McDowell County 2014
State of the County Health Report

Rutherford Polk McDowell District Health Department

February 9, 2015

Marjorie Vestal, Public Health Consultant
Marjorie.vestal@gmail.com
828 774-9330
# Review of Current Data for McDowell County

## County Rank

<table>
<thead>
<tr>
<th>Indicators: Mortality &amp; Morbidity, Health Behaviors, Clinical Care, Social/Economic, Environment. McDowell ranks higher than the state in smoking, obesity, childhood poverty, physical inactivity.</th>
<th>Where 1=Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 County Rank</td>
<td>66</td>
</tr>
<tr>
<td>2014 County Rank</td>
<td>76</td>
</tr>
</tbody>
</table>

## Leading Causes of Death

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause of Death</th>
<th>McDowell</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Diseases of Heart</td>
<td>553</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>530</td>
</tr>
<tr>
<td>3</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>165</td>
</tr>
<tr>
<td>4</td>
<td>Cerebrovascular Disease</td>
<td>136</td>
</tr>
<tr>
<td>5</td>
<td>All Other Unintentional Injuries</td>
<td>89</td>
</tr>
<tr>
<td>6</td>
<td>Diabetes Mellitus</td>
<td>88</td>
</tr>
<tr>
<td>7</td>
<td>Alzheimer's disease</td>
<td>68</td>
</tr>
<tr>
<td>8</td>
<td>Pneumonia and Influenza</td>
<td>51</td>
</tr>
<tr>
<td>9</td>
<td>Nephritis, Nephrotic Syndrome, and Nephrosis</td>
<td>44</td>
</tr>
<tr>
<td>10</td>
<td>Unintentional Motor Vehicle Injuries</td>
<td>38</td>
</tr>
<tr>
<td>11</td>
<td>Suicide</td>
<td>37</td>
</tr>
<tr>
<td>All Causes (some not listed)</td>
<td>2,328</td>
<td>840.7</td>
</tr>
</tbody>
</table>


Source: 2008-2012 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B). Retrieved on December 8, 2013, from North Carolina State Center for Health Statistics (NC SCHS), 2014 County Health Data Book website: [http://www.schs.state.nc.us/schs/data/databook/](http://www.schs.state.nc.us/schs/data/databook/)
## Poverty
### 5-Year Estimate 2008-2012

<table>
<thead>
<tr>
<th>County</th>
<th>Total Population</th>
<th>2008-2012</th>
<th>Children Under 18</th>
<th>2008-2012</th>
<th># Below Poverty Level</th>
<th>% Below Poverty Level</th>
<th># Individuals Below 200% Federal Poverty Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Population Estimate</td>
<td># Population Below Poverty Level</td>
<td>% Population Below Poverty Level</td>
<td>Population Estimate</td>
<td># Below Poverty Level</td>
<td>% Below Poverty Level</td>
<td></td>
</tr>
<tr>
<td>Buncombe</td>
<td>232,919</td>
<td>39,049</td>
<td>16.8</td>
<td>48,238</td>
<td>11,546</td>
<td>23.9</td>
<td>87,767</td>
</tr>
<tr>
<td>McDowell</td>
<td>43,879</td>
<td>8,347</td>
<td>19.0</td>
<td>9,533</td>
<td>2,900</td>
<td>30.4</td>
<td>18,618</td>
</tr>
<tr>
<td>Polk</td>
<td>20,094</td>
<td>3,163</td>
<td>15.7</td>
<td>3,814</td>
<td>1,068</td>
<td>28.0</td>
<td>7,579</td>
</tr>
<tr>
<td>Rutherford</td>
<td>65,921</td>
<td>13,384</td>
<td>20.3</td>
<td>14,778</td>
<td>4,362</td>
<td>29.5</td>
<td>31,379</td>
</tr>
<tr>
<td>WNC (Regional) Total</td>
<td>740,062</td>
<td>125,104</td>
<td>16.9</td>
<td>150,464</td>
<td>37,777</td>
<td>25.1</td>
<td>289,452</td>
</tr>
<tr>
<td>WNC (Regional) Arithmetic Mean</td>
<td>n/a</td>
<td>n/a</td>
<td>17.8</td>
<td>n/a</td>
<td>n/a</td>
<td>26.7</td>
<td>18,091</td>
</tr>
<tr>
<td>State Total</td>
<td>9,289,467</td>
<td>1,563,464</td>
<td>16.8</td>
<td>2,245,364</td>
<td>535,502</td>
<td>23.8</td>
<td>3,485,135</td>
</tr>
<tr>
<td>Source</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>


McDowell Children below poverty level rate is 30.4%
Incidence of Lung Cancer New Cases shows little change since 2009. McDowell is still well above the state and our WNC region.

Source: NC SCHS, NC DPH
## Diabetes Prevalence and Mortality Rates Higher Than WNC Region

**WNC HEALTHY IMPACT - SECONDARY DATA WORKBOOK**

**Western NC County Comparisons**

**Trend: Adult* Diagnosed Diabetes Prevalence Estimate (CDC)**

<table>
<thead>
<tr>
<th>County</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>McDowell</td>
<td>4,048</td>
<td>4,590</td>
<td>4,782</td>
</tr>
<tr>
<td>Age-Adjusted</td>
<td>10.6</td>
<td>11.6</td>
<td>12.1</td>
</tr>
<tr>
<td>Polk</td>
<td>1,467</td>
<td>1,651</td>
<td>1,778</td>
</tr>
<tr>
<td>Age-Adjusted</td>
<td>7.0</td>
<td>7.5</td>
<td>8.0</td>
</tr>
<tr>
<td>Rutherford</td>
<td>5,537</td>
<td>6,327</td>
<td>6,487</td>
</tr>
<tr>
<td>Age-Adjusted</td>
<td>9.9</td>
<td>10.5</td>
<td>10.8</td>
</tr>
<tr>
<td>WNC (Regional)</td>
<td>33,525</td>
<td>37,171</td>
<td>39,214</td>
</tr>
<tr>
<td>Total</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Age-Adjusted</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>WNC (Regional)</td>
<td>2,095</td>
<td>2,323</td>
<td>2,451</td>
</tr>
<tr>
<td>Arithmetic Mean</td>
<td>4.5</td>
<td>4.8</td>
<td>5.0</td>
</tr>
<tr>
<td>State Total</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>


The chart at left, shows that the prevalence of diagnosed diabetes among adults in McDowell rose from 11.6% in 2010 to 12.1% in 2011.

### Diabetes Mortality Rate Higher than State and Region - Graph at Right

Source: NC SCHS, NC DPH

Graph showing Diabetes Mortality Rate from 2008-2012 with a rate of 31.1%
# Teen Pregnancy, Ages 15-17 Shows Downward Trend But Still Relatively High Rate

Rate per 1,000 Women Age 15-17

Seven 5-Year Aggregates, 2004-2008 through 2008-2012

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Pregnancies</td>
<td>Rate</td>
<td>Total Pregnancies</td>
<td>Rate</td>
<td>Total Pregnancies</td>
</tr>
<tr>
<td>Buncombe</td>
<td>582</td>
<td>28.0</td>
<td>545</td>
<td>26.2</td>
<td>520</td>
</tr>
<tr>
<td>McDowell</td>
<td>145</td>
<td>35.7</td>
<td>137</td>
<td>33.2</td>
<td>132</td>
</tr>
<tr>
<td>Polk</td>
<td>34</td>
<td>21.5</td>
<td>36</td>
<td>22.2</td>
<td>31</td>
</tr>
<tr>
<td>Rutherford</td>
<td>237</td>
<td>38.2</td>
<td>233</td>
<td>36.6</td>
<td>218</td>
</tr>
<tr>
<td>WNC (Regional) Total</td>
<td>1,937</td>
<td>n/a</td>
<td>1,850</td>
<td>n/a</td>
<td>1,763</td>
</tr>
<tr>
<td>WNC (Regional) Arithmetic Mean</td>
<td>121</td>
<td>30.5</td>
<td>116</td>
<td>28.5</td>
<td>110</td>
</tr>
<tr>
<td>State Total</td>
<td>30,498</td>
<td>34.7</td>
<td>30,063</td>
<td>33.6</td>
<td>28,938</td>
</tr>
</tbody>
</table>

| Source | 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 | 7 | 7 |

Note: Regional arithmetic mean rates appearing in italic type include one or more unstable county rates. Such mean rates likely are unstable and should be interpreted with caution.


7 - Pregnancy Rates per 1,000 Population for Girls Ages 15-17, by Race, 2008-2012. Retrieved December 5, 2013, from North Carolina State Center for Health Statistics (NC SCHS), 2014 County Health Data Book website: [http://www.schs.state.nc.us/schs/data/databook/](http://www.schs.state.nc.us/schs/data/databook/)
# Estimated Non-Elderly (Age 64 and Younger) Uninsured Rates Show Improvement

Age Profile, Biennial Period 2010-2011

<table>
<thead>
<tr>
<th>County</th>
<th>Total (Age 19-64)</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2008-2009</td>
<td>2009-2010</td>
<td>2010-2011</td>
<td>Adult (19-64)</td>
<td>Adults%</td>
<td>Children %</td>
</tr>
<tr>
<td>McDowell</td>
<td>20.0</td>
<td>22.5</td>
<td>18.9</td>
<td>7.8</td>
<td>6,000</td>
<td>18.9</td>
</tr>
<tr>
<td>Polk</td>
<td>21.0</td>
<td>20.8</td>
<td>18.6</td>
<td>8.0</td>
<td>2,000</td>
<td>18.6</td>
</tr>
<tr>
<td>Rutherford</td>
<td>22.0</td>
<td>23.3</td>
<td>20.2</td>
<td>7.9</td>
<td>9,000</td>
<td>20.2</td>
</tr>
<tr>
<td>WNC (Regional) Arithmetic Mean</td>
<td>22.3</td>
<td>22.0</td>
<td>19.3</td>
<td>7.9</td>
<td>-</td>
<td>19.3</td>
</tr>
<tr>
<td>State Total</td>
<td>19.5</td>
<td>23.2</td>
<td>n/a</td>
<td>n/a</td>
<td>1,341,000</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Source:

McDowell Health Priorities

1. Healthy Eating & Active Living – Diabetes
2. Access to Care

These Priorities were selected as a result of the most recent community health assessment.

- CHA  www.rpmhd.org
- CHIP  www.rpmhd.org

Strategic Partners

1. Rutherford Polk McDowell WIC Division
2. Corpening YMCA
3. McDowell Hospital
4. Community Transformation Catalyst
5. Historic Marion Tail Gate Market
6. NC Cooperative Extension, McDowell County
7. McDowell Trails Association
8. City of Marion
9. Kate B. Reynolds Charitable Trust Healthy Places Initiative
10. McDowell Health Coalition
11. NC PTA Partners
12. McDowell County Community Transformation Catalyst, North Carolina Public Health Foundation
13. McDowell Schools
14. Workforce Pipeline Committee
Strategies to Reduce Chronic Disease - Diabetes

- **Strategy 1** – Increase Physical Activity Opportunities in the Built Environment

- **Strategy 2** – Install Market Manager and EBT System at Marion Tail Gate Market

- **Strategy 3** – Implement Diabetes Management Program
Strategy 1 – Increase Physical Activity Opportunities in the Built Environment

- Phase II Greenway Expansion is complete and open to the Public
- A comprehensive Parks and Recreation Plan was adopted by the County in 2014.
- McDowell County Government Employees are modeling innovative Worksite Wellness Programs.
- “Have a Healthy School Year” event on August 14, 2014 provided information about places to be active in the community, health screenings, children’s nutrition.
- McDowell Community College received a grant for $150,000 to create tobacco-free campus and walking trails. Policy level work was done.

New developments Planned for 2015

- McDowell County is leading plans to expand Greenways to include phase III of the Catawba River Greenway, which will be approximately a three-mile extension planned west of phase one along the River. To accomplish this goal, McDowell County is applying for a Parks and Recreation Trust Fund (PARTF) grant.

- The City of Marion submitted a grant to the NC DOT to complete a comprehensive bicycle plan for the City. Currently, Marion does not have bicycle infrastructure or facilities in place. This plan will help identify infrastructure, facility, and network improvements that will expand active transportation opportunities and make Marion a safer place to bicycle. Additional funding is being sought to establish bicycle training program for teachers, parents, and other bicycle advocates to teach both children and adults how to ride bicycles and about bicycle safety.
Strategy 2 – Install Market Manager and EBT System at Tail-gate Market

Accomplishments to date:

• Historic Marion Tail Gate Market installed EBT machine and trained vendors on its use.
• A market manager was hired in 2013. She continues to offer cooking demonstrations and events to draw in new visitors.
• Historic Marion Tail Gate Market offered 775 vouchers as incentives to purchase fresh produce. 373 Vouchers were returned especially from DSS and Senior Center Clients.
• Community Transformation Program increased signage at Tailgate Market to include EBT/SNAP in 2014.
• SNAP/EBT Promotion included: Ads in McDowell News, Radio Spots on WLOS, Posters.
• County Cooperative Extension Director Attended Webinar on “Local Food and Local Government”.
• A 10% increase in visitors was experienced at the market in 2014.
• An increase in sales was reported by vendors.
• Fall Festival was a highlight that brought record numbers to the Tailgate Market in 2014.
• Community Transformation Catalyst assisted the McDowell Community Supported Agriculture program in expanding produce box program to low-income residents.

2015 Plans

• Plans for 2015 include an increase in Family Friendly Programs, more children’s activities.
Strategy 3 – Implement Diabetes Management Program

- Corpening YMCA and McDowell Mission Hospital partnered to develop curriculum and then offered Diabetes Self-management Programs to 110 people in 2014.
- In 2015, 120 people will go through the classes in English.
- Classes in Spanish will be offered in 2015 with 30-50 participants.
- All aspects of the program are exceeding expectations including biometric measurements, referrals, and attendance.
- Local Doctors are referring patients to the Taking Control of Type 2 Diabetes Program at a higher rate than expected.
- The YMCA/Mission partnership is in year one of a three year research project to document the integration of lifestyles with clinical measures to reduce diabetes
- The curriculum is becoming a model for other communities.
Strategy 3 Related 2014 Highlights

• Breastfeeding was promoted to WIC clients at the McDowell Health Department through regular visits and special events.
• Breastfeeding peer counselors made an increasing number of referrals to nurses and physicians. A survey shows favorable attitudes among medical providers has increased.
• Breast feeding support was provided to Health Department clients.
• Referrals to Quitline were made appropriately.
• Website was launched by McDowell Health Coalition to promote healthy eating and active living. [www.healthylivingmcdowell.org/places.html](http://www.healthylivingmcdowell.org/places.html)
• CTG produced a video to promote healthy eating and active living and posted it to the website above.
• The video is also broadcast on McDowell Government Channel and in the waiting room at the McDowell Health Department.
• Community Transformation Catalyst promoted places for physical activity and provided technical assistance to schools to create policies and practices that promote active lifestyles and healthy eating.
Priority 2  Access to Care

GOALS: Reduce number of uninsured adults
Increase access to care for the low-income, uninsured

Strategy 1 – Simplify the eligibility and enrollment process for public insurance

- Identify uninsured people and assist with health insurance enrollment. This is being done but the numbers enrolled are lower than expected because of a lack of active Navigators in McDowell.
- Supporting and promoting the Affordable Care Act is on going.

Strategy 2 – Increase Access to Care, Disease Prevention Programs, Services and Screenings among low-income.

- Using Rockingham County’s model for Access to Care, the McDowell Action Team is integrating components of this model with a core group of low-income uninsured adults to provide needed resources.
- Participants are entered into a county-wide tracking system to ensure equitable distribution of needed resources.
- Two grants have been submitted to build capacity to use a county-wide tracking system. Funds are needed for staff and equipment.
Progress Highlights: KBR Healthy Places Initiative

Kate B. Reynolds Charitable Trust (KBR) has chosen McDowell County as a recipient for the ‘Healthy Place Initiative”. KBR made several grants to McDowell County Partners in 2014 as part of its Healthy Places Initiative. This funding continues to increase opportunities to achieve our CHIP goals.

• Corpening YMCA and McDowell Hospital partnering on Diabetes Management program.
• Diabetes Prevention Programs in Spanish begin in 2015.
• Healthy Eating Active Living Catalyst works with Faith Communities to form Wellness Committees and Joint Use Agreements.
• McDowell Health Coalition (MHC) Director is in place and is expanding the Coalition through fundraising, strategic board development, grant writing, participation in surveys and research projects.
• MHC hired consultant to help with organization and communications.
• McDowell County Recreation improved facilities in Old Fort.
• City of Marion hired a part time manager for Tail Gate Market.
• City of Marion and McDowell Trails Association have expanded Greenways.
• Rutherford Polk McDowell Health Department will be installing a new Heart Healthy Playground in Marion in 2015.
• Community Care Paramedic Program began on 7/13. It addresses high utilizers of EMS and ER services. A 180 day review showed a significant cost savings of $64,000 was realized by the County, Medicare, Medicaid and Private Insurance. The program reduced ER visits and readmissions for abdominal pain, COPD, falls risk and more.

• New Rural Community Care Paramedic Program was initiated by EMS. McDowell County EMS in 2103. They are expanding the program in 2015 to include Telemed Program for clients who need help from a PC Doctor in their homes. The program aims to increase access to care for low-income people, prevent health emergencies and reduce inappropriate use of Emergency Services.

• 24 Counties in NC are now considering using McDowell County’s Community Care Paramedic Program.
Progress Highlights: KBR Healthy Places Initiative Continued

• Aspire Youth & Family – Kid’s at Work Program, A Culinary arts program to assist at-risk youth. 180 youth will participate.
• Expansion of Mental Health Services to include McDowell Pediatrics to provide behavioral health services including mental health and substance abuse screening and psychiatric services. 875 children will be screened. On site behavioral health services provided to 800 patients. Psychiatric services to 300 patients over a three-year period.
• Depression Care treatment provided to low-income older adults
• McDowell School System will use KBR grant funds for outdoor sports equipment and walking trails in the middle school and at the Alternative Learning Center.
• Half-mile fitness trail at McDowell Technical Community College
New Initiatives Continued

• Block parties to encourage and celebrate physical activities are planned through the MHC Healthy Eating and Active Living Team.

• A communications subcommittee has been formed through MHC to increase public awareness about opportunities to enhance healthy lifestyles.

• A Worksite Wellness Program Planning Report will be delivered in early 2015. The report will determine which models and evidence based strategies will work best among worksite with lower wage earners at McDowell worksites.

• It is expected that more McDowell worksites will incorporate worksite health promotion programs in 2015.

• Cooperative Extension continues to work on improving the local food system with a food system assessment and providing EFNEP classes in schools, Childcare Centers and Senior Centers.

• Non-profit Organizations are participating in ongoing trainings to improve skills and build leadership capacity.
Other Progress Highlights for 2014

- McDowell Technical Community College adopted a Tobacco Free Campus policy in January 2015.
- McDowell At Heart Initiative to reduce second hand smoke was successfully launched in 2014 by CTG.
- Quit Line was promoted with regional television news coverage during the Great American Smoke-out Event on 11/20/14.
- Marion Schools participated in a Safe Routes Assessment with Active Routes to School.
- Old Fort and Marion Elementary Schools participated in Walk to School Day.
- NC Cooperative Extension offers Expanded Food Nutrition Education Program (EFNEP) to McDowell Youth including 311 Elementary students and 84 YMCA Summer Camp participants.
- Healthy Habits talks were presented to McDowell Senior Center once each month for 12 months.
- Four Parent Power Classes were offered by RPMHD to parents of teens to help reduce teen pregnancy.
New and Emerging Issues

• Mental Health Unit is being developed at the High School. A school and community based initiative is being discussed.
• Tobacco Prevention Programs for ninth graders are planned by the Rutherford Polk McDowell Health District.
• ENDS Tobacco Policy work is planned through the Health District and McDowell Health Coalition to address growing concerns about E-cigarettes and vapor products.
• As SNAP recipients increase, a decrease has been seen in WIC registrations.
• WIC caseload is dropping throughout the RPM Health District and WIC funding is reduced.
• A reduction in force among WIC staff has occurred to keep the WIC budget neutral.
Next Steps

• The Rutherford Polk McDowell District Health Department will continue to monitor our Community Health Improvement Plan.

• McDowell Health Coalition is working more closely with neighboring counties wherever possible to create regional strategies for health improvement.

• Continued updates with the McDowell Health Coalition
• Continued capacity building among community sectors to address health issues.
• Worksite Wellness surveys will be reviewed in early 2015. Best practices will be integrated into worksites as much as possible.