unintentional Motor Vehicle Injuries	55	20.1	12	30.5	44	29.6
All Other Unintentional Injuries	128	44.0	7	19.0	86	58.5
Suicide	52	18.7	3	7.7	43	27.8
Homicide	17	6.6	7	18.5	17	11.9
Alzheimer's disease	134	34.2	11	33.3	31	22.2
Acquired Immune Deficiency Syndrome	3	1.0	2	5.0	5	2.9

2010 RUTHERFORD POPULATION ESTIMATES US CENSUS BUREAU http://quickfacts.census.gov/qfd/states/37/37161.html	Rutherford County	North Carolina
Population, 2010	67,810	9,535,483
Population, percent change, 2000 to 2010	7.8%	18.5%
Population, 2000	62,899	8,049,313
Persons under 5 years, percent, 2010	5.7%	6.6%
Persons under 18 years, percent, 2010	22.5%	23.9%
Persons 65 years and over, percent, 2010	17.3%	12.9%
Female persons, percent, 2010	51.7%	51.3%
White persons, percent, 2010 (a)	85.9%	68.5%
Black persons, percent, 2010 (a)	10.1%	21.5%
American Indian and Alaska Native persons, percent, 2010 (a)	0.3%	1.3%
Asian persons, percent, 2010 (a)	0.4%	2.2%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	Z	0.1%
Persons reporting two or more races, percent, 2010	1.8%	2.2%
Persons of Hispanic or Latino origin, percent, 2010 (b)	3.5%	8.4%
White persons not Hispanic, percent, 2010	84.1%	65.3%

Rutherford County consistently has the highest unemployment rates compared to counties in the RPM Health District and the state.



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

The Rutherford Community Health Council in conjunction with the R-P-M District Health Department participated in a May 2011 training by the Rensselaerville Institute in NY, a premier outcomes based training organization that enables clients to define, track, achieve, improve and communicate tangible outcomes from their efforts and dollars. The purpose of the training was to initiate thinking in:

- Bringing an investor mind-set to their work as health coalition members.
- Engaging the community in a new way through a grass roots approach to making meaningful health related changes for community members and the health of their county.

The Institute training provided an opportunity for the Rutherford Community Health Council members to look at their investments individually and collectively, to consider what their potential was in terms of serving the health needs of the public and how to ignite the people to participate in improving the health process.

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.

According to America's Health Rankings, North Carolina's obesity related healthcare costs are estimated to be an average of \$4.3 billion by 2013. This equates to an average per capita cost of \$620 annually. According to the researchers, the state could save billions of dollars a year if adults were to lose weight and adopt healthier lifestyles. If current trends continue, it is projected that approximately half of all U.S. adults could be obese by 2030. (Source: Health Profile of North Carolinians: 2011 Update, NCDHHS)

The economic cost of unhealthy lifestyles among adults in Rutherford County is over \$92 million annually. This cost includes both direct medical expenses and indirect costs such as lost productivity, absenteeism and presenteeism. If current trends continue and we do nothing to reverse them, we can expect to be spending over \$129 million annually by 2010.

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) According to the most recent Behavior Risk Factor Surveillance System data the percentage of overweight adults in WNC and NC went up in 2010 and the percentage of obese adults went down slightly. The rate of obesity among Western North Carolina African Americans (43.9%) is significantly higher than that of whites (27%).

Percentage of North Carolina Adults Who Are Overweight or Obese 2007, 2009 & 2010 Source: Behavior Risk Factor Surveillance System									
	Overweight			Obese			Overweight or Obese		
	2007	2009	2010	2007	2009	2010	2007	2009	2010
North Carolina	35.9%	35.3%	36.7 	28.7%	30.1%	28.6% 	64.6%	65.4%	65.3% 
Western NC	37.1%	34.6%	36.8% 	26.0%	28.2%	27.6% 	63.1%	62.8%	64.4% 

No Data Available for Rutherford County Only

STRATEGIES TO REDUCE ADULT OBESITY

- **Design Communities That Encourage Physical Activity**

Major improvements to Thermal Belt Rail Trail are planned including improving the surface, signage, maps and paving a section in Spindale

Major trail system announced in master plan for Chimney Rock State Park

Buffalo Creek Trail System planning underway by Town of Lake Lure

Trail system planning underway at Isothermal Community College campus

- **Health Promotion**

Cookin' At The Market

Food demonstrations were held once a month at the Farmer's Market from June – October 2011. Extension Agents from Cooperative Extension utilized fresh fruits and vegetables grown by local farmers to demonstrate healthy cooking techniques. Customers at the Farmer's Market learned nutritious and flavorful ways to use the many foods available for sell at the market. Vendors also learned new ways to market their commodities by offering recipes and cooking suggestions to their customers. Nearly 100 customers and farmers benefitted from these demonstrations.

Grillin' & Chillin'

Rutherford County Cooperative Extension sponsors Grillin' & Chillin' each year in an effort to promote local foods, agriculture, and healthy cooking. This one-day event features a regional chef who prepares seasonal foods from Rutherford County. The majority of participants report significant increases in purchasing locally grown food, eating healthier, and understanding local agriculture.

Sole Sisters running/walking club formed in October.

Health Education

Eat Smart Move More Weigh Less

Rutherford County Cooperative Extension conducted a 15-week weight loss program for Rutherford County adults. Twenty-six participants completed the program. As a group, participants lost 54 pounds, 18 inches, and 3 BMI points.

Eat Smart Move More

Eat Smart Move More classes were held for members of Kistler United Methodist Church in conjunction with their wellness initiative for community residents. Following the program, church leaders continued to encourage healthy eating and physical activity through church newsletters, classes, and community health fairs.

Cook Smart Eat Smart

Rutherford County Cooperative Extension taught two classes of *Cook Smart Eat Smart* with 36 participants learning how to prepare simple, healthy meals.

Childhood Obesity

In 2011, the Trust for America's Health reported that North Carolina has the 14th highest adult obesity rate and the 11th highest childhood obesity rate in the nation. (Source: <http://healthyamericans.org/states/?stateid=NC#section=1,year=2011,code=undefined>)

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%.

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. No 2010 data was available for 2-18 year olds in Rutherford County.

**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) ▲
2010	2010 Data not available for 2 through 18 years of age			

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

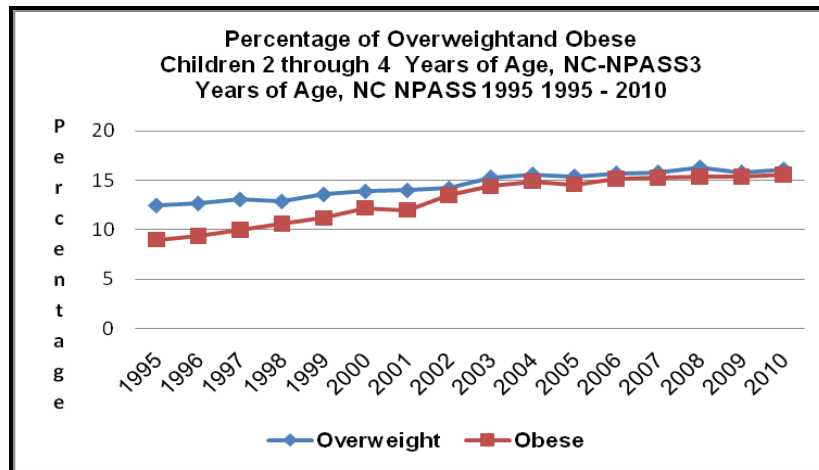
Data Source: <http://www.eatsmartmovemorenc.com/Data/ChildAndYouthData.html>

The most recent data available for 2010 is from NC-NPASS on one age group only, 2-4 year olds. North Carolina's trend shows a leveling off at the 15-16% range. The following chart follows the BMI of 2-4 year olds over time and compares Rutherford County to North Carolina and the two other counties in the R-P-M Health District.

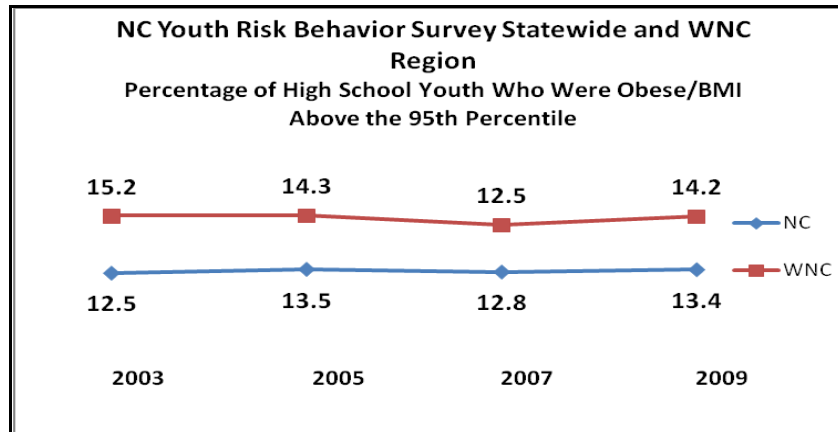
Comparison of BMI Percentages of 2 to 4 Years of Age Over Time with North Carolina and Other Counties (Source: NC-NPASS)		
	Overweight ≥85th to <95th Percentile	Obese ≥95th Percentile
North Carolina		
2010	16.1%	15.6% ▲
2009	15.8%	15.4%
2008	16.3%	15.4%
2004	15.6%	14.9%
Rutherford County		
2010	15.8%	13.7%
2009	16.6%	13.7%
2008	17.0%	12.7%
2004	14.7%	13.1%
McDowell County		
2010	12.8%	9.4% ▼
2009	13.8%	11.9%

2008	14.8%	12.9%
2004	14.6%	10.8%
Polk County		
2010	15.1%	15.6%
2009	17.4%	15.6%
2008	17.9	11.7%
2004	17.8%	15.8%

Rutherford's obesity rate has risen a little and its overweight has decreased slightly since 2008 to 15.8%.



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. 2009 is the most recent data available.



STRATEGIES TO REDUCE CHILDHOOD OBESITY

Rutherford County Healthy Children's Collaborative a Focus on Childhood Obesity In August 2010 a diverse group of individuals formed with representation from a wide variety of community groups and leaders interested in discussing and exploring the issue of Childhood Obesity. The McNair Foundation served as the catalyst for creating an opportunity for discussion and exploration of the Childhood Obesity issues in the county. Community members were invited to participate in monthly luncheon meetings and James H. Hines, Jr., Health Director for the Rutherford Polk McDowell District Health Department was asked to facilitate the group called the Rutherford County Healthy Children's Collaborative a Focus on Childhood Obesity. Monica Lee, Executive Director for the McNair Foundation provided valuable administrative support. The first meeting was held in September 2010 and continued monthly through June 23, 2011.

The McNair Foundation, in collaboration with other community sponsors, held a Childhood Obesity Summit on the campus of Isothermal Community College in September. There was an opening plenary session followed by roundtable discussions focusing on the eight areas identified in the Childhood Obesity Survey: built environment, community, family, childcare, school, healthcare, faith community, and worksite. The community-wide input from over 150 participants provided the Rutherford County Healthy Children's Collaborative a foundation to move forward in developing action strategies to prevent and reduce childhood obesity in Rutherford County.

Rutherford County Schools

Schools by themselves cannot, and should not be expected to, address the nation's most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved. However, schools do provide a critical facility in which many agencies might work together to maintain the well-being of young people.

The Rutherford County Schools have incorporated many programs and activities to provide students with the knowledge, skills, confidence and motivation to engage in healthy active lifestyles such as:

- Encouragement to provide only low sugar/low fat foods for special celebrations and snacks
- **SPARK** – (Sports, Play & Active Recreation for Kids!) curriculum has been incorporated all k-8 school physical education programs. Spark is designed as a comprehensive school prevention program to improve physical activity and eating habits in order to reduce obesity and the number of overweight children in grades K-8.

SPARK curriculum also includes 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.

- Annual 2 mile Bulldog Run
- Annual 5K Sunshine Run
- Mile Challenge with Fitness Finder incentives
- Utilization of the Be active equipment loan library from Appalachian State University
- FuelUpToPlay60.com
- Fitness Club for 4th and 5th grades
- Staff Wellness Council
- Exercise Program for the Teachers
- Walk Across America
- National Walk to School Day
- Farmer Grows a Rainbow curriculum
- Jump Rope for Heart
- Basketball Nights Sponsored
- Rocket Fitness- K-5 after school fitness club
- Family Fitness Challenge
- New school gardens at Rutherford Elementary and Rutherford Opportunity Center
- Spindale Tournaments (2-5) - Dodgeball, Jump rope, Hula, Hoop, Basketball
- Fit For Life Fridays

School Nutrition Department:

Beginning in 2011-2012, all milk served is skim

Supplemental sale items are low calorie, baked and/or reduced fat when available

Bottled water and 100% juices are also offered

All bread products are whole grain white wheat

Spices are utilized for seasoning instead of butter and oil

All foods served are portion controlled to teach "healthy" portion sizes

"Offer vs Serve" is utilized to allow students to choose the menu items they prefer

Menu offerings consist of lean meats, low fat cheeses, reduced sugar cereals, low fat salad dressings, and assorted fruits and vegetables.

Majority of foods are baked; not fried

Federal regulations now require support for the student with Special Dietary Needs.

Meals are modified with a proper medical prescription without additional cost to the parent of guardian.

Nutrition Education

Steps to Health

Forty-eight 3rd grade students at Mt. Vernon-Ruth Elementary School participated in Steps to Health taught by Rutherford County Cooperative Extension through USDA's SNAP-Ed nutrition education program. The Steps to Health program consists of nine, 45-minute sessions focusing on nutrition and physical activity. Results are as follows:

Students reported:

- eating fruit more often - 27%
- eating vegetables more often - 20.6%
- drinking water instead of soft drinks more often - 18.9%
- reading food labels more often 44.4%
- playing outside more often - 13.5%
- trying new fruits and vegetables more often - 29.7%
- eating breakfast more often - 10.8%

Parents observed their children eating more fruits and vegetables, drinking fewer soft drinks, reading nutrition labels, and playing outside more often.

Parents also made changes to their own eating and physical activity behaviors:

- 47.8% of parents reported eating more fruits and vegetables
- 47.8% of parents reported drinking fewer soft drinks
- 43.5% of parents reported reading nutrition labels
- 42.9% of parents reported being more active

Kids & Chefs

Kids & Chefs is a one-week summer day camp conducted by Rutherford County Cooperative Extension. Nine youth participated in agriculture tours, nutrition activities, and cooking classes. Local chefs assisted with meal preparation and instruction. Youth expanded their knowledge of food production, nutrition, and healthy cooking techniques.

Color Me Healthy

Sixteen preschool teachers attended a train-the-trainer workshop for the purpose of conducting the Color Me Healthy curriculum in their classrooms. The workshop was provided by Rutherford County Cooperative Extension. Each teacher received a tool kit for use in the classroom.

Kids Kitchen

In partnership with Parents As Teachers, Rutherford County Cooperative Extension taught 27 parents how to prepare healthy meals and snacks with their children at home. Parents learned about local foods, preparation tips, kitchen safety, and ideas for keeping kids interested in healthy foods.

WIC Demonstration Garden

The Rutherford-Polk-McDowell District Health Department's Supplemental Nutrition Program for Women, Infants and Children serves to safeguard the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care. The WIC program added a demonstration garden on site to encourage the growing and eating of fresh local produce to their clients. The Rutherford WIC program provided over 24,500 educational contacts with families in 2011.



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 111 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. The workshops address the following topics: Childhood Obesity, Nutrition for Young Children, Physical Activity for Young Children, Working with Families to Promote Healthy Weight Behaviors and Personal Health & Wellness for Child Care Workers.

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. The initial five participating centers will receive follow up and support from the Child Care Health Consultant. The centers will initiate the changes and goals they wish to work on.

2. ACCESS TO MEDICAL CARE

According to 2011 *County Health Rankings*, <http://www.countyhealthrankings.org/north-carolina/rutherford>, there are 16% uninsured adults in Rutherford County compared to 21% for NC.

In a 2010 report released by the NC Institute of Medicine, 22% of Rutherford County adults were reported uninsured compared to 23.2% in North Carolina for 2008-2009 and 10% of children were reported uninsured compared to 11.5% of NC children.

% UNINSURED	Children (0-18)		Adults (19-64)		Total (0-64)	
	Number	%	Number	%	Number	%
North Carolina	282,000	11.5%	1,326,000	23.2%	1,608,000	19.7%
McDowell	1,045	10.3%	5,360	20.0%	6,405	17.4%
Polk	402	10.8%	2,267	21.0%	2,669	18.4%
Rutherford	1,519	10.0%	8,180	22.0%	9,699	18.5%

Source: http://nciom.org/wp-content/uploads/2010/08/County-Level_Estimates_08-09.pdf

The NC Healthy Carolinians 2010 Objective was 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>)

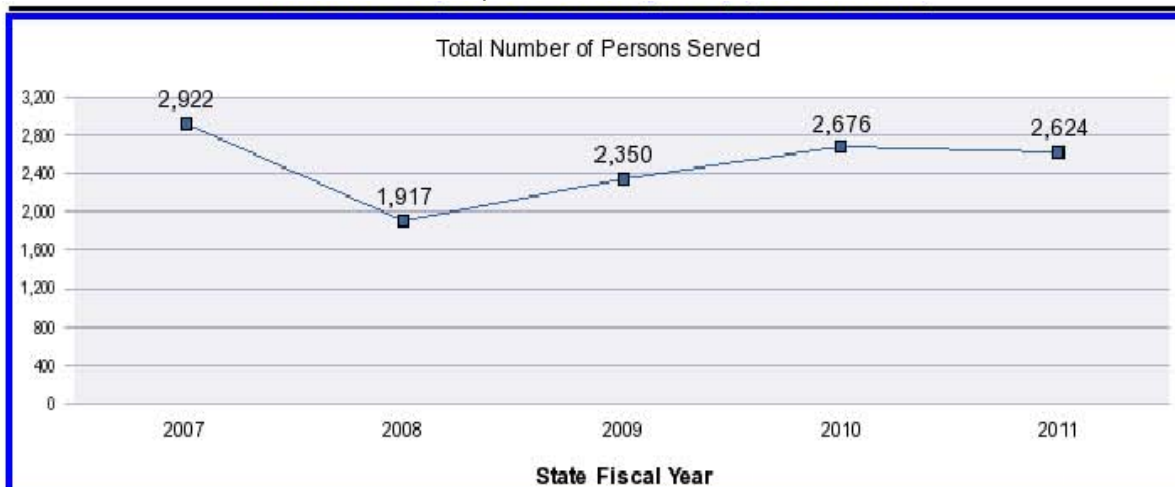
Looking at the data reported by NC Institute of Medicine, the percentages have changed very little since 2005 depending on which uninsured data you refer to.

Many of the uninsured 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

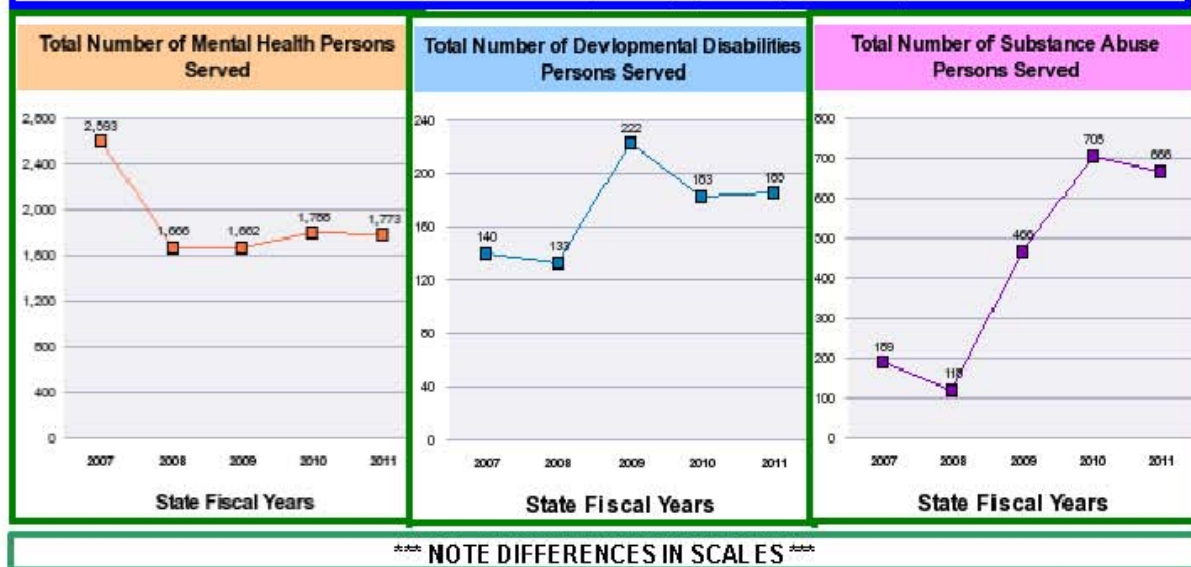
very poor; lack of transportation; un-affordability of insurance plans; language barriers.

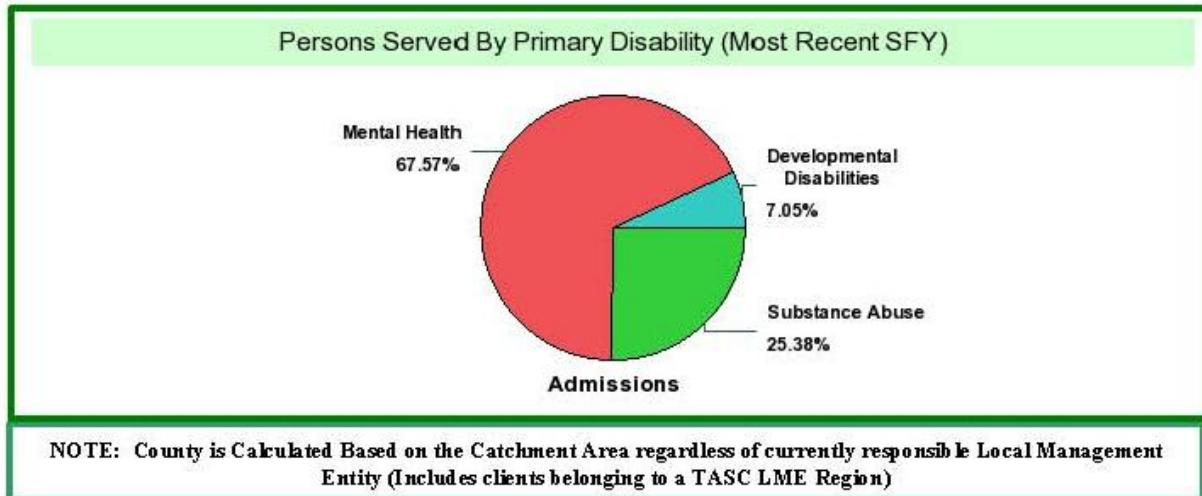
Access to health care is critical to eliminating disparities in health status among North Carolinians. To fully realize the potential of prevention, each resident must have access to clinical preventive care, primary care, emergency services, dental services, medicines, long-term care, and rehabilitative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

The following charts show the numbers of persons receiving mental health, substance abuse and disability services in Rutherford County from 2007-2011. Of these numbers 67.57% were for mental health services, 25.38% were for substance abuse services and 7.05% were for developmental disability. Source: NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.



The above graph tracks Persons Served over the last five state fiscal years (SFY) as reported by this County to the Consumer Data Warehouse (CDW). The three graphs below show a trend analysis by primary disability.





STRATEGIES TO INCREASE ACCESS TO CARE IN RUTHERFORD COUNTY

The Rutherford Community Health Center

The Community Clinic of Rutherford County has changed its name to "Rutherford Community Health Center" but not its mission of providing access to primary and specialty care to Rutherford County residents. Since relocating to Spindale to the "Old Daniel Furniture Bldg" the clinic is now able to accept new patients and offer more services. The Health Center provides access to affordable care for uninsured and low income patients by offering a sliding fee scale based on income. The Health Center accepts Medicaid, Medicare and third party insurance and provides access to onsite labs. The Health Center is continuing to meet the need of the community by becoming a medical home for patients without access to an establish primary care provider.

Currently, patients in need of Mental Health counseling and or Substance Abuse Counseling can make an appointment to seen by a licensed clinical counselor.

The Rutherford Community Health Center is now offering a "Walk In Clinic" in the evenings for immediate health care needs. This service is open to everyone in the community and the hours are Tuesday, Wednesday and Thursday from 5:30 - 8:30.

Nurse Family Partnership (NFP)

NFP, is 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. From 7-1-10 to 6-30-11, 729 visits and 44 phone visits were made with first time mothers in Rutherford County.

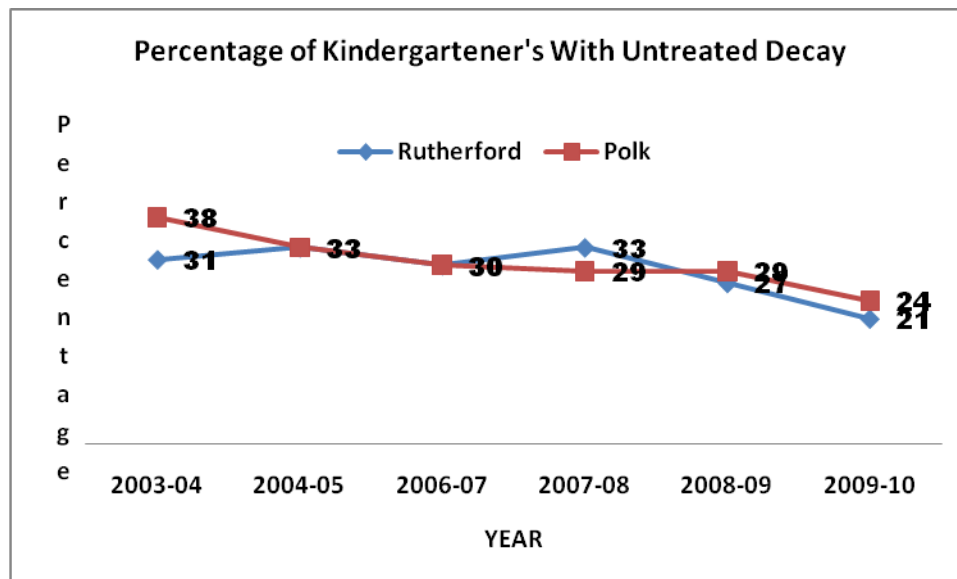
Three randomized controlled trials of the NFP model in other states have documented substantial, consistent and dramatic benefits to both mother and child, including improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, increased intervals between births, increased maternal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

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

1. 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;
2. Improve child health and development by helping parents provide responsible and competent care; and
3. 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 Hygienists for the RPM Health District report a decline in kindergartener's with untreated decay. The chart below shows a gradual decline in both Polk and Rutherford Counties.



The North Carolina Oral Health Section's Registered Dentist Hygienists have been working throughout the county to provide education and prevention services. Focus areas for the 2010-2011 year: dental disease prevention, access to dental care, oral health monitoring systems, health education and health promotion. Some of the results for the year are:

K & 5th graders screened: 1,403

- 24% of kindergarteners had untreated obvious decay in primary teeth
- 5% of fifth graders had untreated obvious decay in permanent teeth
- 42% of fifth graders had dental sealant present

Other grades screened: 787 (primarily second graders)

- 27 Follow ups
- 4,930 Education services
- 54 students received sealants through NC Oral Health Section staff supported sealant project

Coordinator for the Fluoride Mouthrinse Program

- Participating Schools: Cliffside, Ellenboro, Forrest Hunt, Forest City Dunbar
- 1436 participating students
- 1,021 K, 1st and 2nd graders were provided technical assistance through 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

Collins Dental Center

The Collins Dental Center (CDC) is a primary provider of Dental Services for low-income children from Polk and Rutherford Counties. Medicaid and Health Choice insurances are accepted, and there is a sliding fee scale for uninsured patients. In 2010, CDC provided 6,066 dental visits. Students from Western Piedmont Community College engage in clinical training rotations through CDC.

3. SUBSTANCE ABUSE

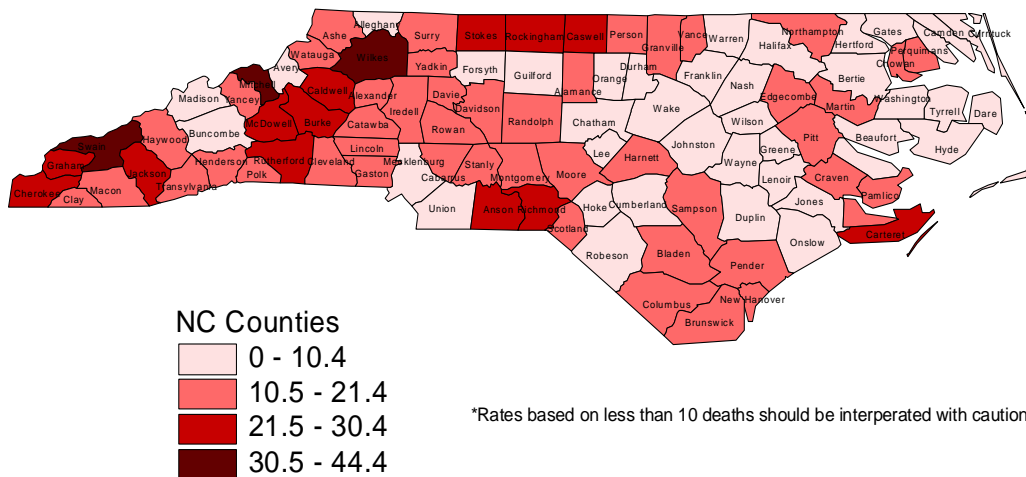
The NC Healthy Carolinians goal is to reduce the prevalence of adults, age 18 and older, using any illicit drugs during the past year. Target is 5 percent. Baseline, 1995: 7.2 percent of adults, 18 years and older, used illicit drugs during the past year. Substance abuse is one of North Carolina's most 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.

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.

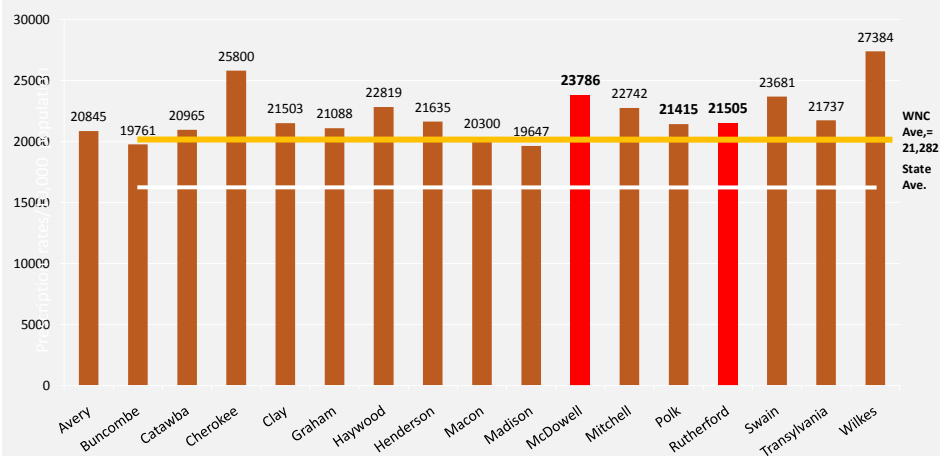
North Carolina Resident unintentional and undetermined intent poisoning death rates 2008



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.

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



Supported by Purdue Pharma NED101356 and DPA grant

Prescription data source: NC CSRS, March 2009

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).

Top 10 Controlled Substances Outpatient Dispensing Rates in 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

STRATEGIES TO REDUCE SUBSTANCE ABUSE

Community Engagement Team

Rutherford County agencies are taking proactive steps to address substance abuse issues. United Way of Rutherford County created the Community Engagement Team (CET) in October 2008 after results of a county-wide needs assessment indicated that substance abuse issues are a top concern among Rutherford County residents and service providers. Further research indicated that more specifically, prescription drug abuse/misuse is a growing problem in Rutherford County that demanded immediate attention. Rutherford County's unintentional overdose fatality rate has been consistently higher than the state average for the last four years according to the State Center for Health Statistics—and the majority of those deaths are attributed to prescription drugs.

With those grim statistics and the families who've lost loved ones in mind, CET and its partners have undergone a year-long strategic planning process through the North Carolina Coalition Initiative program, or NCCI, administered by Wake Forest University. The resulting strategic plan relies on the continued collaboration between CET, law enforcement, our schools and all other community partners to address both the supply and demand for prescription drugs in Rutherford County.

In just the past two years alone, through its partnership with the Rutherford County Behavioral Health Coalition, United Way has applied for and received grant funding from various sources to initiate new services and programs in Rutherford County to deal with substance abuse issues (with a heavy emphasis on prescription drug abuse/misuse). Since 2009, funding has been procured to:

1. Launch evidence-based substance abuse prevention programs in the Rutherford County School system. For the 2010/2011 school year East Rutherford Middle School and East Rutherford High School are pilot sites for these programs, which

will be implemented in all three middle schools and the three traditional high schools next year.

2. Provide trainings for the medical community to provide heightened awareness of addiction issues, encourage patient screenings, reduce doctor shopping, pill diversion, and prescription fraud, and to encourage increased use of the NC Controlled Substance Reporting System which tracks patient prescriptions and can help identify "doctor shoppers". These trainings are a result of partnerships with the Rutherford County Sheriff's Office, MAHEC, and Rutherford Regional Medical Systems.

3. Install a permanent prescription drug drop box at the Rutherford County Sheriff's Office. The installation, which is expected in late 2011, will be accompanied by a county-wide publicity campaign to encourage the safe disposal and secure storage of prescription medications.

4. Implement a substance abuse treatment program for inmates at the Rutherford County Jail. This is a Bureau of Justice Assistance federal grant program that focuses on inmates who are parents of minor children. The program provides substance abuse treatment for the inmate while they are incarcerated as well as provides assessments, support and services for their family. The goals include: reduced recidivism of the inmates, strengthening the family unit and helping to break the generational cycle of drug abuse that takes place in many households.

Additionally, Rutherford County residents heeded the call to properly dispose of their unwanted and expired medications this past year. Residents turned in more than 131,000 dosage units of medications for safe disposal at two Operation Medicine Drop prescription drug turn-in events during 2011. Operation Medicine Drop is a critical community service provided by local law enforcement because it allows residents to safely remove expired or unwanted medications from their homes.

Medicine turn-in events help ensure that powerful medications don't fall into the wrong hands or contaminate the water system from being flushed down the toilet. The twice annual Operation Medicine Drop events are the result of strong partnerships between the CET, Rutherford County Sheriff's Office, Forest City Police Department, Rutherfordton Police Department, Spindale Police Department, Safe Kids of Rutherford County, Rutherford County Schools, U.S. Attorney's Office, Food Lion of Rutherfordton, Forest City Fire Department and Ellenboro Fire Department, and a variety of local businesses.

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 or "like" us on Facebook under Rutherford CET.

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

Rutherford Community Health Center

in collaboration with Western Highlands provides access to licensed counselors to provide substance abuse and mental health services to low-income individuals and uninsured and residents seeking services.

NEW INITIATIVES

In August 2011, Hospital CEOs and Health Department Directors in the Western NC regional agreed to develop a WNC Regional Community Assessment process in 2012 which would meet everyone's needs. A WNC regional work group has organized to develop a standard set of questions, determine survey process and implementation steps to be administered to all WNC counties.

EMERGING ISSUES

Affordable Care Act (ACA) May Help Close the Gap

In March 2010, Congress passed the Affordable Care Act (ACA). The ACA was enacted to address certain fundamental problems with our current health care system, including the growing numbers of people who lack health insurance coverage, rapidly rising health care costs, and health care quality.

The Affordable Care Act (ACA) has provisions to expand the health professional workforce, including primary care providers, nurses, dentists, mental health/substance abuse professionals, allied health, public health professionals and direct care workers. The ACA gives priority to health professional training programs that promote interdisciplinary and integrated care, increase the supply of underrepresented minorities, and improve health care quality. The ACA also includes provisions to increase the supply of health professionals in underserved areas.

The change in eligibility requirements will be a major expansion to the North Carolina Medicaid program, especially for low-income adults. To qualify currently, a person must be a citizen or lawful permanent immigrant in the US for at least five years and must meet certain categorical, income, and resource requirements. Medicaid is generally limited to children of low-income families, or adults who are either pregnant, have dependent children under age 19 living with them, disabled (under strict Social Security disability standards), or elderly (65 or older). Even if a person meets these categorical eligibility rules, the individual must also have incomes below a certain income threshold and have limited resources or assets to qualify. Childless, nonelderly and non-disabled adults do not currently qualify for Medicaid, regardless of their income.

However, in 2014, the eligibility criteria will change, and Medicaid will begin covering most adults with incomes up to 138% FPL. The ACA removed the

categorical restrictions and resource limits for most adults. Instead, eligibility for children and most adults will be determined based on a person's citizenship (or lawful immigration status) and income.

To put this into perspective, currently most low-income adults working full-time at minimum wage are ineligible for Medicaid in North Carolina. A person working at minimum wage (\$7.25/hour), 40 hours week, 50 weeks/year would earn \$14,500/year in 2010. The incomes of these low-wage workers are generally too high to qualify for Medicaid under North Carolina's current Medicaid eligibility rules.

A single nonelderly adult who is not disabled cannot currently qualify for Medicaid in North Carolina regardless of income. Parents can qualify but it is extremely difficult to do so. A parent in a family of four would only qualify in North Carolina if his or her income was less than \$7,128/year, equivalent to less than half of what a person earns on minimum wage. However, beginning January 1, 2014, this adult would be able to qualify regardless of whether he or she had children. The income guidelines for an individual (single adult without dependent children) would be \$14,945/year or \$30,429/year for a family of four if based on 2010 federal poverty levels. (These income limits are likely to increase by 2014, as they will be based on the 2014 federal poverty levels.) This change is a major expansion and will provide coverage to many low-income adults.

While the ACA includes many provisions to strengthen and build the health professional workforce, the Act did not include new funding for many of these provisions. As part of this effort, the North Carolina Health Professional Workforce Workgroup organized and met approximately one time per month from August 2010-August 2011 to review specific sections of the legislation and examine any new funding opportunities that are made available as part of this legislation.

This group worked to:

Examine funding opportunities for workforce development, including but not limited to: primary care, nursing, allied health, behavioral health, dentistry, public health, direct care workforce Outreach about loan repayment opportunities

Identify best models for quality improvement and interdisciplinary training in workforce development programs

Foster collaboration and coordinate implementation efforts.

In the meantime counties with limited medical personnel continue to struggle to provide health care services to the uninsured or other underserved populations.

2009 Rutherford County Census Data from LINC		Source: linc.state.nc.us/
Active Primary Care Physicians	42	
Midlevel Practitioners	28	
Registered Nurses	444	
Active Dentists	16	
Total Active Physicians, Nonfederal, Non-resident-in-training	78	
Persons Served in NC Alcohol and Drug Treatment Centers	35	62 (2010)

Persons Served in Area Mental Health Programs	2090	2,676 (2010)
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For more information about this report, please contact:

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

Anyone interested in working on any priority issues: obesity, substance abuse or access to care or desiring more information about the SOTCH report, please contact the Rutherford County Health Department at 828-287-6100.

The 2011 SOTCH Report may be viewed at: <http://www.rpmhd.org/sotch>

The 2008 Rutherford County Community Health Assessment may be viewed online at: <http://www.rpmhd.org/cha>

These reports are also in local libraries.

Working Together for a Healthy Community