

2007 HENDERSON COUNTY COMMUNITY HEALTH ASSESSMENT

Developed by:

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Community Health Assessment

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PROJECT SUMMARY

Henderson County Department of Public Health and Partnership For Health have once again teamed up to conduct a Community Health Assessment for Henderson County. The assessment was overseen by Linda Charing, Health Education Director for the Henderson County Department of Public Health and Terri Wallace, Executive Director of Partnership For Health. They were assisted by Tricia Stauffer, Health Department Health Educator and Kecia Bailey, Partnership For Health associate and a social work intern from Appalachian State University. The beginning of the assessment started in March with the formation of the assessment team and concluded with an assessment team meeting in November to identify the top health priorities. This assessment not only addresses issues from the 2003 report, it also presents trend data and information on emerging issues in the county. Information from this report will be used by the Health Department and Partnership For Health to develop Action Plans to address the following identified issues:

- access to mental health care
- access to dental health care
- adult obesity
- childhood obesity
- services for the aging population
- need for school nurses
- tobacco use

A. ESTABLISH A COMMUNITY HEALTH ASSESSMENT TEAM

Our Community Health Assessment (CHA) team consisted of a group of community residents and representatives from strategic organizations who represented the community as a whole. The composition of this team included representatives from the Henderson County Department of Public Health, Board of Directors of Partnership for Health, Henderson County Public Schools, Pardee Hospital, Park Ridge Hospital, The Free Clinics, Blue Ridge Community Health Services, United Way, Community Foundation of Henderson County, Council on Aging, Alliance for Human Services, Hendersonville City Police, Henderson County Sheriff's Department, city and county government, Chamber of Commerce, Smart Start of Henderson County, El Centro (Latino Community Center) and community volunteers. A complete list of the Community Health Assessment Team and the role of each member can be found in Appendix A.

The team initially met in March 2007 to hear a description of the Community Health Assessment process and to learn how they could help. Subcommittees were formed to work on two areas: a community health survey and data collection and analysis. The survey committee met during the spring to develop the survey and to distribute it throughout the community. The data committee met to discuss various data available and collect data for analysis. A wide variety of secondary data was reviewed, looking at local, state, and national data. In addition, trend data was

examined when available. Twenty-one key informant interviews were also conducted. The CHA Team met in November 2007 to hear the findings of the assessment and to identify leading community health problems.

B. COLLECT COMMUNITY DEMOGRAPHICS

1. Geographic Information

Henderson County is in the western section of the State and is bounded by the state of South Carolina and Transylvania, Haywood, Buncombe, Rutherford and Polk counties. The present land area is 374 square miles. Henderson County is considered a "typical" mountain county because it is comprised of mountain ranges, isolated peaks, a rolling plateau, and level valley areas. Elevations range from 1,400 feet near Bat Cave at the foot of the Blue Ridge Mountains, to 5,000 feet on Little Pisgah Mountain. Interstate 26 runs through Henderson County. Hendersonville is the county seat and is 120 miles to the nearest major city, which is Charlotte. The nearest commercial airport is Asheville Regional Airport which is located on the Henderson/Buncombe county line off Interstate 26.

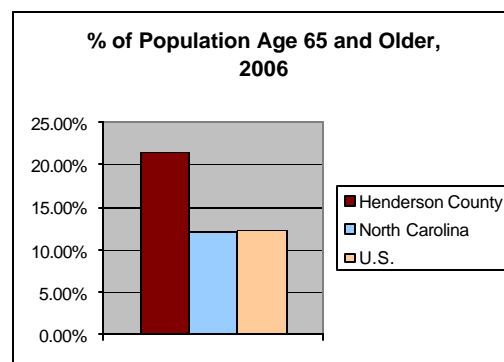


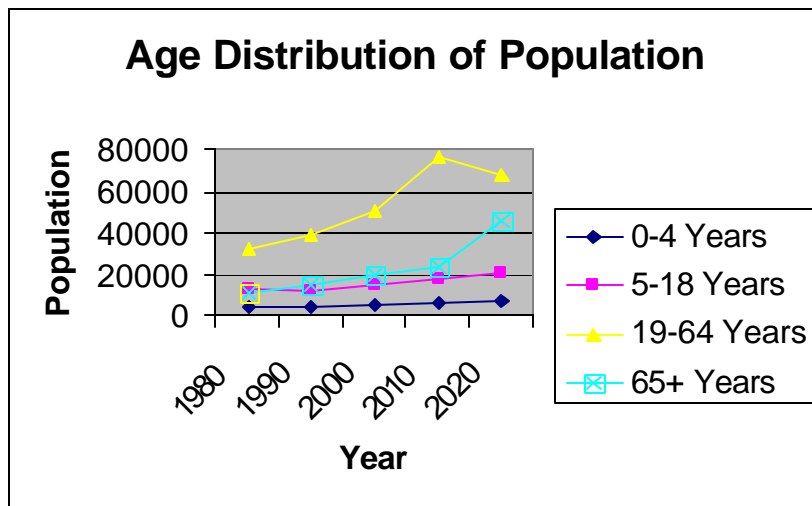
2. Demographic Information

Population - According to the NC DHHS State Center for Health Statistics, the 2006 population for Henderson County is 99,033 with a projected 2010 population of 107,566. Based on the 2006 population data, 5.6 percent are under 5 years of age, 79.2 percent are 18 and over, and 21.4 percent are 65 years and over. (Source: U.S. Census Bureau, 2006 American Community Survey) Eighty-three percent of the residents are high school graduates, and one in four has a bachelor's degree or higher.

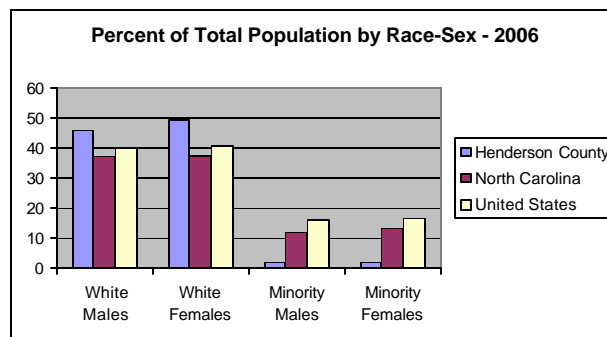
Henderson County has a large elderly population due to a favorable climate and regional location for retirees. Twenty-two percent of the county population and 31% of the city population is 65 years of age or older.

In the years ahead, as our 65+ population grows, it will put a strain on community agencies that serve the elderly.

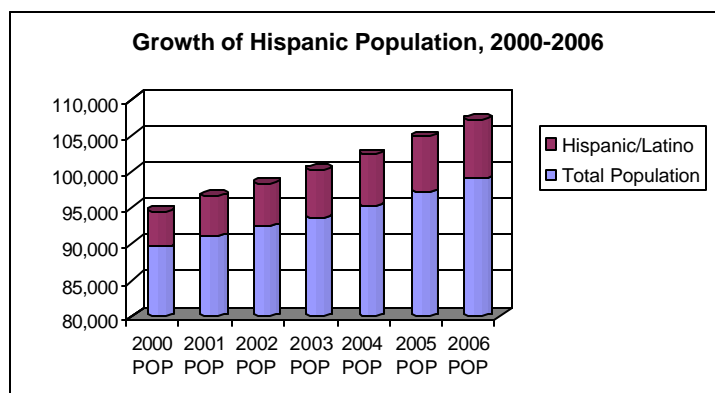




Henderson County has a very low non-white population. Eighty-nine percent of the residents are white; 8.3 percent are Hispanic/Latino, and 3.3 percent are African American.



The last census data (2000) substantiates a large influx of Hispanics to the area, which grew 466% from the 1990 census. In 2000, the Hispanic/Latino citizens made up 5.5% of the population. In 2006, the Hispanic/ Latino citizens made up 8.3% of the County population. Hispanics have a higher percentage of having no current health insurance, not being able to see a doctor due to cost, and having no personal doctor. Diabetes and other chronic diseases are expected to become much more prevalent in the Hispanic population.



Source: NC DHHS State Center for Health Statistics prepared Nov. 16, 2007 (based on 2006 National Center for Health Statistics bridged population estimates)

Education - Henderson County Public Schools currently enroll approximately 13,000 students. The county supports 12 elementary schools, four middle schools, four high schools and one

educational center. The county has one charter school and several private/religious schools. The county is also home to Blue Ridge Community College which enrolls over 2,100 students.

For the 2006-07 school year, there were 955 children enrolled in private school and 654 children being home schooled. The school aged children (ages 5-17) population data reflects that they continue to represent roughly 15% of the population for the past 5 years and that the rate of growth for the younger population (ages 0-17) exceeds the growth of those age 18 and older.

(Source: UAC – 12, US Census 2000).

Housing, Income, and Poverty - A sizeable majority, 78.8% of the population own their home with 2.33 persons per household. Henderson County has a median income of \$40,097 with 11.2% below the poverty rate as compared to the state rate of \$40,863 median income and 13.4 % below poverty (Source: 2004 US Census Bureau State and County Quick Facts). Even though the poverty rate is below the state rate, access to care is still a problem. The county's uninsured rate of 19.6% (age 18-64) is on par with the state rate of 19.5% (age 18-64) (2005 SHEP Center County Level Estimates).

Employment - There were 50 new jobs in the county in 2006 and only 2 job losses; however through the second quarter of 2007, there were 64 job losses and no new jobs announced. The percent of people unemployed is lower than the state percentage (3.9% vs. 5.1%). The largest employers in the county are Henderson County Public Schools and Pardee Hospital.

3. Community Resources

Medical Services - Henderson County has two major hospitals, a federally qualified health center, a very large hospice and palliative care agency, and is home to many churches and organizations. The NC Health Professions Data System reports that in 2006 there were 10.7 primary care physicians per 10,000 population in Henderson County, more than the state average of 9.0 per 10,000.

The Free Clinics of Henderson County provides free medical care, education, and case management services to low-income, uninsured residents of Henderson County. Volunteers provide the medical and dental services ensuring that quality healthcare is accessible to those who are unable to pay for services. The Free Clinics provide a variety of medical services including clinics specializing in diabetes, psychiatry and orthopedics, an eye clinic and a pulmonary clinic.

Community Organizations and Non-Profits - Community organizations include Rotary Clubs, Kiwanis Clubs, Lions Clubs, American Business Women's Association, Daughters of the American Revolution, AAUW, AARP, a community chorus, and a community symphony and band. The community also offers an array of non-profit agencies. These agencies include YMCA; Boys and Girls Club; domestic violence services; sexual assault and child abuse services; elderly services; Girl Scouts; Boy Scouts; Hospice; Children and Family Resource Center; Salvation Army; Parents, Families, and Friends of Lesbians and Gays (PFLAG); Literacy Council; Welcome Wagon; and a community center for Latino/Hispanics. Many of these organizations are supported by grants from the Community Foundation and the local United Way, which raises over one million annually.

Health Promotion - There are a variety of health promotion resources available to county residents. Henderson County Parks and Recreation maintains six parks and one activity center;

Hendersonville has eight parks and one activity building; and the Town of Fletcher contains two parks. Henderson County Parks and Recreation offers a variety of community sports teams including basketball, soccer, softball, tennis, baseball, and BMX. The county is home to numerous golf courses both public and private. In addition, the nearby Blue Ridge Mountains provide thousands of acres of hiking, whitewater rafting, biking, horseback riding, and other outdoor activities.

As of December 2006, there were 92 smoke-free restaurants in the county. Both hospitals and all Henderson County Public Schools provide 100% tobacco free campus environments, and all county buildings enjoy a tobacco free environment as well. In addition, the Henderson County Human Services Building, which houses the health department and the Department of Social Services, prohibits tobacco use within fifty feet of the building. This ordinance was adopted on by the Board of County Commissioners on September 20, 2006.

The school system has played an active role in adopting nutrition-supporting activities. In the spring of 2005, the Henderson County Child Nutrition Department introduced Eat Smart: North Carolina's Recommended Standards for All Foods Available in School at twelve elementary schools. Since August 2004, no fried foods have been served in the county elementary schools, and since the 2004-2005 school year they have been using the Winner's Circle logo to identify healthy food choices. All county elementary schools participate in a fruit and vegetable co-op program, providing students with fresh fruits and vegetables, and the Food for Thought curriculum is being taught in schools. Grants have provided additional funding to some schools, including an Eat Smart Move More grant to introduce healthy breakfasts at schools, a \$44,000 USDA grant awarded to Bruce Drysdale Elementary to provide free fruits and vegetables to its students and a \$300,000 Health and Wellness Trust Fund "Fit Together" grant.

In 2006, the county health department moved into a new facility. This new building is breastfeeding-friendly and includes a breastfeeding room specifically designed for breastfeeding clients and employees.

C. REVIEW OF PRIMARY DATA

1. Community Health Opinion Survey

As part of our data collection, a community health survey was distributed throughout the county to obtain anecdotal opinions from county residents on the health needs of the county. A survey committee was formed to help review and distribute the survey. The survey was adapted from a survey developed by the state and was printed in English and Spanish. It was distributed to a wide range of people in our community targeting different income levels, the African-American community, and the Latino community. The survey was distributed to: staff of Henderson County Public Schools, Henderson County Dept. of Public Health, Henderson County Library, El Centro (Latino Community Center), Blue Ridge Literacy Council, Council on Aging, employees of the City of Hendersonville, web page of Partnership For Health, web page of the Henderson County Dept. of Public Health, Blue Ridge Community Health Services, The Free Clinics, all Henderson County United Way agencies, Henderson County Employees and parents of first and fifth grade students in all Henderson County schools. An article was printed in the local paper informing residents of the survey and encouraging them to complete one and send it in. Information was also aired on the local radio station.

Data were entered into a database and statistical software program recommended by the state and CDC, called Epi-Info. After running some reports with Epi-Info, checking the age and gender breakdown of survey respondents and comparing these figures with “July 1, 2006 Population estimates by age, race, and sex projected from the April 1, 2000 census” provided to Partnership For Health by the Division of Public Health, State Center for Health Statistics, it became evident that survey respondents were heavily skewed in favor of female respondents age 18-64.

With a desire to portray public opinion in a manner that was representative of the public, Partnership For Health began processes for weighting the data. Despite extended efforts to use Epi-Info to apply the weights, Partnership For Health decided to note the recognized limits of the data and keep these in consideration, but to move on in the process without weighting in an effort to meet pending deadlines.

Basic survey results and comparisons are as follows. A copy of the survey and a more detailed analysis can be found at the end of this report in Appendix B.

2. Henderson County CHA Survey Respondent Results

Race: White/Caucasian	75.9%	Native American	1.0%
Black/African American	3.3%	Asian/Pacific Islander	1.1%
Hispanic/Latino/Latina	18.5%	Other Race	.3%

Household Income:

Less than \$10,000	7.1%
\$10,000-\$19,999	10.9%
\$20,000-\$29,999	13.3%
\$30,000-\$49,999	20.9%
\$50,000-\$74,999	19.4%
\$75,000-\$99,999	11.6%
\$100k+	7.9%
Don't Know/No Answer	8.9%

How much of the time do you feel healthy and full of energy?

All of the time:	12%
Most of the time:	52.8%
Some of the time:	30.3%
None of the time:	2.9%
Don't know/unsure:	2%

The top 5 health concerns according to these surveys are

1. Mental Health Problems
2. Diabetes
3. Dental Health Problems
4. High Blood Pressure
5. Heart Disease

The top 5 Health and Human Service problems according to the survey are:

1. Private Health Insurance Coverage
2. Mental Health Care
3. Childcare for Sick Children

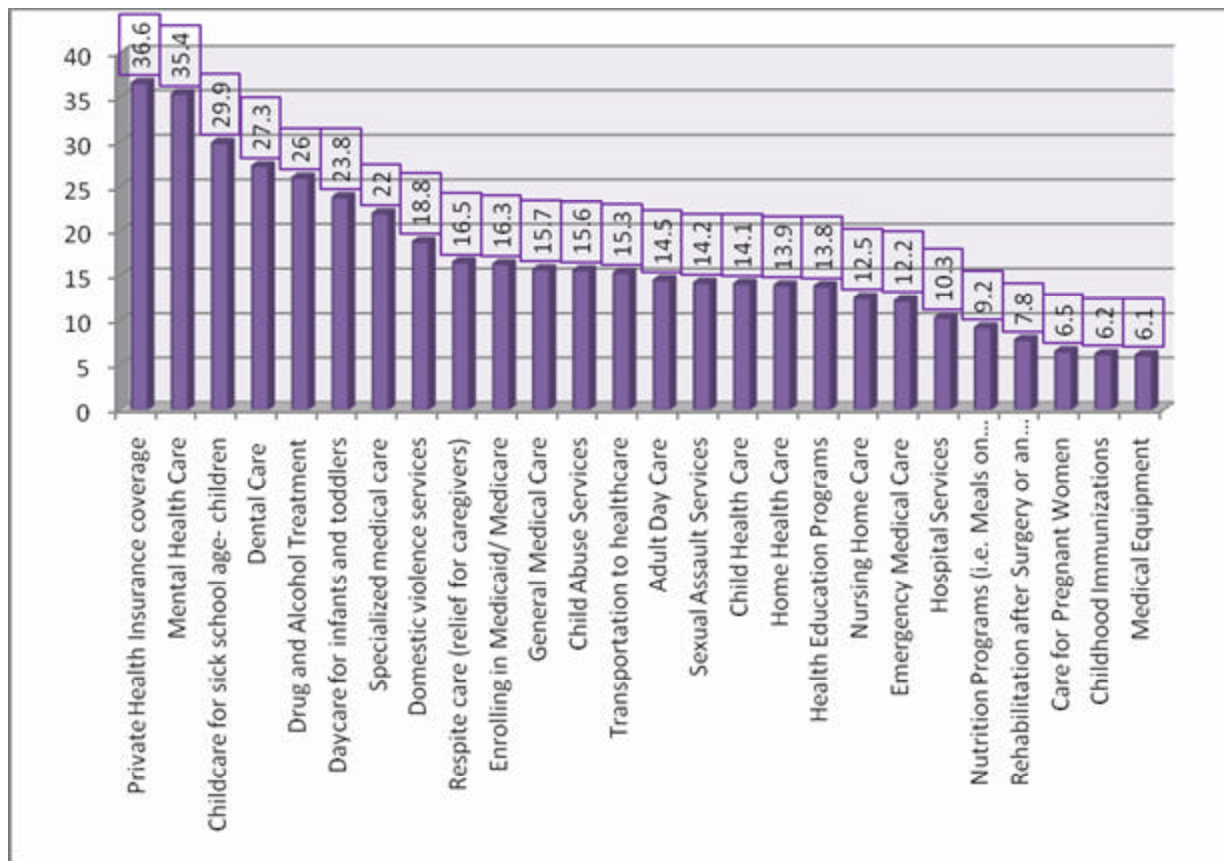
4. Dental Care
5. Drug and Alcohol Treatment

The top 5 unhealthy behaviors according to the survey in the county are:

1. Adult Obesity
2. Childhood Obesity
3. Illegal Drug Use/ Substance Abuse
4. Tobacco Use Among Adults
5. Poor Eating Habits/ Good Nutrition

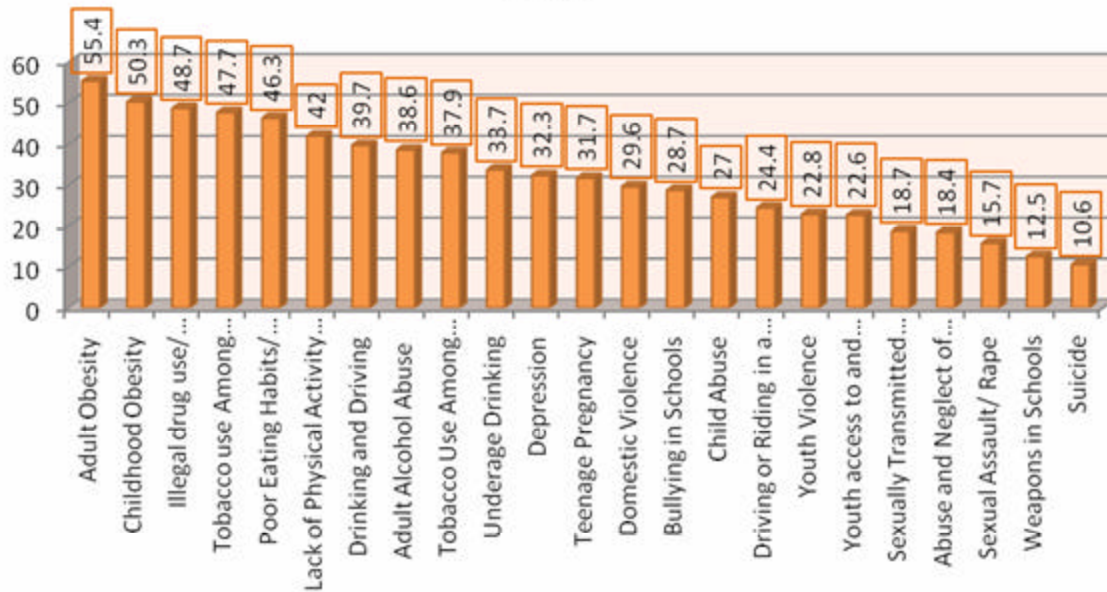
The survey netted an excellent return. Of the over 2,500 that were distributed, more than 1,100 were returned. Of those completed 69.3% were completed by women and 30.7% were completed by men. The majority, 75.9%, were completed by Caucasians, 3.3% by African Americans, and 18.5% by Hispanics/Latinos. The survey included questions about general demographics, opinions on access to care, living in the community, availability of health and human services, and unhealthy behaviors and asked citizens to rate community issues using a Likert scale, with answers ranging from “no problem” to “major problem”. The survey was broken into three sections; Living in our Community, Health and Human Services, and Unhealthy Behaviors with the final section of the survey asking for the participants’ opinion of the most important health and environmental problem in the community. The following is an ordered list of issues the public perceives as “major problems” in our community.

Health and Human Services: % population surveyed who feel that Henderson County has a "major problem" finding or using theses services.

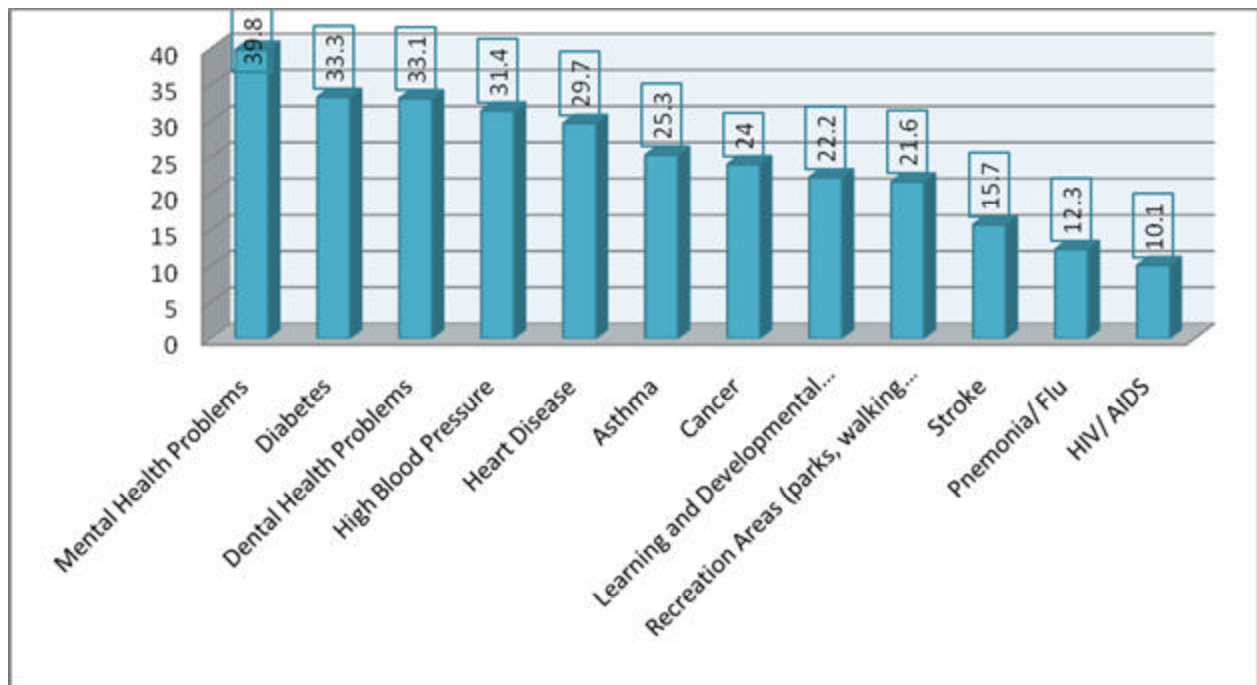


Unhealthy Behaviors:

% of population surveyed who feel Henderson County as a "major problem" with the stated issue



Living in Our Community: % of population surveyed who feel Henderson County has a "major problem" with the stated issue.



3. Key Informant Interviews

As part of our community information gathering process, Key Informant Interviews were conducted. Terri Wallace, Christine Lau, (Partnership For Health Board member) Linda Charping and Kaye Thompson (HC Dept. of Public Health, Health Educator) conducted the interviews. Twenty-one interviews were conducted over a four month period. Nine of those interviewed had never been interviewed for a community process before. All identified Henderson County as their “community”. All but one live in the county; two grew up in Henderson County, seven grew up in the state; twelve grew up out of the state and one grew up out of the United States. All expressed that Henderson County was a wonderful, caring place to live. Some identified challenge areas include the county’s diverse population (elderly retirees, Latinos, wealthy, and low income). Some comments from those interviewed include:

“This is an exception donor community. There are many generous people that want to give back in time, talents, and money.”

“Henderson County is impressive in its determination and resolve to address the needs of the community and its spirit of volunteerism and giving.”

“The diverse population of the county adds to the community through their food, colors, music, and cultures.”

The community leaders identified as the top health concerns (in no particular order) obesity, mental health services, care for the uninsured, dental care, school nurses, diabetes and older adult needs. They identified the following as areas of concern: affordable housing, retaining young people, education, school maintenance, traffic, recreational needs of children, and population growth. (See Appendix C for a list of those interviewed.)

D. REVIEW OF SECONDARY DATA

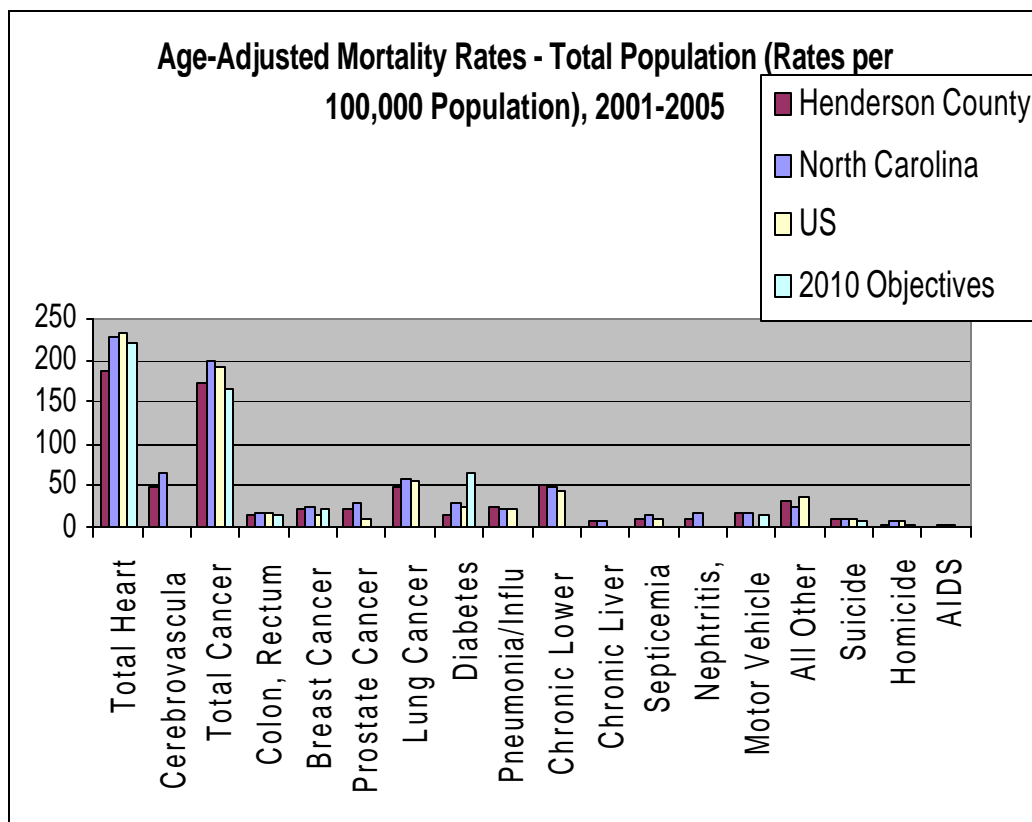
Data on mortality, morbidity, hospitalization rates, demographics, access to care, and trend data were analyzed from the following sources:

- | | |
|--|--------------------------------------|
| •U.S. Census Bureau | •UNC Sheps Center for Health |
| •Center for Disease Control and Prevention | Services Research |
| •N.C. Division of Public Health | •Eat Smart Move More... NC |
| •N.C. State Center for Health Statistics | •Action for Children |
| •Log Into North Carolina (LINC) Database | •Behavioral Risk Factor Surveillance |
| •Youth Risk Behavior Surveillance System | System |
| •The N.C. Diabetes Prevention and Control | •United Agenda for Children |
| •Henderson County Government | •NC Department of Commerce |

Below is a description of some of the most relevant data for the county.

Mortality

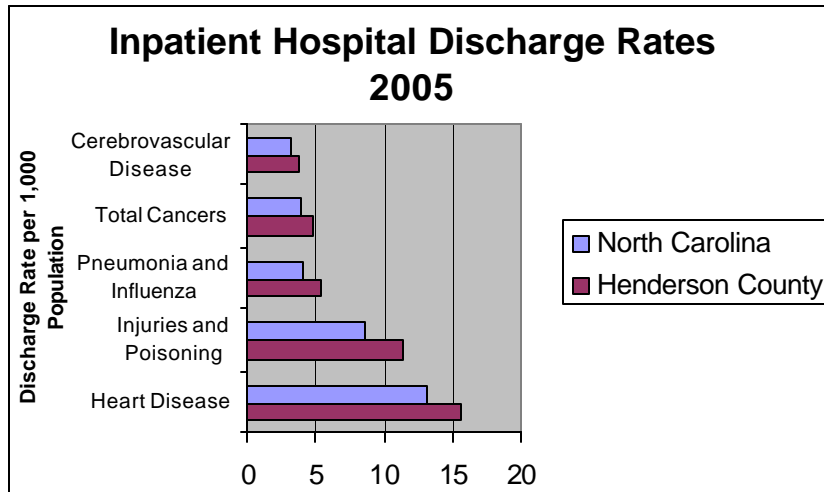
Henderson County's age-adjusted mortality rates between 2001-2005 show that for most causes of death, Henderson County has a lower rate for most indicators than the state and the nation. The county was however, higher than the North Carolina 2010 Health Objectives, on many of the indicators.



The leading causes of death in Henderson County were very similar to the leading causes for death in the state and the country. For the first time, cancer deaths have surpassed heart disease as the leading cause of death in Henderson County. Chronic Lower Respiratory Disease (CLRD), which includes asthma, emphysema, chronic bronchitis, and chronic obstructive pulmonary disease (COPD), is the 4th leading cause of death in the country and in the state, and the 3rd leading cause of death in Henderson County. Cigarette smoking accounts for 80% of all cases of COPD.

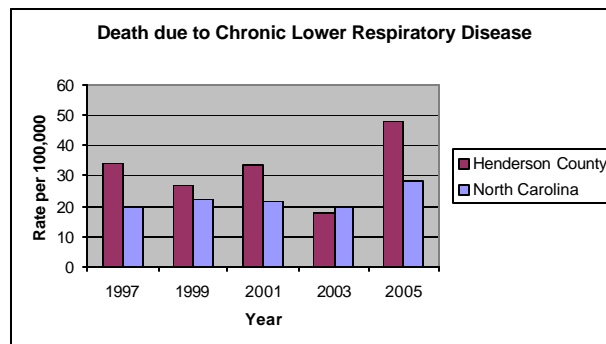
Leading Causes of Death - 2005		
Rank	Henderson County	North Carolina
1	Cancer	Heart Disease
2	Heart Disease	Cancer
3	Chronic Lower Respiratory Disease	Stroke
4	Stroke	Chronic Lower Respiratory Disease
5	Alzheimer's Disease	Alzheimer's Disease

Hospital discharge rates for 2005 indicate that Henderson County's rates are higher than the state; however, many of these health conditions are related to age and hospitalization rates would be expected to be higher due to the increased number in older residents in Henderson County.



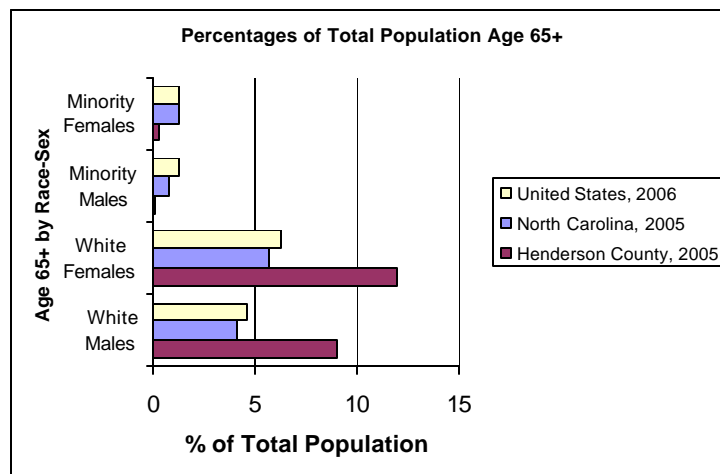
Chronic Lower Respiratory Disease

While Henderson County has had a higher rate of death from CLRD from the state since 1997, there was a decrease in 2003 to below the state rate. However, in 2005 there was a significant increase in CLRD deaths. The age-adjusted death rate in minorities between 2001-2005 was much higher than the state rate (52.1 vs. 30.0) however; there were only nine deaths attributed to CLRD in this population over five years. A small number of events can skew the data and should be viewed cautiously.



Aging Population

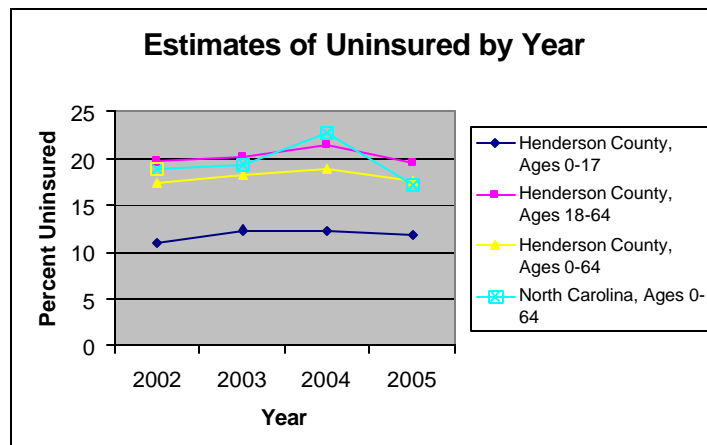
By 2010, more than 25% of the county's population will be 65 and older. Henderson County has a disproportionate number of older residents when compared to the state and the nation. As this population grows, it will put a strain on community agencies that serve the elderly. The elderly face health disparities including increased risks for cardiovascular disease, arthritis, and dementia illnesses like Alzheimer's disease. Currently 27% of those over 65 years of age live below poverty. Even for older people who are financially secure, many are vulnerable because of their health, social isolation, or other conditions. In 2003 the Council on Aging had 525 clients receiving services. By 2006, that number had jumped 60% to 841 clients. Sixty percent of clients are over 80 years of age. They have mobility issues, multiple chronic illnesses, are alone, and frail. (Source: Council on Aging, 2007)



Access to Care

Seventeen percent of the county's population is covered by Medicaid. The state average is 18.46%. Medicaid is public health insurance covering medical care for children, pregnant women, the disabled, and the elderly. Cost for this care is \$84.6 million.

Access to mental health care and dental treatment were issues that were top priorities in the 2003 Community Health Assessment. Access to care continues to be a problem in our community.



Sixty-four percent of the 2007 community health opinion survey respondents thought Henderson County had a problem with mental health issues and sixty percent indicated that the county has a problem with access to mental health care. Henderson County has not been immune to the current state mental health crisis. The primary provider of mental health services, New Vistas/Mountain Laurel, closed its offices in October, 2006. Since that time many providers have attempted to fill the gap left by this closing. At present, mental health services are coordinated by Western Highlands Network. There are 26 agencies/providers for mental health services in the county along with a detox unit at Pardee Hospital. Blue Ridge Community Health Services, a federally qualified health center in the county has three mental health providers. In just a three month period, between August-October 2007, they report seeing 256 clients for mental health issues. The Free Clinics continues to fill up all 12 appointments every week at their psychiatric clinic.

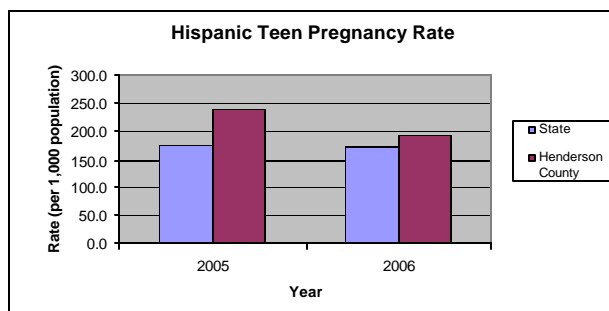
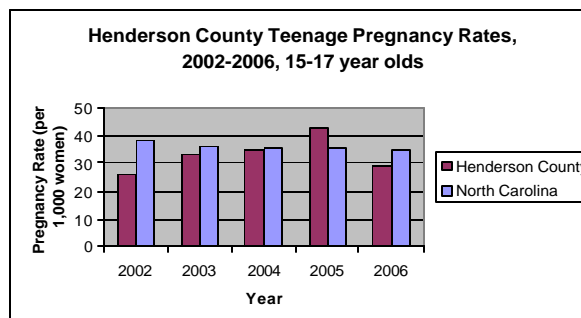
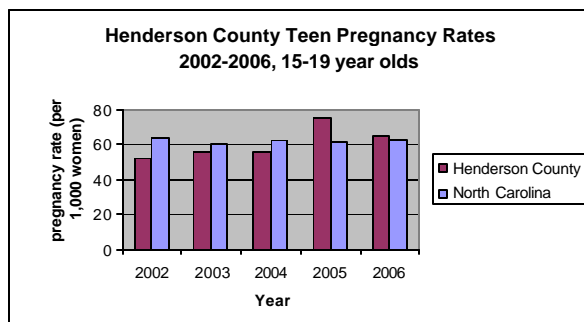
According to the National Mental Health Association, less than one in five children in need of mental health services actually receive them. Many of the children will not achieve success in academics due to social, emotional, and behavioral problems affecting school performance. Access to mental health professionals for children in the school and community was recently cited as a top concern for participants in the United Agenda for Children. The United Agenda for Children is a coalition of more than 40 citizens, civic, business, government and community

agencies that have joined forces to address critical issues affecting children. A forum was held in October 2007 to identify priorities to make sure every child in Henderson County is safe, healthy, and well-educated.

Fifty-five percent of the 2007 community health opinion survey respondents thought that access to dental care in the county was a problem. The county has 4.6 dentists per 10,000 population, about the same as the state's 4.4 average. The county reports 6.9 dental hygienists per 10,000 population, more than the state average of 5.3. While these numbers may indicate adequate access to dental care, adult dental care for low income individuals is limited to the extraction clinic run by The Free Clinics. There are few dental providers who accept Medicaid; however the access issue has improved recently with the opening of several Medicaid-friendly offices for children. Dental care for low-income adults and children who do not qualify for Medicaid is still nearly impossible to find. Since the last Community Health Assessment in 2003, Henderson County has acquired one pedodontist (dentist specializing in pediatric patients) in private practice; however, Medicaid is not accepted at this office.

Teenage Pregnancy

In the 2004 and 2005 State of the County Health Reports, teenage pregnancy has been noted to be on the rise. This is something that is monitored annually and was of concern especially since pregnancy rates for 15-17 year olds were also increasing while the state rate was decreasing. Review of the 2006 data reveal a decrease in the rate for both age groups in addition to the rate of pregnancy for Hispanic teens. The rate of pregnancy in Hispanic teens is still higher than the state rate. Latino women are at substantially higher risk than white non-Hispanic women to have unintended pregnancies and deliver babies with birth defects (such as spina bifida) due to lack of folic acid before pregnancy.

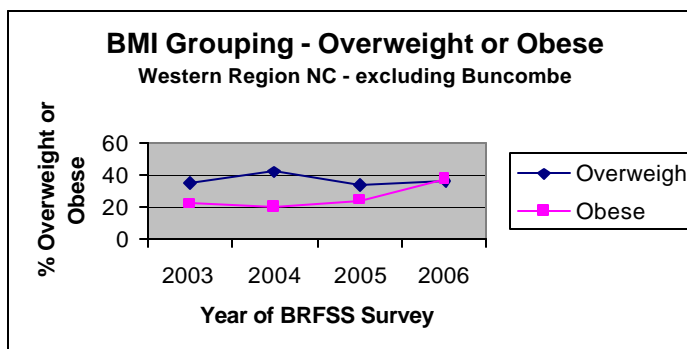


Obesity

Since 1990, the percentage of obese adults in North Carolina has steadily increased every year. North Carolina has the 17th highest rate of adult obesity in the nation. In addition, 25% of North

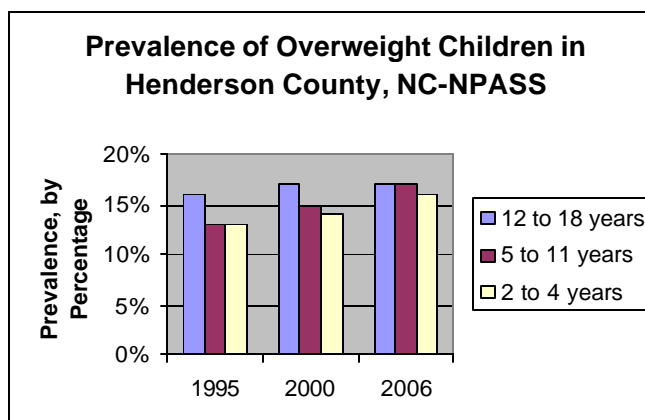
Carolina adults report that they do not engage in any physical activity. The national average is 22 percent. (Source: Trust for America's Health, 2007) The chart below shows the increasing number of obese residents in Western NC.

In the 2007 Community Health Opinion Survey nearly 83% of respondents thought that obesity was a problem for Henderson County children and adults. This issue received the highest percentage and shows consensus among respondents that this is an issue of great importance.



Obesity is more common among Hispanics, especially females, than among whites. With the county's growing Hispanic population, the issue of obesity is of concern. Hispanics are more likely than whites to not get the recommended level of physical activity and to not engage in any leisure time activity. They are also less likely to consume the recommended daily amount of fruits and vegetables. Additionally, inactivity is more common among older adults, which may be of concern considering the county's aging population.

North Carolina has the 5th highest rate of overweight youths (ages 10-17) in the nation. Since 1995, the percent of children in Henderson County at risk for overweight has risen in each age group.



School Nurses

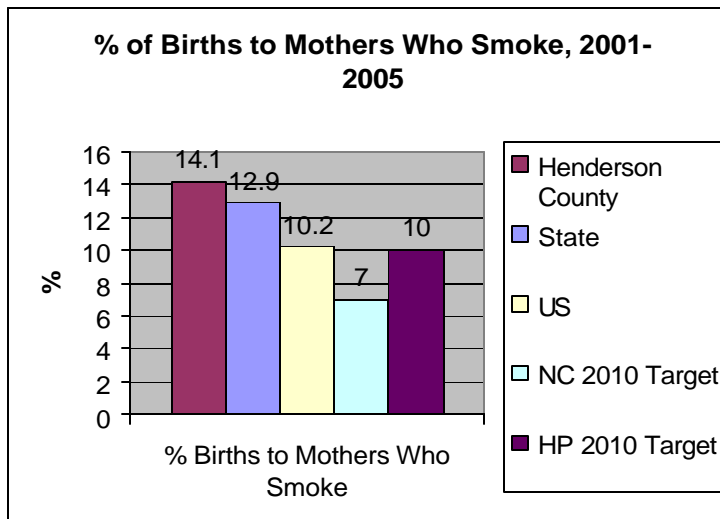
In the 2003 Community Health Assessment, the need for school nurses was identified as a health priority. More recently, it was identified as a top priority at the United Agenda for Children forum. In 2003, the nurse to student ratio was 1:3000. Some progress has been made in this area. Currently the ratio is 1:1,886. However, Henderson County is still below the NC state ratio of 1:1,340 and would need 10 additional nurses to meet the national recommendation of one nurse to 750 students. Henderson County has the 12th worse ratio in the state. A comparison to other North Carolina counties shows the following nurse to student ratios:

- Cherokee County 1:454
- Haywood County 1:880
- Macon County 1:1,046
- McDowell County 1:870
- Orange County 1:556
- Robeson County 1:1,139

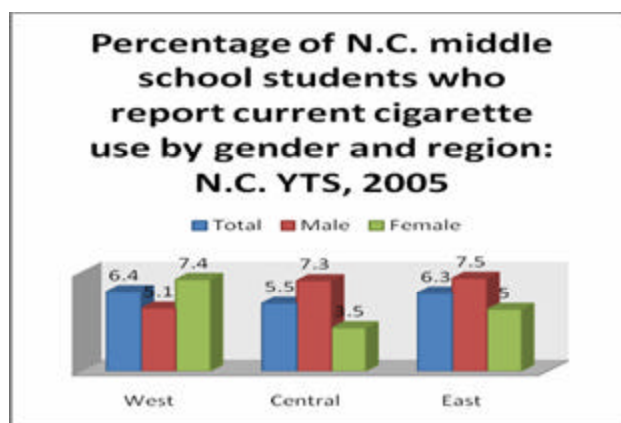
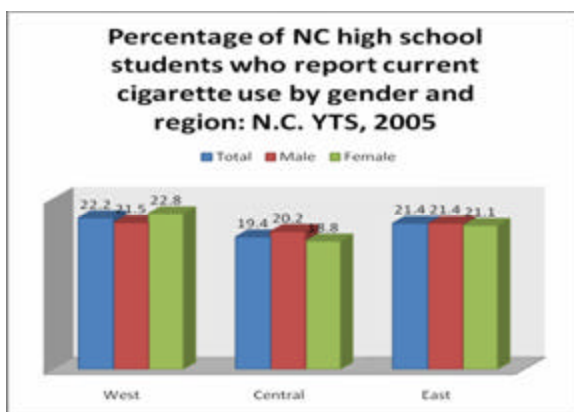
Tobacco Use

Results of the community health opinion survey show that 81% of respondents feel that adult tobacco issues are a major problem or somewhat of a problem. Tobacco issues are addressed through the Department of Public Health cessation classes and prenatal tobacco awareness.

Smoking during pregnancy is an issue that has been addressed through several grants in our community. In Henderson County 14.1% of women smoked during pregnancy which is higher than the state average of 12.9%. (Source: NC State Center for Health Statistics, 2001-05). It is also higher than the national average and the US and NC 2010 targets.

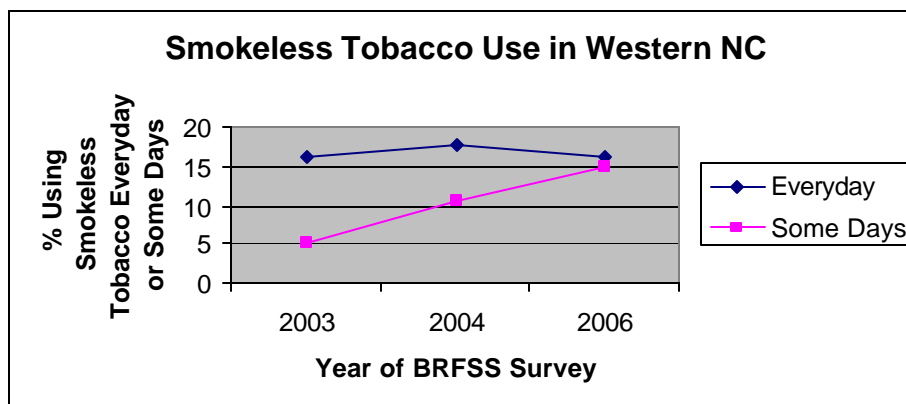


Partnership For Health addresses youth tobacco issues through their Tobacco Free For Life program and a youth tobacco prevention grant from the Health and Wellness Trust Fund Commission. Local data is not available; however, Youth Tobacco Survey (YTS) results for the western region regarding tobacco use show that more middle and high school students in the western region report cigarette use than those in the central or eastern part of the state.



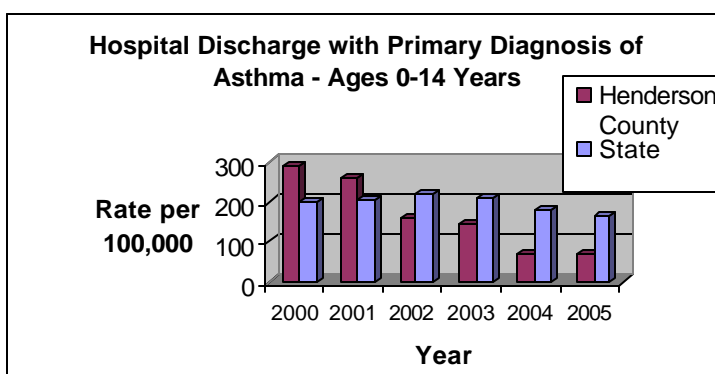
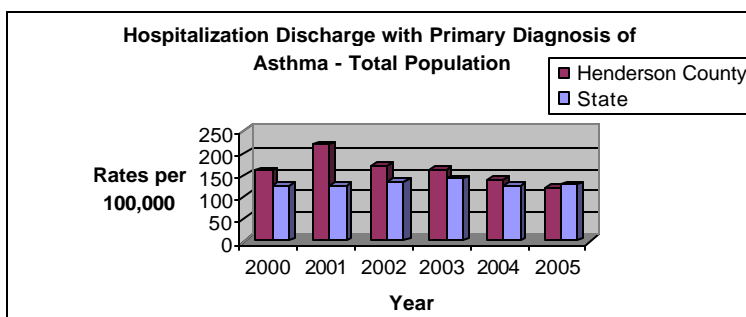
Youth in North Carolina are using spit tobacco at an increasing rate; almost double the national average (Source: http://www.healthwellnc.com/hwtfc/htmlfiles/fundprty_teentob-TRU.htm). Tobacco companies have responded to the popular laws that ban smoking in public places by making and selling smokeless products that can be used in no-smoking settings. They use ad slogans such as "Anytime. Anywhere" and "No Smoking, No Problem" to target smokers with nicotine cravings

in smoke-free settings. Teens and women are also being targeted through flavored, smokeless products called snus, with flavors such as cola, spice, vanilla, peach, etc. New marketing avenues are being used to reach teens and women such as youtube.com with instructions on how to flavor and use the smokeless products. This is an emerging issue to watch in response to smoke-free policies.



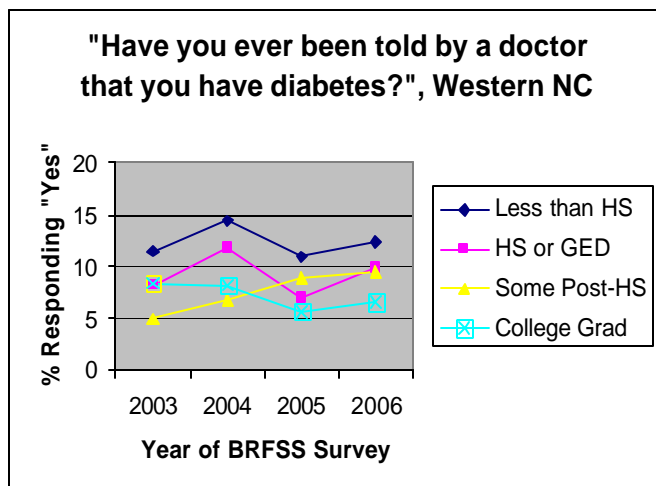
Asthma

Asthma was identified in the 2003 CHA as being a top priority. At that time, asthma hospitalizations for the total population were above the state rate; however, since then, the rates have dropped. Today Henderson County's rate is below the state's rate on asthma hospitalizations for adults as well as 0-14 year olds. This issue is important to watch as Henderson County's Hispanic population continues to grow. Hispanic children more frequently use emergency departments for asthma related medical care, are more likely to be hospitalized for it, and are more likely to die from asthma than are white children. While nearly 60% of the 2007 Community Health Opinion Survey respondents thought there was a problem with asthma in our community, the data suggests that the trend is improving and children and adults are managing their asthma better.

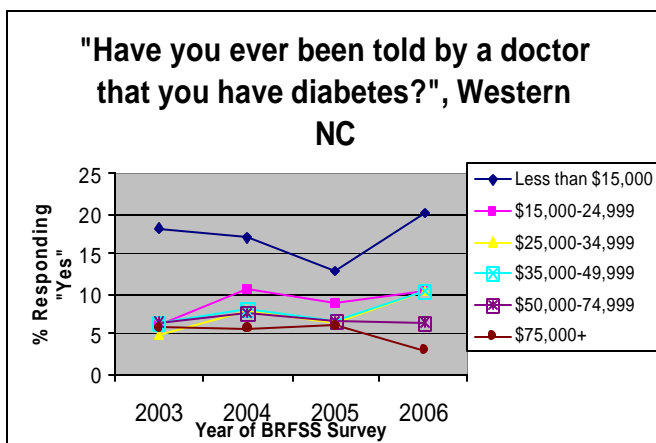


Diabetes

While 33% of survey respondents thought diabetes was a “major problem” in our community, the data shows that the death rate in Henderson County between 2001-2005 was significantly lower than the state and national rates.



Data is limited on prevalence of diabetes for the county. The Behavioral Risk Factor Surveillance System (BRFSS) data for Western North Carolina shows that survey respondents reported a diagnosis of diabetes at nearly the same rate as other North Carolina residents. Disparities are present in relation to education and income. Those with less education were more likely to report being told they had diabetes. Respondents were also more likely to report a history of diabetes if they had annual incomes of less than \$15,000.



Death rates for chronic conditions such as diabetes are much lower among the Hispanic population. This population may also be less likely to report chronic conditions, and it is believed that these conditions will become much more prevalent in North Carolina's Hispanic population. With the growing Hispanic population in the county, it is therefore a key concern to keep an eye on diabetes statistics and trends over the next few years.

Illegal Drug Use/Substance Abuse

Half of survey respondents felt that illegal drug use was a “major problem” in our community. Methamphetamine is a highly addictive drug that is a growing public health and safety issue. Today in Henderson County methamphetamine use is the number one reason children are removed from their homes by the courts. During 2006, 47% of Henderson County children taken into DSS custody were living in homes where methamphetamine sales or use was occurring. (HCDSS) The Methamphetamine Task Force was formed in response to community concerns and is composed of service providers, law enforcement personnel, court officials, and citizens. This team is working together to plan and implement a united community protocol and practice.

E. SELECTION OF HEALTH PRIORITIES

On November 27, 2007 the community health assessment team was brought together to hear the results of the data analysis. Findings were presented on the community health survey, key

informant interviews and primary and secondary data collection. Using the nominal group technique, participants were then asked to choose their top five priorities using charts and colored dots. The top seven priorities were as follows:

1. Access to Mental Health Care
2. Access to Dental Health Care
3. Adult Obesity
4. Childhood Obesity
5. Services for the Aging Population
6. Need for School Nurses
7. Tobacco Use

These priorities will be used for the next phase which will be developing action plans to address them.

F. DISSEMINATION PLAN

Dissemination of information gathered is an important part of this process. The chair of the Henderson County Commissioners has requested a report for their retreat on January 18, 2008. A report was made to the Henderson County Board of Health on December 4, 2007. A report to the board of directors of Partnership for Health will be made in January 2008. Reports will also be made to community groups such as Rotary and Kiwanis, among others.

This complete Community Health Assessment report will be available on the web sites of Partnership for Health and the Department of Public Health. A condensed version in the form of a pamphlet will be distributed in the community. An insert will also be designed and included for distribution with the local newspaper.

The complete dissemination plan will be outlined in the 2008 State of the County Health Report.

Appendix A

Henderson County 2007 Community Health Assessment Team

	NAME	AGENCY	CHA ROLE
1.	Linda Charping	HC Dept. of Public Health - Health Education Director	Team Leader
2.	Terri Wallace	Partnership For Health - Executive Director	Team Leader
3.	Kecia Bailey	Partnership For Health - Associate Appalachian State Social Work Intern	Team Co-Leader Data Collection
4.	Tricia Stauffer	HC Dept. of Public Health - Health Educator	Team Co-Leader Data Collection
5.	Judy Long	The Free Clinics - Executive Director Partnership For Health Board	Survey Workgroup Priority Determination
6.	Bob Williford	HC Chamber of Commerce - CEO	Survey Workgroup Priority Determination
7.	Betsy Alexander	HC Dept. of Public Health - Nursing Director	Survey Workgroup Priority Determination
8.	Penny Summey	HC Dept. of Social Services - Assistant Director	Survey Workgroup Priority Determination
9.	Tom Bridges	HC Dept. of Public Health - Director Partnership For Health Board	Health Dept. Director Priority Determination
10.	Lorie Hernandez	Alliance for Human Services - Executive Director	Priority Determination
11.	Bill Moyer	Henderson County Commissioner, Chair	Priority Determination
12.	Steve Kirkland	United Way of HC - Executive Director	Survey Workgroup
13.	Pam Daubert	United Way of HC - Resource Development	Data Workgroup Priority Determination
14.	McCray Benson	Community Foundation of HC - Executive Director	In-Kind Support
15.	Kathryn McConnell	Community Foundation of HC - VP of Community Philanthropy	In-Kind Support
16.	Susan Castle	Hendersonville Police Dept. - Administrative Assistant	Survey Workgroup
17.	Joe Johnson	HC Office of the Sheriff - Director of Public Affairs	Survey Workgroup
18.	Rob Curtis	HC Public Schools - Director of Student Services Partnership For Health Board	Priority Determination
19.	David Jones	HC Public Schools - Assistant Superintendent	Survey Workgroup
20.	Brenda Fletcher	Blue Ridge Community Health Services - Chief Operating Officer	Survey Workgroup Priority Determination
21.	Chris Power	Pardee Hospital – Marketing & Public Relations	Survey Workgroup Survey Copying
22.	Jill Geis	Pardee Hospital Community Outreach & Education – Outreach Director	Survey Workgroup Survey Copying Priority Determination
23.	Karen Owensby	Park Ridge Hospital - VP Clinical Services Partnership For Health Board - Chair	General Support
24.	Patrick Tapia	El Centro (Latino Outreach Coalition) - Executive Director	Survey Workgroup
25.	Shirley Davidson	African American Churches - Representative	Survey Workgroup
26.	Renay Knapp	Cooperative Extension Agency - Educator	Survey Workgroup
27.	Beverly Kelly	Interfaith Assistance Ministry – Outreach Coordinator	Survey Workgroup
28.	Seth Swift	HC Dept. of Public Health - Environmental Health Supervisor	Data Workgroup
29.	Shea Henson	Partnership For Children - Executive Director (Smart Start)	Data Workgroup
30.	Karen Smith	Council On Aging - Executive Director	Data Workgroup Priority Determination
31.	Leanne Ruff	Blue Ridge Community College - Instructor Partnership For Health Board	Survey Workgroup
32.	Christine Lau	Partnership For Health Board	Key Informant Interviews Priority Determination
33.	Kaye Thompson	HC Dept. of Public Health - Health Educator	Key Informant Interviews
34.	Sarah Gayle	American Cancer Society – Mission Delivery Manager	Data Workgroup Priority Determination

Appendix B

Henderson County Community Health Opinion Survey

PLEASE READ ALL THE INSTRUCTIONS BEFORE YOU START!

This survey is part of the community health assessment being done by the Henderson County Department of Public Health and Partnership for Health, Inc. Community health assessment helps us learn how healthy our community is. We want to use this information to develop community-based plans to address health concerns. This survey is to find out **YOUR OPINION** of local health assets, needs, and concerns. Please take about 10 minutes to fill out this survey. Thank you for your opinion.

Part I: Information About You

*Before you get started, we would like to know a little about you. These questions are of a personal nature, but are important and will be kept strictly **CONFIDENTIAL**. We do not ask your name on this survey.*

Please circle the number to the left of your answer.

- 1) What is your age?

Under 18	8%
18–24	7.4%
25–34	25.9%
35–44	30.6%
45–64	29.9%
65–74	3.2%
Over 74	2.3%
- 2) Are you?

1. Male	30.7%
2. Female	69.3%
- 3) What is your marital status?

Married	67.8%	Single	18.4%	Widowed	2.3%	Divorced	11.4%
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- 4) Do you have children 18 years or younger living in your home?

1. Yes (65%), how many? ____	No.(34.8%) ____
------------------------------	-----------------
- 5) What is your race?

White/Caucasian	75.9%	Native American	1.0%
Black/African American	3.3%	Asian/Pacific Islander	1.1%
Hispanic/Latino/Latina	18.5%	Other Race	.3%
- 6) What is the last grade you completed?

12th grade or less, no diploma or equivalent	15.8%
High school graduate or equivalent (e.g., GED)	18.4%
Some college, but no degree (includes vocational training)	22.3%
Associate degree in college (e.g., AA)	12.2%
Bachelors degree in college (e.g., BA, BS)	18.7%
Advanced degree in college (e.g., masters, doctorate)	12.5%
- 7) What is your job?

Agricultural (e.g. farmer, rancher, field worker)	4.3%	Nonprofit	5.6%
Business and Industry (e.g. banker, retailer, plumber, attorney)	14.7%	Maintenance	3.0%
Government (e.g. city/county employee, police)	17.1%	Food Service	5.2%
Education (e.g. teacher, principal, professor)	9.2%	Student	1.4%
Health Care (e.g. doctor, nurse, CNA)	12.8%	Homemaker	10.4%
Health & Human Services (social worker, counselor, therapist,etc)	3.3%	Retired	6.0%
- 8) Do you have health insurance? yes 73.8% no 26.2%
 - a. If yes, what kind?

Medicare (includes supplemental policy)	10.5%
Medicaid	5.5%
Private Insurance (includes Blue Cross/Blue Shield)	77.1%
Other _	6.9%
 - b. If you have private insurance, who pays for it?

Employer pays the most of the cost.	53.2%
I (or my family) pay the most of the cost	20.4%
Employer and I (or my family) each pay about half	22.8%
Other ____	3.5%

- 9) Does your child have a health insurance plan? Yes 80.6% No 19.4%
- a. If yes, what kind? _____
- 10) What was your total household income last year (before taxes)? (See page 5)
- | | |
|----------------------|------------------------------------|
| 1. Less than \$10,00 | 5. \$50,000–\$74,999 |
| 2. \$10,000–\$19,999 | 6. \$75,000–\$99,999 |
| 3. \$20,000–\$29,999 | 7. \$100,000 or more |
| 4. \$30,000–\$49,999 | 8. Don't know/Prefer not to answer |
- 11) How many people does this income support?
- | | |
|-------|-------|
| One | 14.7% |
| Two | 21.2% |
| Three | 19.6% |
| Four | 26.2% |
| Five | 12.3% |
| Six + | 6.0% |
- 12) How much of the time do you feel healthy and full of energy? (See page 5)
- | | |
|---------------------|----------------------|
| 1. All of the time | 4. None of the time |
| 2. Most of the time | 5. Don't know/unsure |
| 3. Some of the time | |

Part II: Access to Health Care

13. When you need *medical care*, where do you **USUALLY** go? **CHECK ONLY ONE**
- | | | | |
|---------------------------------------|-------|----------------------------------|------|
| Private doctor in Henderson County | 53.6% | Pardee Hospital ER | 4.5% |
| Blue Ridge Community Health Services | 14.9% | Park Ridge Hospital ER | 1.7% |
| Free Clinic | 3.2% | Health Department | 1.5% |
| Do not go to a doctor | 5.6% | Private doctor in another county | 8.5% |
| Hendersonville Family Health Services | 3.2% | Other: please specify ____ | 3.2% |
14. When you need a dentist, where do you **USUALLY** go? **(CHECK ONLY ONE)**
- | | | | |
|-----------------------------|-------|--|-------|
| Dentist in Henderson County | 52.7% | Blue Ridge Community Health/Stokes Dental Clinic | 11.3% |
| Do not go to a dentist | 13.7% | Dentist in another county | 5.4% |
| Other: ____ | 9.4% | Free Clinic Adult Extraction Clinic | 3.0% |
15. Do you know of any health services that are needed in your community?
- | | | | |
|-----|-------|----|-------|
| Yes | 32.1% | No | 67.9% |
|-----|-------|----|-------|
- List: ranged from access to care, more free clinics, dental services & mental health services

Part III: Health and Human Services Opinion Survey

This section asks **your opinion** about conditions and services in your community. There is no right or wrong answer. We want to know **what you think** and if you see the item as a problem in your community.

For each of the issues named, select one of these four answers:

- No Problem:** This is not a problem and needs no more attention by my community.
- Somewhat of a Problem:** This issue might become a major problem.
- Major Problem:** This issue is a problem. My community needs to address this problem.
- Don't Know:** I do not have enough information to know whether or not this is a problem.

Important Note: Some of the questions address services. If your community does not provide the service, you can still answer the question. Is it a problem that the service is **NOT** offered?

Living in Our Community**In your opinion**, does Henderson County have a problem with any of these issues? (Circle your answer)

	No Problem	Somewhat of a Problem	Major Problem	Don't Know
1. Cancer	11.5%	29.9%	24.0%	34.6%
2. Diabetes	9.7	26.6	33.3	30.4
3. Heart disease	10	27.4	29.7	33.0
4. High blood pressure	10.8	27.6	31.4	30.2
5. HIV/AIDS	14.0	24.9	10.1	51.1
6. Pneumonia/Flu	16.8	33.5	12.3	37.4
7. Stroke	14.0	30.1	15.7	40.3
8. Asthma	11.9	31.6	25.3	31.2
9. Mental health problems	7.5	24.6	39.8	28.1
10. Dental health problems	11.8	28.5	33.1	26.6
11. Learning and developmental disabilities	11.2	34.3	22.2	32.3
12. Recreation areas (parks, walking trails, bike paths)	32.7	27.8	21.6	17.9
13. Any other issue _____				

Health and Human Services**In your opinion**, do people in your community have a problem finding or using these services? (Circle your answer)

	No Problem	Somewhat of a Problem	Major Problem	I Don't Know
1. General medical care	35.2%	31.3%	15.7%	17.7%
2. Specialized medical care	25.0	30.9	22.0	21.1
3. Home health care	28.8	25.2	13.9	32.1
4. Dental care	26.8	27.8	27.3	18.2
5. Mental health care (counseling)	14.2	24.9	35.4	25.5
6. Emergency medical care	45.1	23.2	12.2	19.5
7. Child health care	34.9	26.8	14.1	24.2
8. Respite care (relief for caregivers)	17.3	26.8	16.5	39.5
9. Adult day care	20.4	24.3	14.5	40.8
10. Nursing home care	28.3	23.5	12.5	35.7
11. Care for pregnant women	37.3	22.8	6.5	33.3
12. Daycare for infants and toddlers	20.2	31.3	23.8	24.7
13. Childcare for sick school-age children	13.4	27.7	29.9	29.1
14. Hospital services	42.5	24.3	10.3	22.9
15. Drug & alcohol treatment	17.1	22.5	26.0	34.3
16. Rehabilitation after surgery or an injury	32.9	21.5	7.8	37.8
17. Medical equipment	31.2	21.6	6.1	41.0
18. Transportation to health care	23.	27.8	15.3	33.9

19. Private health insurance coverage	15.1%	22.9%	36.6%	25.4%
20. Enrolling in Medicaid/Medicare	20.2	25.9	16.3	37.6
21. Nutrition programs (i.e. Meals on Wheels)	26.5	24.1	9.2	40.2
22. Health education programs	27.2	25.6	13.8	33.4
23. Childhood immunizations	44.1	19.1	6.2	30.5
24. Child abuse services	22.8	22.4	15.6	39.2
25. Sexual assault services	22.6	21.1	14.2	42.1
26. Domestic violence services	22.5	22.1	18.8	36.5

Unhealthy Behaviors

In your opinion, are these unhealthy behaviors a problem in your community? (Circle your answer)

	No Problem	Somewhat of a Problem	Major Problem	I Don't Know
1. Lack of physical activity or exercise	10.4%	36.4%	42.0%	11.2%
2. Poor eating habits/lack of good nutrition	8.2	34.6	46.3	10.9
3. Adult obesity	5.1	27.4	55.4	12.2
4. Childhood obesity	6.3	31.8	50.3	11.5
5. Tobacco use among adults	6.0	33.3	47.7	13.0
6. Drinking and driving	6.0	36.4	39.7	17.9
7. Driving or riding in a car without seatbelts	12.1	43.0	24.4	20.5
8. Adult alcohol abuse	5.5	35.0	38.6	20.9
9. Illegal drug use/substance abuse	5.8	27.7	48.7	17.9
10. Abuse or neglect of older people	13.6	32.2	18.4	35.7
11. Depression	8.0	34.3	32.3	25.4
12. Suicide	15.1	29.3	10.6	45.0
13. Sexually transmitted diseases	9.3	28.9	18.7	43.1
14. Sexual assault/rape	11.4	29.6	15.7	43.3
15. Domestic Violence	6.8	32.4	29.6	31.2
16. Child Abuse	8.4	35.0	27.0	29.7
17. Youth violence	9.4	37.4	22.8	30.4
18. Underage drinking	6.8	33.8	33.7	25.8
19. Teenage pregnancy	6.5	35.2	31.7	26.6
20. Tobacco use among people under 18	6.0	34.4	37.9	21.7
21. Bullying in schools	8.0	35.5	28.7	27.9
22. Youth access to and use of weapons	11.0	30.4	22.6	36.1
23. Weapons in schools	17.6	28.9	12.5	41.4
24. Other_____				

Part IV: Major Problems

1. What do you think is the **MOST IMPORTANT HEALTH** problem in your community?

An overwhelming number of respondents cited obesity and related issues such as nutrition and physical activity as what they think is “the most important health problem in the community”. In addition to this, a large number cited mental health care, preventative health care and affordable health insurance as “the most important health problem in the community”. These were the major noted patterns of respondent concerns when respondents did answer this question.

2. What do you think is the **MOST IMPORTANT ENVIRONMENTAL** problem in your community?

A great number of responses to this question cited pollution, lack of required recycling, and over development as their highest environmental concern. They were concerned about losing the beauty and pristine nature of the county.

Thank you very much for your response! Survey results will be tabulated and reported to the community!

**Return surveys to: Partnership for Health(Contact: Terri Wallace 698-4600)
PO Box 2742
Hendersonville, NC 28793**

Appendix C

COMMUNITY HEALTH ASSESSMENT

KEY INFORMANT INTERVIEWS

	Name	Agency	Where did you grow up?	What community issue(s) do you feel are the most important?
1.	Bob Williford	CEO-Chamber of Commerce	Spartanburg, SC	Dental care for children general overall health
2.	Steven Page	Superintendent-Henderson Co. Public Schools	Winston-Salem, NC	Childhood obesity and early diagnosis of diabetes
3.	Brenda Fletcher	Interim CEO-Blue Ridge Community Health	All over-military-eastern NC	Mental health and nutrition services
4.	Renee Kumor	Community Volunteer	Ohio	Revamp education system and access to care (high cost)
5.	Henry Johnson	Mayor - Laurel Park	Kingsport, Tenn.	Obesity of children and adults
6.	Jim Bunch	CEO - Park Ridge Hospital	Washington, D.C.	Getting people to take personal responsibility and informing them of health issues
7.*	Liston Smith	Director- Dept. of Social Services	Winston-Salem, NC	Obesity, mental health and helping the elderly stay in their homes
8.*	Tom Bridges	Director - Dept. of Public Health	Louisiana	Mental health and dental care for those without insurance
9.*	Sally Davenport	Interim CEO - Pardee Hospital	Hastings, Nebraska	Services for the mentally ill including prescription assistance
10.	Tom Apodaco	NC State Senator	Durham, NC	Services for the mentally ill and the uninsured
11.*	Shea Henson	Director-Partnership For Children	Atlanta, GA	Quality childcare and mental health services
12.*	Rick Davis	Sheriff-Henderson Co.	Henderson County	Health services and dental care
13.*	Beth Ward	Day Care Director	Edneyville, NC	Access to primary care, affordable housing and smoking restrictions
14.	Bill Moyer	Henderson County Commissioner	Eastern Pennsylvania	Mental health and senior programs
15.	Colin Thomas	Physician-Ret. The Free Clinics	New Orleans, LA	Mental and dental health
16.*	David Cook	Director-Interfaith Assistance Ministry	Kansas	Access to health care, public transportation and affordable childcare
17.*	Karen Smith	Director-Council on Aging	Burlington, NC	Healthcare for the elderly, mental health and teen pregnancy
18.*	Kevin Lauritsen	Director-Boys & Girls Club	Maine	Childhood obesity due to poor nutrition
19.	Marcia Caserio	Western Carolina University	Asheville, NC & Pittsburg, PA	Dementia, diabetes, obesity and mental health
20.	Greg Newman	Mayor - City of Hendersonville	Hendersonville & Asheville	Affordability of prescriptions and services for working poor and indigent
21.*	Patrick Tapia	Director-El Centro	Chile	Mental health, dental, vision

* = denotes agency representative