# Leading Causes of Death in North Carolina 2012

**Location:** Rutherford  
**Race:** all  
**Gender:** both

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Diseases of heart</td>
<td>172</td>
<td>21.9</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>149</td>
<td>19.0</td>
</tr>
<tr>
<td>3</td>
<td>Chronic lower resp. dx.</td>
<td>63</td>
<td>8.0</td>
</tr>
<tr>
<td>4</td>
<td>Cerebrovascular diseases</td>
<td>44</td>
<td>5.6</td>
</tr>
<tr>
<td>5</td>
<td>Diabetes mellitus</td>
<td>24</td>
<td>3.1</td>
</tr>
<tr>
<td>6</td>
<td>All other unintentional injuries</td>
<td>20</td>
<td>2.6</td>
</tr>
<tr>
<td>7</td>
<td>Atherosclerosis</td>
<td>19</td>
<td>2.4</td>
</tr>
<tr>
<td>8</td>
<td>Chronic liver dx. - cirrhosis</td>
<td>15</td>
<td>1.9</td>
</tr>
<tr>
<td>9</td>
<td>Septicemia</td>
<td>14</td>
<td>1.8</td>
</tr>
<tr>
<td>10</td>
<td>Intentional self-harm (suicide)</td>
<td>13</td>
<td>1.7</td>
</tr>
</tbody>
</table>

**All other causes (Residual)** 251 32.0

**Total Deaths -- All Causes** 784 100.0

Source: State Center for Health Statistics, North Carolina
County Ranking Improved in 2013

Where 1=Best

<table>
<thead>
<tr>
<th>Year</th>
<th>Rutherford</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td></td>
<td>84</td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td>69</td>
</tr>
</tbody>
</table>

Indicators: Mortality & Morbidity, Health Behaviors, Clinical Care, Social/Economic, Environment

Source: County Health Rankings and Roadmaps
Heart Disease Mortality

Source: NC SCHS, NC DPH
Lung Cancer Mortality

Source: NC SCHS, NC DPH
Cancer New Cases

Source: NC SCHS, NC DPH
Diabetes Mortality Rate

Source: NC SCHS, NC DPH
High Blood Pressure

Source: 2012 Community Health Survey, PRC, Inc.
Our Health Priorities

- Substance Abuse
- Chronic Disease

Selected as a result of the most recent community health assessment

- CHA - www.rpmhd.org
- CHIP – www.rpmhd.org
Priority 1: Prevent Substance Abuse
Strategic Partners

1. Rutherford Polk McDowell WIC Division
2. United Way of Rutherford County
3. Rutherford Regional Hospital
4. Community Transformation Grant
5. NC Cooperative Extension, Rutherford County
6. Rutherford County Sheriff Department
Data from WNC Students

### Percentage of Students Who Have Ever Used During Their Lifetime

<table>
<thead>
<tr>
<th>Grades</th>
<th>Prescription Drugs</th>
<th>Marijuana</th>
<th>Inhalants</th>
<th>Cocaine</th>
<th>Methamphetamines</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>21.1</td>
<td>15.5</td>
<td>19.0</td>
<td>7.0</td>
<td>3.8</td>
</tr>
<tr>
<td>10</td>
<td>24.1</td>
<td>17.1</td>
<td>14.3</td>
<td>6.9</td>
<td>3.1</td>
</tr>
<tr>
<td>11</td>
<td>30.3</td>
<td>19.0</td>
<td>12.0</td>
<td>8.4</td>
<td>4.7</td>
</tr>
<tr>
<td>12</td>
<td>27.4</td>
<td>21.5</td>
<td>13.3</td>
<td>8.7</td>
<td>4.3</td>
</tr>
</tbody>
</table>

### Percentage of Students Who Used in the Past 30 Days

<table>
<thead>
<tr>
<th>Grades</th>
<th>Alcohol</th>
<th>Binge Alcohol</th>
<th>Smoked Cigarettes</th>
<th>Marijuana</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>29.1</td>
<td>15.7</td>
<td>17.0</td>
<td>15.5</td>
</tr>
<tr>
<td>10</td>
<td>30.2</td>
<td>22.0</td>
<td>21.9</td>
<td>17.1</td>
</tr>
<tr>
<td>11</td>
<td>41.0</td>
<td>23.0</td>
<td>23.4</td>
<td>19.0</td>
</tr>
<tr>
<td>12</td>
<td>42.5</td>
<td>29.0</td>
<td>26.1</td>
<td>21.5</td>
</tr>
</tbody>
</table>

Source: Western North Carolina High School Drug Use (YRBS 2009)

### Illicit Drug Use Among Adults

Rutherford County’s fatal overdose rate is higher than state average at 20.5 per 100,000 compared to the state rate of 10.3 per 100,000 (2009). These deaths are classified as accidental overdoses with 77% attributed to prescription drugs. Source: NC State Center for Health Statistics

In 2009, 13 people died in accidental drug overdoses – the majority attributed to prescription drugs. Source: NC State Center for Health Statistics

693 Emergency room visits for accidental drug overdoses in Rutherford County (2009) NC Detect

Rutherford County had the 2nd highest controlled substances prescription rate in the state for 2010. Source: Project Lazarus, NC SBI

In 2009, Rutherford County was ranked #5 in controlled substance outpatient dispensing rate 27,487/10,000 pop. Source: NC Controlled Substance Reporting System
Strategy 1 – Reduce Underage Drinking

- Community Engagement Team (CET) works with Youth Council to increase knowledge, build skills, develop youth leadership. This is on going.
- CET coordinates trainings in youth advocacy, youth councils, public speaking. On-going
- Rutherford Health Coalition and CET are working to increase public awareness of risks of underage drinking. This is on going.
Strategy 2 – Prevention Education, Screening and Referrals for Treatment

- Prevention Education is planned for Spring 2014 in Rutherford Schools.
- ARP Prevention Services in providing training to teachers and counselors to deliver classes on substance abuse prevention.
Strategy 3 – Community Engagement Capacity Building.

- Pill Drop Promotions are on going in schools, Senior Centers, local media.
- Pill Drop Boxes have been installed with new boxes in 2013 and planned for 2014 in new locations in the county.
- Press releases build awareness of events. This is on going.
- Screening and referrals for Integrated Medical Care are on going.
Progress Highlights

• RCHC Staff participated in webinar on opioids and are receiving a monthly periodical on prescription drug changes.
• Community Engagement Team (CET) continues to help to promote Drug Take Back Events.
• Pills collected in 2013: 176,206.01 (this includes medicine drop box at Sheriff's Office and all Operation Medicine Drop Events in Community; still waiting on numbers from drop box at FCPD).
• Youth Council outreach initiatives. Members have been very receptive to the training and report that it's helped them during public speaking engagements and other Youth Council functions. Members have participated in creating the "Safe Roads/Safe Homes" campaign to help prevent underage drinking. They have given presentations about this campaign to civic groups, at community fairs, and at school functions (to students, staff, and parents). They've participated in voicing radio commercials promoting the Safe Roads/Safe Homes campaign as well as in media stories.
Progress Highlights

- Youth Council helped CET partner with law enforcement to host an underage drinking awareness event for National Above the Influence Day in October 2013.
- The NC Highway Patrol set up a DWI Simulation Course.
- To date, Youth Council members have signed up more than 100 parents and students.
Priority 2
Reduce Chronic Disease

GOALS:
1. Decrease percentage of adults with diabetes
2. Reduce percentage of current smokers
3. Increase the number of residents at a healthy weight.
Healthy Weight

Sources:

- 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

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

- Strategy 1: Increase Screening & Referrals
- Strategy 2: Diabetes Education & Self-management
- Strategy 3: Reduce Current Smokers
- Strategy 4: Improved Nutrition
Strategy 1 – Screenings and Referrals for Chronic Disease

- Screenings, community education, and referrals are ongoing through collaborative efforts among Health Coalition Partners.
- Health Fairs are held by Rutherford Regional Hospital (RRH) for special at risk populations annually.
- Blood Pressure Checks and Cholesterol Screenings are ongoing through RRH, RPMHD, and RCHC.
- Diabetes Screenings and referrals are ongoing through RRH, RPMHD, and RCHC.
Strategy 2 – Diabetes Education and Self-management

- RRH is offering classes in diabetes education and self-management.
- RRH is on track to meet the goal of 120 participants by June 2014.
- Cooperative Extension will be offering “Living Healthy with Diabetes” to the public.
Strategy 3 – Reduce Tobacco Use

- Smoking cessation participation is increasing at RRH.
- Promotion of NC Quitline is on going through Health Coalition Partners. WIC Nutritionists are referring verbally to quit line, phone number.
- Secondhand Smoke education and awareness is on going through RPMHD WIC Department and through CTG promotional campaigns.
- Smoke free campus campaign is on going through CTG, Isothermal CC and partners.
Strategy 4 - Improved Nutrition

- Promoting breastfeeding is on-going. All WIC staff support breastfeeding whenever possible.
- Increasing WIC mothers are breast feeding through consulting and teaching about benefits. Breastfeeding Numbers increased in 2013.
- Promotion of Breastfeeding through events is planned and implemented annually through WIC. For World Breastfeeding Week - newspaper article, open house with breastfeeding certificates to nursing moms (Door Prizes given)
- Breastfeeding Support Group is still being discussed and planned.
- Space has been added to the County Farmer’s Market to increase access to fresh fruits and vegetables.
- Cooperative extension continues to offer classes in nutrition, healthy eating, cooking, food preservation.
- WIC vouchers can be used at the Farmer’s markets. WIC family’s are encouraged to visit the Farmer’s markets.
Progress Highlights

- Rutherford Community Health Center (RCHC) is providing integrated care for all patients.
- S-BIRT training was given to the behavioral staff and is administered to patients at RCHC.
- RPMHD created and distributed 1000 CHIP promotional magazines. Quitline and 2-1-1 were also promoted in Health Magazine.
- "Youth Empowerment Group" has a billboard on "Bullying" issues with local youth in the picture on the billboard.
- Dr. Chris Burley in conjunction with "Safe Kids" continues to work with the local schools to provide bicycle helmets for children.
- Cooperative Extension: "Steps to Health", a second grade nutrition program @ Ellenboro Elementary this year.
- Training for lay leaders for the “Living Healthy with Diabetes”, to teach in Rutherford and Polk counties.
Progress Highlights for Active Living

- Jerry Stensland has done extensive work with the "Outdoor Coalition" and continues to work with folks for continued growth in the area of outdoor trails and activities.

- Broad River Paddle Trail which has been under development for a little while now and it is starting to slowly together; our first public access point opened in last August at Grey’s Road and the next one is coming this Spring at Cox Road. Ten access points between Lake Lure and Cleveland County and eventually, one about every four miles.

- Partnership between various organizations in the county: the NC Wildlife Resources Commission is constructing the sites. Sheriff’s department and the Wildlife partner in policing sites. Rutherford Outdoor Coalition and Americore are recruiting volunteers to help pick up trash and to monitor sites along the river.

- Hospital compiled and posted on website a comprehensive list of exercise opportunities including trails, the gyms, parks etc. Physicians requested this so that they can provide a more detailed prescription to patients for exercise.
New and Emerging Issues

- Mental Health needs remain challenging to address with current resources.
- ICC expects an agreement to be finalized with Western Carolina on the Ribbon Program, Baccalaureate Nursing Program.
- Local partners are receiving more calls than usual with folks needing help with assistance especially heating, warm clothes, shoes etc. Agencies cannot meet the needs of all requests for assistance.
- Hospital completed Joint Commission survey, the Joint Commission was very complimentary on the activities at Rutherford Regional, physicians and staff all passed with flying colors.
- Hospital had a huge influx of patients with flu and Nora Virus and pneumonia and in our children and infants RSV.
Next Steps

- The Rutherford Polk McDowell District Health Department will continue to monitor our Community Health Improvement Plan.
- Continued updates with the Rutherford County Health Coalition
- Continued capacity building among community sectors to address health issues.