



2018

Henderson County Community Health Assessment





Henderson County

2018 COMMUNITY HEALTH ASSESSMENT

Acknowledgements

This document was developed by the Henderson County Department of Public Health in partnership with Advent Health Hendersonville, Pardee UNC Health Care, and the Henderson County Partnership for Health, with support of the Henderson County Board of Health, as part of a local community health (needs) assessment process. We would like to acknowledge the residents of Henderson County for their willingness to share their thoughts and opinions. It is our goal to use this report to develop projects and solutions for the health issues they've helped us identify. We would like to thank and acknowledge the members of the Community Health Assessment team:

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Henderson County 2018 Community Health Assessment **EXECUTIVE SUMMARY**

Community Results Statement

Our goal for Henderson County is to be a healthy community where we live, work, and play.

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to be a healthy
community where we
live, work, and play.*

Leadership for the Community Health Assessment Process

The Henderson County Department of Public Health provides leadership and support for the Community Health Assessment (CHA) process.

Partnerships

The CHA is facilitated in partnership with Advent Health Hendersonville, Pardee UNC Health Care, and the Henderson County Partnership for Health, with support of the Henderson County Board of Health. Agency and individual acknowledgements are made in detail in the Acknowledgements section of the full CHA Document.

Regional/Contracted Services

Our county received support from WNC Healthy Impact, a partnership between hospitals and health departments in North Carolina to improve community health. As part of a larger and continuous community health improvement process, these partners collaborated to conduct community health (needs) assessments across Western North Carolina (WNC).

Theoretical Framework/Model

WNC Health Network provides local hospitals and public health agencies with tools and support to collect, visualize, and respond to complex community health data through Results-Based Accountability™ (RBA). RBA is a disciplined, common-sense approach to thinking and acting with a focus on how people, agencies, and communities are better off for our efforts.

Collaborative Process Summary

Henderson County's collaborative process is supported by WNC Healthy Impact at the regional level. Locally, our process is guided by a CHA team. The CHA team reviews primary and secondary data and develops a short list of health issues of concern. These health issues are then brought forth to the Partnership for Health and the community at large to prioritize and

develop action plans. Phase 1 of the collaborative process began in January 2018 with the collection of community health data. A community forum was held February 1, 2019, to select focus areas for the next three years. For more details on this process see Chapter 1 – Community Health Assessment Process.

Key Findings

Community: Henderson County has a large elderly population due to a favorable climate and location for retirees. Individuals age 65 and older make up 24.7% of the population, compared to 15.1% statewide. The county also has a very low non-white population. According to 2018 US Census estimates, the population has grown to 116,748; 92.5% of the population is white and 4.3% is African-American; 3.2% of the population are from other races. In 2017, Hispanics (of any race) made up 9.9% of the county population. Henderson County has experienced steady population growth for over 4 decades and is projected to continue a similar trend for at least the next fifteen years, despite declining birth rates. It is estimated that the elderly population will continue to grow as well, with the highest percentage of growth to occur in the age group of 75-84.

Though unemployment rates in the county have been decreasing and are lower than the state, total poverty has increased overall. More children than adults live in poverty in Henderson County. Economic burden is often measured by how many households spend 30% or more in housing. Renters in Henderson County on average are spending more of their income on housing compared to those in the region and state. In addition, almost 1 out of 5 renters are paying more than half of their income on housing in Henderson County. Mortgage holders are spending closer to the state rates, though 16.4% spend more than 30% of their income on housing, and 6.2% spend more than half of their income on housing in Henderson County.

Health Outcomes: When compared with peer counties and the state, Henderson County is a relatively healthy county. According to the Robert Wood Johnson Foundation's 2018 County Health Rankings, Henderson County ranks 15th overall out of 100 counties in North Carolina. The leading causes of death in Henderson County are cancer, heart disease, unintentional injuries (including drug overdoses), chronic lower respiratory diseases, cerebrovascular disease, Alzheimer's disease, suicide, pneumonia and influenza, unintentional motor vehicle injuries, and chronic liver disease. Mortality rate trends in Henderson county have decreased (or stabilized) over time for all leading causes of death except cancer, unintentional injuries (including overdoses), suicide, pneumonia and influenza, and motor vehicle injuries which have all increased. Henderson County mortality rates for unintentional injuries (including overdoses), suicide, motor vehicle injuries, and chronic liver disease are higher than comparable state mortality rates.

Other health indicators show that while infant mortality and low birth rates have decreased overall since the 2002-2006 reporting period, Henderson County has recently seen the rates for both increase slightly. The rates in Henderson County are lower than across the region and the state; however, it is important to note that North Carolina has some of the highest infant mortality rates in the nation. The teen pregnancy rate has been steadily decreasing overall since the 2002-2006 reporting period and continues to be slightly lower than the state rate. Rates for

chlamydia, gonorrhea, syphilis, and HIV have been consistently lower than state averages; however, all have been on the rise in recent years.

According to the most recent North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS) data, 18.2% of the participating children in Henderson County age 2-4 were deemed "overweight," and an additional 14.1% were deemed "obese." Being overweight or obese is a major factor in increasing one's risk for chronic diseases such as diabetes and hypertension. Sedentary lifestyle, the high cost of nutritious foods, and the lack of safe walking and biking areas in some parts of the county make it difficult for people to make healthy choices.

Opioids caused the highest proportion of drug overdose deaths in Henderson County. This category includes hydrocodone, oxycodone, morphine, codeine, and related drugs. Historically, many opioid-related deaths were from pain medications like oxycodone and hydrocodone. However, illicit substances like heroin are becoming increasingly involved in deaths of our residents. In 2017, 88.9% of all opioid overdose deaths involved heroin, fentanyl, or fentanyl analogues (drugs that are similar to fentanyl but have been chemically modified to bypass current drug laws). Henderson County's rates are higher than the state's for these overdoses.

Health Priorities

The top priorities were identified as:

- **Health Priority 1:** Mental Health
- **Health Priority 2:** Substance Abuse
- **Health Priority 3:** Physical Activity and Nutrition
- **Health Priority 4:** Safe and Affordable Housing

The focus areas to be addressed within each priority during the next CHA cycle include:

- **Mental Health:** Access to Care, Youth Considering Suicide, and Adverse Childhood Experiences (ACEs)
- **Substance Abuse:** Use of Opioids, Youth using E-vape Products
- **Physical Activity and Nutrition:** Food Insecurity, Physical Activity
- **Safe and Affordable Housing:** Total Cost-Burden, Rental Spending

Next Steps

CHA findings will be disseminated to stakeholders and community members. These findings however are just the first steps in understanding and addressing priority health needs in a community. Local hospitals and community partners will collaborate to create Action Teams to develop plans and related strategies for addressing the 4 health priorities over the next 3 years. If you have questions about this report, or if you would like more information on becoming involved with new projects or serving on the Community Health Assessment Action Teams, please contact [Stacy Taylor](#) at the Henderson County Department of Public Health at 828-694-6063.



CHAPTER 1 – CHA Process

Purpose

Community health assessment is an important part of improving and promoting the health of county residents. A community health assessment (CHA) – which is a process that results in a public report – describes the current health indicators and status of the community, what has changed, and what still needs to change to reach a community's desired health outcomes.

What are the key phases of the Community Health Improvement Process?

In the **first phase** of the cycle, process leaders for the CHA collect and analyze community data – deciding what data they need and making sense of it. They then decide what is most important to act on by clarifying the desired conditions of well-being for their population and by then determining local health priorities.

The **second phase** of the cycle is community health strategic planning. In this phase, process leaders work with partners to understand the root causes of the identified health priorities, both what's helping and what's hurting the issues. Together, they make a plan about what works to do better, form workgroups around each strategic area, clarify customers, and determine how they will know people are better off because of their efforts.

In the **third phase** of the cycle, process leaders for the CHA take action and evaluate health improvement efforts. They do this by planning how to achieve results and putting the plan into action. Workgroups continue to meet and monitor results and make changes to the plan as needed. This phase is vital to helping work groups understand the contribution their efforts are making toward desired community results.



Definition of Community

Community is defined as "county" for the purposes of the North Carolina Community Health Assessment Process. Henderson County is included in Advent Health Hendersonville and Pardee UNC Health Care's community for the purposes of community health improvement, and as such they were key partners in this local level assessment.

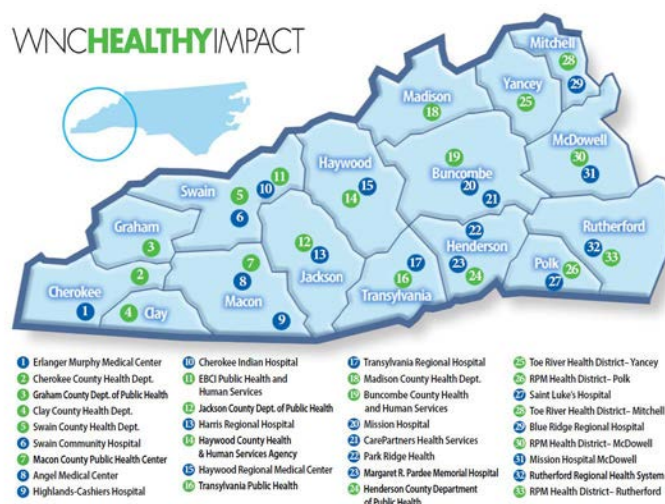
WNC Healthy Impact

WNC Healthy Impact is a partnership and coordinated process between hospitals, public health agencies, and key regional partners in Western North Carolina working towards a vision of improved community health. We work together locally and regionally to assess health needs, develop collaborative plans, take action, and evaluate progress and impact.

This regional initiative is designed to support and enhance local efforts by:

- Standardizing and conducting data collection,
- Creating communication and report templates and tools,
- Encouraging collaboration,
- Providing training and technical assistance,
- Addressing regional priorities, and
- Sharing evidence-based and promising practices.

This innovative regional effort is supported by financial and in-kind contributions from hospitals, public health agencies, and partners, and is coordinated by WNC Health Network. WNC Health Network, Inc. is an alliance of hospitals working together, and with partners, to improve health and healthcare. Learn more at www.WNCHN.org.



Data Collection

The set of data reviewed for our community health assessment process is comprehensive, though not all of it is presented in this document. Within this community health assessment, we share a general overview of health and influencing factors, then focus more on priority health issues identified through a collaborative process. Our assessment also highlights some of our community strengths and resources available to help address our most pressing issues.

Core Dataset Collection

The data reviewed as part of our community's health assessment came from the WNC Healthy Impact regional core set of data and additional local data compiled and reviewed by our local CHA team. WNC Healthy Impact's core regional data set includes secondary (existing) and primary (newly collected) data compiled to reflect a comprehensive look at health. The following

data set elements and collection are supported by WNC Healthy Impact data consulting team, a survey vendor, and partner data needs and input:

- A comprehensive set of publicly available secondary data metrics with our county compared to the sixteen county WNC region
- Set of maps accessed from Community Commons and NC Center for Health Statistics
- WNC Healthy Impact Community Health Survey (cell phone, landline, and internet-based survey) of a random sample of adults in the county
- Online key informant survey

See **Appendix A** for details on the regional data collection methodology.

Additional Community-Level Data

In 2018, 10 focus groups and listening sessions were conducted in Henderson County that included 156 participants ages 12-90. Questions were intended to discover the community's viewpoint and concerns about quality of life, health matters, and other issues important to residents. In addition, data was reviewed from NC DETECT and local Youth Risk Behavior Survey. Data from several local organizations was also reviewed during the CHA process.

Health Resources Inventory

An inventory of available resources of our community was conducted by reviewing a subset of existing resources currently listed in the 2-1-1 database for our county, as well as working with partners to include additional information. Where gaps were identified, we partnered with 2-1-1 to fill in or update this information when applicable. See **Chapter 7** for more details related to this process.

Community Input & Engagement

Including input from the community is a critical element of the community health assessment process. Our county included community input and engagement in a number of ways:

- Partnering to conduct the health assessment process
- Collecting primary data through survey, key informant interviews, listening sessions, etc.
- Reviewing and making sense of the data to better understand the story behind the numbers
- Identifying and prioritizing health issues

In addition, community engagement is an ongoing focus for our community and partners as we move forward to the collaborative planning phase of the community health improvement process. Partners and stakeholders with current efforts or interest related to priority health issues will continue to be engaged. We also plan to work together with our partners to help ensure that programs and strategies in our community are developed and implemented with community members and partners.



At-Risk & Vulnerable Populations

Throughout our community health assessment process, our team was focused on understanding general health status and related factors for the entire population of our county as well as the groups particularly at risk for health disparities or adverse health outcomes. For the purposes of the overall community health assessment, we aimed to understand differences in health outcomes, correlated variables, and access, particularly among medically underserved, low-income, and/or minority populations, and others experiencing health disparities.

Underserved populations relate to those who do not access health care either because there is a lack of services or providers available or because of limitations such as income, literacy/language barriers or understanding on how to access services, cultural competency of clinicians, trust, transportation, etc.

At-risk populations are the members of a particular group who are likely to, or have the potential to, get a specified health condition. This could be from engaging in behavior (such as pregnant women who smoke) that could cause a specified health condition, having an indicator or precursor (high blood pressure) that could lead to a specified health condition, or having a high Adverse Childhood Experiences (ACEs) score (traumatic experiences), which is correlated with increased risk of specified health conditions.

A vulnerable population is one that may be more susceptible than the general population to risk factors that lead to poor health outcomes. Vulnerable populations, a type of at-risk population, can be classified by such factors as race/ethnicity, socio-economic status, cultural factors, and age groups.

The underserved, at-risk, and vulnerable populations of focus for our process and product include:

Underserved Populations:

- **Persons with Limited English Proficiency (LEP)** – underserved due to language barriers, cultural barriers, perceptions of limited access, or limited access due to citizenship requirements.
- **Persons who are uninsured or underinsured** – underserved due to inability to access or afford health services.

At-risk Populations:

- **Pregnant women who smoke** – at risk for poor birth outcomes.
- **Persons who are overweight or obese** – at risk for diabetes, heart disease, cancer, and other chronic diseases and complications.
- **Persons with multiple Adverse Childhood Experiences (ACEs)** – at risk for poor health outcomes, substance use and addiction, and mental health conditions.
- **Persons who use injection drugs** – at risk for infectious diseases such as Hepatitis and HIV.

Vulnerable Populations:

- **Seniors** – vulnerable to chronic disease, poor mental health due to age or isolation, and unique challenges during an emergency depending on transportation issues and hearing/visual impairments.
- **Children under 5** – vulnerable to high poverty rates in Henderson County, dependence on others for care, and exposure to others' behavior choices.
- **Teens** – vulnerable to increased rates of poor mental health, substance use, and other risk-taking behaviors.
- **Persons in poverty** – vulnerable to limited resources and barriers to accessing affordable housing, transportation, healthy food, and health care.
- **Persons of Color (PoC)** – vulnerable to poor health outcomes and are often more likely to have social determinants that negatively impact health (poverty, unemployment, housing and/or food insecurity, etc.).
- **Persons with physical and/or mental health care challenges** – vulnerable to poor health outcomes due to challenges accessing care, lack of ability to self-advocate, and dependence on others.



CHAPTER 2 - Henderson County

Location and Geography of Henderson County

Henderson County is in the western section of the state and is bordered by South Carolina and Transylvania, Buncombe, Rutherford, and Polk counties. The present land area is just over 373 square miles. Henderson County is considered a “typical” mountain county because it is composed 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. Henderson County also includes the municipalities of Flat Rock, Mills River, Laurel Park, and Fletcher. Towns in the county include Bat Cave, Balfour, East Flat Rock, Edneyville, Etowah, Dana, Gerton, Horse Shoe, Mountain Home, Naples, Tuxedo, and Zirconia. The nearest commercial airport is Asheville Regional Airport, which is located on the Henderson/Buncombe county line off Interstate 26.

Population

According to 2018 US Census estimates, the population in Henderson County has grown to 116,748; 92.5% of the population is white and 4.3% is African-American; 3.2% of the population are from other races. In 2017, Hispanics (of any race) made up 9.9% of the county population.

Henderson County has a large elderly population due to a favorable climate and location for retirees. The county has a median age of 46.8, which is several years older than the state average of 38.3. Older adults (age 65+) make up 24.7% of the population in the county, compared with an average of just 15.1% across the state.

Henderson County has experienced steady population growth for over 4 decades. It is projected to continue a similar trend for at least the next 15 years. The birth rate among people with Hispanic ethnicity in Henderson County has been significantly higher than the comparable rates among other racial groups, but birth rates in all racial/ethnic groups in the county appear to be falling. However, our population is growing despite a decline in birth rates, which usually means that people are moving here from other places. The double-digit rate of growth in Henderson County in 2000-2010 is expected to slow over the next two decades but will still exceed the overall growth rate for the WNC Region. It is estimated that the elderly population will continue to grow as well, with the highest percentage of growth to occur in the age group of 75-84.



CHAPTER 3 - A Healthy Henderson County

Elements of a Healthy Community

In the online survey, key informants were asked to list characteristics of a healthy community. They were also asked to select the health issues or behaviors that they feel are the most critical to address collaboratively in their own community over the next three years or more. Follow-up questions asked them to describe which contributors to progress and impediments of progress exist for these issues, as well as the likelihood that collaborative effort could make a positive change for these issues.



When key informants were asked to describe what characteristics they felt contributed to a healthy community in our county, they reported:

- Access to Care/Services
- Recreational/Outdoor Activities
- Awareness/Education
- Safe Environment

During our collaborative planning efforts and next steps, we will further explore these concepts and the results our community has in mind.

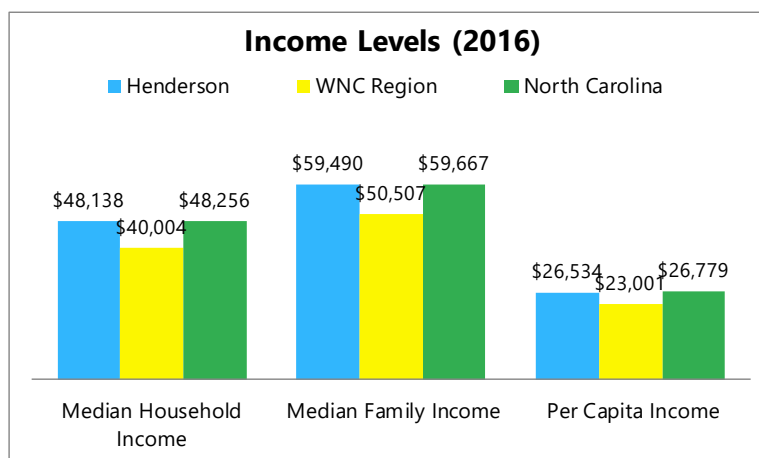


CHAPTER 4 - Social & Economic Factors

As described by [Healthy People 2020](#), economic stability, education, health and healthcare, neighborhood and built environment, and social community and context are 5 important domains of social determinants of health. These factors are strongly correlated with individual health. People with higher incomes, more years of education, and a healthy and safe environment to live in have better health outcomes and generally have longer life expectancies. Although these factors affect health independently, they also have interactive effects on each other and thus on health. For example, people in poverty are more likely to engage in risky health behaviors, and they are also less likely to have affordable housing. In turn, families with difficulties in paying rent and utilities are more likely to report barriers to accessing health care, higher use of the emergency department, and more hospitalizations.

Income & Poverty

"Income provides economic resources that shape choices about housing, education, child care, food, medical care, and more. Wealth, the accumulation of savings and assets, helps cushion and protect us in times of economic distress. As income and wealth increase or decrease, so does health" (County Health Rankings, 2018).

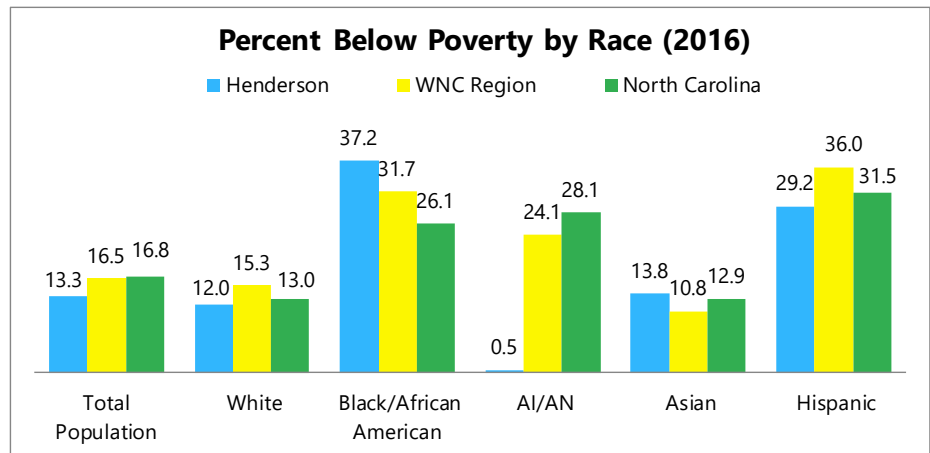


In Henderson County, the median household income, the median family income, and the per capita income levels are all higher than regional averages but are still below the state average.

Henderson County used to have the highest per capita income in the region – until 2009-2013, when it was surpassed by Buncombe County and then by

Polk in 2010-2014. Polk currently has the highest per capita income in the region.

While poverty has decreased slightly over the past few years in the county, there remains a large disparity between white and non-white residents living in poverty. In addition, almost 1 out of 5 children under age 18 in the county live in poverty. More than half (55.29%) of students qualified for free or reduced lunches in schools in School Year 16-17, which is an increase from 47.88% in SY 08-09.

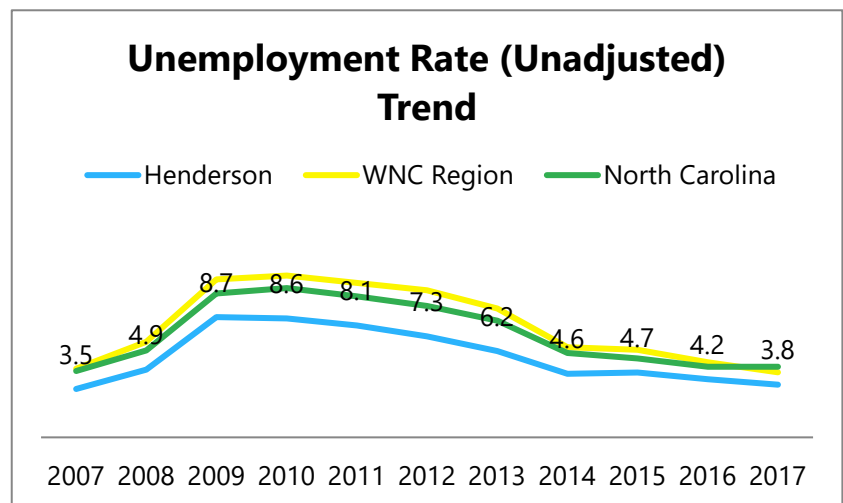


Employment

"Employment provides income and, often, benefits that can support healthy lifestyle choices. Unemployment and under employment limit these choices, and negatively affect both quality of life and health overall. The economic condition of a community and an individual's level of educational attainment both play important roles in shaping employment opportunities" (County Health Rankings, 2018).

Similar to years past, the 3 employment sectors in the county that employ the most workers are:

- **Health Care and Social Assistance:** 18.9% of workforce (Average weekly wage - \$897.23)
- **Manufacturing:** 14.88% of workforce (Average weekly wage - \$1,013.49)
- **Retail Trade:** 14.21% of workforce (Average weekly wage - \$542.78)



The unemployment rate in Henderson County is lower than the comparable rates for WNC and the state.

Education

"Better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. This is true even when factors like income are taken into account" (County Health Rankings, 2018).

Education Public Schools

Source: Henderson County Partnership
for Economic Development, and NC
Department of Public Instruction

NUMBER OF SCHOOLS

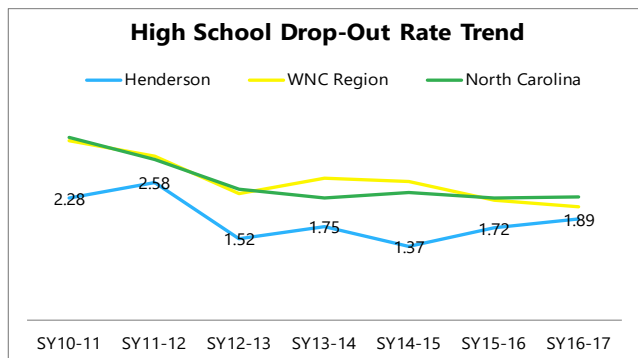
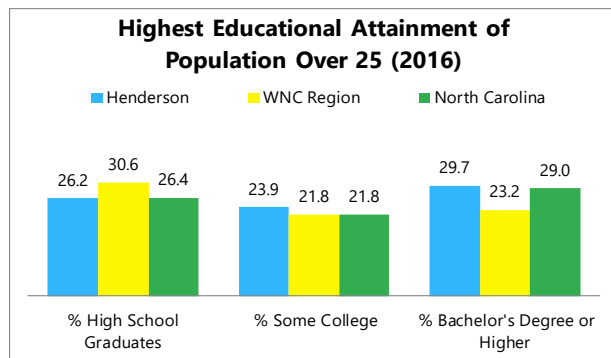
Elementary Schools	13
Middle Schools	4
High Schools/Early College	6
Public Charter Schools	2

ANNUAL ENROLLMENT > 13,700

2018 AVERAGE SAT SCORES

County	1124
North Carolina	1090
Nation	1049

There are 23 schools in the Henderson County Public Schools system and 2 additional public charter schools. Annual enrollment across all these schools has increased to over 13,700 students. In addition, Henderson County houses multiple private schools and an active homeschooling association. On average, Henderson County students score higher on SATs than across the state and nation.



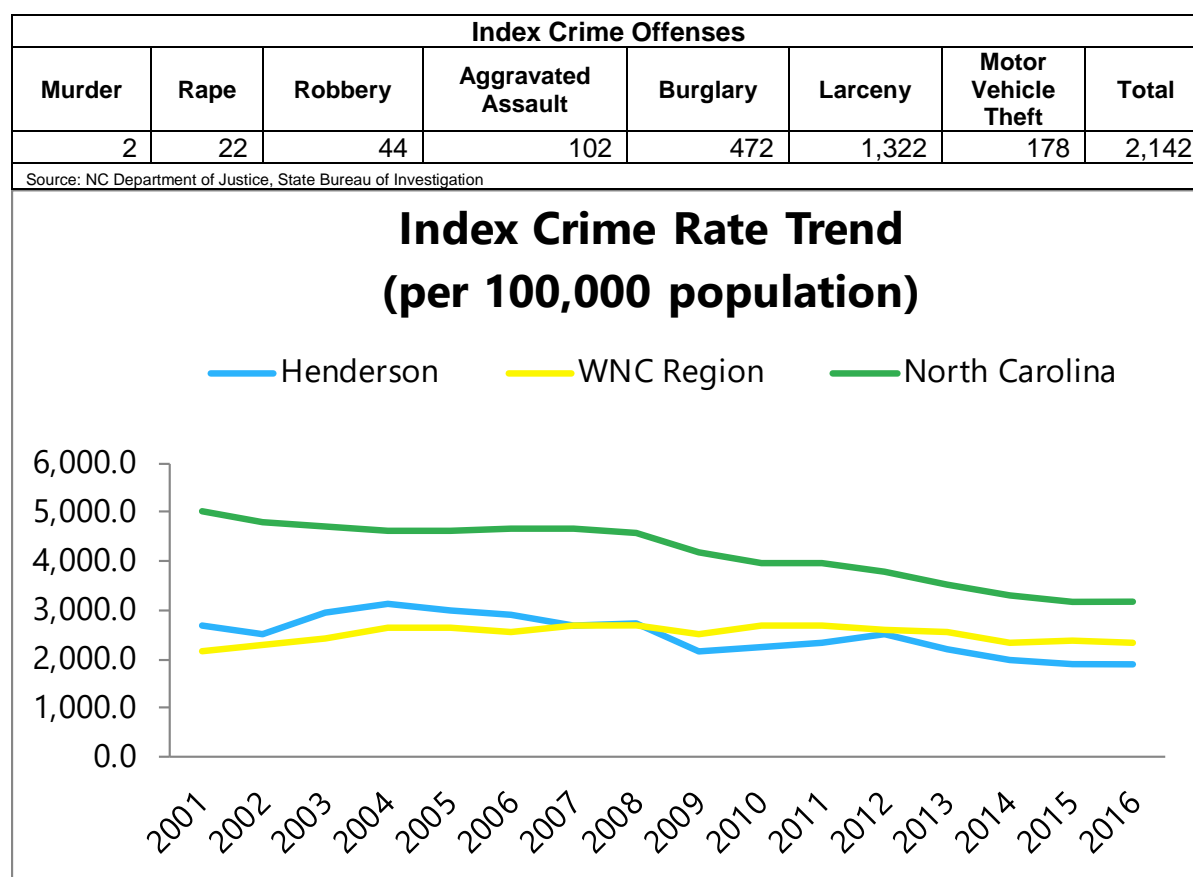
Henderson County has a higher percentage of persons who have graduated high school and college compared to WNC and NC averages. While drop-out rates in Henderson County dropped sharply in the 2012-2013 school year, there has since been a slow increase with 82 students dropping out in the 2016-2017 school year.

Henderson County has 63 child care centers that are either star-rated licensed or GS 110-106 (which means "religious sponsored child care facility" – these facilities can opt to seek a star rating but are not required to). Of the 48 sites that serve age 0-5, 10 sites are Family Child Care Home Licensed, and 5 sites are GS 110-106. Of the remaining 33 licensed child care centers, 19 have a 5-star rating. A 1-star ranking means that the program meets North Carolina's minimum

licensing standards. Programs voluntarily apply for additional stars. The award of additional stars is based on program standards (including staff to child ratio, having sufficient space, and having a variety of play materials) and staff education (including college degrees, experience, training, and credentialing). A 4- or 5-starred program has earned more points than a 2- or 3-starred program (NC DHHS, 2018).

Community Safety

"Injuries through accidents or violence are the third leading cause of death in the United States, and the leading cause for those between the ages of 1 and 44. Accidents and violence affect health and quality of life in the short and long-term, for those both directly and indirectly affected, and living in unsafe neighborhoods can impact health in a multitude of ways" (County Health Rankings, 2018).



Index crime is the sum of all violent and property crime. The index crime rate in Henderson County was lower than the comparable NC average in every year cited. Property crime includes burglary, larceny, and motor vehicle theft. The property crime rate in Henderson County was 1752.9 per 100,000 in 2016 – which is lower than the region and state (2135.9 and 2779.7 respectively). Violent crime includes murder, forcible rape, robbery, and aggravated assault. The violent crime rate in Henderson County was 151.1 per 100,000 in 2016 – which is also lower than the region and state rates (182.2 and 374.9 respectively).

In FY2016-2017, 218 persons in Henderson County were identified as victims of sexual assault.

The most frequently reported specific type of sexual assault in Henderson County during the period was adult sexual offense (50.9%). Regionally, the most frequently reported type was rape (29.3%); statewide the most frequently reported type was rape (29.8%).

State-wide and region-wide the most commonly reported offender was a relative. In Henderson County the most common offender also was a relative.

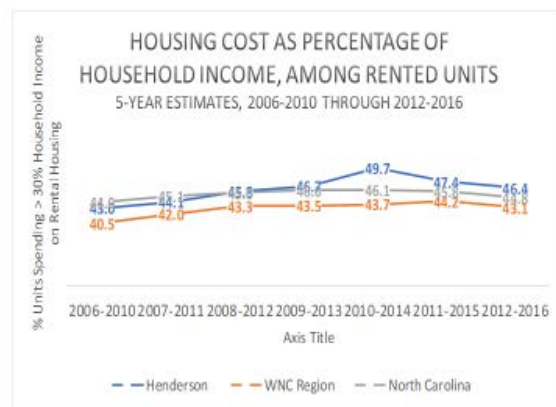
However, the number of domestic violence calls in Henderson County has been increasing overall since 2007, hitting a sharp increase and peak in 2016-2017 of 917 calls and 1,004 clients.

The domestic violence shelter was full on 162 days in FY 17, almost half the year. Child abuse cases have been fluctuating since 2006.

The number of substantiated child abuse cases in 2016-2017 was 69. Findings included neglect in 62 of those cases, abuse in 4 cases, and abuse combined with neglect in 3 cases.

Housing

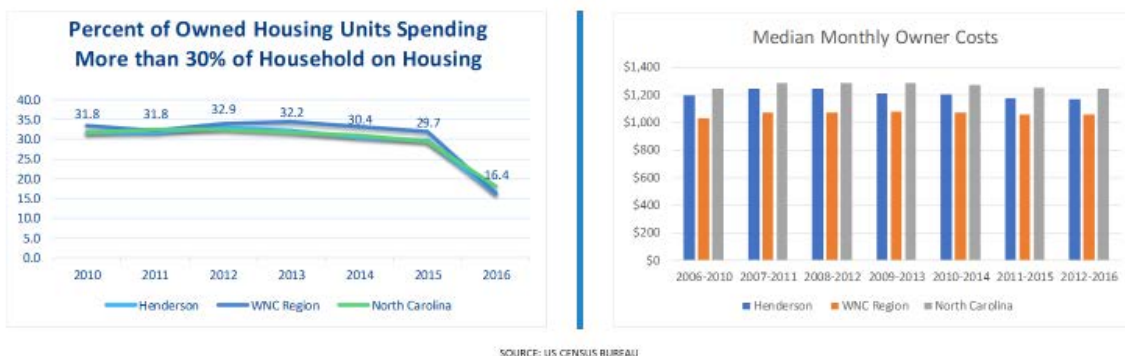
"The housing options and transit systems that shape our communities' built environments affect where we live and how we get from place to place. The choices we make about housing and transportation, and the opportunities underlying these choices, also affect our health" (County Health Rankings, 2018).



Housing Costs - Rentals

We often look at economic burden in terms of how many households are spending 30% or more on housing. Renters in Henderson County are paying more for rent than the rest of the

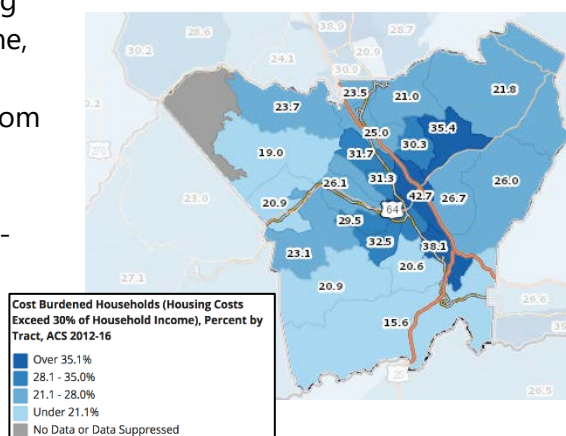
region on average, and a higher portion of them are spending more than 30% of their entire income on housing than in the region or across the state. In addition, 18.8% of rented units are occupied by renters who are paying more than 50% of their income on housing in Henderson County.



Housing Costs - Mortgages

Like renters, homeowners in Henderson County pay more each month for housing than the rest of the region on average. In addition, 16.4% spend more than 30% of their income on housing, with 6.2% spending more than half of their income on housing. Note that there has recently been a change in how the total number of housing units are counted, which has affected the trend line, but the number of individual households that this affects is 5,611 – which is only a slight decrease from the 2015 number which was 5,784.

24% of households in Henderson County are cost-burdened. This map shows the percent of cost-burdened households within each county census tract according to the ACS 2012-2016.



Family & Social Support

"People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Neighborhoods richer in social capital provide residents with greater access to support and resources than those with less social capital" (County Health Rankings, 2018).

Key informants who participated in the online survey were given a list of social determinants, or social contributors of health. Participants were then asked to pick up to 3 of these conditions that were most critical to address collaboratively in Henderson County over the next 3 years or more. The chart indicates the highest-ranking issues (WNCHN – Online Key Informant Survey, 2018).

Rank	Health Issue	Identified as Critical to Address
1	Access to Health Care	19
2	Housing	19
3	Adverse Childhood Experiences (ACEs)	18
4	Employment Opportunities	9
5	Food Insecurity	6
6	Interpersonal Violence (IPV)	5
7	Early Childhood Education	4
8	Transportation	4

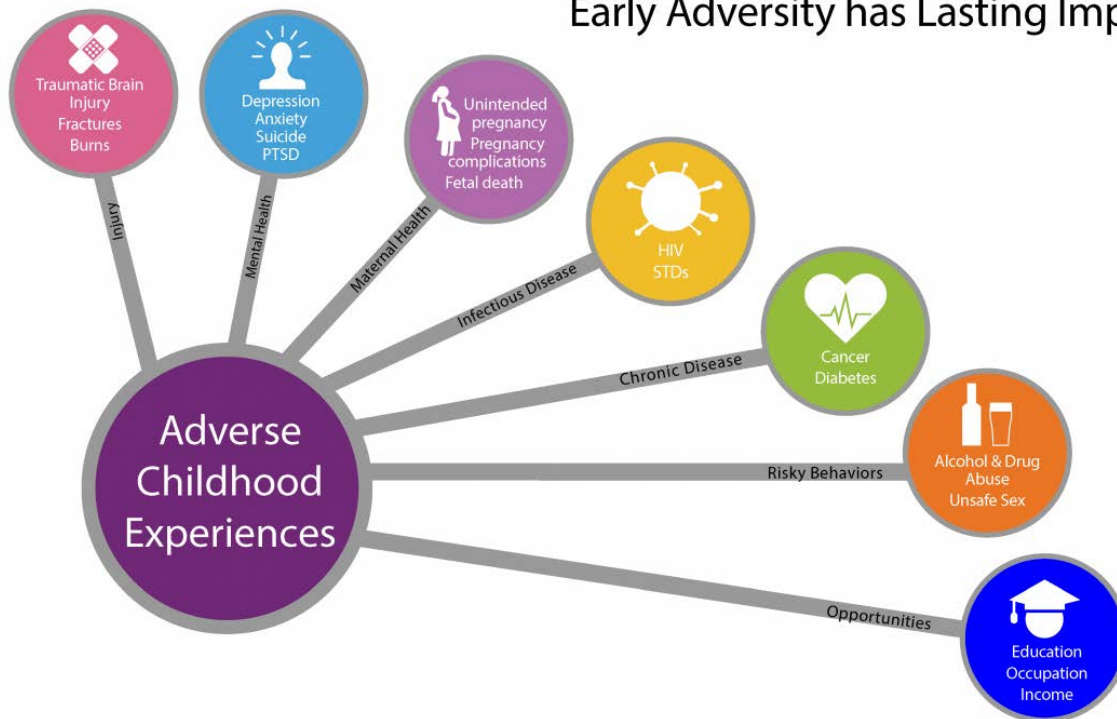
Access to care, housing, and Adverse Childhood Experiences (ACEs) were identified by the key informants as the top social determinant issues that were critical to address. It is noteworthy that these same topics were repeated in multiple focus groups and in the Community Forum held on February 1, 2019.

Adverse Childhood Experiences (ACEs) is the term used to describe specific types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18. According to the Centers for Disease Control and Prevention (CDC), “ACEs have been linked to:

- Risky Health Behaviors
- Chronic Health Conditions
- Low Life Potential and
- Early Death

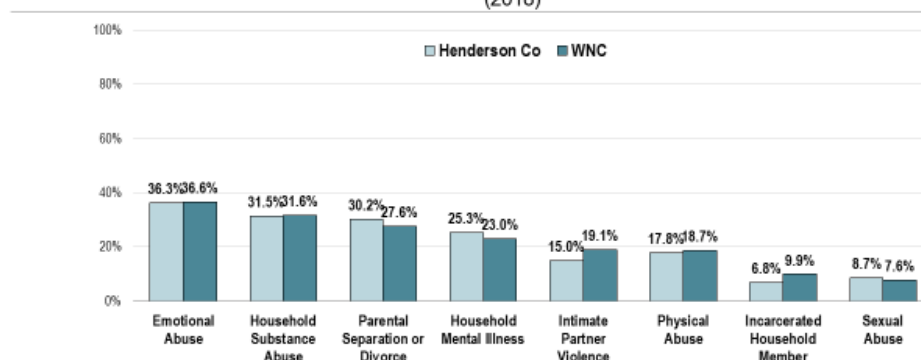
As the number of ACEs increases, so does the risk for these outcomes. The presence of ACEs does not mean that a child will experience poor outcomes; however, children’s positive experiences or protective factors can prevent children from experiencing adversity and can protect against many of the negative health and life outcomes even after adversity has occurred” (CDC, 2018).

Early Adversity has Lasting Impacts



ACEs questions were included for the first time in the Community Phone Survey tool in 2018. The questions touch on whether the participant experienced (as a child) any of the following instances: household mental illness, household substance abuse, incarcerated household member, parental separation or divorce, intimate partner violence, physical abuse, emotional abuse, and sexual abuse.

Experienced Adverse Childhood Experiences (ACEs) Prior to Age 18 (2018)

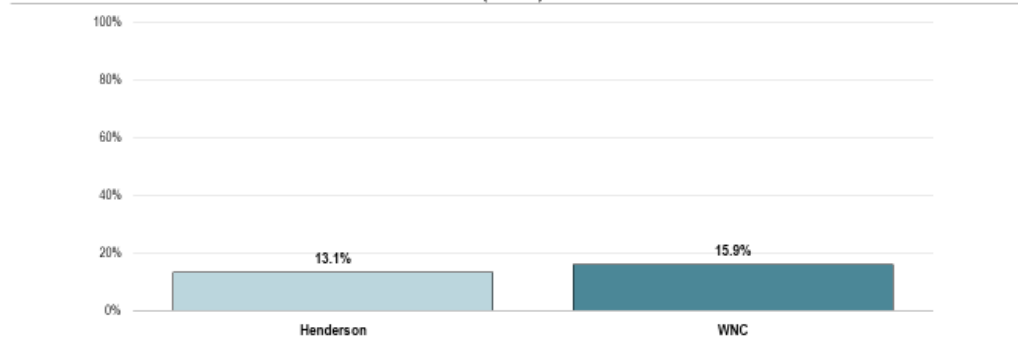


Sources: • 2018 PRO Community Health Survey, Professional Research Consultants, Inc. [Items 351-358]

Notes: • Asked of all respondents (Adults 18+)

• ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.

Prevalence of High ACE Scores (4 or More) (2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 359]

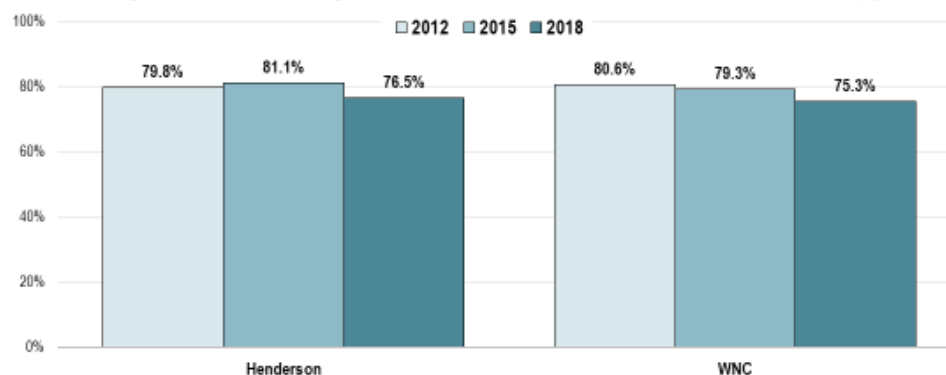
Notes: • Asked of all respondents (Adults 18+)

• ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.

• Adults with at least one adverse childhood experience (ACE) are categorized as having a low ACE score (1-3 ACEs) or a high score (4+ ACEs).

Persons who responded to the survey and indicated that they had experienced 4 or more ACEs were considered to have a high ACE Score. The chart above indicates that just over 13% of survey participants in Henderson County have a high ACE score, compared with a 15.9% regional average. In addition, when asked, 76.5% of survey participants reported that they “always” or “usually” get social/emotional support when needed. This is a decrease from past years. Social and emotional support systems can help with resiliency and be a protective factor against poor health outcomes from ACEs.

“Always” or “Usually” Get Needed Social/Emotional Support



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 336]

Notes: • Includes “always” and “usually” responses.



CHAPTER 5 - Health Data Findings Summary

Mortality

Residents of Henderson County can expect to live longer than those living in the rest of the region or the state. The overall life expectancy for residents is 79.2 years. However, a significant racial disparity exists between White and African-American residents – 79.4 and 73.4 respectively. The difference between the two is greater than in the region and state – a difference of 6 years in Henderson County, 1.8 years in WNC, and 3.4 years in the state.

Life Expectancy at Birth for Persons born in 2014-2016

County	Overall	Sex		Race	
		Male	Female	White	African-American
Henderson	79.2	77.1	81.3	79.4	73.4
WNC (Regional) Arithmetic Mean	77.7	75.1	80.4	78.0	76.2
State Total	77.4	74.8	79.9	78.3	74.9

Source: NC State Center for Health Statistics

The leading causes of death in Henderson County are depicted in the table. Mortality rate trends in Henderson County have decreased (or stabilized) over time for all leading causes of death

except cancer, unintentional injuries (including overdoses), suicide, pneumonia and influenza, and motor vehicle injuries which have all increased. Henderson County mortality rates for unintentional injuries (including overdoses), suicide, motor vehicle injuries and chronic liver disease are higher than comparable state mortality rates.

Rank	Age-Adjusted Rates (2012-2016)	Henderson # Deaths	Henderson Mortality Rate	NC Mortality Rate
1	Cancer	1,518	158.1	166.5
2	Diseases of Heart	1,392	138.2	161.3
3	All Other Unintentional Injuries	341	43.9	31.9
4	Chronic Lower Respiratory Diseases	376	37.3	45.6
5	Cerebrovascular Disease	364	35.1	43.1
6	Alzheimer's disease	338	30.8	31.9
7	Suicide	118	18.8	12.9
8	Pneumonia and Influenza	172	16.8	17.8
9	Unintentional Motor Vehicle Injuries	82	14.4	14.1
10	Chronic Liver Disease and Cirrhosis	88	12.1	10.3
11	Diabetes Mellitus	103	11.3	23.0
12	Nephritis, Nephrotic Syndrome, and Nephrosis	111	11.1	16.4
13	Septicemia	58	6.0	13.1
14	Homicide	17	3.2	6.2
15	Acquired Immune Deficiency Syndrome	2	0.2	2.2

Source: NC State Center for Health Statistics

Three Leading Causes of Death
by Age Group
Unadjusted Death Rates per
100,000 Population
Single 5-Year Aggregate, 2012-
2016

Henderson County				
Age Group	Rank	Leading Cause of Death	# Deaths	Death Rate
00-19	1	Conditions originating in the perinatal period	16	13.4
	2	Congenital anomalies (birth defects)	13	10.9
	3	Other Unintentional injuries	9	7.5
20-39	1	Other Unintentional injuries	37	33.0
	2	Motor vehicle injuries	19	17.0
	3	Diseases of the heart	14	12.5
40-64	1	Cancer - All Sites	340	181.3
	2	Diseases of the heart	191	101.8
	3	Suicide	75	40.0
65-84	1	Cancer - All Sites	830	709.1
	2	Diseases of the heart	607	518.6
	3	Chronic lower respiratory diseases	214	182.8
85+	1	Diseases of the heart	580	3176.0
	2	Cancer - All Sites	336	1839.9
	3	Alzheimer's disease	220	1204.7

Source: North Carolina State Center for Health Statistics

When we look at the data by age groups, we see some clear trends. Unintentional injuries are a major cause of death for ages 0-39. These include poisonings and overdoses. Diseases of the heart are a top 3 cause of death for all other age brackets in Henderson County. In addition,

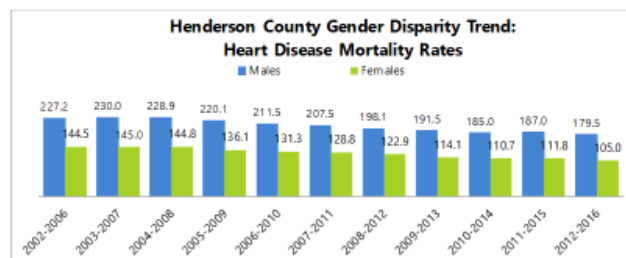
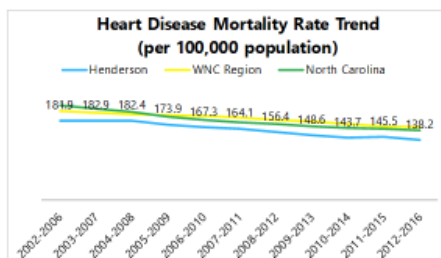
From 2013 through 2016, 169 Henderson County residents died as a result of an unintentional fall.

Of the 169 fall-related deaths, 155 (92%) occurred in the population age 65 and older.

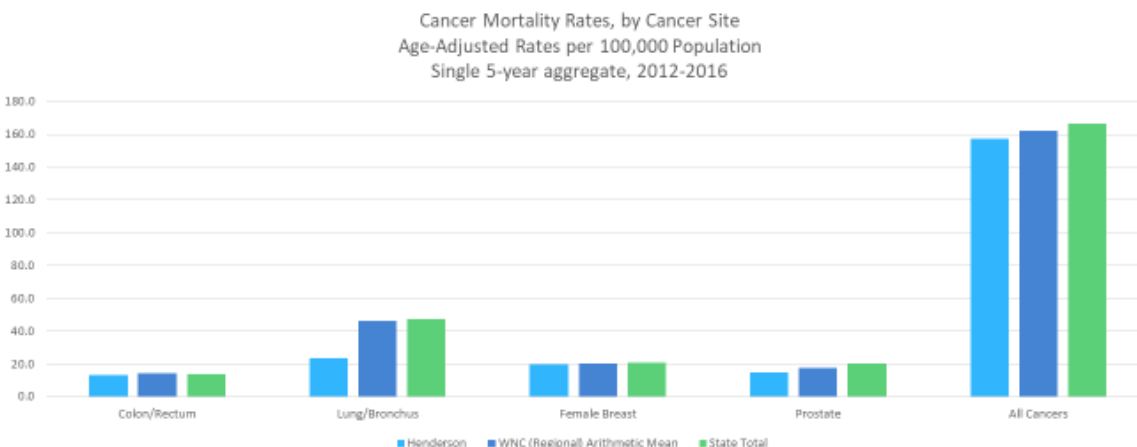
Of the 169 fall-related deaths, 102 (60%) occurred in the population age 85 and older.

unintentional falls cause a significant number of deaths for those age 65 and older in Henderson County.

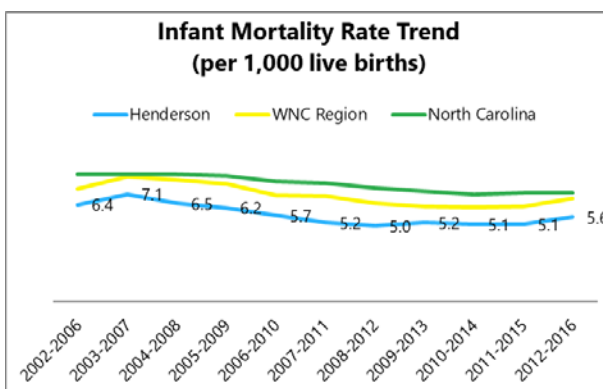
Heart disease mortality rates appear to be declining overall. Men suffer disproportionately from heart disease than women. In addition, African-Americans have higher rates of heart disease than do whites in Henderson County.



Cancer mortality rates in Henderson County appear to have stabilized, and persons in Henderson County have slightly lower mortality due to common cancer types than those across the region and state.



Other health indicators show that while infant mortality rates have decreased overall since the 2002-2006 reporting period, we have recently seen the rates increase slightly. The rates in Henderson County are lower than across the region and the state. However, it is important to note that North Carolina has some of the highest infant mortality rates in the nation.



Health Status & Behaviors

*Henderson County's
2018 Health Ranking:*

15

Of 100 NC counties

*North Carolina's 2018
Health Ranking:*

33

Of 50 states

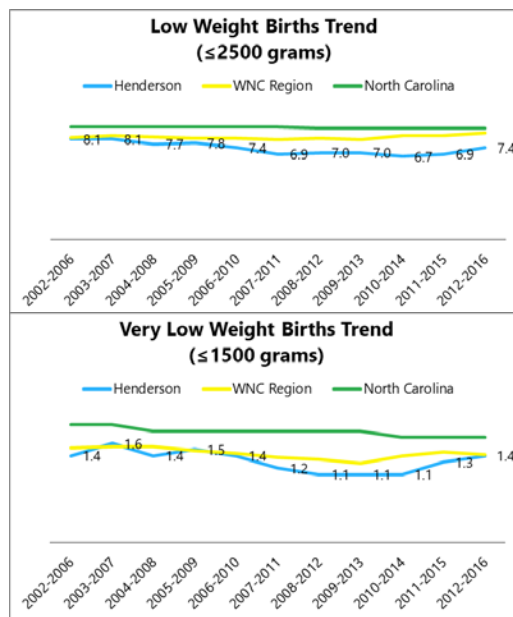
(County Health Rankings, 2018)

According to the 2018 America's Health Rankings, North Carolina ranked 33rd overall among 50 states. According to the 2019 County Health Rankings, Henderson County ranked 15th overall among 100 counties.

Maternal and Infant Health

In Henderson County, the pregnancy rate trend steadily declined from 2006 until 2016, when the rate leveled off around 67 per 1,000 women. The teen pregnancy trend, however, has continued to decline with the most recent estimate being 26.3 per 1,000 women age 15-19, and continues to be slightly lower than the state rate.

In addition, the trends for Low Birth Weight (<5.5 lbs.) and Very Low Birth Weight (<3.3 lbs.), while still lower than the 2002-2006 time period, have both been on the rise for the last few years. The highest percentages in both weight categories occur at the state level (NCSCHS, 2018).



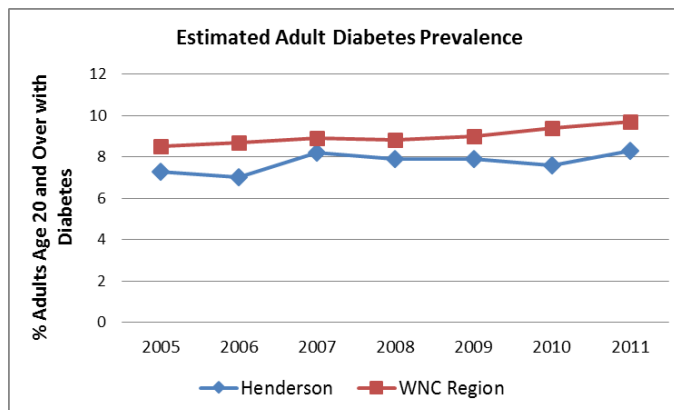
Sexually Transmitted Infections

Rates for chlamydia, gonorrhea, syphilis and HIV have been consistently lower than state averages, however all have been on the rise in recent years. Newly diagnosed chlamydia and gonorrhea rates are less than in WNC and NC. Newly diagnosed HIV and syphilis rates are above the WNC rate, but well below the NC rate (NC DPH, Communicable Disease Branch, Epidemiology Section).

Chronic Disease

Chronic diseases such as cancer, heart disease, and diabetes are main contributors to mortality in Henderson County – being the 1st, 2nd, and 11th leading causes of death respectively (NC State Center for Health Statistics). Furthermore, these chronic diseases are significant contributors to morbidity in Henderson County. For example, in 2014, 16.7% of hospital discharges were due to cardiovascular and circulatory disease (NCSCHS, 2018).

The average self-reported prevalence of adults in Henderson County with diabetes was 7.7% in the period from 2005 – 2011. Over the same period the WNC average was 9.0%. Prevalence of self-reported adult diabetes has been rising over time in both jurisdictions (CDC, 2018).



Mental Health and Substance Abuse

Access to mental health services and substance abuse treatment for low-income clients became more difficult in 1999 when the state implemented mental health reform. Between 2006 and 2017, the number of Henderson County residents served in an Area Mental Health Program decreased from 3,014 to 1,916 (NCOSB, 2018). Over the same 11-year period, the number of Henderson County residents served in State Psychiatric Hospitals decreased from 128 residents in 2006 to 22 in 2017. And the number of residents served in NC Alcohol and Drug Treatment

Centers (ADATC) has varied, with an average of 65 people per year. The highest number of residents served was 96 in 2016.

	# Persons Served in NC State Psychiatric Hospitals											
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Henderson	128	104	85	70	51	39	2	3	34	43	30	22
State Total	18,292	18,498	14,643	9,643	7,188	5,754	4,572	3,964	3,529	3,276	3,039	3,083

	# Persons Served in NC Alcohol and Drug Treatment Centers										
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Henderson	51	47	58	54	81	71	52	50	69	89	96
State Total	4,003	3,733	4284	4,812	4,483	4,590	4,265	4,343	4,049	3,698	3,505

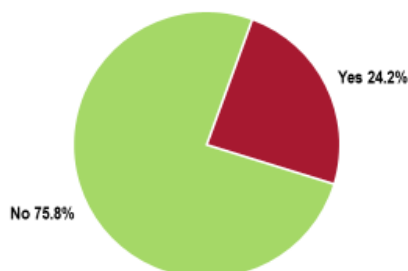
Source: North Carolina Office of State Budget and Management, State Data Center

It's not likely that the decrease in utilization of state psychiatric hospitals means decreased need for psychiatric services for the most severely impaired mental health patients. In many cases, patients dealing with mental illness and substance abuse are left to seek services from hospital emergency rooms and many more are left with no services at all.

Oral Health

According to the 2018 CHA Community Phone Survey, only 65.5% of participants reported having visited a dentist in the past year. This is a significant decrease from the previous survey's responses of 78.9%. In addition, there were only 15 General Practice Dentists and 2 Pediatric Dentists who billed Medicaid in 2017 (NC DMA, 2018). Lack of access to dental care was a concern shared by many persons who participated in the CHA listening sessions and those who participated in the Community Phone Survey.

**Respondent's Dental Needs Went Untreated in the Past Year
Due to Lack of Insurance or Insurance Issues**
(Henderson County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 308)
Notes: • Asked of all respondents.

Clinical Care and Access

Health Professionals

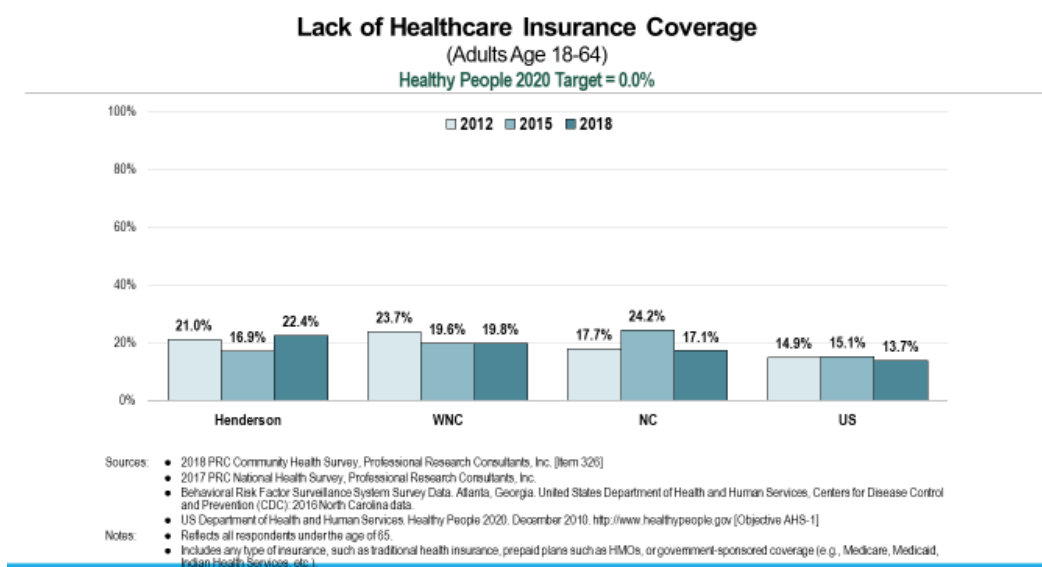
Henderson County is fortunate to have two major hospitals, a federally qualified health center, a free

clinic, a hospice and palliative care agency, a public health department, numerous health care providers and various specialties. However, access to care is still a problem for many in this community.

County	2017				2016
	Physicians	Primary Care Physicians	Dentists	Registered Nurses	Pharmacists
Henderson	23.3	7.6	4.6	94.9	11.5
WNC (Regional Arithmetic Mean)	15.5	6.5	3.7	77.5	8.6
State Total	23.8	7.0	5.0	100.7	11.4

Uninsured Population

According to the 2018 CHA Phone Survey, 22.4% of all participants reported lacking Healthcare Insurance Coverage. And 5.3% report being unable to get needed medical care at some point in the past year.



Medicaid

An estimated 17.9% of the population in Henderson County is eligible for Medicaid, with the majority being infants and children (NC DMA, 2018).

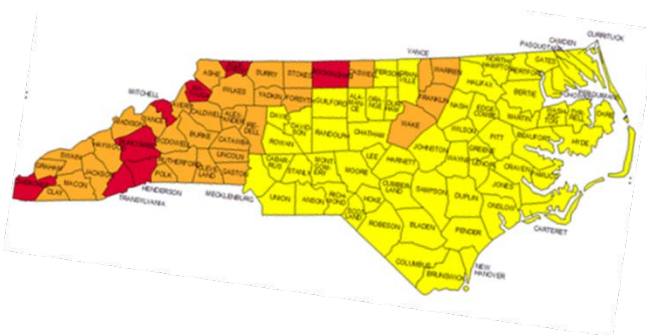


CHAPTER 6 - Physical Environment

Air Quality

"Clean air and safe water are prerequisites for health. Poor air or water quality can be particularly detrimental to vulnerable populations such as the very young, the elderly, and those with chronic health conditions. Clean air and water support healthy brain and body function, growth, and development. Air pollutants such as fine particulate matter, ground-level ozone, sulfur oxides, nitrogen oxides, carbon monoxide, and greenhouse gases can harm our health and the environment. Excess nitrogen and phosphorus run-off, medicines, chemicals, lead, and pesticides in water also pose threats to well-being and quality of life" (County Health Rankings, 2018).

Radon is a naturally-occurring, invisible, odorless gas that comes from soil, rock and water. Radon usually is harmlessly dispersed in outdoor air, but when trapped in buildings can be harmful. Most radon enters homes and other buildings through cracks in the foundation, floors, hollow-block walls, and openings around floor drains, ductwork, and pipes. The primary risk of exposure to radon is an increased risk of lung cancer (after an estimated 5-25 years of exposure). Smokers are at a higher risk of developing radon-induced lung cancer than non-smokers (NCDENR, 2018).



Predicted Average Indoor Radon Screening Levels (USEPA)

Key:

Yellow = <2pCi/L

Orange = between 2 and 4 pCi/L

Red = >4pCi/L

Western North Carolina has the highest radon levels in the state, and Henderson County has one of the highest levels in WNC. The current average indoor radon level in Henderson County is 5.5pCi/L – more than 4 times the national average. A screening level over 4 pCi/L is the EPA's recommended action level for radon exposure.

Chemicals are used every day to make the products we depend on in our society – like clothing, computers, pharmaceuticals, and automobiles. While most chemicals used are regulated by industrial facilities to minimize releases into the environment, releases do still occur as part of their normal business operations. The Environmental Protection Agency's (EPA) Toxics Release Inventory (TRI) is a publicly-available database that tracks the management of certain chemicals that may pose a threat to human health and the environment. The information contained in the TRI comes through required reporting from US industry sectors like manufacturing, metal mining, electric utilities, and commercial hazardous waste management.

The major TRI chemicals released in Henderson County were:

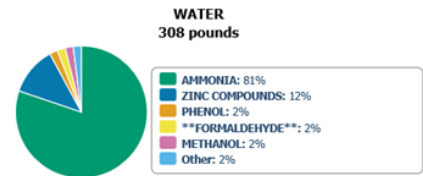
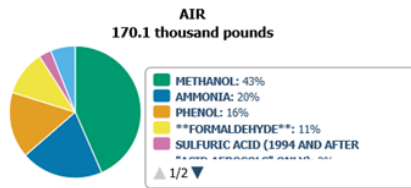
- *Sulfuric acid*
 - *Methanol*
 - *Ammonia*
 - *Nitrate Compounds*
 - *Phenol*
 - *Formaldehyde*
-

Quick Facts for 2017

	Henderson County, NC	United States
Number of TRI Facilities:	14	21,456
Total Production-Related Waste Managed:	3.8 million lbs	30.5 billion lbs
<u>Total On-site and Off-site Disposal or Other Releases:</u>	421.7 thousand lbs	3.9 billion lbs
<u>Total On-site:</u>	170.4 thousand lbs	3.4 billion lbs
• <u>Air:</u>	170.1 thousand lbs	600.5 million lbs
• <u>Water:</u>	308 lbs	190.5 million lbs
• <u>Land:</u>	5 lbs	2.7 billion lbs
<u>Total Off-Site:</u>	251.2 thousand lbs	424.9 million lbs

In 2017, 421.7 thousand pounds of TRI releases were reported for Henderson County. Several manufacturing facilities (located in Hendersonville, Fletcher, and Mills River) were variously responsible for the primary TRI chemicals/chemical compounds released in the highest amounts in Henderson County in 2017 (EPA, 2018).

**Top Five Chemicals Released to Air and Water
Henderson County, NC, 2017**



Note: **=Carcinogenic Chemical

Note: Trend graphs were created using the 2001 core chemicals/industries list.

Water Quality

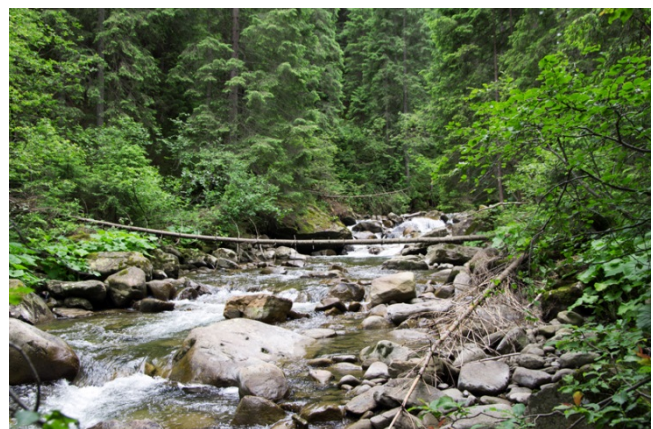
Clean water is also important for good health. Water from all municipal and most community water systems is treated to remove harmful microbes and many polluting chemicals and is generally considered to be "safe" from the standpoint of public health because it is subject to required water quality standards. Municipal drinking water systems are those operated and maintained by local governments (usually at the city or county level). Community water systems are systems that serve at least 15 service connections used by year-round residents or regularly serve 25 year-round residents. This category includes municipalities, but also subdivisions and mobile home parks.

In 2017, community water systems in Henderson County served an estimated 67,485 people, or 61% of the 2016 county population. The fraction of the Henderson County population served by a community water system is 10.5% higher than the average for the WNC region. Note that populations NOT connected to a community water system likely would get their drinking water from a well, directly from a body of surface water, or would use bottled water (EPA, 2018).

According to the National Pollutant Discharge Elimination System (NPDES) permits in Henderson County (2018), there are at present 32 permits issued in Henderson County that allow municipal, domestic or commercial facilities to discharge products of water/wastewater treatment and manufacturing into waterways.

- 1 Major Municipality
- 1 Minor Municipality
- 2 Water Treatment Plants
- 28 Minor Domestic permits

(NC DEQ, 2018)



Henderson County's municipal solid waste and construction and demolition waste are transported out of the county. The data indicates a steady decrease since the 1991-1992 reporting period. 2016-2017 Per-Capita Disposal Rates:

- Henderson County = 0.99 tons (decrease of 13% since 1991-1992)
- NC = 1.11 tons (increase of 3% since 1991-1992)

(NC DEQ, 2018)

Access to Healthy Food & Places

“Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life” (Food and Agriculture Organization, 2006).

The environments where we live, learn, work, and play affect our access to healthy food and opportunities for physical activity which, along with genetic factors and personal choices, shape our health and our risk of being overweight and obese. As of 2013, 29 million Americans lived in a food desert, without access to affordable, healthy food. Those with lower education levels, already at risk for poor health outcomes, frequently live in food deserts (County Health Rankings, 2018).

The USDA Food Environment Atlas is a publicly-available resource that assembles statistics on food environment factors including: food choices, health and well-being, and community characteristics. The easy access to fast food establishments and full-service restaurants, compared with farmers’ markets and grocery stores highlights an imbalance in the county’s environment that could make healthy food choices more difficult. In addition, it is reported that 2.8% of households have no car and limited access to a store, which can further have available to them



Source: USDA, 2018

impact what healthy food choices some families (USDA, 2018).

Henderson County's mild climate lends itself well to the numerous national, county, and municipal parks and opportunities for outdoor recreation. Indoor recreational facilities often require a fee, but some offer programs that are free or low-cost.

A website – www.GoHendo.org is a new resource for local residents that highlights opportunities for physical activity and nutrition in the county.



GoHendo is your go-to for finding all the fun in Henderson County—hiking trails, playgrounds, biking paths, farmer's markets, apple orchards, historic sites, rainy day activities, and more! Whether you're with family and friends, or enjoying some free time to yourself, there's so much to do in Henderson County, and we're here to give you all the information needed to find your next adventure.



CHAPTER 7 - Health Resources

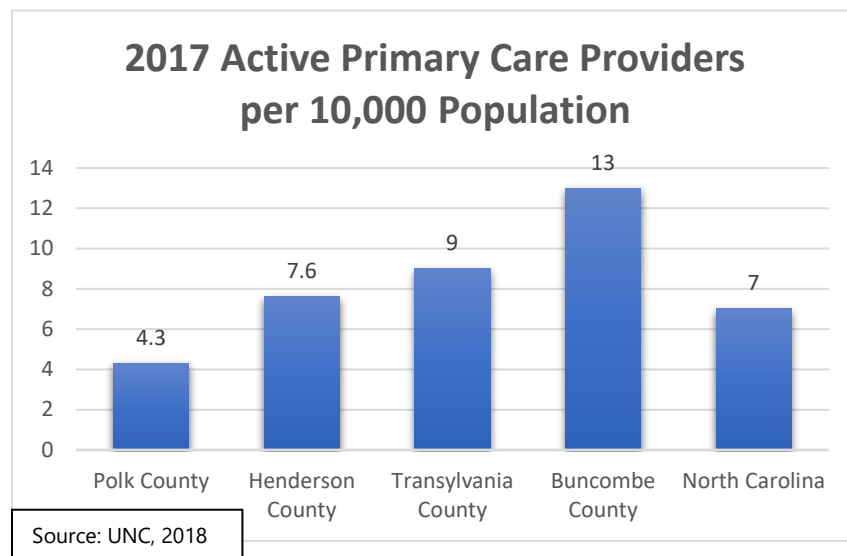
Health Resources

Process

An inventory of available resources of our community was conducted through reviewing existing resources currently listed in United Way's 2-1-1 database for Henderson County. This resource list was provided by WNC Healthy Impact and was reviewed for any needed changes. Where gaps were identified, we partnered with 2-1-1 to fill in or update this information when applicable. 2-1-1 is a free, confidential service available 24 hours a day. It can be accessed online at www.nc211.org or by calling 2-1-1.

Findings

Henderson County has two major hospitals, a federally qualified health center, a free clinic, a hospice and palliative care agency, a public health department, and numerous health care providers of various specialties. The NC Health Professions Data System reports that in 2017



there were 7.6 primary care physicians per 10,000 population in Henderson County, more than the state average of 7.0 per 10,000. And while Henderson County's rate is greater than neighboring Polk County, we have fewer Primary Care Providers per 10,000 population than both Transylvania and Buncombe Counties. Many Henderson County residents are patients of primary care

physicians in neighboring Buncombe County, where there are 13 primary care physicians per 10,000 people.

Resource Gaps

Henderson County has a wealth of health resources available; however, there are gaps that need to be addressed. Many of these gaps were also identified in the previous Community Health Assessment in 2015. And while much has been done in the last 3 years to try to “close” some of these gaps, still more work needs to be done. The following is a list of gaps identified through community and stakeholder surveys, focus groups, and listening sessions:

- Safe and affordable housing
- Access to medical/mental health care
- Public transportation
- Mental health providers, particularly those that speak Spanish
- Access to dental care
- Living wage
- Affordable childcare
- Access to healthy foods
- Access to sidewalks/bike paths/alternative transportation options



CHAPTER 8 - Identification of Health Priorities

Process

Every 3 years we pause our community health improvement work, so we can step back and take a fresh look at current data from our county. We then use this information to help assess how well we're doing, and what actions we need to take moving forward.

Beginning in January 2018, our CHA Data Team spent time understanding the data and uncovering what issues were affecting the most people in our community. We also interviewed community leaders to find out what they're most concerned about. To identify the significant health issues, our key partners reviewed data and discussed the facts and circumstances of our community.

When reviewing data, we paid close attention when:

- Data reflected a concerning trend related to size or severity
- Significant disparities existed
- An issue surfaced as a high community concern from the surveys and/or focus groups
- Our county data deviated notably from the region, state, or benchmark

After a thorough review of the primary and secondary data, the CHA Data Team presented key health issues to the Partnership for Health, which includes a wide range of partners and community members. The Partnership for Health then took time to review and discuss the data and its implications for our community.

Because of the impact that the previous health priorities were still having in our community, and the work that still needed to be done to address them, the Partnership for Health ultimately voted to continue all 4 current health priorities. In addition, they recommended that the Henderson County Board of Health do the same. The Partnership for Health also decided that since the priority areas were so broad, a CHA Community Forum should be used to select *focus areas* within each priority, to be addressed during the next CHA cycle.

After a presentation from members of the Partnership for Health, the Henderson County Board of Health voted to support the continuation of the 4 priority areas, and to support the Community Forum that would decide upcoming focus areas within each priority.

In February 2019, an overview of key data and summary of past county-wide efforts to address CHA priorities were presented at the CHA Community Forum. This forum was attended by

almost 100 community leaders, elected officials, stakeholders, residents, and media. In addition to announcing the decision to keep all 4 “umbrella” health priorities, the Partnership for Health shared specific health indicators within each priority area that stood out. The community forum attendees participated in a facilitated exercise to prioritize which of these indicators would be the “focus areas” for the next CHA cycle. When prioritizing, some of the factors they considered were how much the issue impacts our community, how relevant the issue is to multiple health concerns, and how feasible it is for our community to make progress on this issue. Finally, participants used dot-voting to narrow the list to the top health indicators that would be chosen as the “focus areas” for the next CHA cycle.

Indicators - Possible “Focus Areas”

Below are the health indicators that were identified as possible focus areas:

Mental Health:

- 14.4% of adults reported more than 7 days of poor mental health in the past month
- 9.2% of adults reported inability to get needed mental health care or counseling in the past year
- Suicide mortality rate has increased to 18.8 per 100,000
- 21.4% of 9th graders reported seriously considering suicide in the last year
- 13% of adults reported having 4 or more adverse childhood experiences

Substance Abuse:

- 24 unintentional opioid deaths in Henderson County in 2017
- 71 opioid overdose Emergency Department visits in 2017
- 21.8% of adults reported using opiates/opioids in the past year - with or without a prescription
- 21.4% of fatal crashes are alcohol related
- 17.4% of 9th graders reported that they rode with a driver who had been drinking alcohol in the last 30 days
- 39% of 9th graders reported that they have used an electronic vapor product

Physical Activity and Nutrition:

- 22.4% of adults in Henderson County report they get the recommended amount of physical activity
- 6.7% of adults report they consume fruits and vegetable 5 or more times a day
- 68.5% (7 out of 10) adults report they are overweight or obese
- 1 out of 5 adults report they have run out of food or worried about running out of food at least once in the past year
- 1 out of 3 children are overweight or obese

Safe and Affordable Housing:

- 46.4% of renters spend more than 30% of their income on housing and 18.8% of renters spend more than half their income on housing

- 16.4% of mortgage owners spend more than 30% of their income on housing and 6.2% of mortgage owners spend more than half their income on housing
- 24% of all households in Henderson County are cost burdened (spend more than 30% of total income on housing)
- 112 homeless persons were counted in the annual point in time count in 2017

Identified Health Priorities

To summarize this work, the top *Health Priorities* for Henderson County for the 2018 CHA are:

- **Health Priority 1:** Mental Health
- **Health Priority 2:** Substance Abuse
- **Health Priority 3:** Physical Activity and Nutrition
- **Health Priority 4:** Safe and Affordable Housing

The *Focus Areas* to be addressed during the next CHA cycle include:

- **Mental Health:** Access to Care, Youth Considering Suicide, and Adverse Childhood Experiences (ACEs)
- **Substance Abuse:** Use of Opioids, Youth using E-vape Products
- **Physical Activity and Nutrition:** Food Insecurity, Physical Activity
- **Safe and Affordable Housing:** Total Cost-Burden, Rental Spending

PRIORITY ISSUE #1 – Mental Health



Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are among the most common causes of disability.

According to the National Institute of Mental Health, nearly 1 in 5 U.S. adults live with a mental illness (46.6 million in 2017) (NIMH, 2019).

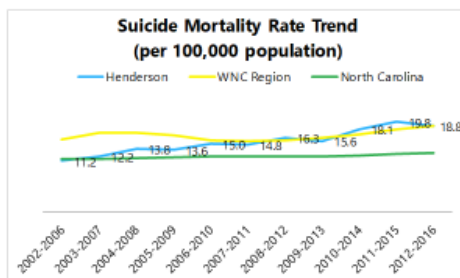
Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

Mental Illness can affect anyone, of any age, at any time in their lives. Even youth are not immune. There is often co-occurrence with drugs, homelessness and mental illness.

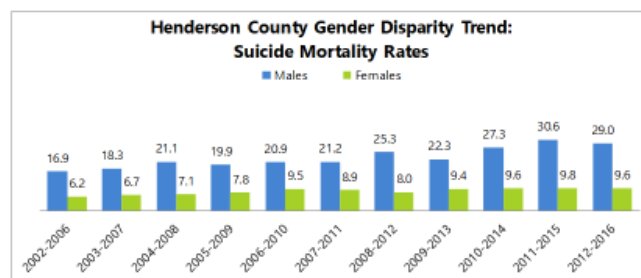
Mental health has been a CHA Health Priority for Henderson County since 2003. Access and quality of mental health services has been a source of concern for many years. Over the last 15 years, many changes to the mental health system have occurred, which has negatively affected those living with mental illness in our community, as well as their caregivers and other organizations that provide support for them.

What Do the Numbers Say?

Suicide mortality rates are increasing in Henderson County and across the region. Males have significantly higher rates of suicide in Henderson County than females.

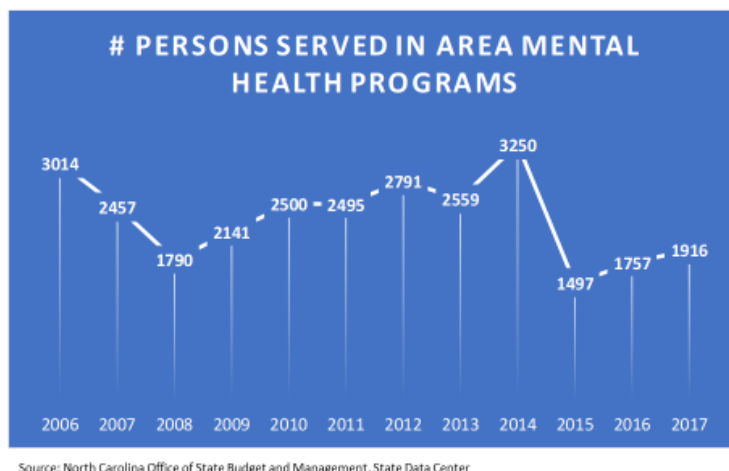


Source: NC State Center for Health Statistics



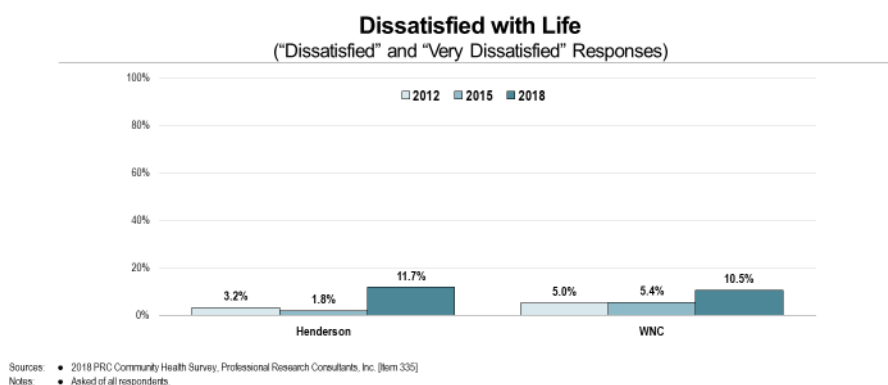
The numbers of residents being served by mental health programs has decreased overall but is beginning to inch back up again. It is important to note that decreased access does not necessarily mean decreased need.

Youth are not immune to poor mental health. Many deal with anxiety and depression on a daily basis. A significant number of 9th graders (21.4%) reported they seriously considered suicide in the last year.



What Did the Community Say?

When asked, survey and focus group participants most often reported a greater need for services provided in Henderson County. Services for the uninsured and under-insured populations, as well as services provided in Spanish, are especially difficult to come by. And the need to travel to Buncombe County or elsewhere in the state to receive services also makes access a problem. For those who have insurance, co-pays were listed most frequently as a barrier to care (Professional Research Consultants, 2018).



34.6% of phone survey participants reported that they were limited in activities in some way due to a physical, mental, or emotional problem. This number is significantly higher than across the state and nation. 14.4% of survey participants reported

experiencing more than 7 days of poor mental health in the past month. This is an increase from previous years. 9.2% of participants reported not getting needed mental health care or counseling in the past year. This is the highest percentage among survey years. In addition, 11.7% of survey participants reported being dissatisfied with life in 2018. This is a sharp increase from previous surveys.

What is Already Happening?

In 2016, after the Mental Health Action Team had been working on the original action plan for a few months, our community stakeholders asked for a complete reboot of the process. There was

strong recognition about how complex the issues were – including the linkages between Mental Health and Substance Abuse in our area.

A Behavioral Health Summit Group was created with the first Summit being held in February 2017. An independent facilitator was contracted to walk a group of community organizations, high-level leaders, and stakeholders through planning efforts over the next 18 months. After the new Behavioral Health Comprehensive Plan was developed, combining vision and efforts from the Mental Health Action Team and the Substance Abuse Action Team, the group presented it to the County Commissioners for support. The County Commissioners were so impressed by the commitment of all the community agencies at the table, that they decided to approve funding for a new “coordinator” position related to this work and created an official Task Force – to review all gaps and define a path forward. A new electronic scorecard was created to monitor indicators and progress related specifically to these efforts (Appendix I).

What Change Do We Want to See?

The community has chosen to work throughout the next CHA cycle to make a positive change on these specific indicators:

- 9.2% of adults reported inability to get needed mental health care or counseling in the past year.
- 21.4% of 9th graders reported seriously considering suicide in the last year.
- 13% of adults reported having 4 or more adverse childhood experiences.

PRIORITY ISSUE #2 – Substance Abuse

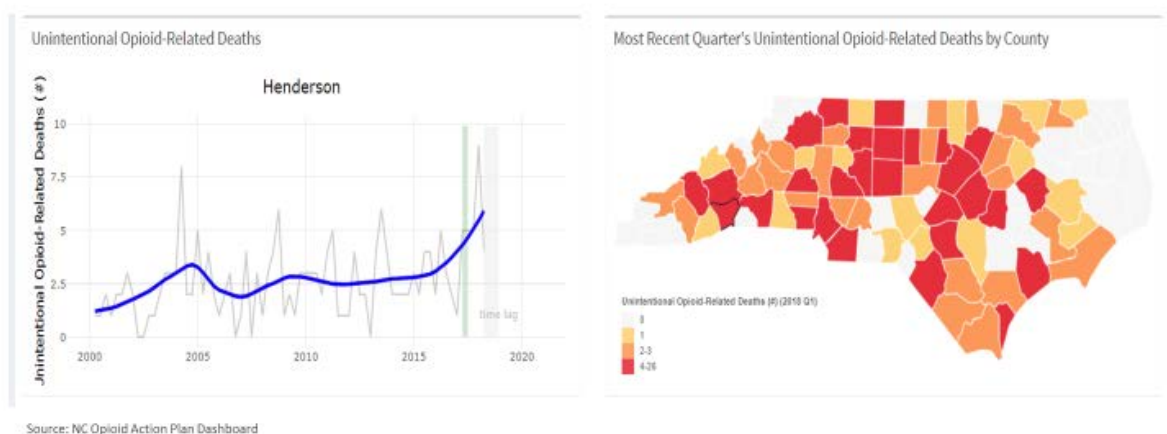


Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. Substance abuse was identified as a top priority in the 2012 and 2015 Community Health Assessments.

What Do the Numbers Say?

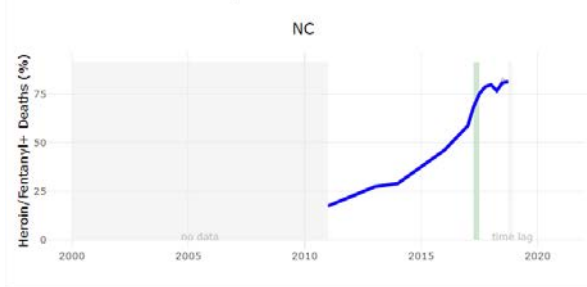
Opioids caused the highest proportion of drug overdose deaths in Henderson County and in the state, and the rates of deaths are increasing. This category of drugs includes commonly prescribed medications like hydrocodone, oxycodone, morphine, codeine, and related drugs. It also includes heroin and synthetic narcotics like fentanyl and fentanyl-analogues (drugs that are similar to fentanyl but have been chemically modified to bypass current drug laws).

Unintentional Opioid-Related Deaths

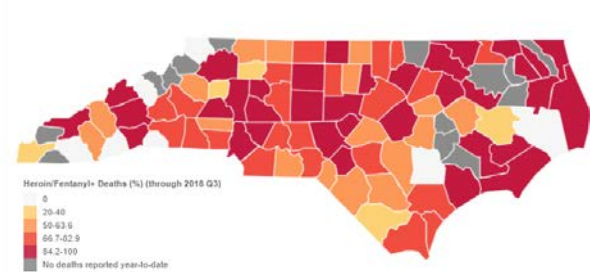


Opioid-related deaths involving pain medications like oxycodone and hydrocodone have historically been the leading cause of overdose deaths. However, illicit substances such as heroin, fentanyl, and fentanyl analogues are increasingly contributing to overdose deaths, resulting in higher rates of opioid overdose deaths.

Percent of Illicit Involvement in Opioid Overdose Deaths



Most Recent Year-to-Date Percent of Illicit Involvement in Opioid Overdose Deaths by County

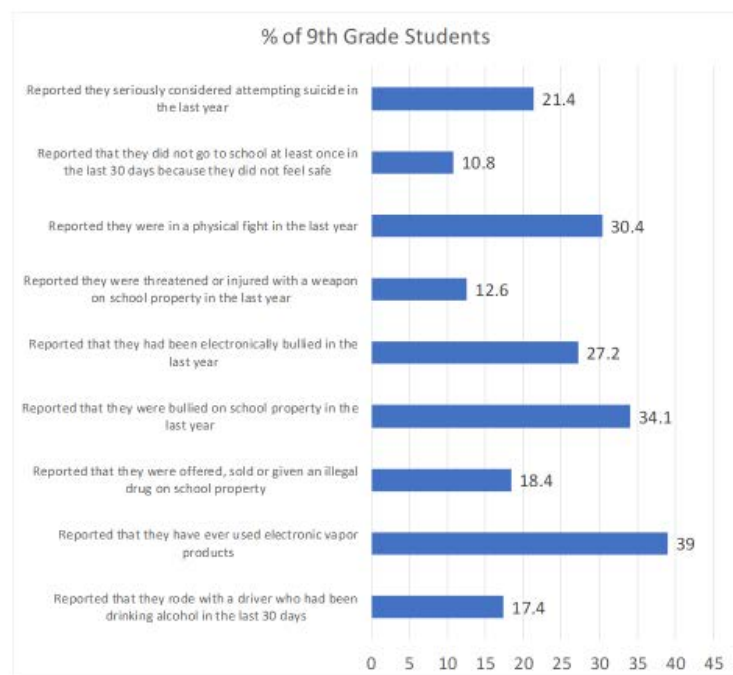


Data Source: North Carolina Office of the Chief Medical Examiner and the OCME Toxicology Laboratory, 2010-present. See Technical Notes.

An increase in behaviors related to tobacco and alcohol usage have also been of concern for many community members during this CHA process. 39% of 9th graders reported that they have used an electronic vapor product "also called vaping." In addition, 17.4% of 9th graders reported riding with a driver who was under the influence of alcohol in the last 30 days.

*Youth
9th Graders*

SOURCE: 2017 HENDERSON
COUNTY YOUTH RISK
BEHAVIOR SURVEY

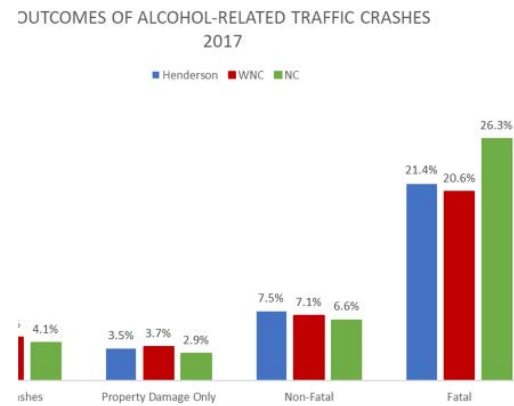
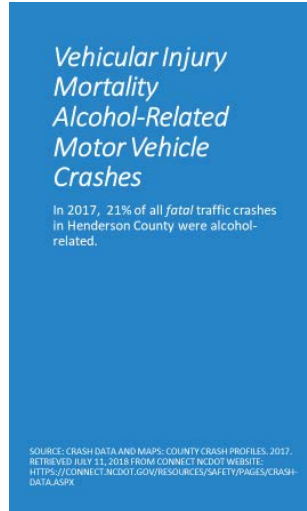


On average, 5% of all traffic crashes in Henderson County were alcohol-related; however, 21% of the fatal ones were related to alcohol.

What Did the Community Say?

40.4% of phone survey participants reported that their life had been

negatively affected by substance abuse. The prevalence of substance use is common. 46% of survey participants reported being a current drinker, 14.5% reported being a current smoker, and 21.8% reported using opiates/opioids in the past year (with or without a prescription). In addition, 7.4% reported using an illicit drug in the past month (either themselves, or someone they knew).



What is Already Happening?

Much work has been done to reduce the harm caused by substance abuse – both locally and across the state. To help reduce opioid overdoses, North Carolina passed the STOP (Strengthen Opioid Misuse Prevention) Act in 2017. The act aims to reduce the supply of unused, misused, and diverted opioid pills, reduce “doctor shopping,” and improve care by requiring prescribers to use tools and resources that help prevent inappropriate prescribing. In addition, both hospitals and many healthcare organizations reviewed their internal prescribing policies and decided to implement system-wide limitations. These efforts have helped to decrease the number of opioid pills that are currently being dispensed. There is also a state-wide pharmacy standing order for Naloxone – making the overdose-reversal drug more accessible.

Locally, the community stakeholders and partners that make up HopeRx have worked to increase awareness through community presentations and events, and increase drug take back events and permanent drop boxes to reduce diversion of the medications to the streets. There has been overwhelming school and county support for the annual We Are Hope week that takes place in all middle and high schools. The Henderson County Public Schools have also worked to put more social workers in the schools and provide Mental Health First Aid trainings to their staff, as well as for community stakeholders. Many organizations have stepped forward to work collectively to impact substance abuse in Henderson County. More examples of this work can be found in the annual State of the County Health Report – that details efforts related to each priority area. This report can be found at www.hendersoncountync.gov/health.

What Change Do We Want to See?

The community has chosen to work throughout the next CHA cycle to make a positive change on these specific indicators:

- 21.8% of adults reported using opiates/opioids in the past year - with or without a prescription.
- 39% of 9th graders reported that they have used an electronic vapor product.

PRIORITY ISSUE #3 – Physical Activity and Nutrition



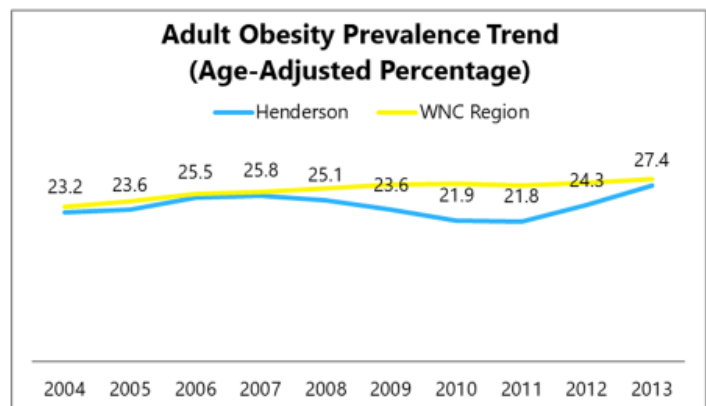
Obesity was the #1 health priority identified in the 2012 Community Health Assessment, and the #3 priority in the 2015 CHA. Being overweight or obese is a major risk factor for many chronic diseases including heart disease, type 2 diabetes, hypertension, and cancer. However, we discovered in the last CHA cycle that we don't really talk about "obesity" anymore. Obesity rates are important, but

not the whole story. What we know is that people can be *healthier* at any weight – if they make some lifestyle changes. Evidence shows that physical activity and making good nutritional choices can have a positive impact on obesity and on many of the chronic diseases that obesity contributes to. What we have always talked about when working on "obesity" as a priority was physical activity and nutrition. So, the Partnership for Health decided this year to refer to this priority as such.

What Do the Numbers Say?

Only 6.7% of phone survey participants reported that they consumed 5 or more servings of fruits or vegetables a day. And 20.2% reported that they either ran out of food in the last year – or worried that they might. This is referred to as "food insecurity." In addition, only 22.4% of participants reported meeting the physical activity recommendations for adults.

68.5% of adults reported that they were either overweight or obese. This represents an increase from the previous survey's percentage of 61.2%, and is higher than the region, state, and nation. The prevalence of adult obesity appears to be on the rise.



SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION, VIA BRFS

What Did the Community Say?

When asked, focus group participants and key informant interview participants repeatedly outlined the need for access to healthy foods, and access to sidewalks/bike paths/alternative transportation options for all people.

What is Already Happening?

The Obesity Action Team (OAT) was created to allow community partners and stakeholders an opportunity to work together to positively impact issues leading to obesity. In 2018, this group decided to rename themselves HC-CAN (Henderson County Committee for Activity and Nutrition). Members from this group have worked to increase opportunities to be physically active and have worked to increase accessibility of healthy foods. Work done on a proposed Greenway Master Plan for the county enjoyed overwhelming support and approval by the commissioners. Further examples of this action team's work can be found in the annual State of the County Health Report – that details efforts related to each priority area. This report can be found at www.hendersoncountync.gov/health.

What Change Do We Want to See?

The community has chosen to work throughout the next CHA cycle to make a positive change on these specific indicators:

- 22.4% of adults in Henderson County report they get the recommended amount of physical activity.
- 1 out of 5 adults report they have run out of food or worried about running out of food at least once in the past year.

PRIORITY ISSUE #4 – Safe and Affordable Housing



Safe and Affordable Housing was a priority in the 2015 Community Health Assessment and continues to be of concern for many. Considered a social determinant of health, housing can affect a wide range of health and quality-of-life outcomes. Everyone needs a place to live, regardless of age, job, race, disability, income, or position in life. But not everyone's home is affordable. The Department of Housing and Urban

Development (HUD) defines "affordable housing" as consuming no more than 30% of a household's monthly income, including utilities. This is the maximum level a family should spend. Generally, when families or individuals spend more than 30% of their income on housing, they do not have enough income to withstand financial setbacks or meet other basic needs such as food, clothing, and medical insurance.

What Do the Numbers Say?

As previously discussed in Chapter 4, Henderson County residents spend more for housing (rentals and mortgages) than the rest of the region on average. Just over 46% of *renter* households are spending more than 30% of their total income on housing, with 18.8% of households spending more than half of their income. In addition, 16.4% of *mortgage* households are spending more than 30% of their total income on housing, while 6.2% of households are spending more than half their income.

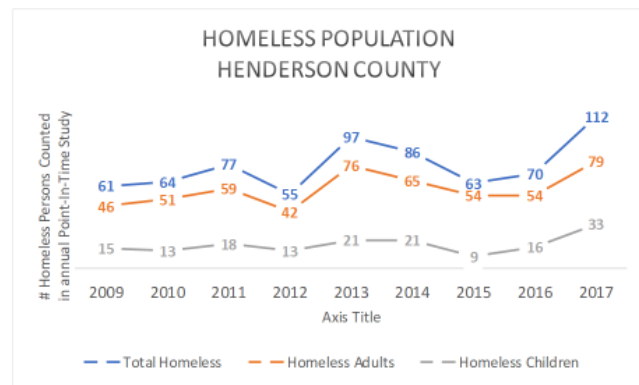
Another point to consider when looking at housing is safety. The following chart details housing "adequacy" in Henderson County.

**Housing Adequacy (of Occupied Housing Units both owned and rented)
2012-2016**

County or Township	Total Occupied Housing Units	% Mobile Homes or other type of housing	% Built in 1959 or earlier **	% without complete plumbing facilities	% without complete kitchen facilities	% with no vehicle available	% with no telephone service	% heating house with fuel oil, kerosene, coal, coke, or other fuels *	% with no heating fuel
Henderson	46,985	15.5	13.3	0.3	0.5	5.6	2.4	8.3	0.4
Blue Ridge	4,631	35.3	8.5	0.0	0.0	4.8	3.1	9.5	1.1
Clear Creek	2,918	38.2	7.9	0.0	1.0	6.3	3.9	5.4	0.2
Crab Creek	1,801	19.1	11.4	0.8	0.0	3.8	1.6	7.4	0.0
Edneyville	1,840	25.0	20.3	0.0	0.6	2.9	1.7	18.6	0.5
Green River	1,879	20.9	14.5	0.0	0.0	6.2	0.0	17.7	0.2
Hendersonville	21,496	7.4	17.7	0.3	0.8	7.4	2.2	6.5	0.3
Hoopers Creek	6,604	13.2	6.8	0.8	0.6	2.5	3.5	9.2	0.3
Mills River	5,816	15.2	9.1	0.0	0.0	4.1	2.1	7.3	0.8
WNC (Regional) Average	10,441	21.1	12.2	0.2	0.4	4.8	2.3	10.0	0.4
State Total	3,815,392	12.6	15.7	0.3	0.6	6.3	2.5	5.9	0.4

Source: 2012-2016 American Community Survey 5-Year Estimates (S2504)

According to the Point in Time survey, the homeless population in Henderson County peaked in 2017, and an average of 19% of the homeless population was deemed “chronically homeless” which means they have a disability AND have been homeless for at least 1 year or have had 4 episodes in 3 years.

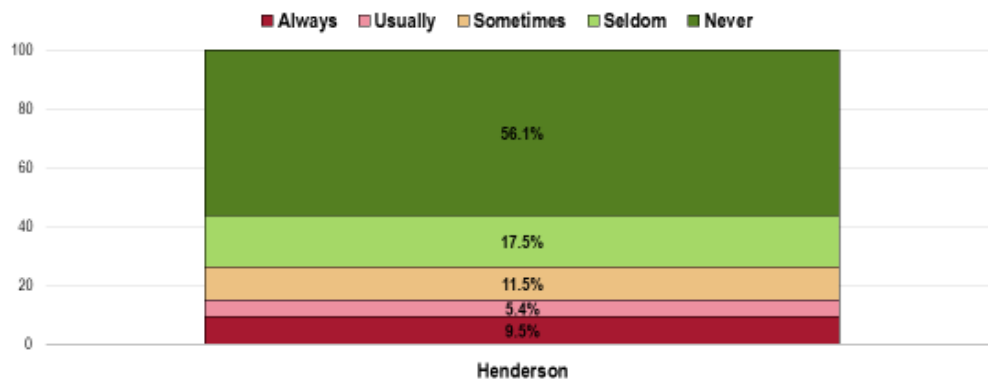


SOURCES: NC COALITION TO END HOMELESSNESS

What Did the Community Say?

According to the community survey, 26.4% of adults in Henderson County sometimes, usually or always worried over whether or not they could pay their rent or mortgage in the past year.

Frequency of Worry or Stress Over Having Enough Money to Pay Rent or Mortgage in the Past Year (2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 71)
Notes: • Asked of all respondents.

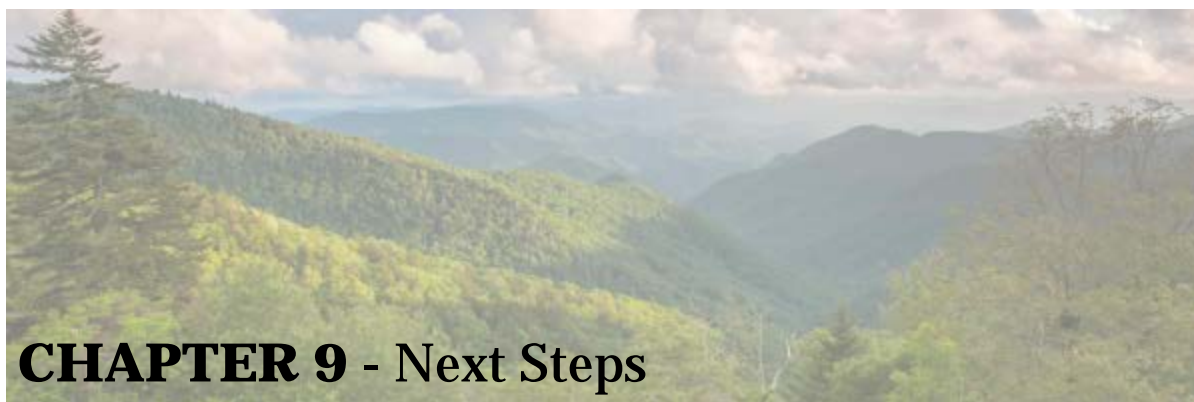
What is Already Happening?

Affordable Housing continues to be a problem in Henderson County. Causes for the issue are complex, and the Affordable Housing Action Team has been investigating initiatives that could help ease the burdens caused by costly housing in the community. The action team has brought together community partners and stakeholders that have not traditionally worked together in the past, advancing advocacy for underlying issues like expanding water and sewer infrastructure. Additional examples of this action team’s work can be found in the annual State of the County Health Report that details efforts related to each priority area. This report can be found at www.hendersoncountync.gov/health.

What Change Do We Want to See?

The community has chosen to work throughout the next CHA cycle to make a positive change on these specific indicators:

- 46.4% of renters spend more than 30% of their income on housing, and 18.8% of renters spend more than half their income on housing.
- 24% of all households in Henderson County are cost burdened (spend more than 30% of total income on housing).



CHAPTER 9 - Next Steps

Collaborative Planning

Collaborative planning with hospitals and other community partners will result in the creation of a community-wide plan that outlines what will be aligned, supported, and/or implemented to address the priority health issues identified through this assessment process.

Action teams have been established for each health priority and have regular meeting dates. These teams will work to develop action plans for addressing each of the priorities during the summer of 2019.

Sharing Findings

The 2018 Henderson County Community Health Assessment findings will be shared with stakeholders, community partners, and the general population in the following ways:

- Press release sent to local media outlets
- Presentations to Henderson County Board of Health, Henderson County Partnership for Health, as well as others upon request
- Article in the *Times-News* (part of the Public Health Column monthly series)
- The CHA will be developed into a brief video overview that can be shown at meetings and possibly at the local movie theatre (if funding allows).

Where to Access this Report

The 2018 Henderson County Community Health Assessment can be accessed in person and online at the following locations:

- Henderson County Department of Public Health website – www.hendersoncountync.gov/health
- WNC Health Network website – www.wnchn.org
- Henderson County Public Libraries

For More Information and to Get Involved

For more information or to get involved with new projects or to serve on one of the Community Health Assessment Action Teams, please contact [Stacy Taylor](#) at the Henderson County Department of Public Health – 828-694-6063.

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PHOTOGRAPHY CREDITS

Photos used on the cover and in headers from www.pexels.com; accessed October 2018.

All WNC landscape photos used in the headers courtesy of Patrick Williams, [Ecocline Photography](#).

All Henderson County local photos from Henderson County Information Technology's website pictures database, Henderson County Department of Public Health Community Health Improvement staff, and Henderson County Public Schools.

APPENDICES

Appendix A – Data Collection Methods & Limitations

Appendix B – Data Presentation

- Data Presentation Slides

Appendix C – County Maps

Appendix D – Community Phone Survey

- WNC Core Survey Questions
- Community Phone Survey Results

Appendix E – Key-Informant Online Survey

- Key-Informant Survey Questions
- Key-Informant Survey Results

Appendix F – CHA Focus Groups/Listening Sessions

- Questions Used for Sessions
- Group Descriptions and Quotes

Appendix G – Handouts from CHA Community Forum

Appendix H – Chart of CHA process Participants

Appendix I – Behavioral Health Scorecard

APPENDIX A - Data Collection Methods & Limitations

Secondary Data from Regional Core

Secondary Data Methodology

In order to learn about the specific factors affecting the health and quality of life of residents of WNC, the WNC Healthy Impact data workgroup and data consulting team identified and tapped numerous secondary data sources accessible in the public domain. For data on the demographic, economic, and social characteristics of the region, sources included: the US Census Bureau; Log Into North Carolina (LINC); NC Department of Health and Human Services; NC Office of State Budget and Management; NC Department of Commerce; Employment Security Commission of NC; UNC-CH Jordan Institute for Families; NC Department of Public Instruction; NC Department of Justice; NC Division of Medical Assistance; NC Department of Transportation; and the Cecil B. Sheps Center for Health Services Research. The WNC Healthy Impact data consultant team made every effort to obtain the most current data available at the time the report was prepared. It was not possible to continually update the data past a certain date; in most cases that end-point was August 2018.

The principal source of secondary health data for this report was the NC State Center for Health Statistics (NC SCHS), including its County Health Data Books, Behavioral Risk Factor Surveillance System, Vital Statistics unit, and Cancer Registry. Other health data sources included: NC Division of Public Health (DPH) Epidemiology Section; NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services; the Centers for Disease Control and Prevention; National Center for Health Statistics; NC DPH Nutrition Services Branch; and NC DETECT.

Environmental data was gathered from sources including: US Environmental Protection Agency; US Department of Agriculture; and NC Department of Environment and Natural Resources.

Because in any CHA it is instructive to relate local data to similar data in other jurisdictions, throughout this report representative county data is compared to like data describing the 16-county region and the state of NC as a whole. The WNC regional comparison is used as “peer” for the purposes of this assessment. Where appropriate and available, trend data has been used to show changes in indicators over time.

It is important to note that this report contains data retrieved directly from sources in the public domain. In some cases, the data is very current; in other cases, while it may be the most current available, it may be several years old. Note also that the names of organizations, facilities, geographic places, etc. presented in the tables and graphs in this report are quoted exactly as they appear in the source data. In some cases, these names may not be those in current or local usage; nevertheless, they are used so readers may track a particular piece of information directly back to the source.

Gaps in Available Information

Some data that is used in this report may have inherent limitations due to the sample size, its geographic focus, or its being out-of-date for example, but it is used nevertheless because there is no better alternative.

WNC Healthy Impact Survey (Primary Data)

Survey Methodology

The 2018 WNC Healthy Impact Community Health Survey was conducted from March to June. The purpose of the survey was to collect primary data to supplement the secondary core dataset, allow individual counties in the region to collect data on specific issues of concern, and hear from community members about their concerns and priorities. The survey was conducted throughout the entire WNC Healthy Impact region, which includes the following 16 counties: Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, and Yancey.

Professional Research Consultants, Inc. (PRC) designed and implemented the survey methodology, which included a combination of telephone (both landline and cell phone) interviews, as well as an online survey. The survey methodology was designed to achieve a representative sample of the regional population that would allow for stratification by certain demographic characteristics, while also maximizing data collection timeliness and efficiency. Survey sampling and implementation methodology is described in greater detail below.

Survey Instrument

The survey instrument was developed by WNC Healthy Impact's data workgroup, consulting team, and local partners, with assistance from PRC. Many of the questions were derived from the CDC Behavioral Risk Factor Surveillance System (BRFSS) and other validated public health surveys. Other questions were developed specifically by WNC Healthy Impact, with input from regional and local partners, to address particular issues of interest to communities in Western North Carolina. Each county was given the opportunity to include three additional questions of particular interest to their county, which were asked only of their county's residents.

The three additional county questions included in the 2018 survey were:

- 1) How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent or mortgage?
- 2) During the past 30 days, have you, or someone you know, used an illegal drug or taken a prescription drug that was not prescribed to them?
- 3) Do you have any dental needs that have gone untreated in the past 12 months due to lack of insurance or because you did not have enough insurance to cover dental costs?

Sampling Approach & Design

PRC designed the survey methodology to minimize sample bias and maximize representativeness by using best practice random-selection sampling techniques. They also used specific data analysis techniques, including poststratification, to further decrease sample bias

and account for underrepresented groups or nonresponses in the population. Poststratification involves selecting demographic variables of interest within the population (gender, age, race, ethnicity, and poverty status) and then applying “weights” to the data to produce a sample which more closely matches the actual regional population for these characteristics. This technique preserves the integrity of each individual’s responses while improving overall representativeness. In order to determine WNC regional estimates, county responses were weighted in proportion to the actual population distribution to appropriately represent Western North Carolina as a whole. Since the sample design and quality control procedures used in the data collection ensure that the sample is representative, the findings may be generalized to the region with a high degree of confidence.

Survey Administration

PRC piloted the survey through 30 interviews across the region and consulted with WNC Health Network staff to resolve substantive issues before full implementation. PRC used trained, live interviewers and an automated computer-aided telephone interviewing system to administer the survey region-wide. Survey interviews were conducted primarily during evening and weekend hours, with some daytime weekday attempts. Interviewers made up to 5 call attempts per telephone number. Interviews were conducted in either English or Spanish, as preferred by respondents. The final sample included 29 percent cell phone-based survey respondents and 71 percent landline-based survey respondents. Including cell phone numbers in the sampling algorithm allowed better representation of demographic segments that might otherwise be under sampled in a landline-only model.

PRC also worked with a third-party provider to identify and invite potential respondents for an online survey for a small proportion (20%) of the sample population. The online survey was identical to the telephone survey instrument and allowed better sampling of younger and more urban demographic segments.

About the Henderson County Sample

Size: The total regional sample size was 3,265 individuals age 18 and older, with 200 from Henderson County. PRC conducted all analysis of the final, raw dataset.

Sampling Error: For the county-level findings, the maximum error rate at the 95% confidence level is +6.9%.

Expected Error Ranges for a Sample of 200 Respondents at the 95 Percent Level of Confidence

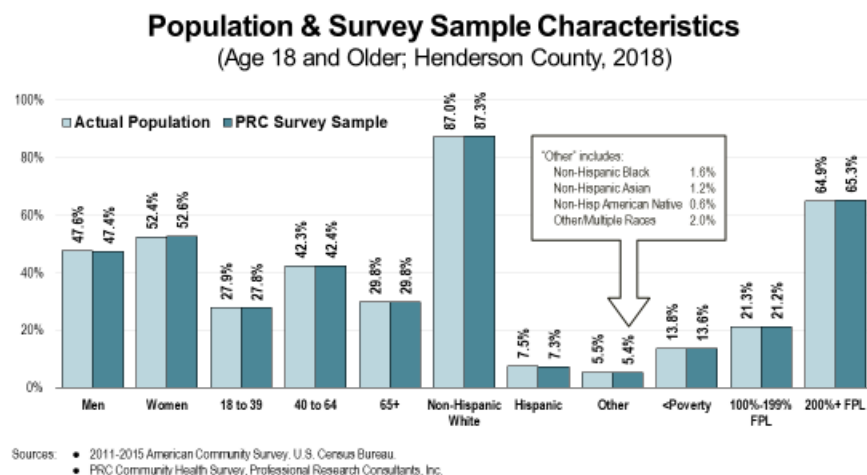
Examples:

- If 10% of a sample of 200 respondents answered a certain question with a “yes,” it can be asserted that between 5.8% and 14.2% ($10\% \pm 4.2\%$) of the total population would offer this response.
- If 50% of respondents said “yes,” one could be certain with a 95 percent level of confidence that between 43.1% and 56.9% ($50\% \pm 6.9\%$) of the total population would respond “yes” if asked this question.

Characteristics: The following chart outlines the characteristics of the survey sample for our county by key demographic variables, compared to actual population characteristics from census data. Note that the sample consists solely of area residents age 18 and older.



PRC Community Health Needs Assessment



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Professional Research Consultants, Inc.

North Carolina Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts where available, are taken from the 2017 PRC National Health Survey; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For 3 decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention

experts, a wide range of federal, state, and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs.

For example, certain population groups (such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish) are not represented in the survey data. Other population groups (for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups) might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Online Key Informant Survey (Primary Data)

Online Survey Methodology

Purpose and Survey Administration

WNC Healthy Impact, with support from PRC, implemented an Online Key Informant Survey to solicit input from local leaders and stakeholders who have a broad interest in the health of the community. WNC Healthy Impact shared with PRC a list of recommended participants, including those from our county. This list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted through an email that introduced the purpose of the survey and provided a link to take the survey online. Reminder emails were sent as needed to increase participation.

Online Survey instrument

The survey provided respondents the opportunity to identify critical health issues in their community, the feasibility of collaborative efforts around health issues, and what is helping/hurting their community's ability to make progress on health issues.

Participation

In all, 29 community stakeholders took part in the Online Key Informant Survey for our county, as outlined:

Local Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Community Leader	13	6
Other Health Provider	7	6
Physician	4	3
Public Health Representative	3	3
Social Services Provider	14	11

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations or other medically underserved populations.

Online Survey Limitations

The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

To collect this data, purposive sampling (a type of non-probability sampling which targets a specific group of people) was used. Unlike the random sampling technique employed in the telephone survey, the purpose is not to make generalizations or statistical inferences from the sample to the entire population, but to gather in-depth insights into health issues from a group of individuals with a specific perspective.

Local Survey Data or Listening Sessions

During the summer of 2018, 10 focus groups/listening sessions were conducted in Henderson County that included 156 participants ages 12-90. Questions were intended to discover the community's viewpoint and concerns about life, health matters, and other issues important to residents. Groups were of various sizes and spanned multiple ages. Groups are listed in Appendix C. The groups were selected in order to gain information from or about segments of the community with a focus on demographics; race, ethnicity, and age; disparate populations, including lower-income adults, elderly, ethnic populations; and professionals and service providers who work with these populations.

Goals of the listening sessions were to:

- Gain an understanding of the health concerns within the community (concerns)
- Gain an understanding of the health care systems within the community (services and resources)
- Identify the factors that affect the health of the community (determinants)
- Determine the availability of health resources within the community (services and resources)

Participants were asked how they define a "healthy community," how people stay healthy, what they thought were the most serious health problems in the community, challenges to meet health care needs, and ways to improve the health of county residents. Questions are listed in Appendix G.

Data Definitions

Reports of this type customarily employ a range of technical terms, some of which may be unfamiliar to many readers. Health data, which composes a large proportion of the information included in this report, employs a series of very specific terms which are important to interpreting the significance of the data. While these technical health data terms are defined in the report at the appropriate time, there are some data caveats that should be applied from the onset.

Error

First, readers should note that there is some error associated with every health data source. Surveillance systems for communicable diseases and cancer diagnoses, for instance, rely on reports submitted by health care facilities across the state and are likely to miss a small number of cases, and mortality statistics are dependent on the primary cause of death listed on death certificates without consideration of co-occurring conditions.

Age-adjusting

Secondly, since much of the information included in this report relies on mortality data, it is important to recognize that many factors can affect the risk of death, including race, gender, occupation, education, and income. The most significant factor is age, because an individual's risk of death inevitably increases with age. As a population ages, its collective risk of death increases; therefore, an older population will automatically have a higher overall death rate just because of its age distribution. At any one time some communities have higher proportions of "young" people, and other communities have a higher proportion of "old" people. In order to compare mortality data from one community with the same kind of data from another, it is necessary first to control for differences in the age composition of the communities being compared. This is accomplished by age-adjusting the data.

Age-adjustment is a statistical manipulation usually performed by the professionals responsible for collecting and cataloging health data, such as the staff of the NC State Center for Health Statistics (NC SCHS). It is not necessary to understand the nuances of age-adjustment to use this report. Suffice it to know that age-adjusted data are preferred for comparing most health data from one population or community to another and have been used in this report whenever available.

Rates

Thirdly, it is most useful to use rates of occurrence to compare data. A rate converts a raw count of events (deaths, births, disease, or accident occurrences, etc.) in a target population to a ratio representing the number of same events in a standard population, which removes the variability associated with the size of the sample. Each rate has its own standard denominator that must be specified (e.g., 1,000 women, 100,000 persons, 10,000 people in a particular age group, etc.) for that rate.

While rates help make data comparable, it should be noted that small numbers of events tend to yield rates that are highly unstable, since a small change in the raw count may translate to a large change in rate. To overcome rate instability, another convention typically used in the

presentation of health statistics is data aggregation, which involves combining like data gathered over a multi-year period, usually 3 or 5 years. The practice of presenting data that are aggregated avoids the instability typically associated with using highly variable year-by-year data, especially for measures consisting of relatively few cases or events. The calculation is performed by dividing the sum number of cases or deaths in a population due to a particular cause over a period of years by the sum of the population size for each of the years in the same period.

Health data for multiple years or multiple aggregate periods is included in this report wherever possible. Sometimes, however, even aggregating data is not sufficient, so the NC SCHS recommends that rates based on fewer than 20 events—whether covering an aggregate period or not—be considered unstable. In fact, in some of its data sets the NC SCHS no longer calculates rates based on fewer than 20 events. To be sure that unstable data do not become the basis for local decision-making, this report will highlight and discuss primarily rates based on 20 or more events in a 5-year aggregate period, or 10 or more events in a single year. Where exceptions occur, the text will highlight the potential instability of the rate being discussed.

Regional arithmetic mean

Fourthly, sometimes in order to develop a representative regional composite figure from sixteen separate county measures, the consultants calculated a regional arithmetic mean by summing the available individual county measures and dividing by the number of counties providing those measures. It must be noted that when regional arithmetic means are calculated from rates, the mean is not the same as a true average rate but rather an approximation of it. This is because most rates used in this report are age-adjusted, and the regional mean cannot be properly age-adjusted.

Describing difference and change

Fifthly, in describing differences in data of the same type from two populations or locations, or changes over time in the same kind of data from one population or location—both of which appear frequently in this report—it is useful to apply the concept of percent difference or change. While it is always possible to describe difference or change by the simple subtraction of a smaller number from a larger number, the result often is inadequate for describing and understanding the scope or significance of the difference or change. Converting the amount of difference or change to a percent takes into account the relative size of the numbers that are changing in a way that simple subtraction does not, and makes it easier to grasp the meaning of the change.

For example, there may be a rate for a type of event (e.g., death) that is one number 1 year and another number 5 years later. Suppose the earlier figure is 12.0 and the latter figure is 18.0. The simple mathematical difference between these rates is 6.0. Suppose also there is another set of rates that are 212.0 in one year and 218.0 five years later. The simple mathematical difference between these rates also is 6.0. But are these same simple numerical differences really of the same significance in both instances? In the first example, converting the 6 point difference to a percent yields a relative change factor of 50%; that is, the smaller number increased by half, a large fraction. In the second example, converting the 6 point difference to a percent yields a

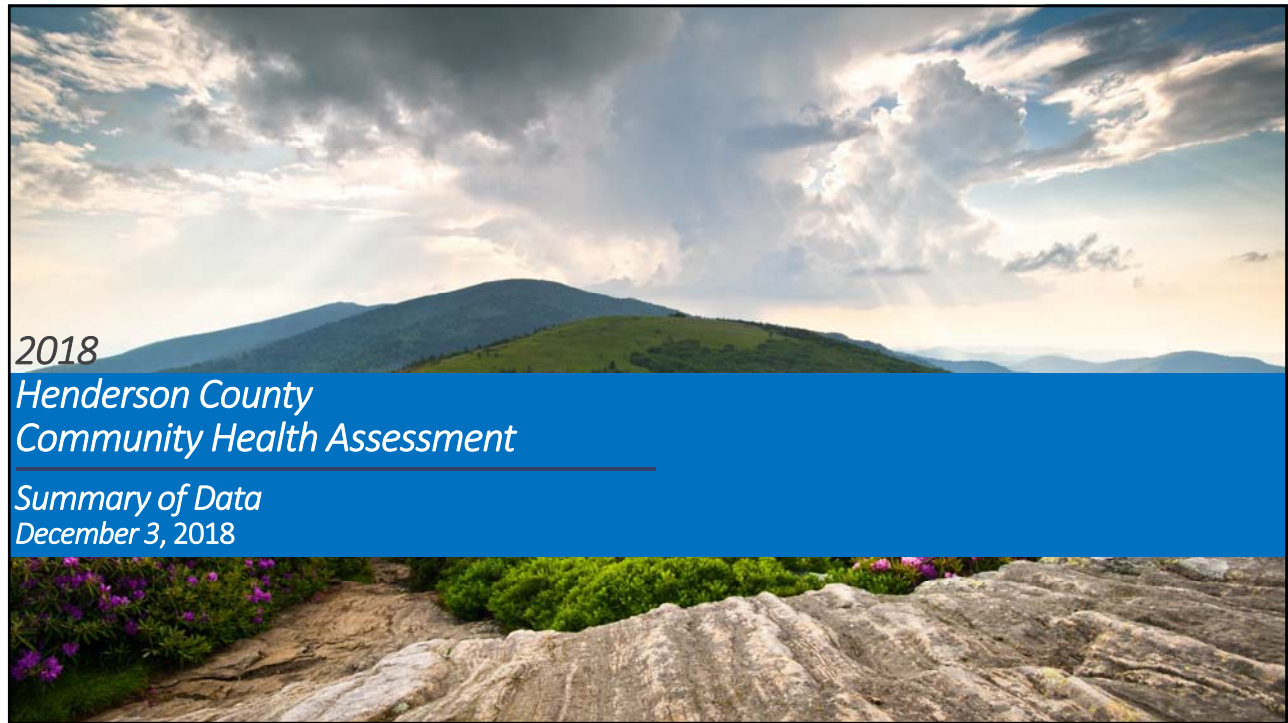
relative change factor of 2.8%; that is, the smaller number increased by a relatively small fraction. In these examples the application of percent makes it very clear that the difference in the first example is of far greater degree than the difference in the second example. This document uses percentage almost exclusively to describe and highlight degrees of difference and change, both positive (e.g., increase, larger than, etc.) and negative (e.g., decrease, smaller than, etc.).

Data limitations

Some data that is used in this report may have inherent limitations due to the sample size, its geographic focus, or its being out-of-date, for example. But it is used nevertheless because there is no better alternative. Whenever this kind of data is used, it will be accompanied by a warning about its limitations.

APPENDIX B - Data Presentation - Full

See PowerPoint slides attached





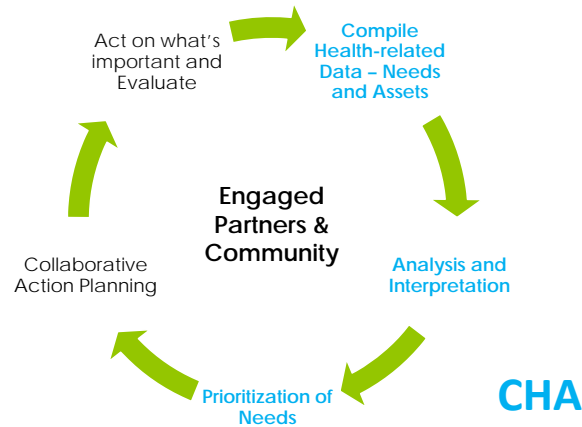
“Too many organizations are working in isolation from one another. **Collective impact** brings people together, in a structured way, to achieve social change.”

<http://collectiveimpactforum.org>

Collective Impact

- ✓ Common agenda
- ✓ Shared measurement
- ✓ Mutually reinforcing activities
- ✓ Continuous communication
- ✓ Strong backbone

Community Health Improvement Process



Modified version of the RWJF Take Action Cycle

...What is a Community Health Assessment?

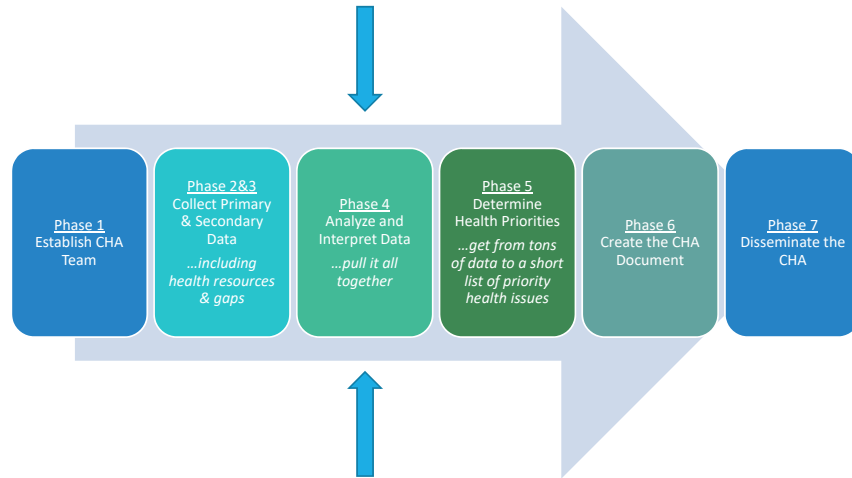
The CHA:

Is the first step and foundation for improving and prompting the health of county residents.

Is a process and a product that will serve as a resource for the Henderson County Department of Public Health, local hospitals, and other community organizations.

Will provide direction for the *collective* planning of disease prevention and health promotion services and activities throughout the community.

Phases in the process of CHA



Contributing Viewpoints

Secondary Data	Primary Data (Citizen and Stakeholder Opinion)
<ul style="list-style-type: none"> •Demographic •Socioeconomic •Health •Environmental •2017 Youth Risk Behavior Survey (HC 9th graders) •2015 Henderson County Economic Assessment 	<ul style="list-style-type: none"> •General community phone survey (200 adults, random sample) •Key informant e-survey (29 service providers & community leaders) •Focus groups (10 groups including 156 participants ages 12-90 from varying backgrounds)



Methodology

Product	Source	Description of type of data and source
Community Health Survey	Professional Research Consultants (PRC)	75 core questions (3 additional local questions) including: demographic, morbidity, behavior, ACEs, etc.
Data Workbook (Survey and Secondary Data)	Publicly available data (U.S. Census, NC State Center for Health Statistics, other state and federal departments)	175+ Indicators including: demographic, morbidity and mortality, social determinants, environmental indicators, etc.
Online Key Informant Survey	Professional Research Consultants (PRC)	Survey input (story data) from selected individuals to identify major health issues, gaps in services, and other factors that may contribute to health.
Maps	Community Commons and NC State Center for Health Statistics	23 maps including: selection of population, and morbidity and mortality indicators.

We Take Special Notice When...

Henderson County statistics deviate from North Carolina or regional statistics, or some other “norm”.

Trend data show significant changes over time.

There are significant age, gender, or racial disparities.

Questions to Ponder...

What data point (health or otherwise) stands out to you?

Why is it interesting?

What do you want to know more about?



Demographic Data

Demographic Overview

Source: Henderson County Partnership for Economic Development

Population	115,708
Labor Force	50,243
Unemployment Rate	3.3% (August 2018)
High School Graduate or Higher	45,670
Bachelor Degree or Higher	10,426
2017 Median Home Value	\$185,800
2017 Projected Per Capita Personal Income	\$38,130
2017 Projected Median Household Income	\$48,138
2016 Median Age	47
Average Work Commute Time	21.8 min.

County	2016 ACS Estimates																
	Total Population (2016)	Total Population (2010)	% Pop Change 2010 to 2016	# Males	% Males	# Females	% Females	Median Age*	# Under 5 Years Old	% Under 5 Years Old	# 5-19 Years Old**	% 5-19 Years Old	# 20 - 64 Years***	% 20 - 64 Years Old	# 65 Years and Older		% 65 Years and Older
															Male	Female	
Henderson	110,905	106,740	3.9	53,523	48.3	57,382	51.7	46.8	5,509	5.0	18,198	16.4	60,012	54.1	12,139	15,047	24.5
WNC (Regional) Total	775,745	759,727	2.1	376,101	48.5	399,641	51.5	45.9	37,799	4.9	130,566	16.8	441,952	57.0	73,387	92,058	21.3
State Total	9,940,828	9,535,483	4.3	4,834,592	48.6	5,106,236	51.4	38.3	605,960	6.1	1,954,736	19.7	5,920,802	59.6	632,931	826,399	14.7
State Average	99,408	95,355	4.3	48,346	n/a	51,062	n/a	n/a	6,060	n/a	19,547	n/a	59,208	n/a	6,329	8,264	n/a
Source	2	1	3	2	3	2	3	2	2	3	2	3	2	3	2	2	3

* Metric for Regional Total Median Age calculated as the arithmetic mean of county values

** - Metric calculated by adding together the following census categories: "5 to 9 years," "10 to 14 years," "15 to 19 years"

*** - Metric calculated by adding together the following census categories: "20 to 24 years," "25 to 29 years," "30 to 34 years," "35 to 39 years," "40 to 44 years," "45 to 49 years," "50 to 54 years," "55 to 59 years," and "60 to 64 years"

1 - Profile of General Population and Housing Characteristics (DP-1). 2010 Census. Retrieved on March 15, 2017, from U.S. Census Bureau, American FactFinder website: <http://factfinder2.census.gov>.

2 - ACS Demographic and Housing Estimates (DP05). 2016 ACS 5-year estimates. Retrieved on March 28, 2018, from U.S. Census Bureau, American FactFinder website: <http://factfinder2.census.gov>.

3 - Calculated

General Population Characteristics

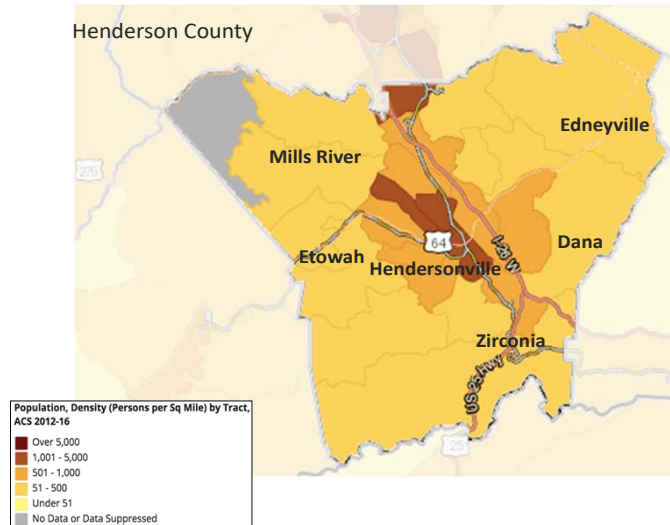
Although it has a median age only slightly "older" than the regional mean, Henderson County has a median age several years "older" than the state average

Population Density

Source: ACS 2012-2016

Geographic Unit: Census Tract

Map Produced by: Community Commons



County	2016 ACS Estimates																
	Total Populatio n (2016)	White		Black or African American		American Indian, Alaskan Native		Asian		Native Hawaiian, Other Pacific Islander		Some Other Race		Two or More Races		Hispanic or Latino (of any race)	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Henderson	110,905	101,051	91.1	3,488	3.1	219	0.2	1,257	1.1	113	0.1	2,738	2.5	2,039	1.8	10,806	9.7
WNC (Regional) Total	775,745	697,662	89.9	33,872	4.4	10,920	1.4	6,563	0.8	438	0.1	11,976	1.5	14,314	1.8	44,780	5.8
State Total	9,940,828	6,882,915	69.2	2,137,131	21.5	117,479	1.2	254,550	2.6	6,588	0.1	298,795	3.0	243,370	2.4	884,736	8.9
Source	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2

1 - Profile of General Population and Housing Characteristics (DP-1). 2010 Census. Retrieved on March 15, 2017, from U.S. Census Bureau, American FactFinder website: <http://factfinder2.census.gov>.

2 - ACS Demographic and Housing Estimates (DP05). 2016 ACS 5-year estimates. Retrieved on March 28, 2018, from U.S. Census Bureau, American FactFinder website: <http://factfinder2.census.gov>.

Minority Populations

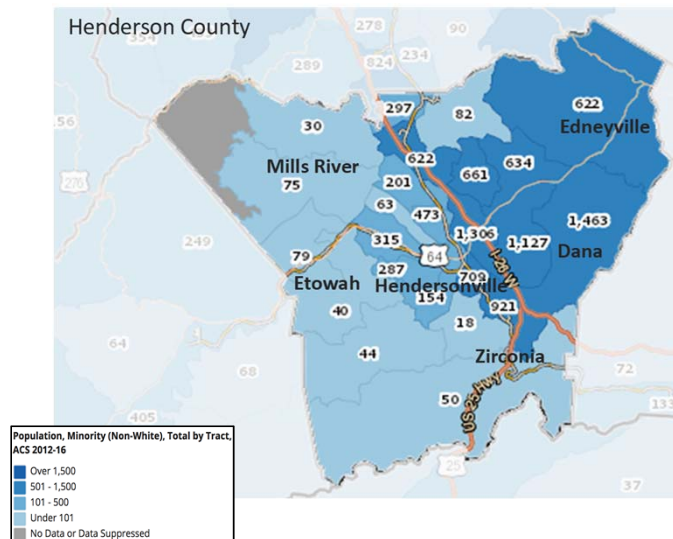
A higher proportion of Hispanics live in Henderson county, compared to any other minority population.

Minority Populations (Non-White)

Source: ACS 2012-2016

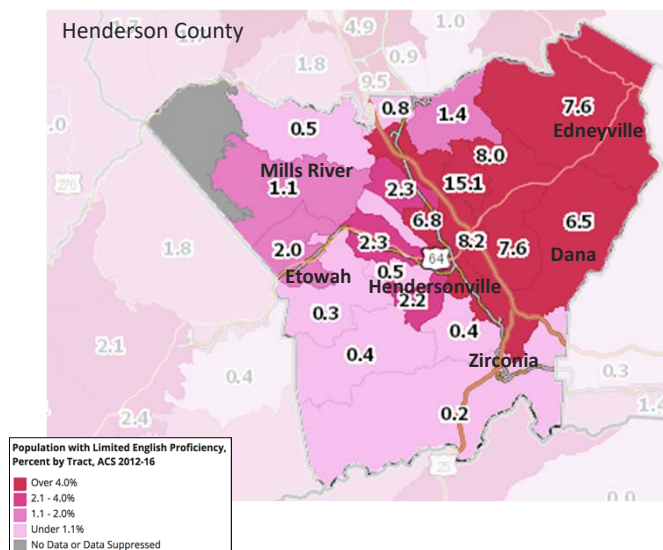
Geographic Unit: Census Tract

Map Produced by: Community Commons



Percent of Population with Limited English Proficiency

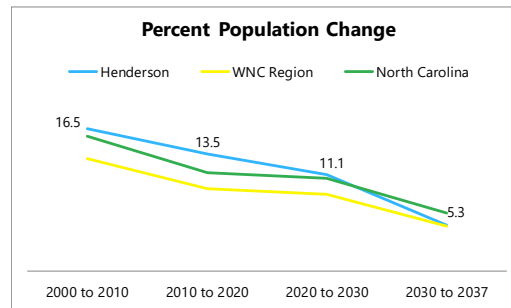
Source: ACS 2012-2016, by Census Tract



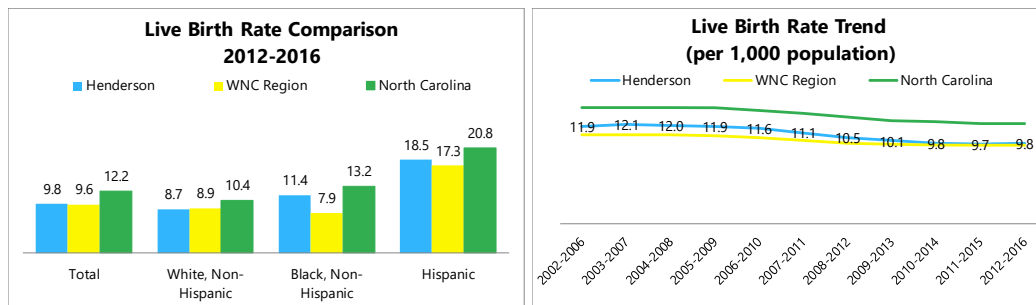
Population Growth

Sources: US Census Bureau and NC Office of State Budget and Management

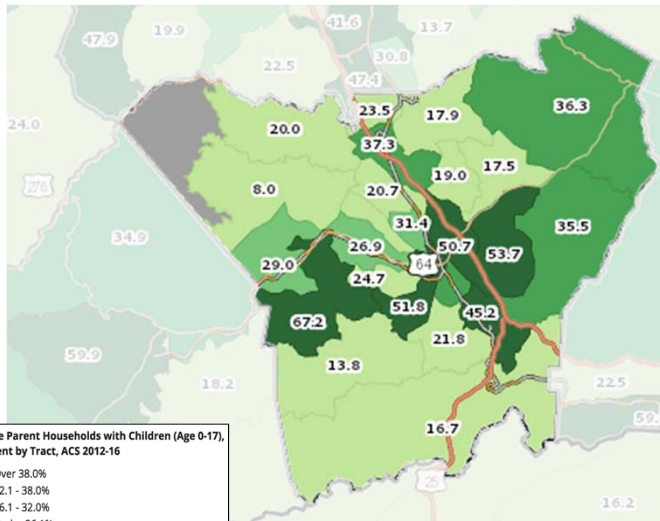
County	% Total Population Growth				
	2000 to 2010	2010 to 2020	2020 to 2030	2030 to 2037	2000 to 2037
Henderson	16.5	13.5	11.1	5.3	59.0
WNC (Regional) Total	13.0	9.5	8.8	5.2	41.8
State Total	15.6	11.4	10.7	6.7	56.0
Source	4	4	4	4	4



Birth Rate



*A live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or any definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached (definition adopted by World Health Organization in 1950).



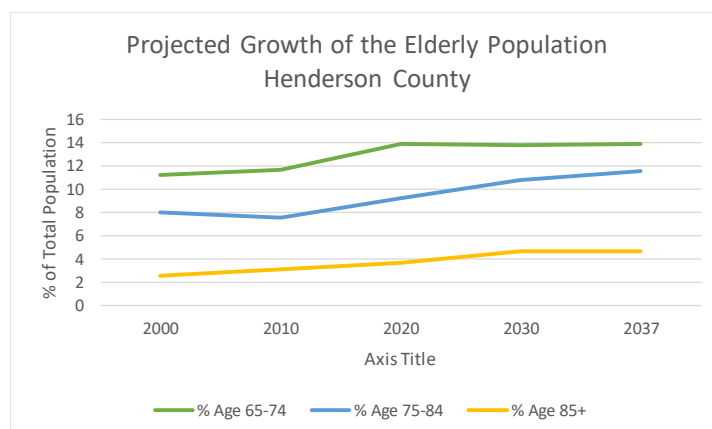
Single Parent Households

Source: ACS 2012-2016
Geographic Unit: Census Tract
Map Produced by: Community Commons

Growth of the Elderly Population

The population in each major age group age 65 and older in Henderson County will increase between 2010 and 2037.

By 2037 projections estimate there will be more than 43,800 persons age 65+ in Henderson County.

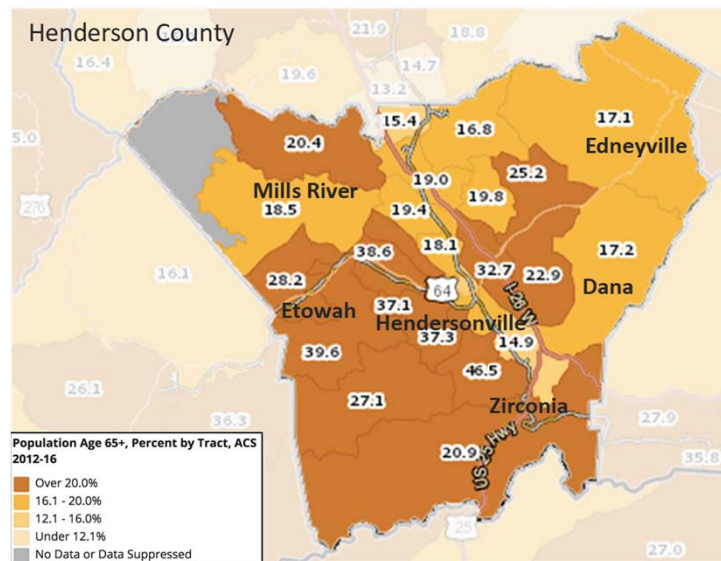


Percent of Population Age 65+

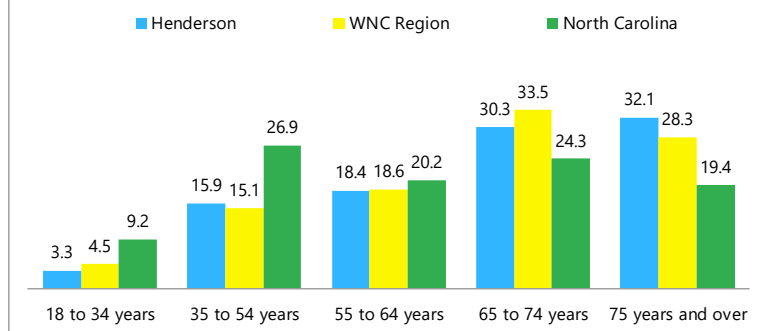
Source: ACS 2012-2016

Geographic Unit: Census Tract

Map Produced by: Community Commons



Percent of Veterans by Age Group



Military Veterans

Henderson County is home to a higher proportion of veterans age 75 and older than the WNC region and the State of NC.

County	2000 Census		2010 Census	
	% Urban	% Rural	% Urban	% Rural
Henderson County	53.2	46.8	66.7	33.3
WNC Region	41.6	58.4	46.8	53.2
NC	46.7	53.3	66.1	33.9

Urban-Rural Population

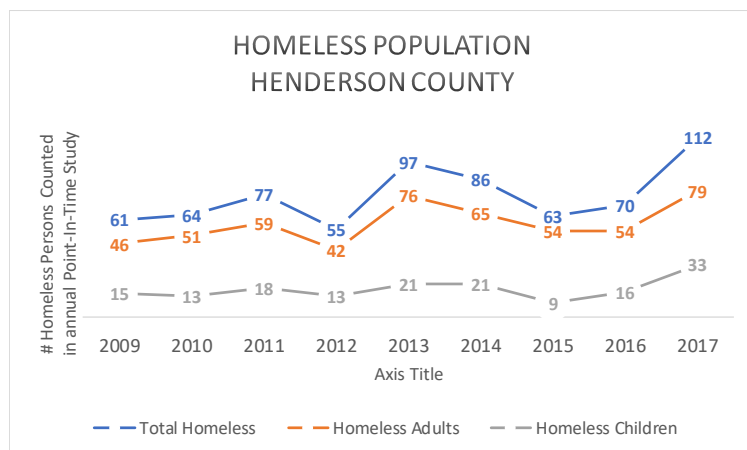
The proportion of Henderson County categorized as "rural" decreased by 29% between 2000 and 2010. By 2010 more of Henderson County was "urban" than were WNC or NC as a whole.

Homeless Population

According to an annual point-in-time census of the homeless population in Henderson County, the total number of homeless persons rose sharply in 2017 to the highest levels seen since 2009. Throughout the period cited most of the county's homeless were adults.

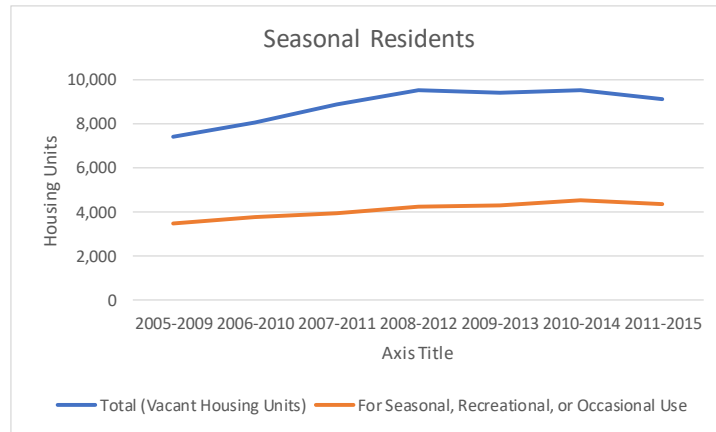
From 2010 through 2017, an average of approximately 25% of the total homeless population was deemed "chronically homeless".

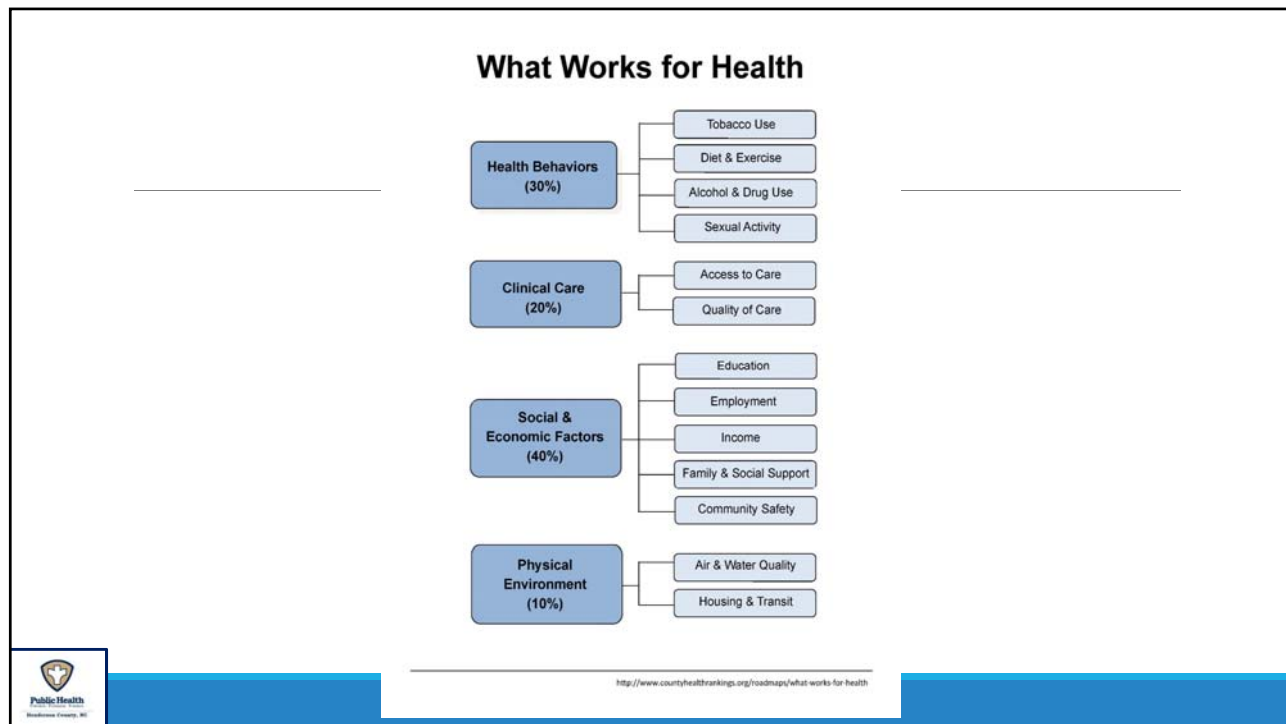
From 2010 through 2017, approximately 7% of all homeless adults in Henderson County were military veterans.



Seasonal Residences

Seasonal Residents in Henderson County continue to increase over time.





Education Public Schools

Source: Henderson County Partnership
for Economic Development, and NC
Department of Public Instruction

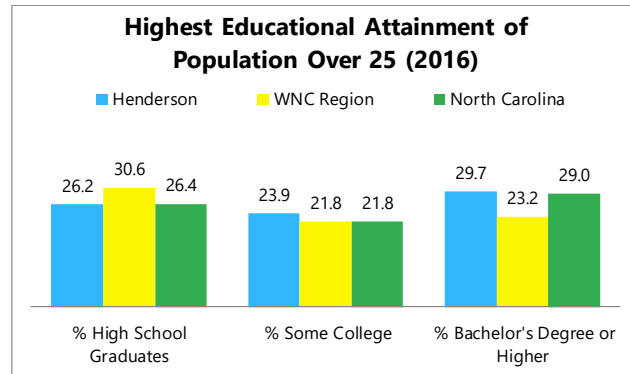
NUMBER OF SCHOOLS

Elementary Schools	13
Middle Schools	4
High Schools/Early College	6
Public Charter Schools	2

ANNUAL ENROLLMENT > 13,700

2018 AVERAGE SAT SCORES

County	1124
North Carolina	1090
Nation	1049



Educational Achievement

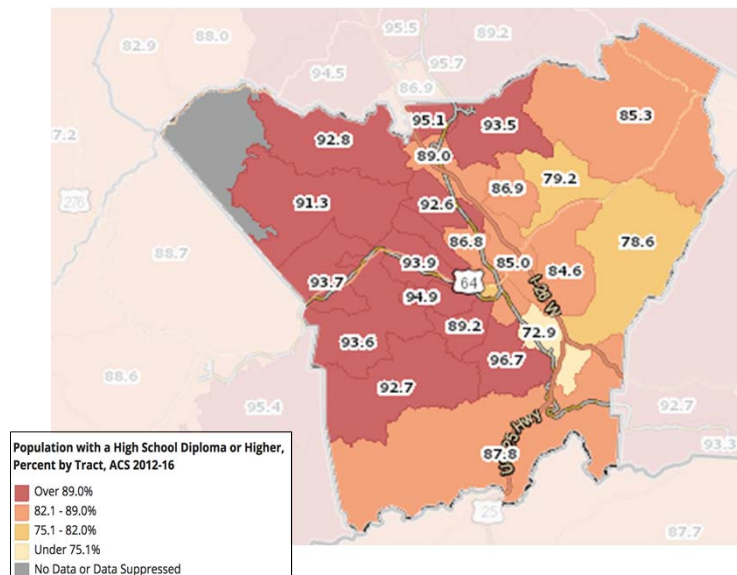
Henderson county has a higher percentage of persons who have graduated high school and college compared to the WNC and North Carolina averages.

Educational Achievement

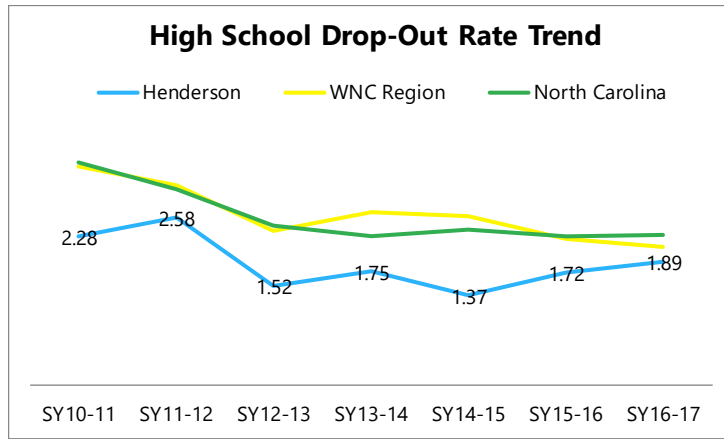
Source: ACS 2012-2016

Geographic Unit: Census Tract

Map Produced by: Community Commons



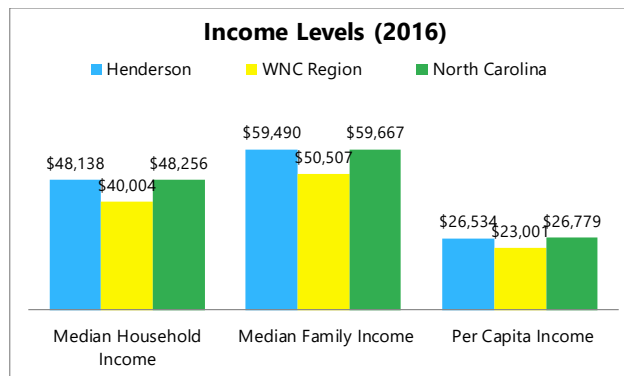
High School Drop-Out Rate Trend



Sources: NC Department of Public Instruction

High School Drop-Out

Income Levels (2016)



Income

Household: all people in a housing unit sharing living arrangements; may or may not be related

Family: householder and people living in household related by birth, marriage or adoption.

All families are also households; not all households are families.

Employment

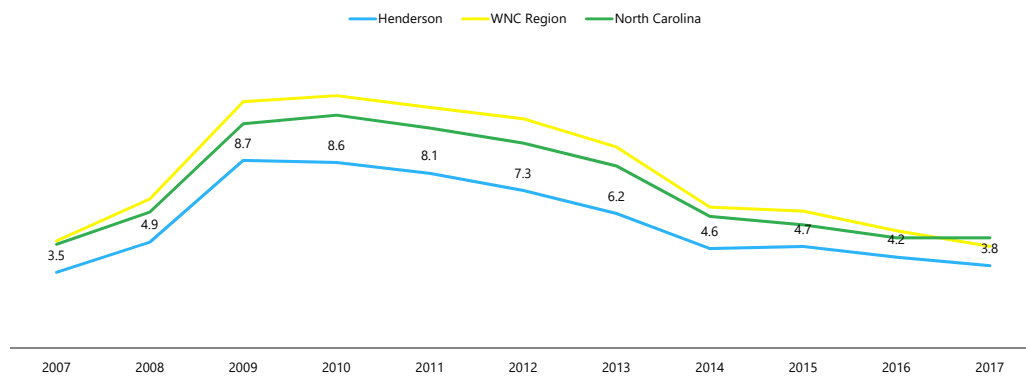
As of 2017, the three employment sectors in Henderson County with the largest proportions of workers (and average weekly wages) were:

- **Health Care and Social Assistance:** 18.98% of workforce (\$897.23)
- **Manufacturing:** 14.88% of workforce (\$1,013.49)
- **Retail Trade:** 14.21% of workforce (\$542.78)



Unemployment

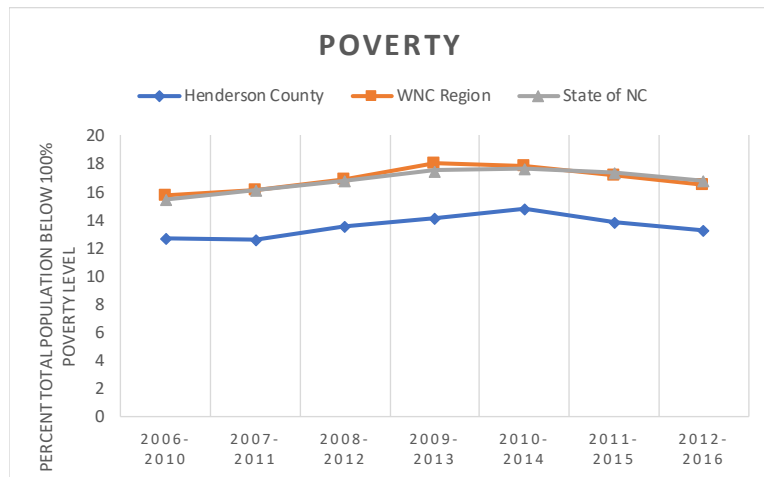
Unemployment Rate (Unadjusted) Trend



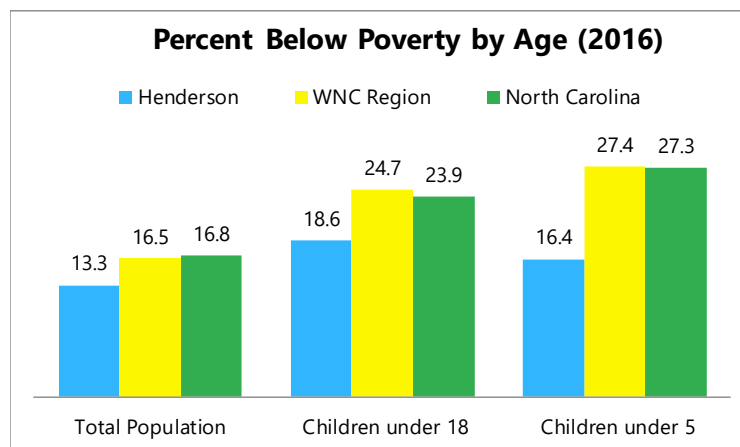
Poverty

In Henderson County, WNC and NC the total poverty rate increased overall throughout the period cited.

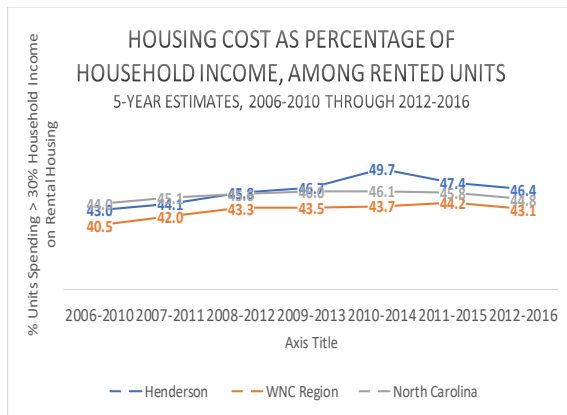
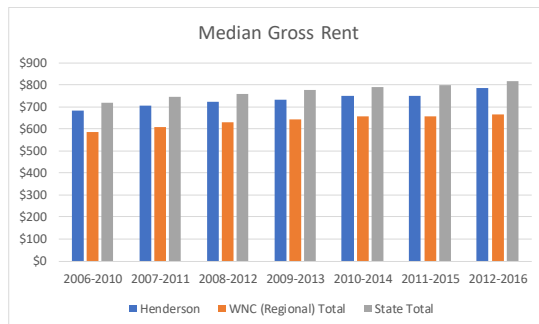
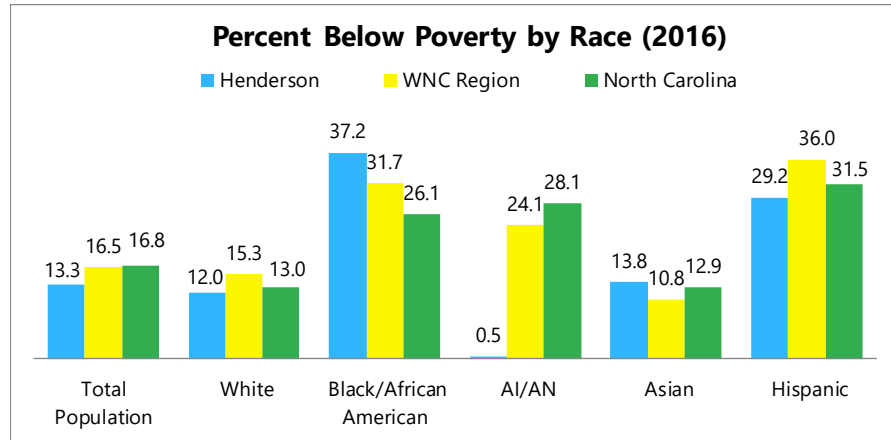
The total poverty rate in Henderson County was lower than the comparable regional rate and state rate in each period cited.



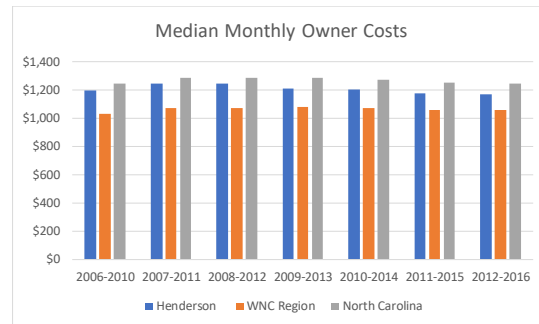
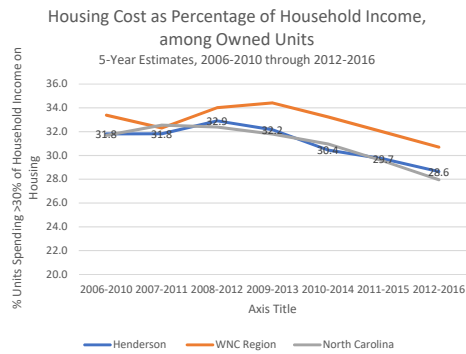
Poverty and Age



Poverty and Race



Housing Costs - Rentals



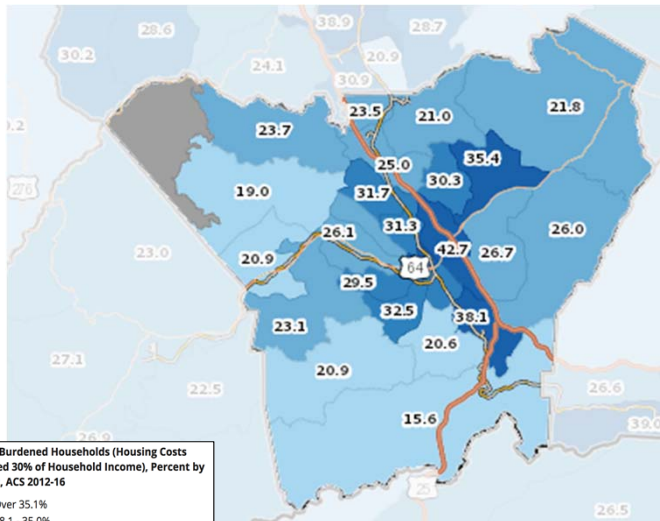
Housing Costs - Mortgages

Housing Adequacy (of Occupied Housing Units both owned and rented)
2012-2016

County or Township	Total Occupied Housing Units	% Mobile Homes or other type of housing	% Built in 1959 or earlier **	% without complete plumbing facilities	% without complete kitchen facilities	% with no vehicle available	% with no telephone service	% heating house with fuel oil, kerosene, coal, coke, or other fuels *	% with no heating fuel
Henderson	46,985	15.5	13.3	0.3	0.5	5.6	2.4	8.3	0.4
Blue Ridge	4,631	35.3	8.5	0.0	0.0	4.8	3.1	9.5	1.1
Clear Creek	2,918	38.2	7.9	0.0	1.0	6.3	3.9	5.4	0.2
Crab Creek	1,801	19.1	11.4	0.8	0.0	3.8	1.6	7.4	0.0
Edneyville	1,840	25.0	20.3	0.0	0.6	2.9	1.7	18.6	0.5
Green River	1,879	20.9	14.5	0.0	0.0	6.2	0.0	17.7	0.2
Hendersonville	21,496	7.4	17.7	0.3	0.8	7.4	2.2	6.5	0.3
Hoopers Creek	6,604	13.2	6.8	0.8	0.6	2.5	3.5	9.2	0.3
Mills River	5,816	15.2	9.1	0.0	0.0	4.1	2.1	7.3	0.8
WNC (Regional) Average	10,441	21.1	12.2	0.2	0.4	4.8	2.3	10.0	0.4
State Total	3,815,392	12.6	15.7	0.3	0.6	6.3	2.5	5.9	0.4

Source: 2012-2016 American Community Survey 5-Year Estimates (S2504)

Housing Adequacy

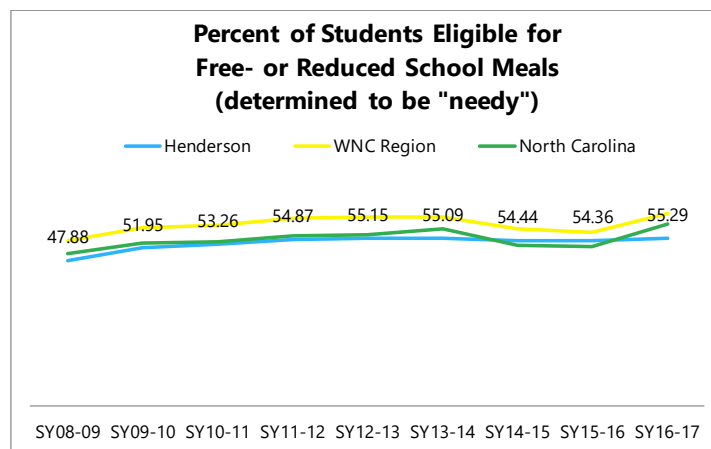


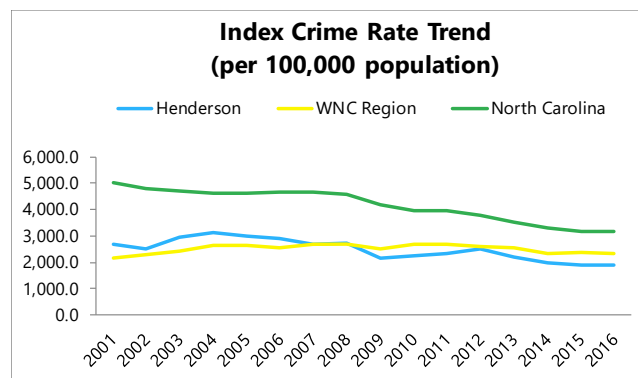
Cost Burdened Households

Source: ACS 2012-2016
Geographic Unit: Census Tract
Map Produced by: Community Commons

Free and Reduced Lunch

The percent of students eligible for free or reduced school meals has increased from 47.88% in School Year 08-09 to 55.29% in School Year 16-17.





Crime and Safety

Index Crime

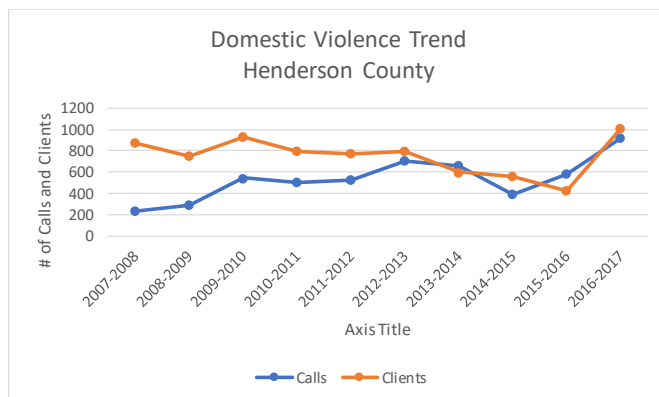
Index crime is the sum of all violent and property crime. The index crime rate in Henderson County was lower than the comparable NC average in every year cited.

Crime and Safety Sexual Assault

In FY2016-2017, 218 persons in Henderson County were identified as victims of sexual assault.

The most frequently reported specific type of sexual assault in Henderson County during the period was adult sexual offense (50.9%). Regionally, the most frequently reported type was rape (29.3%); statewide the most frequently reported type was rape (29.8%).

State-wide and region-wide the most commonly reported offender was a relative. In Henderson County the most common offender also was a relative.



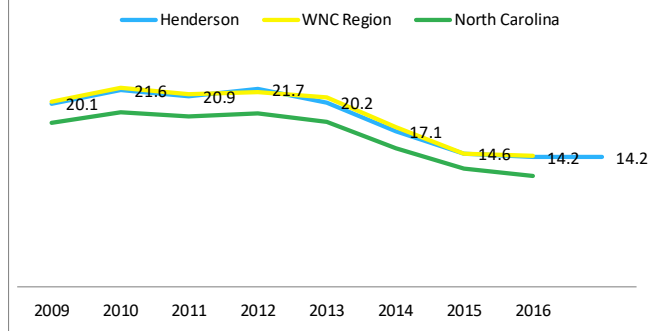
Crime and Safety Domestic Violence

Crime and Safety Child Abuse

Henderson County	Type of Findings										
	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11	FY11-12	FY12-13	FY13-14	FY14-15	FY15-16	FY16-17
Total Substantiated Findings (#)	54	65	38	58	71	51	34	74	54	80	69
Total Substantiated Findings (%)	6%	7%	4%	7%	9%	7%	5%	10%	8%	11%	9%
Abuse and Neglect	1	2	1	0	5	5	1	8	1	4	3
Abuse	1	4	2	7	3	6	1	4	2	0	4
Neglect	51	59	34	51	63	39	32	62	50	74	62
Dependency	1	0	1	0	0	1	0	0	1	2	0
Unsubstantiated (#)	198	185	228	203	170	162	140	176	196	164	245
Unsubstantiated (%)	23%	21%	27%	25%	22%	22%	20%	24%	28%	23%	31%
Number of Children with Investigated Reports of A	876	885	858	797	760	742	713	745	709	715	791



Estimated Percent under 65 Uninsured

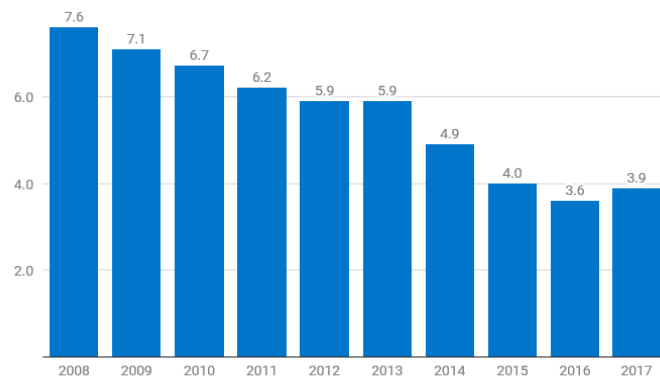


*Health
Insurance*

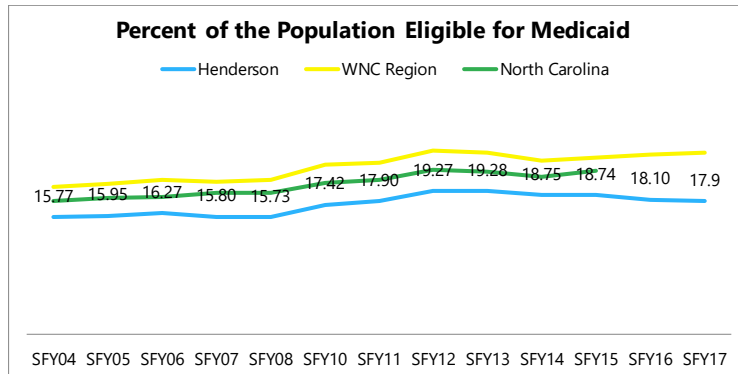
National Trend - Uninsured Children

Source: Georgetown University Health
Policy Institute

Number Of Uninsured Children In Millions, 2008-2017



Source: Georgetown University Health Policy Institute • [Get the data](#) • Created with Datawrapper



Medicaid Eligibility

**Number of Active Health Professionals
per 10,000 Population**

County	2017				2016
	Physicians	Primary Care Physicians	Dentists	Registered Nurses	Pharmacists
Henderson	23.3	7.6	4.6	94.9	11.5
WNC (Regional Arithmetic Mean)	15.5	6.5	3.7	77.5	8.6
State Total	23.8	7.0	5.0	100.7	11.4

*Health Care
Practitioners*



Life Expectancy

For persons born in 2014-2016, life expectancies among comparator jurisdictions is longest overall and among men, women, and white persons in Henderson County. Life expectancy for African Americans is longest in WNC.

Life Expectancy at Birth for Persons Born in in 2014-2016

County	Overall	Sex		Race	
		Male	Female	White	African-American
Henderson	79.2	77.1	81.3	79.4	73.4
WNC (Regional) Arithmetic Mean	77.7	75.1	80.4	78.0	76.2
State Total	77.4	74.8	79.9	78.3	74.9

Leading Causes of Death: Overall

Rank	Age-Adjusted Rates (2012-2016)	Henderson # Deaths	Henderson Mortality Rate	NC Mortality Rate
1	Cancer	1,518	158.1	166.5
2	Diseases of Heart	1,392	138.2	161.3
3	All Other Unintentional Injuries	341	43.9	31.9
4	Chronic Lower Respiratory Diseases	376	37.3	45.6
5	Cerebrovascular Disease	364	35.1	43.1
6	Alzheimer's disease	338	30.8	31.9
7	Suicide	118	18.8	12.9
8	Pneumonia and Influenza	172	16.8	17.8
9	Unintentional Motor Vehicle Injuries	82	14.4	14.1
10	Chronic Liver Disease and Cirrhosis	88	12.1	10.3
11	Diabetes Mellitus	103	11.3	23.0
12	Nephritis, Nephrotic Syndrome, and Nephrosis	111	11.1	16.4
13	Septicemia	58	6.0	13.1
14	Homicide	17	3.2	6.2
15	Acquired Immune Deficiency Syndrome	2	0.2	2.2

Mortality Trends, 2009-2013 to 2012-2016

	Leading Cause of Death in Henderson County	2009-2013 Mortality Rate	2012-2016 Mortality Rate	Overall Trend Direction
1	Cancer	152.6	158.1	▲
2	Diseases of Heart	148.6	138.2	▼
3	All Other Unintentional Injuries	37.7	43.9	▲
4	Chronic Lower Respiratory Diseases	43.7	37.3	▼
5	Cerebrovascular Disease	35.6	35.1	▼
6	Alzheimer's disease	31.1	30.8	▼
7	Suicide	15.6	18.8	▲
8	Pneumonia and Influenza	14.8	16.8	▲
9	Unintentional Motor Vehicle Injuries	12.1	14.4	▲
10	Chronic Liver Disease and Cirrhosis	12.2	12.1	▼
11	Diabetes Mellitus	11.3	11.3	▬
12	Nephritis, Nephrotic Syndrome, and Nephrosis	9.9	11.1	▲
13	Septicemia	6.4	6.0	▼
14	Homicide	2.8	3.2	▲
15	Acquired Immune Deficiency Syndrome	0.8	0.2	▼

Source: NC State Center for Health
Statistics

Three Leading Causes of Death
by Age Group
Unadjusted Death Rates per
100,000 Population
Single 5-Year Aggregate, 2012-
2016

Henderson County				
Age Group	Rank	Leading Cause of Death	# Deaths	Death Rate
00-19	1	Conditions originating in the perinatal period	16	13.4
	2	Congenital anomalies (birth defects)	13	10.9
	3	Other Unintentional injuries	9	7.5
20-39	1	Other Unintentional injuries	37	33.0
	2	Motor vehicle injuries	19	17.0
	3	Diseases of the heart	14	12.5
40-64	1	Cancer - All Sites	340	181.3
	2	Diseases of the heart	191	101.8
	3	Suicide	75	40.0
65-84	1	Cancer - All Sites	830	709.1
	2	Diseases of the heart	607	518.6
	3	Chronic lower respiratory diseases	214	182.8
85+	1	Diseases of the heart	580	3176.0
	2	Cancer - All Sites	336	1839.9
	3	Alzheimer's disease	220	1204.7

Source: North Carolina State Center for Health Statistics

Deaths by Age Group

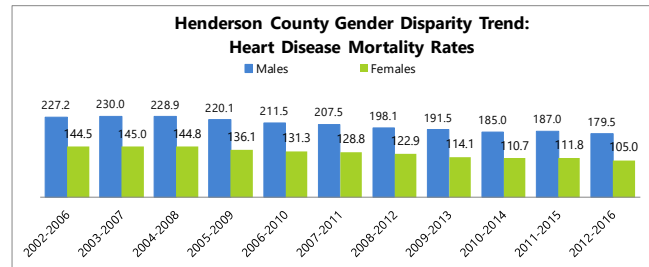
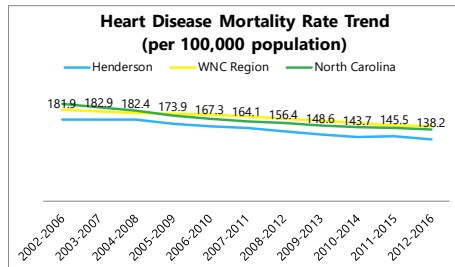
Injury Mortality Unintentional Falls

From 2013 through 2016, 169 Henderson County residents died as a result of an unintentional fall.

Of the 169 fall-related deaths, 155 (92%) occurred in the population age 65 and older.

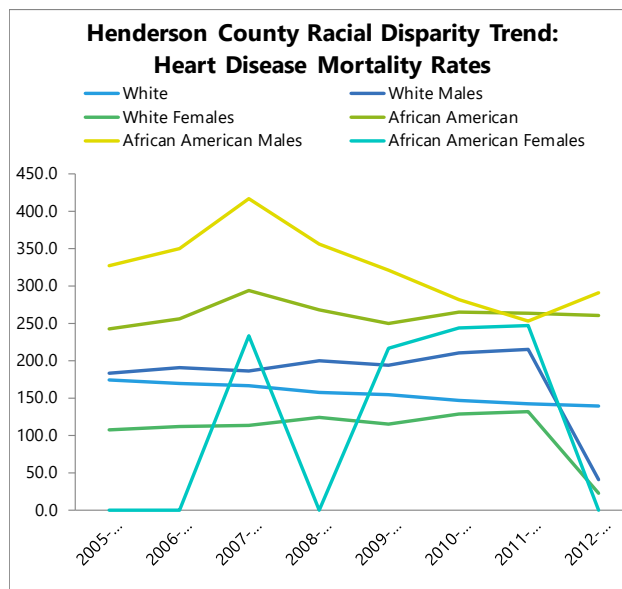
Of the 169 fall-related deaths, 102 (60%) occurred in the population age 85 and older.





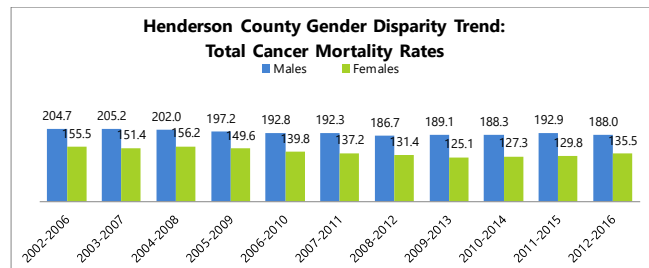
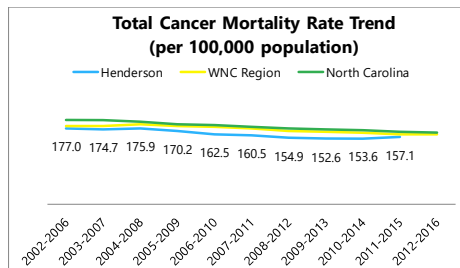
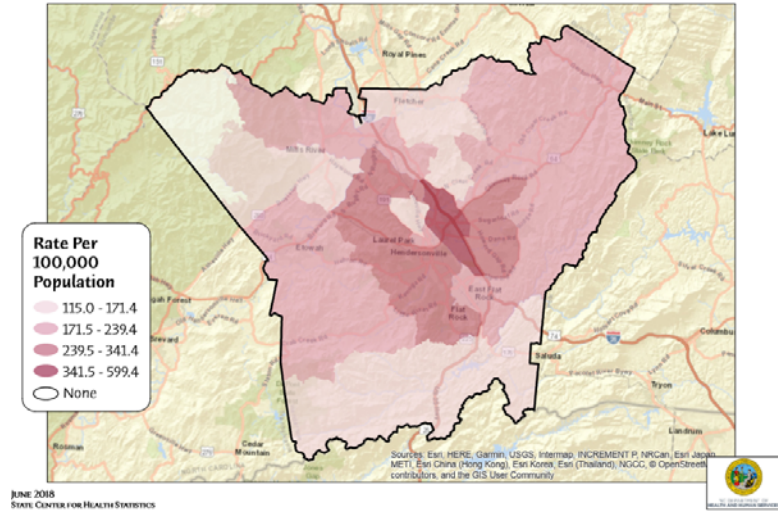
Heart Disease

Heart disease rates appear to be declining overall. Men suffer disproportionately from heart disease than women.



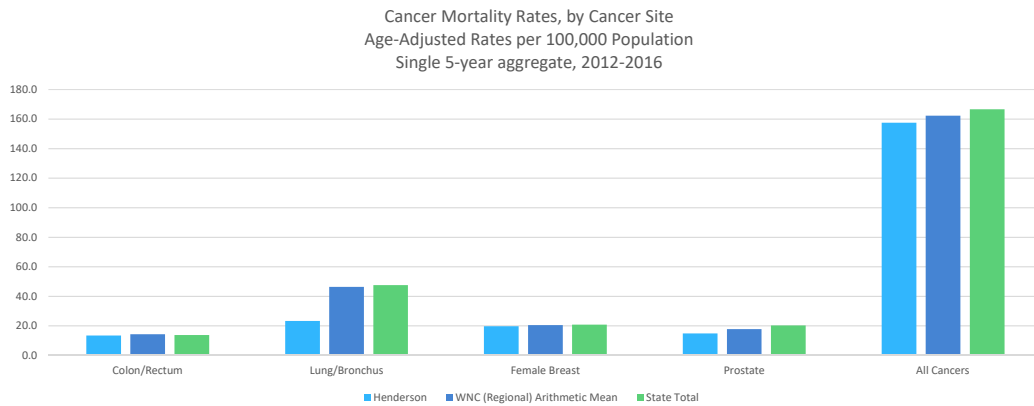
Heart Disease by Race

Heart Disease Mortality Rates

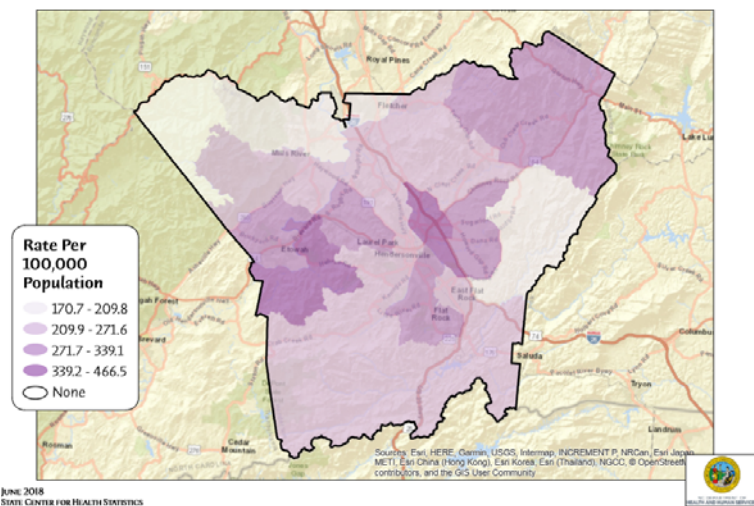


Cancer

Cancer

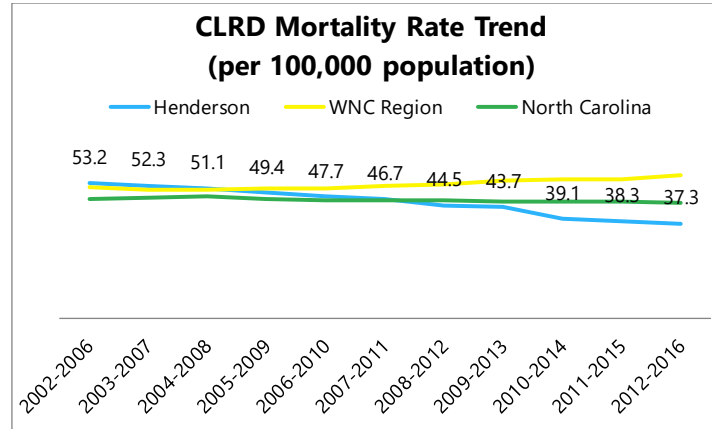


All Cancers Mortality Rates

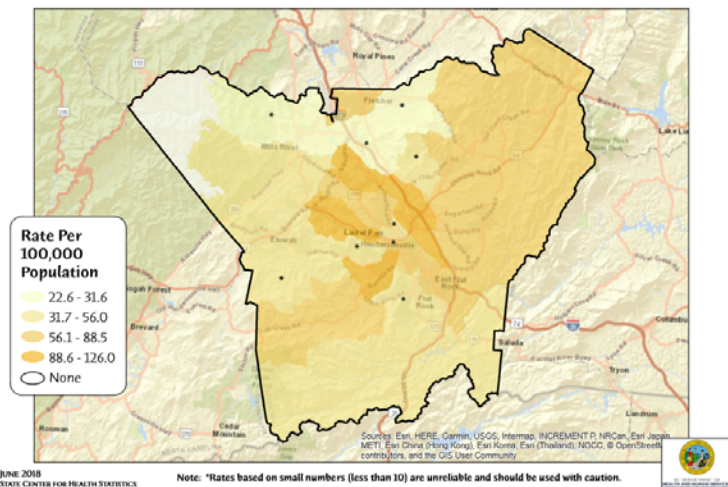


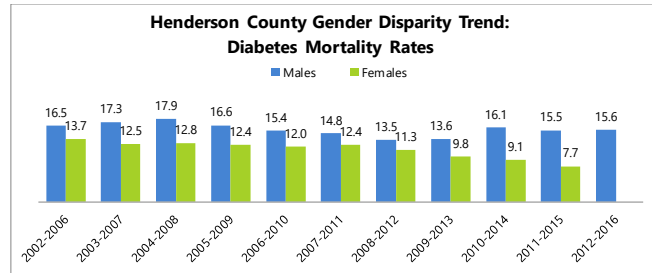
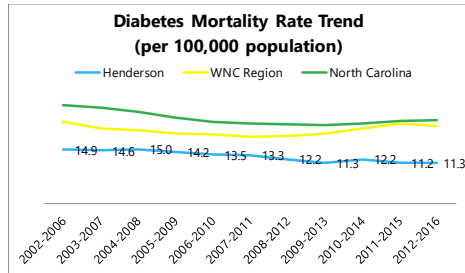
Chronic Lower Respiratory Disease

Source: NC State Center for Health Statistics

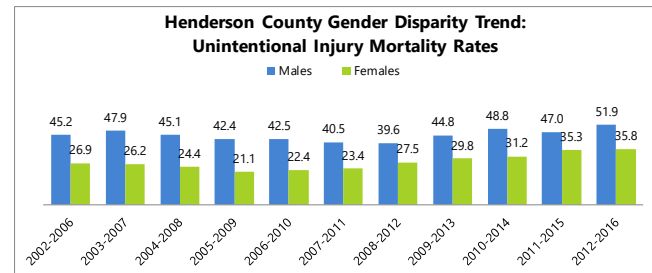
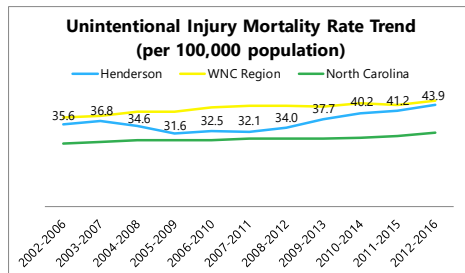


Chronic Lower Respiratory Disease Mortality Rates



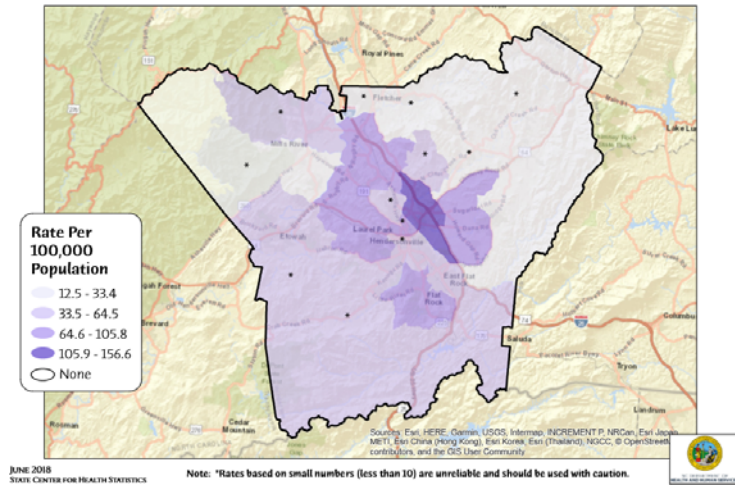


Diabetes Mortality



Unintentional Injuries

Other Unintentional Injuries Mortality Rates

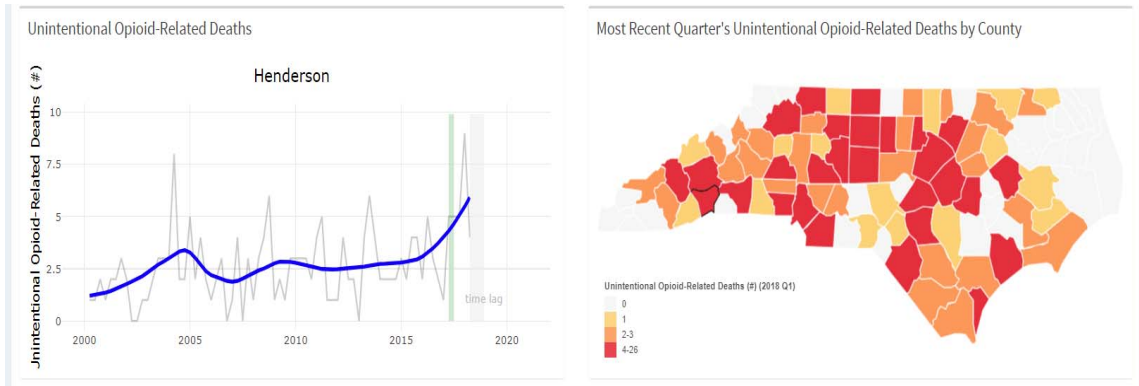


County	Unintentional Poisoning Deaths for Select Locations and Percent that are Medication/Drug Overdoses (2009-2013)*			Rate of Unintentional Medication/Drug Overdose Deaths (2009-2013)**	
	#	Rate per 100,000 NC Residents	% that are Medication/Drug Overdoses	#	Rate per 100,000 NC Residents
Henderson	69	12.9	94.2	65	12.1
WNC (Regional) Total	560	14.8	90.0	506	13.3
Non-WNC (Regional) Total	4,749	10.7	91.0	4,320	9.7
State Total	5,309	11.0	90.9	4,826	10.0

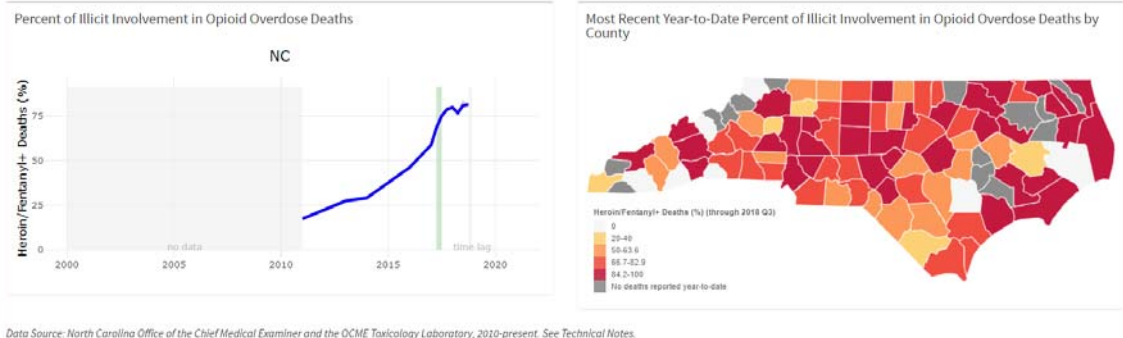
Injury Mortality Unintentional Poisoning

In the period 2012-2016, 80 Henderson County residents died as a result of unintentional poisoning, with a corresponding age-adjusted mortality rate of 16.3 deaths per 100,000 population, lower than the WNC rate but higher than the NC average rate.

Unintentional Opioid-Related Deaths



Source: NC Opioid Action Plan Dashboard



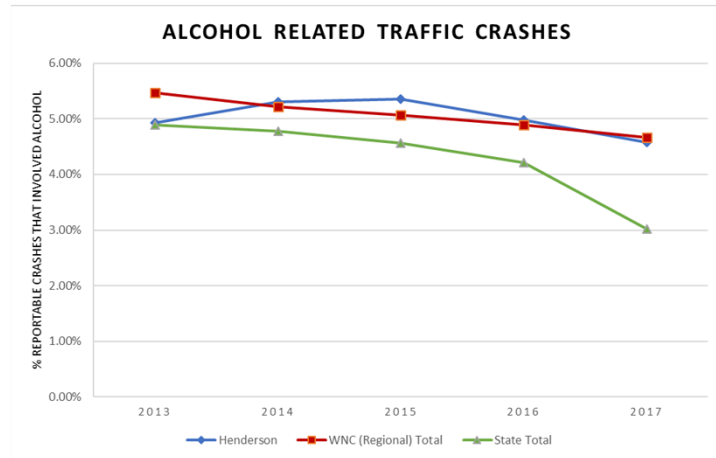
Data Source: North Carolina Office of the Chief Medical Examiner and the OCME Toxicology Laboratory, 2010-present. See Technical Notes.

*Substance Abuse
Illicit Involvement in Opioid
OD Deaths*

Involvement of illicit substances in opioid deaths increasing statewide

Vehicular Injury Alcohol-Related Motor Vehicle Crashes

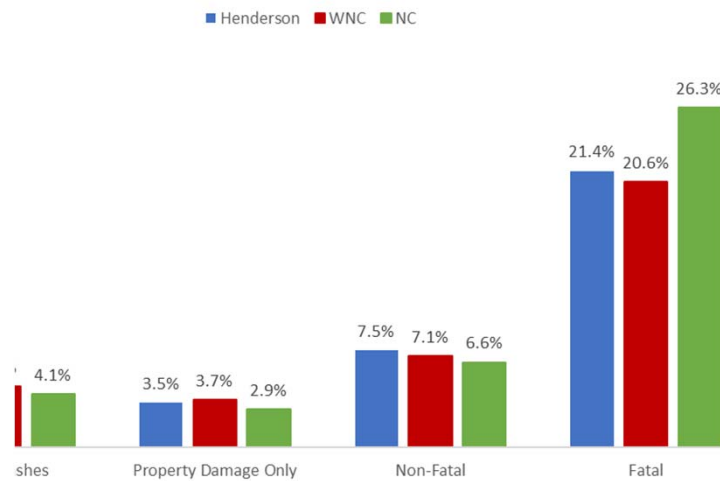
Over the period 2013 through 2017 an annual average of 5.03% of all traffic crashes in Henderson County were alcohol-related. Region-wide the comparable figure was 5.06%.

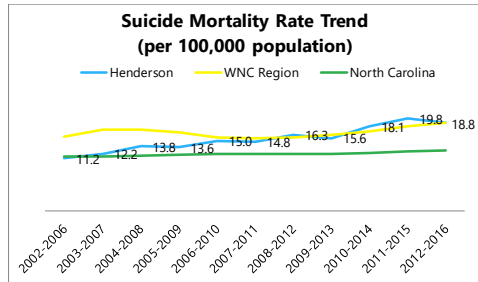


Vehicular Injury Mortality Alcohol-Related Motor Vehicle Crashes

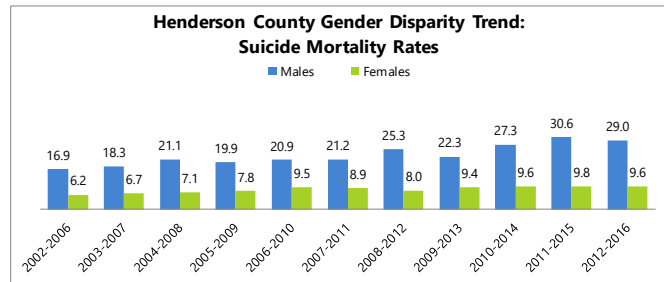
In 2017, 21% of all *fatal* traffic crashes in Henderson County were alcohol-related.

OUTCOMES OF ALCOHOL-RELATED TRAFFIC CRASHES 2017





Source: NC State Center for Health Statistics



Suicide

Suicide rates are increasing.

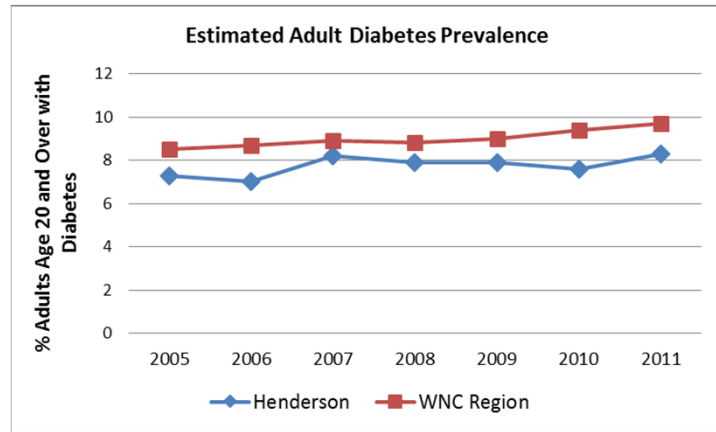
Morbidity

Adult Diabetes

The average self-reported prevalence of Henderson County adults with diabetes was 7.7% in the period from 2005 - 2011.

Over the same period the WNC average was 9.0%.

Prevalence of self-reported adult diabetes has been rising over time in both jurisdictions.

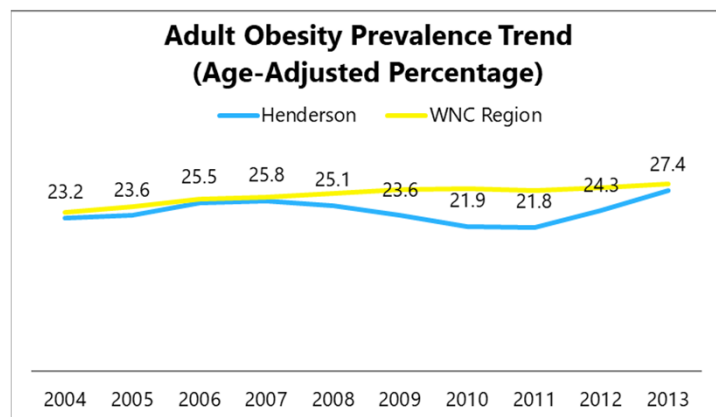


Adult Obesity

The average self-reported prevalence of Henderson County adults considered "obese" on the basis of height and weight (BMI > 30) was 24.3% in the period from 2005 - 2013.

Over the same period the WNC average was 27.0%.

The prevalence of obesity among adults in Henderson County may be decreasing.



**Prevalence of Underweight, Health Weight, Overweight and Obese Children
Ages 2-4, 2015**

County	Underweight		Healthy Weight		Overweight			Obese			Total
	<5th Percentile		≥5th to <85th Percentile		≥85th to <95th Percentile		Rank Order	≥95th Percentile		Rank Order	
	#	%	#	%	#	%		#	%		#
Henderson	63	4.8	907	68.9	175	13.3	19	172	13.1	27	1,317
WNC (Regional) Total	63	-	907	-	175	-	-	172	-	-	1,317
WNC (Regional) Arithmetic Mean	63	4.8	907	68.9	175	13.3	19	172	13.1	27	1,317
State Total	3,019	4.5	88,058	66.5	19,831	15.0	n/a	18,570	14.0	n/a	132,478

Source: NC NPASS

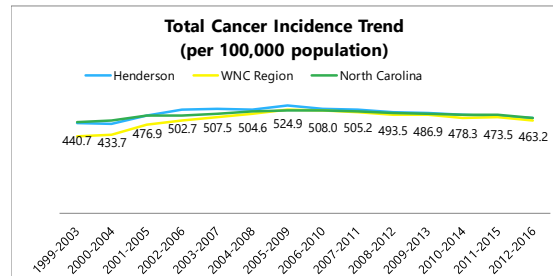
Child Obesity Ages 2-4

There is very limited data on the prevalence of childhood obesity in Henderson County.

The NC-NPASS data presented below covers only children seen in health department WIC and child health clinics and certain other facilities and programs.

According to NC-NPASS data for 2015, 13.3% of the participating children in Henderson County age 2-4 were deemed "overweight", and an additional 13.1% were deemed "obese".

There were too few participating children in other age groups (5-11 and 12-18) to yield stable percentages.



	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate		All Cancers	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Henderson	322	36.5	550	57.3	714	158.1	457	101.0	4,143	463.2
WNC (Regional) Arithmetic Mean	129	38.3	251	66.7	278	141.3	174	87.9	1,645	451.1
State Total	20,617	36.1	38,865	66.3	48,200	157.5	30,806	109.4	267,539	464.6

Cancer

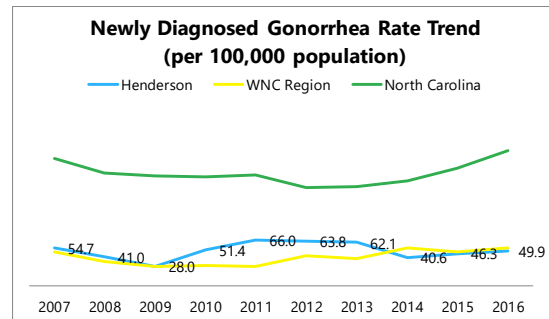
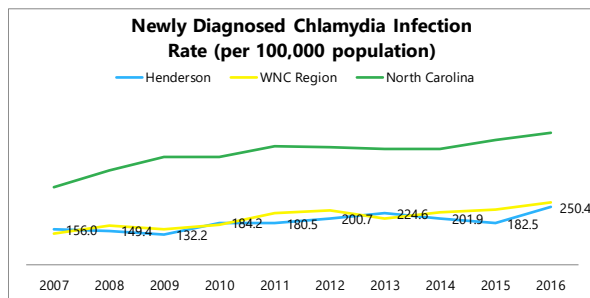
Source: NC State Center for Health Statistics

Inpatient Hospital Utilization

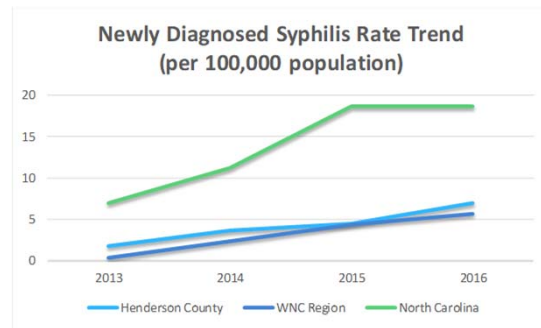
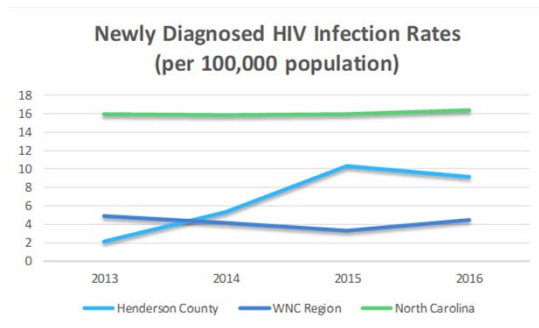
Source: NC State Center for Health
Statistics

2014

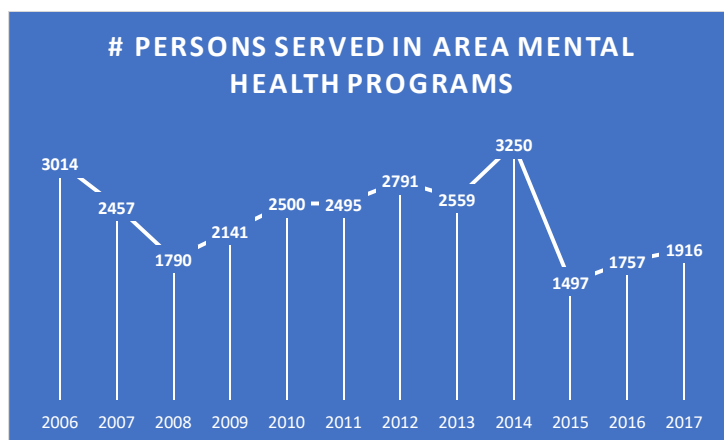
Diagnostic Category	Proportion of Hospital Discharges
Cardiovascular and Circulatory Diseases	16.7 %
Other Diagnoses (including Mental Illness)	11.8 %
Pregnancy and Childbirth	10.4 %
Digestive System Diseases	9.5 %
Respiratory Diseases	8.8 %
Injuries and Poisoning	8.7 %



Sexually Transmitted Infections Chlamydia and Gonorrhea



Sexually Transmitted Infections HIV and Syphilis



Source: North Carolina Office of State Budget and Management, State Data Center

Mental Health Treatment

The numbers of residents being served by mental health programs has decreased overall, but is beginning to inch back up again.

It is important to note that decreased access does not necessarily mean decreased need.

	# Persons Served in NC State Psychiatric Hospitals											
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Henderson	128	104	85	70	51	39	2	3	34	43	30	22
State Total	18,292	18,498	14,643	9,643	7,188	5,754	4,572	3,964	3,529	3,276	3,039	3,083

State Psychiatric Hospitals

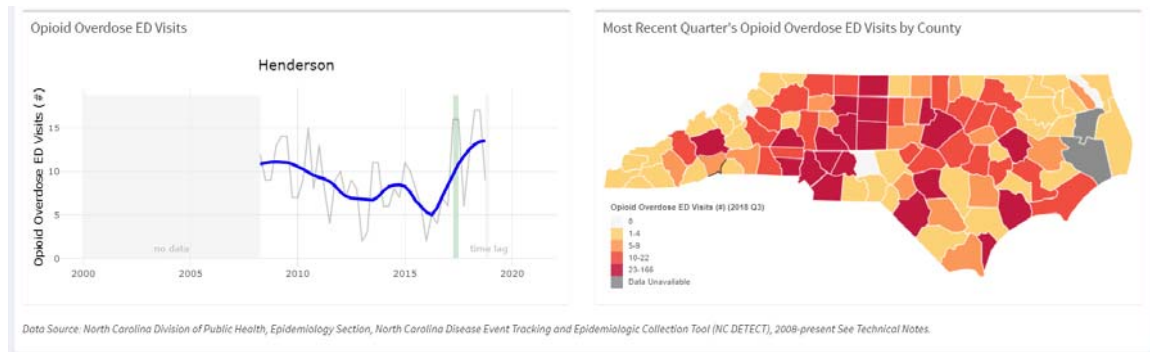
The number of persons served in NC State Psychiatric Hospitals has been decreasing overall since 2006.

	# Persons Served in NC Alcohol and Drug Treatment Centers										
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Henderson	51	47	58	54	81	71	52	50	69	89	96
State Total	4,003	3,733	4,284	4,812	4,483	4,590	4,265	4,343	4,049	3,698	3,505

Source: NC Office of State Budget and Management, State Data Center

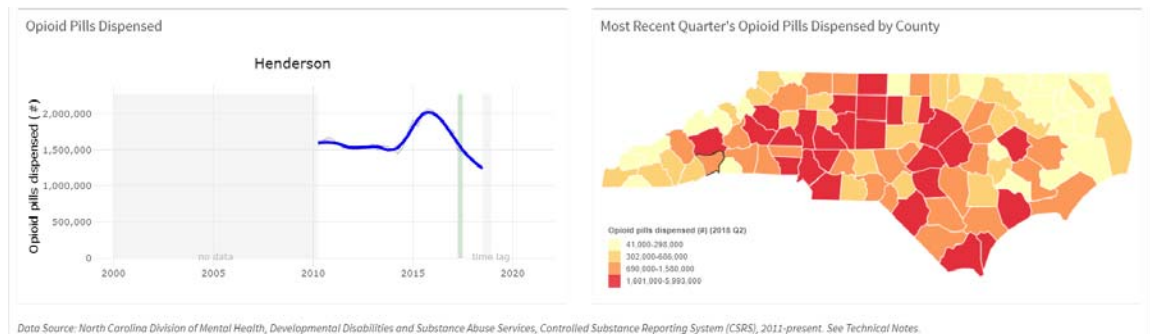
Alcohol & Drug Treatment

The number of persons served in Alcohol and Drug Treatment Centers in NC is increasing.



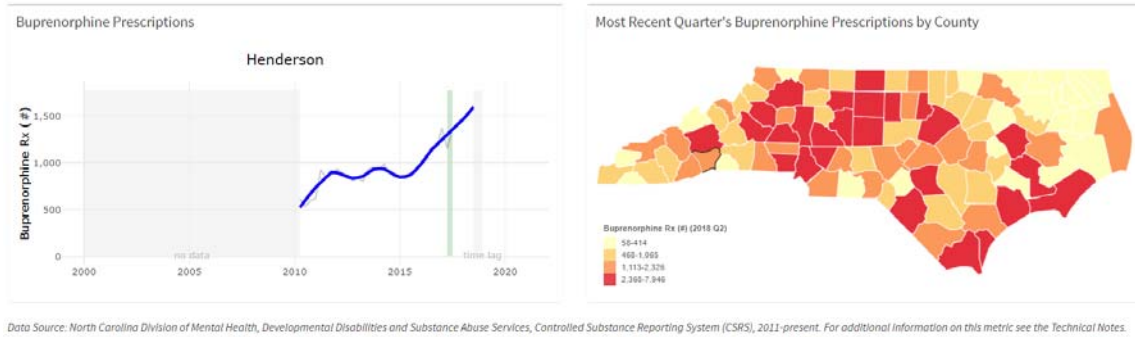
Substance Abuse ED Visits

Emergency Department visits for opioid overdose are on the rise statewide.



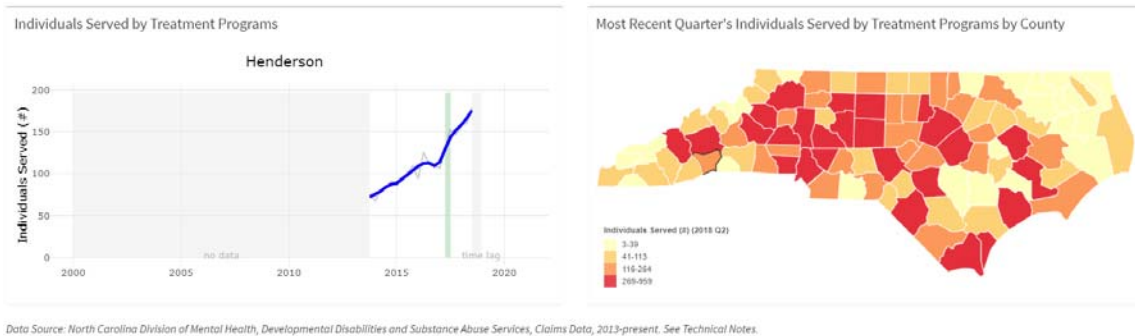
Substance Abuse Opioid Pills

Opioid pills dispensed statewide are now decreasing.



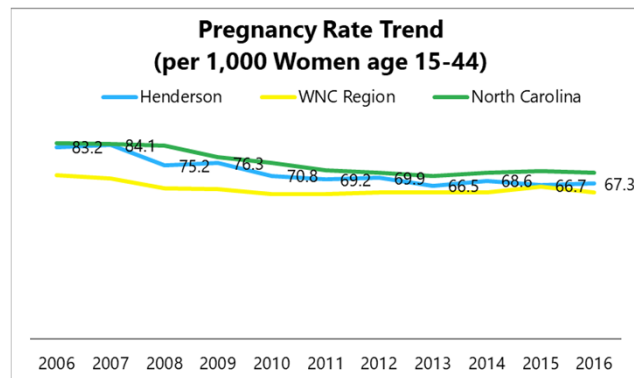
Substance Abuse Medication Assisted Therapy

Buprenorphine prescriptions are increasing in Henderson County and across the state.



Substance Abuse Treatment Programs

Growing number of individuals served by treatment programs statewide

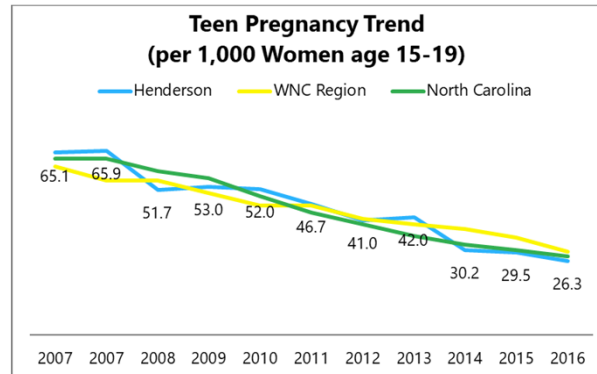


Pregnancy Rate Age 15-44

Pregnancies per 1,000 Women Age 15-44

The total pregnancy rates in Henderson County, WNC and NC all have fallen overall since 2006, but appear to have stabilized recently.

Throughout the period cited, the total pregnancy rate in Henderson County was between that of the region and the state.



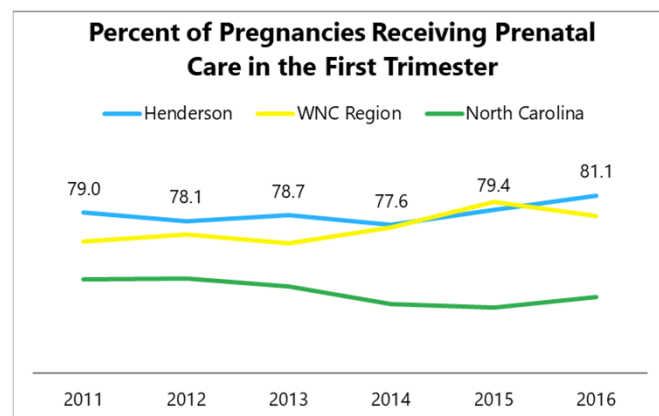
Pregnancy Rate Teen

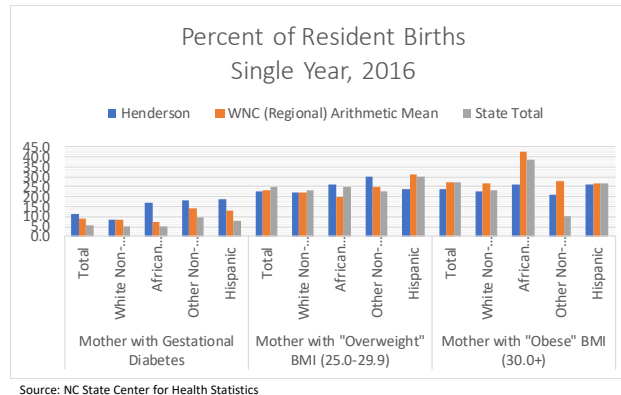
Pregnancies per 1,000 women Age 15-19 (Teens)

The teen pregnancy rates in Henderson County, WNC and NC have fallen significantly since 2006, and appear to be falling still region-wide and in the state as a whole.

Pregnancy Risk Factors Prenatal Care

Source: NC State Center for Health
Statistics, Baby Book





Pregnancy Risk Factors: Gestational Diabetes and Maternal Pre-Pregnancy

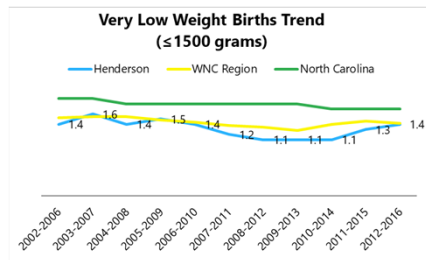
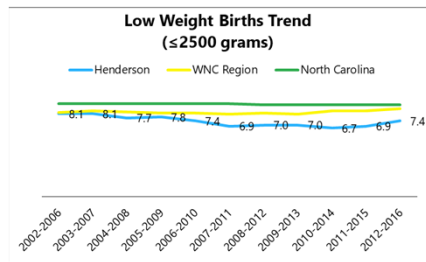
Data is delineated by the following categories: White Non-Hispanic, African American Non-Hispanic, Other Non-Hispanic, Hispanic

Pregnancy Risk Factors Smoking During Pregnancy

The percentage of Henderson County women who smoked during pregnancy fluctuated but increased overall between 2011 and 2016. In addition, these rates are higher than across the rest of the state.

Comparable percentages for the region did not change significantly over the same time period. The state as a whole showed a decrease each year.

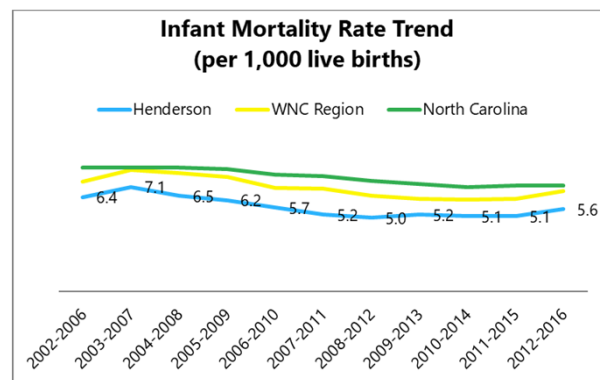
County	Percent of Births to Mothers Who Smoked While Pregnant					
	2011	2012	2013	2014	2015	2016
Henderson County	9.6	12.3	10.3	9.8	9.4	10.5
WNC Region	20.1	19.2	19.4	20.0	18.1	19.9
State of NC	10.9	10.6	10.3	9.8	9.3	8.9



Pregnancy Outcomes Low Birth Weight Births

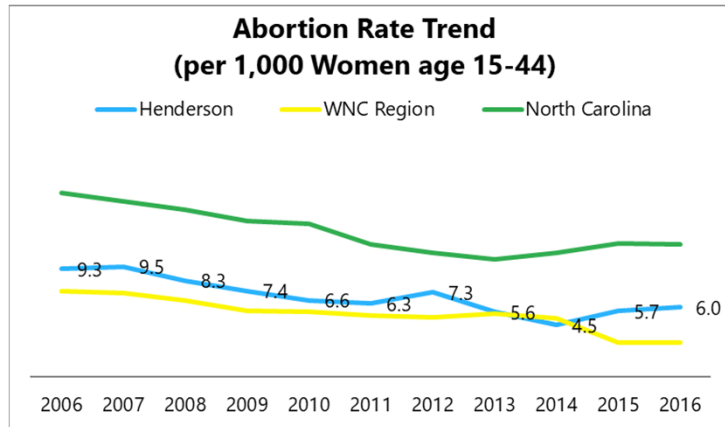
Though the trends for Low Birth Weight (<5.5 lbs.) and Very Low Birth Weight (<3.3 lbs.) births have decreased steadily overall since the 2002-2006 time period, it appears that both have been on the rise for the last few years.

The highest percentages in both weight categories occur at the state level.



Pregnancy Outcomes Infant Mortality

The infant mortality rate in Henderson County fell gradually but steadily after 2003-2007. Infant mortality was lower in Henderson County than in both WNC or NC as a whole over the span of time cited.



Abortion

Women Age 15-44

The percentage of pregnancies per 1,000 Henderson County women in this age group that ended in abortion fell overall from 9.3 in 2006 to 4.5 in 2014 before increasing again. Henderson County's rates remain below the state's rates but above the region's rates.



Air Quality

Toxic Release Inventory (TRI), Henderson County, 2017

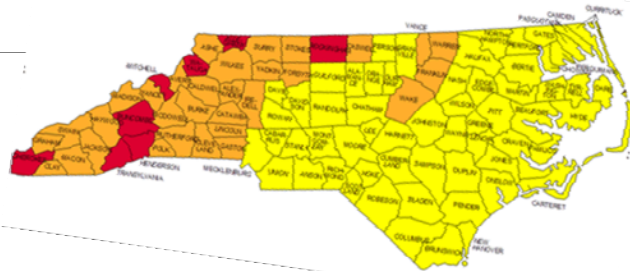
TRI Releases

- Henderson County ranked 25th among the 86 NC counties reporting TRI releases.
- 552,093 pounds of TRI releases were reported for Henderson County. (For comparison, New Hanover County had the highest level of releases in the state: 5.2 million pounds)
- Several manufacturing facilities (located in Hendersonville, Fletcher and Mills River) were variously responsible for the primary TRI chemicals/chemical compounds released in the highest amounts in Henderson County in 2013.
- The major TRI chemicals released in Henderson County include sulfuric acid, methanol, ammonia, phenol and formaldehyde.

Air Quality

Radon

- Western North Carolina has the highest radon levels in the state.
- The arithmetic mean indoor radon level for the 16 counties of the WNC region is 4.1 pCi/L, **3.2 times** the average national indoor radon level of 1.3 pCi/L.
- In Henderson County, the current average indoor radon level is 5.5 pCi/L, **34% higher** than the regional mean, and **4.2 times** the average national level.



Predicted Average Indoor Radon Screening Levels (USEPA)

Key:

Yellow = <2pCi/L

Orange = between 2 and 4 pCi/L

Red = >4pCi/L

Source: 3

Water Quality

Henderson County Drinking Water Systems February, 2018

- **Community Water Systems**
 - Include municipalities, subdivisions and mobile home parks
 - Community water systems in Henderson County serve an estimated 67,485 people, or 61% of the 2018 county population.
 - The fraction of the Henderson County population served by a community water system is 10.5% **higher** than the average for the WNC region.

Water Quality

National Pollutant Discharge Elimination System (NPDES) Permits in Henderson County (2018)

- There are at present 32 permits issued in Henderson County that allow municipal, domestic, or commercial facilities to discharge products of water/wastewater treatment and manufacturing into waterways.
- 1 Major Municipality
- 1 Minor Municipality
- 2 Water Treatment Plants
- 28 Minor Domestic permits

Solid Waste

Solid Waste Disposal Rates

- 2016-17 Per-Capita Disposal Rate
 - Henderson County = 0.99 tons (q 13% since 1991-1992)
 - NC = 1.11 tons (q 3% since 1991-1992)

Landfill Capacity

- Henderson County's municipal solid waste and construction and demolition waste are transported out of the county.



Community Leaders

Source: 2018 PRC Online Key Informant Survey

Top 3 Characteristics of a Healthy Community:

1. Access to Care / Services
2. Recreational / Outdoor Activities
3. Awareness / Education

Rank	Health Issue	Identified as Critical to Address	Felt <i>Somewhat</i> or <i>Very Likely</i> that Collaborative Efforts Could Make Positive Change
1	Obesity / Nutrition / Physical Activity	93.1 %	92.6 %
2	Substance Use	89.7 %	96.1 %
3	General Mental Health	75.9 %	86.4 %
4	Injury and Violence	69.0 %	89.5 %
5	Depression / Anxiety / Stress	69.0 %	90.0 %
6	Access to Health Care	65.5 %	77.7 %
7	Housing	65.5 %	66.6 %
8	Adverse Childhood Experiences (ACEs)	62.1 %	100.0 %

Community Leaders

Populations At Higher Risk for Poor Health Outcomes

Source: 2018 Community Health Assessment Focus Groups and Listening Sessions

Top 4 Health Priorities

1. Mental Health / Substance Use
2. Public Transportation
3. Access to Health Care
4. Other Social Determinants

OUR VIEW

Don't cut rural transit service

Imagine that you don't own an automobile and depend on public transit in order to go to the grocery store, medical appointments or work. Now imagine that you live miles from town and learn the transit route that serves your rural area will be discontinued.

That's the predicament some Edneyville residents will find themselves in after Nov. 30 if Apple Country Public Transit discontinues its "green route," which serves more than 150 riders each month.

discontinued "due to state budget cuts," and directs people to call 828-698-8571 for more information.

The route serves 150 to 180 people per month with a 12-seat transit van with three trips each morning, and three each afternoon. It takes riders from the east side of Hendersonville on a loop that travels Sugarloaf Road, Ridge Road and Pilot Mountain Road to the Edneyville Post Office before heading back into Hendersonville via Chimney Rock Road. The route's 20 stops link

Older people rate access to public transportation as a top priority, according to National American Association of Retired Persons (AARP) data presented to the General Assembly's subcommittee on aging last December. Access to transportation is an important determinant of senior health, as many older people have conditions that involve medical appointments, NC Health News reported.

North Carolina's current budget of \$23.9 billion includes reserves of more

Edneyville public bus route ending

Loss of state funding prompts decision: Apple Country Transit officials looking for solutions

By Andrew Noland
Herald Staff Writer

Apple Country Public Transit will discontinue its Edneyville bus route at the end of the month after a loss of state funding.

On Dec. 1, Apple Country Public Transit will no longer

offer the "green route," which provided service to more than 150 people in the Edneyville area every month. Henderson County contracts its public transit service with nonprofit Western Carolina Community Action. WCCA Transportation Director Bill Crisp said the green route has been funded entirely through a matching state grant. For the last seven years for an urban and rural consolidated system.

Bill Crisp said the state's new interpretation of what a non-subsidized service is, Crisp said WCCA could no longer receive grant funding for the route. The green route takes riders from the east side of Hendersonville on a loop that travels Sugarloaf Road, Ridge Road and Pilot Mountain Road to the Edneyville Post Office before heading back into Hendersonville via Chimney Rock Road.



NEW ROUTE: A12

Bus parked at Apple County Public Transit's location on South Avenue. (JACKSON MASON/STAFF PHOTO)

News 13WLOS

NEWS WEATHER SPORTS WEB EXCLUSIVES CHIME IN WATCH

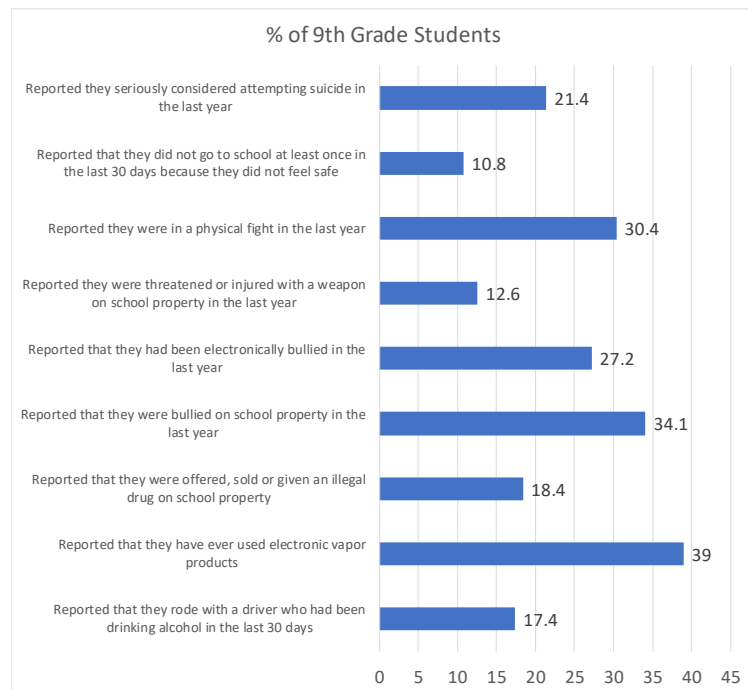
Henderson County bus route dropped after state funding cut

by WLOS staff | Tuesday, November 20th 2018



Youth 9th Graders

SOURCE: 2017 HENDERSON
COUNTY YOUTH RISK
BEHAVIOR SURVEY



Top Three County Issues Perceived as in Most Need of Improvement (2018)

	Henderson	WNC
Availability of Employment		✓
Road Maintenance	✓	✓
Higher Paying Employment		
Drugs		
Affordable/Better Housing	✓	✓
Better/More Affordable Healthcare		
Internet Availability		
The Justice System/Law Enforcement		
Government		
Nothing	✓	

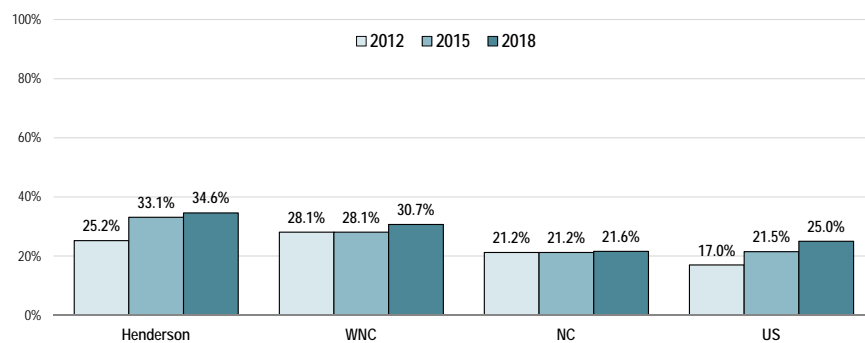
General Community

SOURCE: 2018 PRC COMMUNITY
HEALTH NEEDS ASSESSMENT
PHONE SURVEY

General Community

Mental Health & Mental Disorders

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



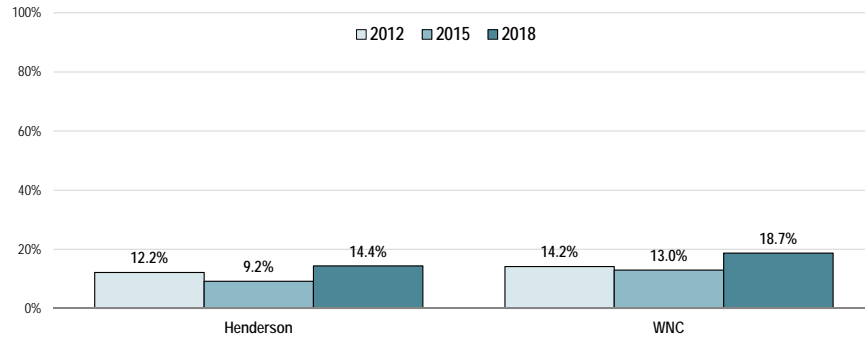
Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

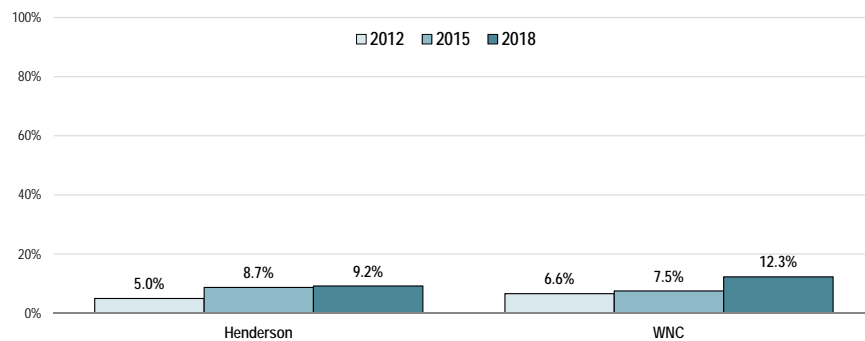
- Asked of all respondents.

>7 Days of Poor Mental Health in the Past Month



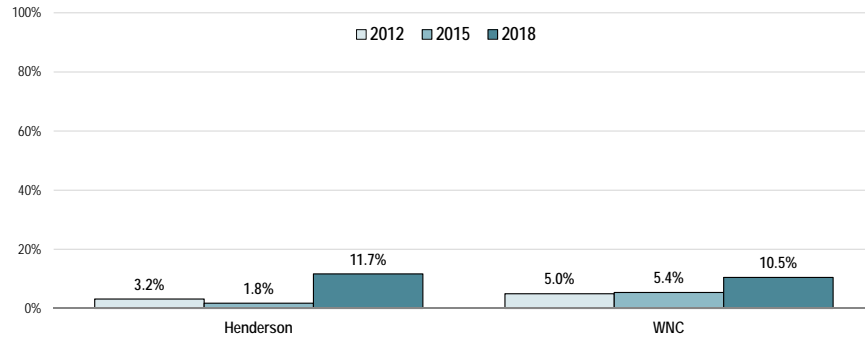
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 337]
 Notes: • Asked of all respondents.

Did Not Get Mental Health Care or Counseling that was Needed in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 Notes: • Asked of all respondents.

Dissatisfied with Life ("Dissatisfied" and "Very Dissatisfied" Responses)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 335]
Notes: • Asked of all respondents.

General Community

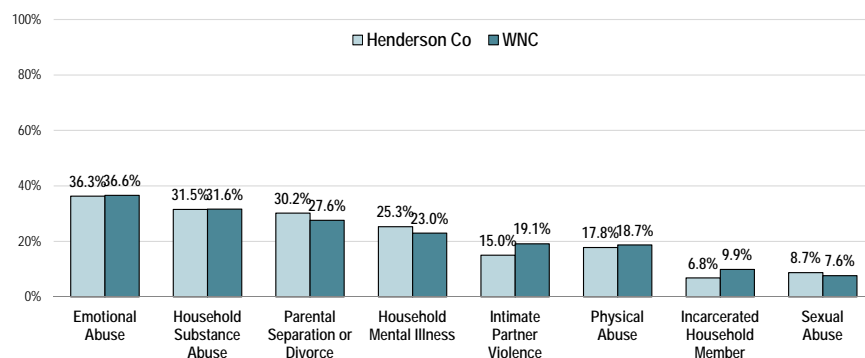
ACEs

Adverse Childhood Experiences (ACEs)

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 339-349, 351-360]

Category	Question
Household Mental Illness	Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?
Household Substance Abuse	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?
Incarcerated Household Member	Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
Parental Separation or Divorce	Before you were 18 years of age, were your parents separated or divorced?
Intimate Partner Violence	Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up?
Physical Abuse	Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking.
Emotional Abuse	Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down?
Sexual Abuse	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex?

Experienced Adverse Childhood Experiences (ACEs) Prior to Age 18 (2018)

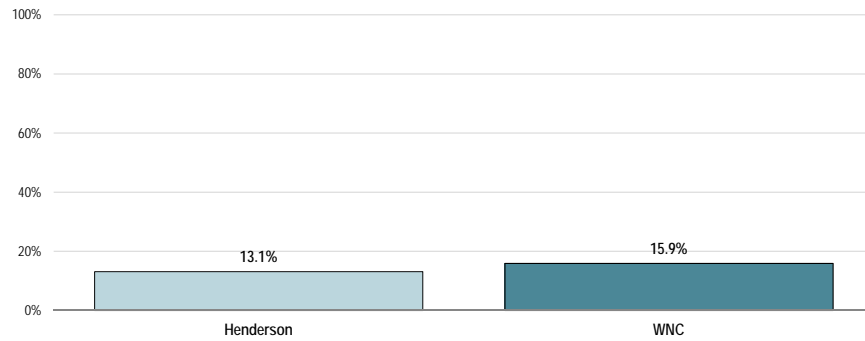


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 351-358]

Notes: • Asked of all respondents (Adults 18+).

• ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.

Prevalence of High ACE Scores (4 or More) (2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 359]

Notes: • Asked of all respondents (Adults 18+).

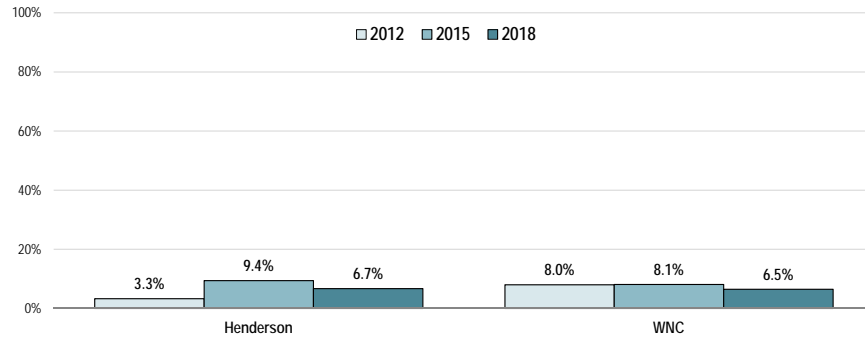
• ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.

• Adults with at least one adverse childhood experience (ACE) are categorized as having a low ACE score (1-3 ACEs) or a high score (4+ ACEs).

General Community

Nutrition

Consume Five or More Servings of Fruits/Vegetables Per Day

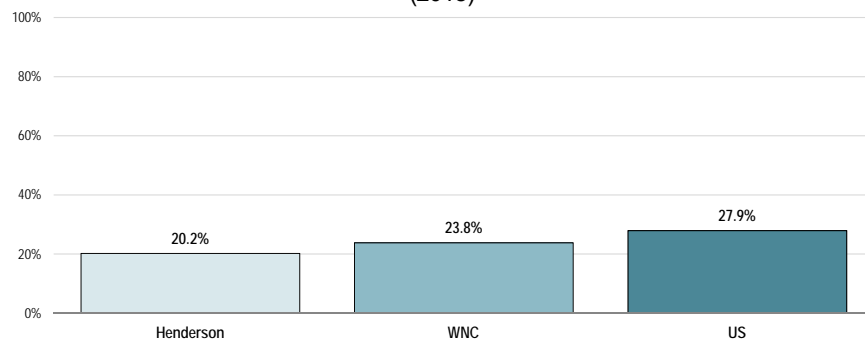


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]

Notes: • Asked of all respondents.

• For this issue, respondents were asked to recall their food intake during the previous week. Reflects 1-cup servings of fruits and/or vegetables in the past week, excluding lettuce salad and potatoes.

Food Insecurity (2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

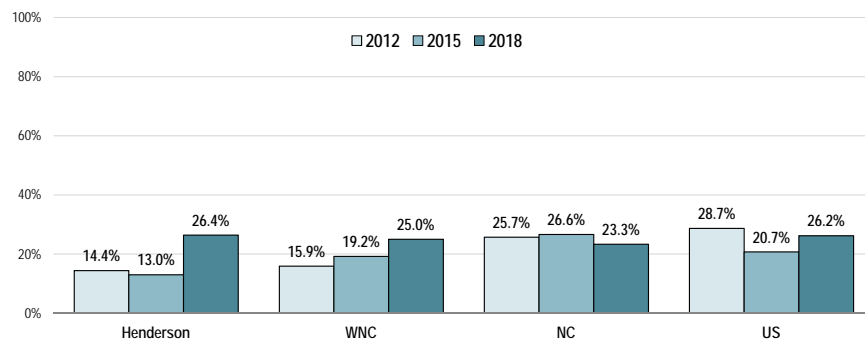
• Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

General Community

Physical Activity & Fitness

No Leisure-Time Physical Activity in the Past Month

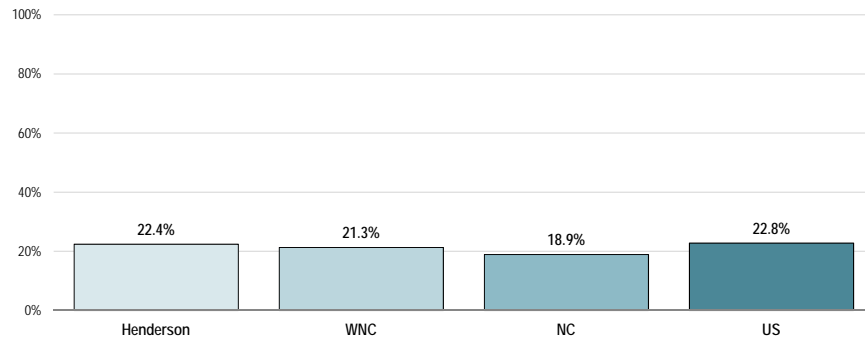
Healthy People 2020 Target = 32.6% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
- Notes:
- Asked of all respondents.

Meets Physical Activity Recommendations (2018)

Healthy People 2020 Target = 20.1% or Higher



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]

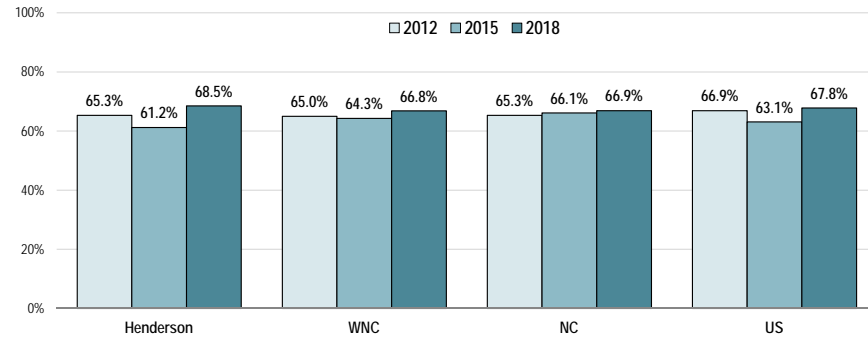
Notes:

- Asked of all respondents.

General Community

Body Weight

Total Overweight (Overweight or Obese) (Body Mass Index of 25.0 or Higher)



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

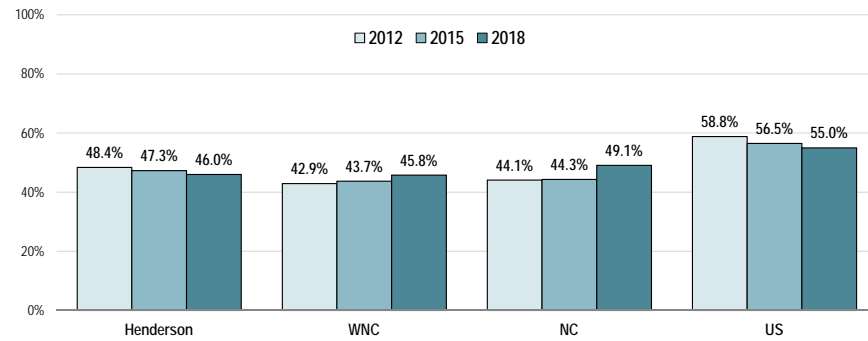
Notes:

- Based on reported heights and weights; asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

General Community

Substance Abuse

Current Drinkers



Sources:

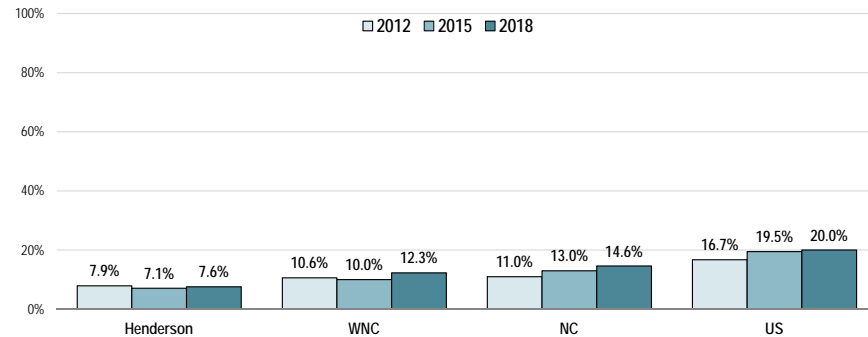
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.

Binge Drinkers

Healthy People 2020 Target = 24.2% or Lower



Sources:

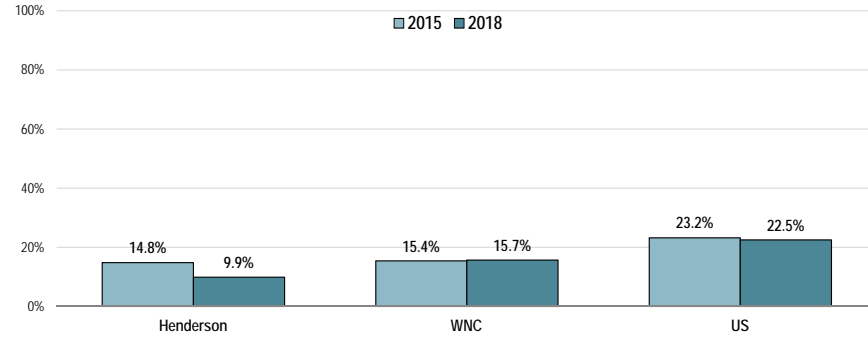
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]

Notes:

- Asked of all respondents.
- Binge drinkers are defined as men consuming 5+ alcoholic drinks on any one occasion in the past month or women consuming 4+ alcoholic drinks on any one occasion in the past month.
- Previous survey data classified both men and women as binge drinkers if they had 5+ alcoholic drinks on one occasion in the past month.

Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



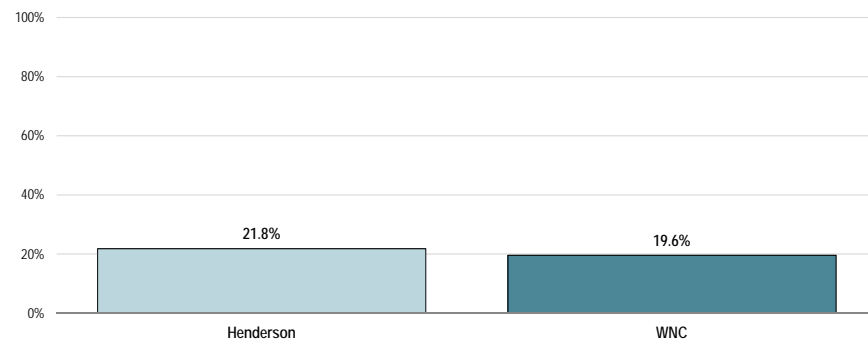
Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]

Notes:

- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Used Opiates/Opioids in the Past Year, With or Without a Prescription (2018)



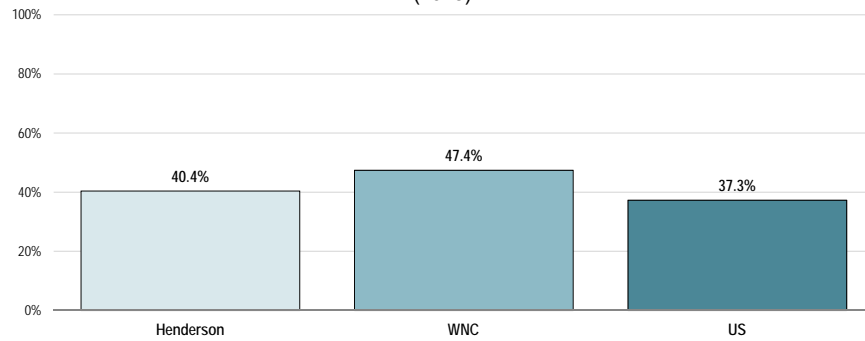
Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]

Notes:

- Asked of all respondents.

**Life Has Been Negatively Affected
by Substance Abuse (by Self or Someone Else)**
(2018)



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

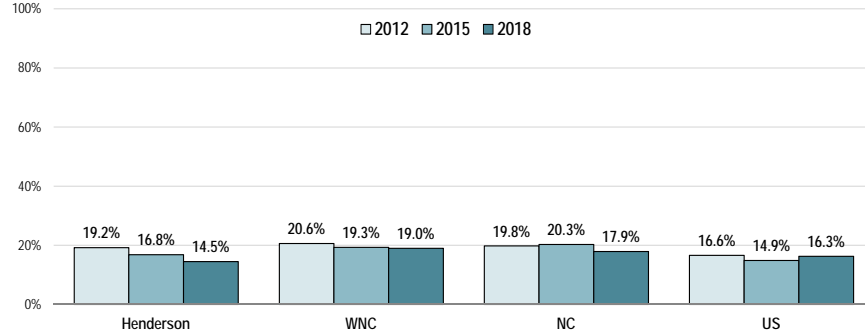
- Asked of all respondents.

General Community

Tobacco Use

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources:

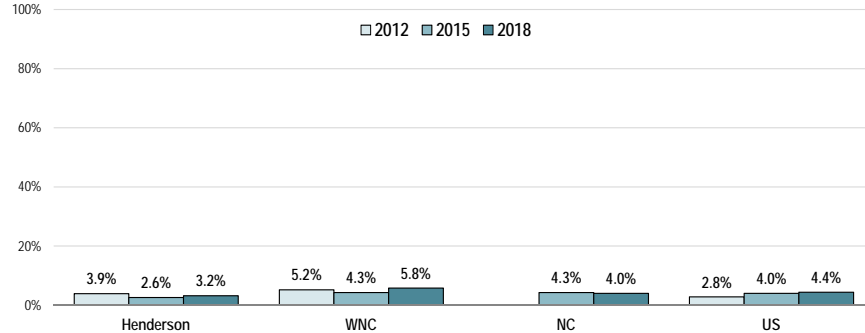
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes:

- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

Currently Use Smokeless Tobacco Products

Healthy People 2020 Target = 0.3% or Lower



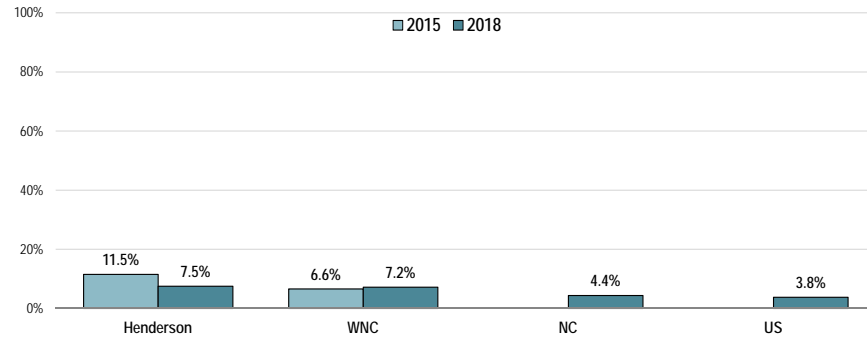
Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]

Notes:

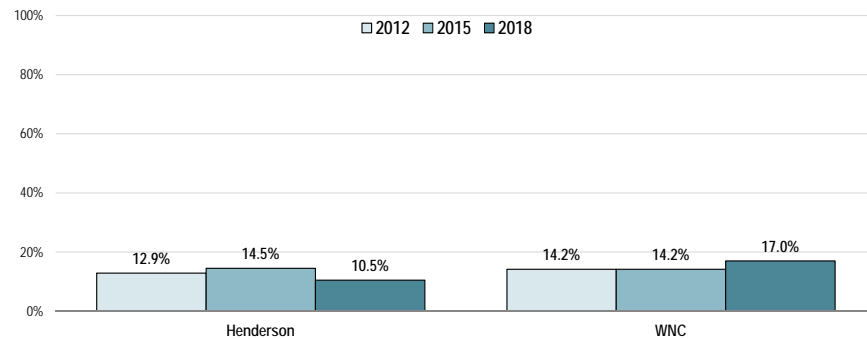
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

Currently Use Vaping Products (Such as E-Cigarettes)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- Notes:
- Asked of all respondents.
 - Vaping products (such as electronic cigarettes or e-cigarettes) are battery-operated devices that simulate traditional cigarette smoking but do not involve the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors.
 - Includes regular and occasional smokers (everyday and some days).

Have Breathed Someone Else's Smoke at Work in the Past Week (Employed Respondents)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
- Notes:
- Asked of employed respondents.

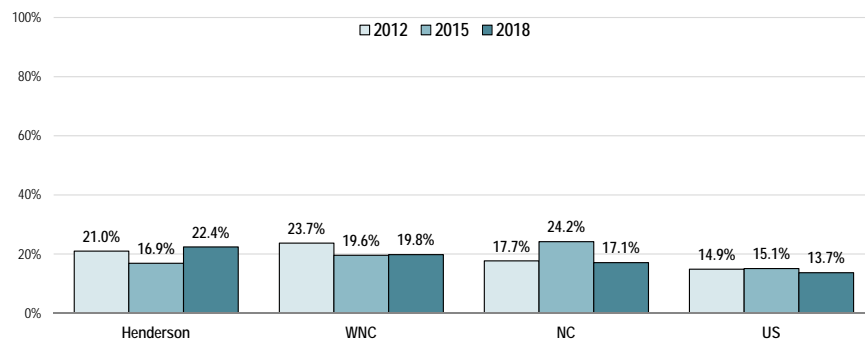
General Community

Health Insurance Coverage

Lack of Healthcare Insurance Coverage

(Adults Age 18-64)

Healthy People 2020 Target = 0.0%



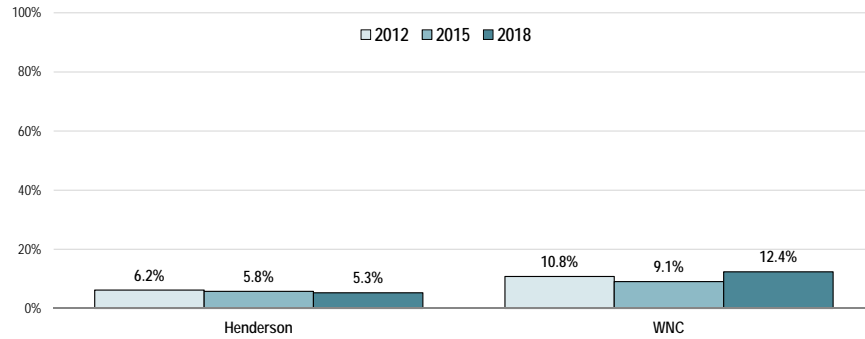
Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes:

- Reflects all respondents under the age of 65.
- Includes any type of insurance, such as traditional health insurance, prepaid plans such as HMOs, or government-sponsored coverage (e.g., Medicare, Medicaid, Indian Health Services, etc.)

Was Unable to Get Needed Medical Care at Some Point in the Past Year



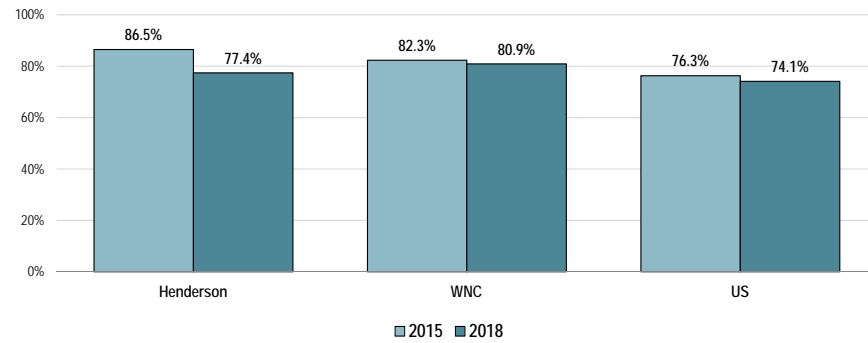
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]
 Notes: • Asked of all respondents.

General Community

Primary Care Services

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher



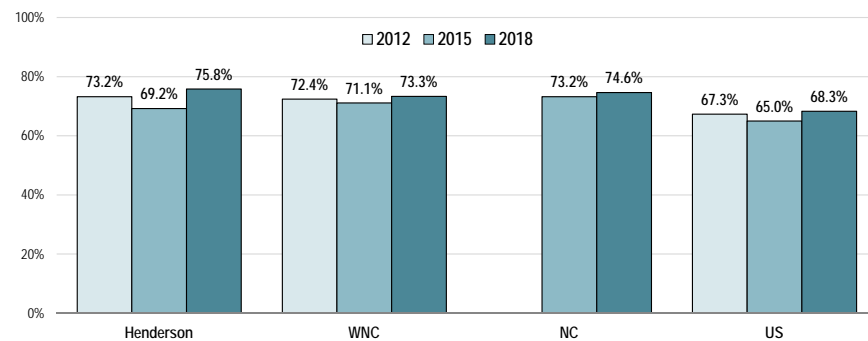
Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]

Notes:

- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.

Notes:

- Asked of all respondents.

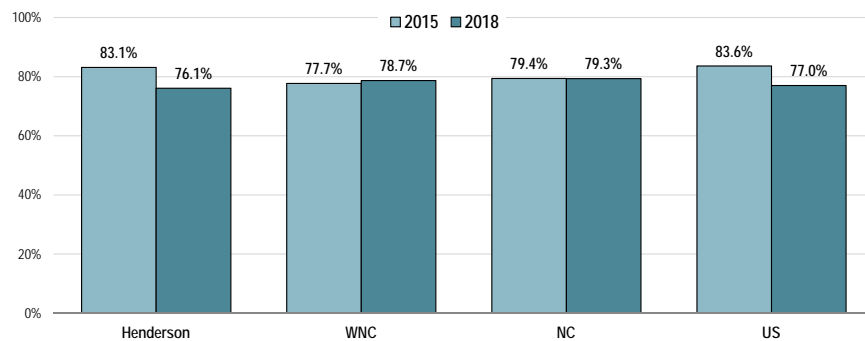
General Community

Preventive Screenings

Have Had a Mammogram in the Past Two Years

(Women Age 50-74; By County, 2018)

Healthy People 2020 Target = 81.1% or Higher



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]

Notes:

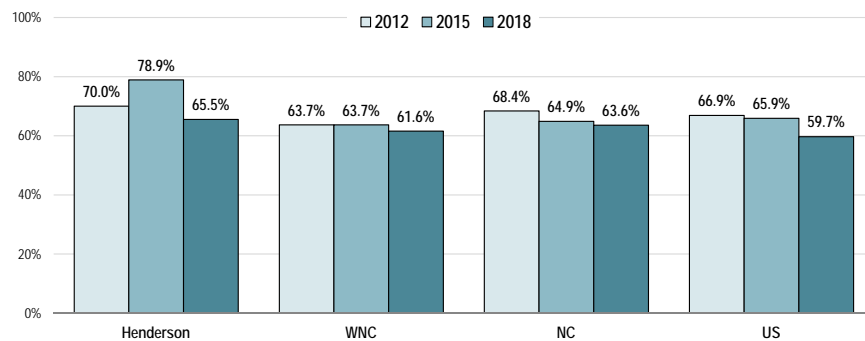
- Reflects female respondents age 50-74.

General Community

Oral Health

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

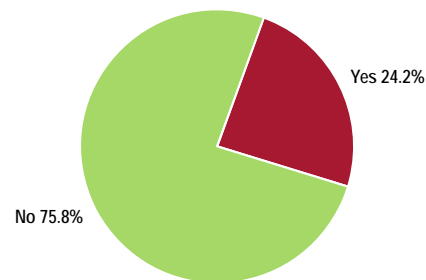
Notes:

- Asked of all respondents.

General Community

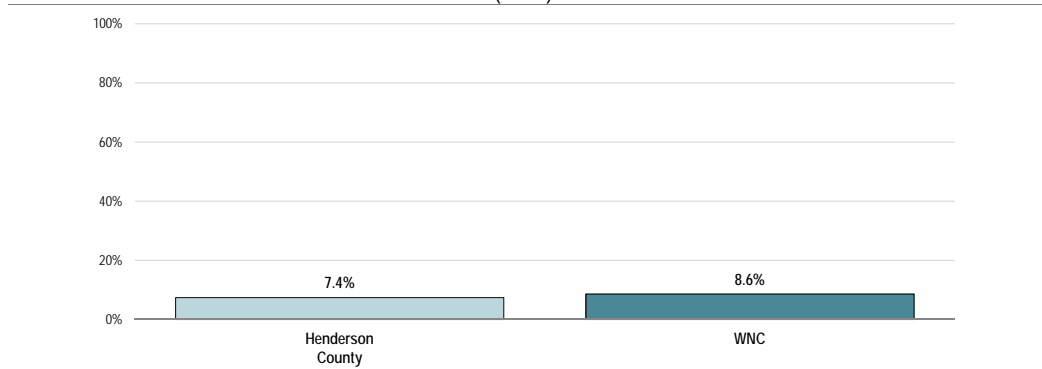
COUNTY-SPECIFIC QUESTIONS

Respondent's Dental Needs Went Untreated in the Past Year Due to Lack of Insurance or Insurance Issues (Henderson County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]
Notes: • Asked of all respondents.

Used an Illicit Drug in the Past Month (Self or Someone They Know) (2018)

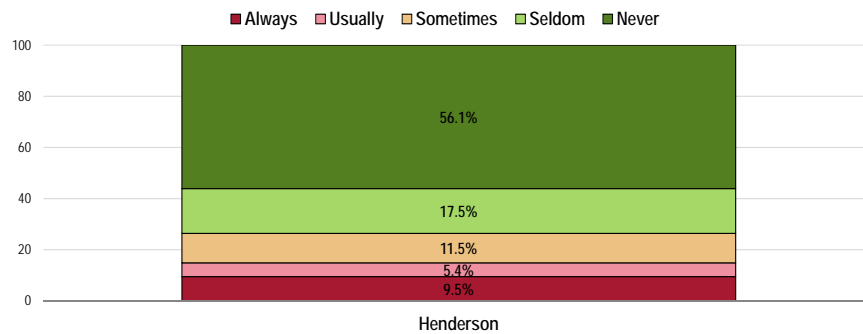


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 318]

Notes: • Asked of all respondents.

• In this case, the term "illicit" includes an illegal drug or a prescription drug that has not been prescribed to the user or someone they know.

Frequency of Worry or Stress Over Having Enough Money to Pay Rent or Mortgage in the Past Year (2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]

Notes: • Asked of all respondents.

...Now what?

- HOMEWORK
- Contact Stacy for data questions this week.
- Attend Final Meeting -- Mon, Dec 10
(same time, same place)



For more information about the Community Health Assessment, please contact:

Stacy Taylor, MPH
Henderson County Department of Public Health
828-692-4223

www.hendersoncountync.gov/health

APPENDIX C – County Maps

See PowerPoint slides attached

Henderson County Maps

Community Health (Needs) Assessment
2018

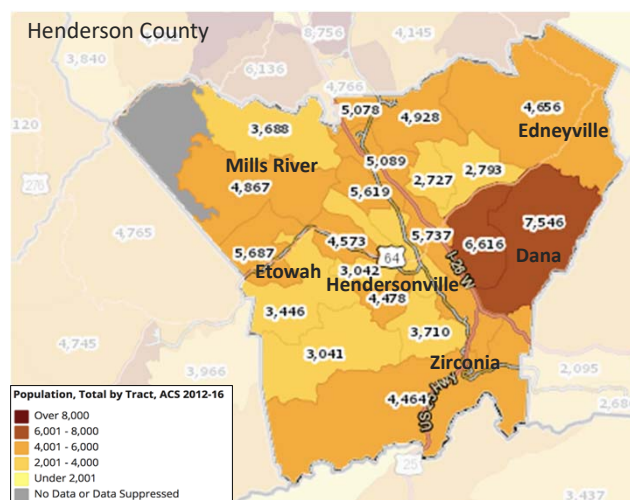
Why use maps?

- To show variation across the county (or a lack of it)
 - Using only one number or statistic to describe the entire county can hide variation across communities. Maps can show if communities are different.
- To show vulnerable populations
 - Mapping demographic information can show us where our most vulnerable populations live.
- To show masked associations
 - Maps can show where specific factors occur simultaneously.

Maps are one piece of the data puzzle

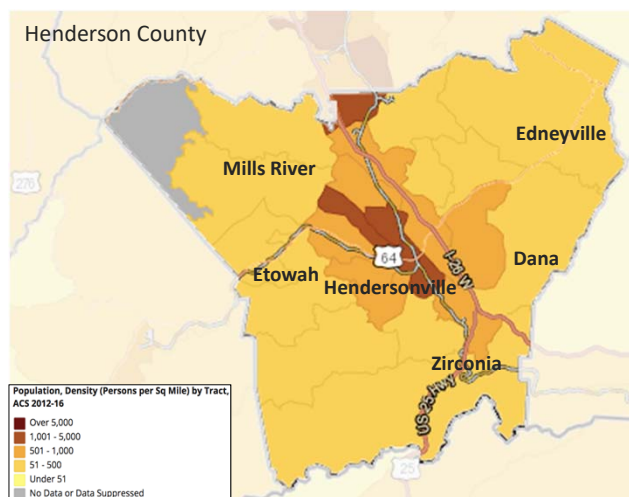
- Maps can be misleading and are best used to highlight which communities to investigate further.
 - Reliability of data decreases as it is cut into smaller and smaller pieces. Therefore, maps of census tract data have greater margins of error than county statistics.
- Maps should be supported by talking with community members or service providers specific to the community of interest to learn more about the community's needs and opportunities.

Population, Total



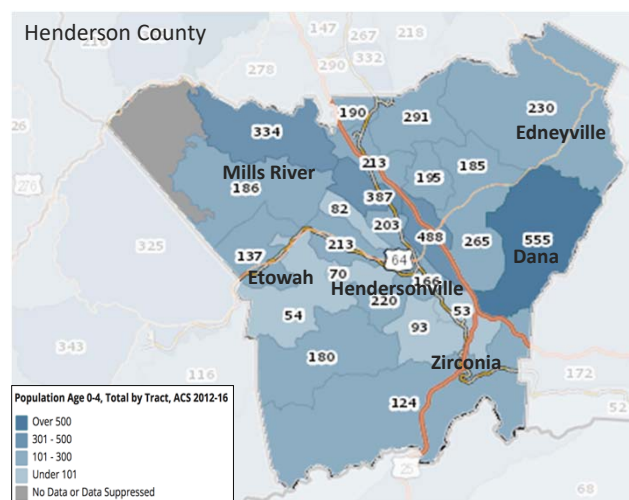
[Click to see map in Community Commons](#)

Population, Density



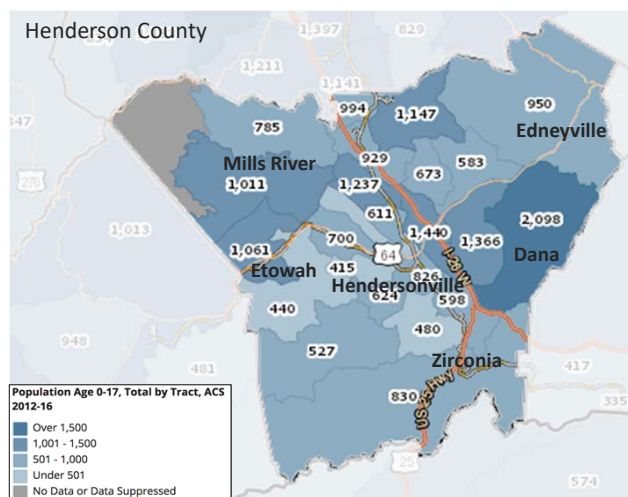
[Click to see map in Community Commons](#)

Population, Age 0-4



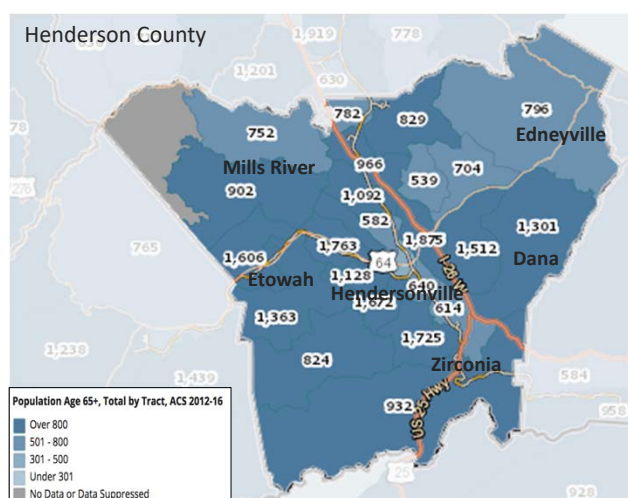
[Click to see map in Community Commons](#)

Population, Age 0-17



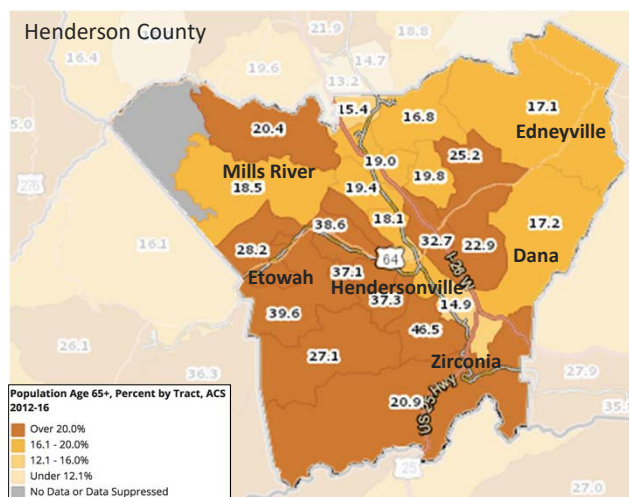
[Click to see map in Community Commons](#)

Population, Age 65+



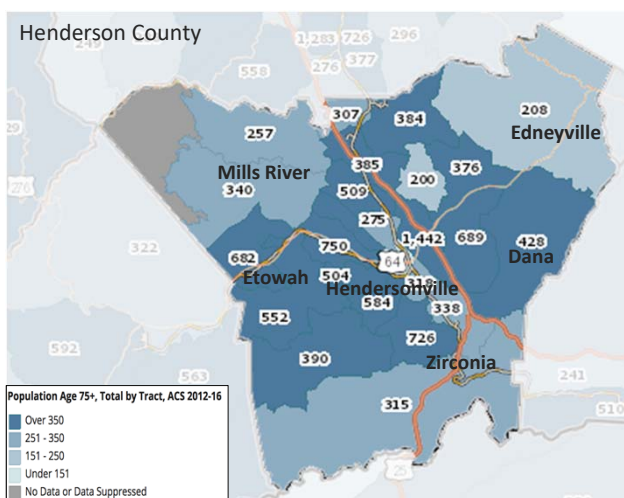
[Click to see map in Community Commons](#)

Percent of the Population, Age 65+



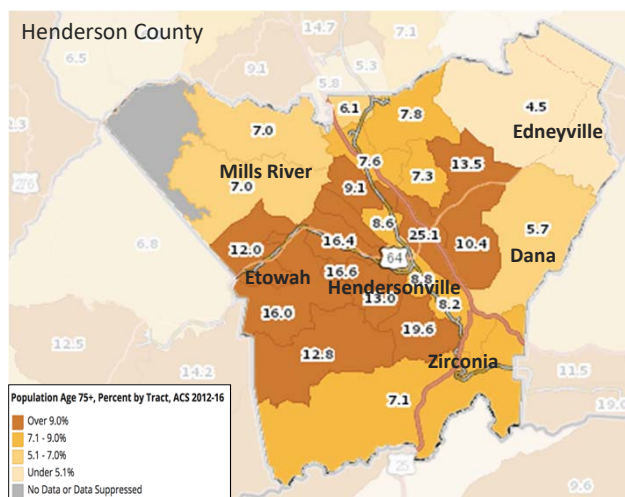
[Click to see map in Community Commons](#)

Population, Age 75+

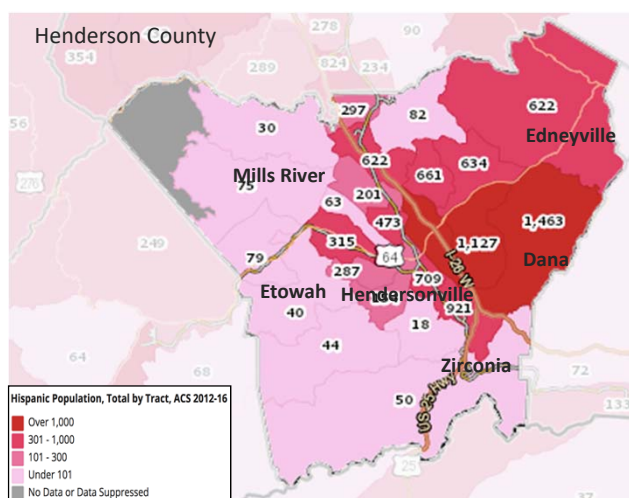


[Click to see map in Community Commons](#)

Percent of the Population, Age 75+

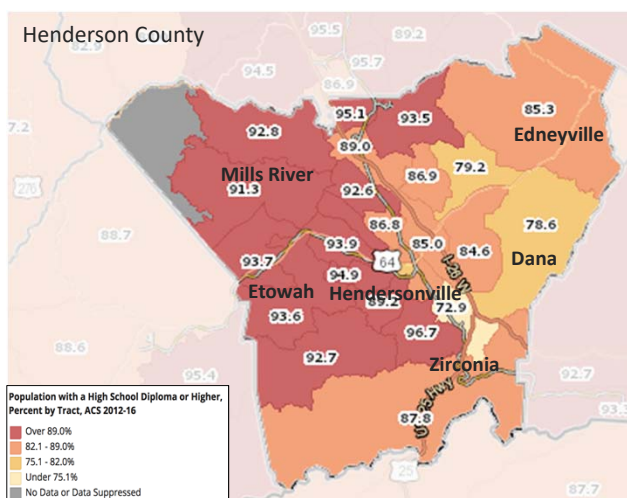


Population, Hispanic



[Click to see map in Community Commons](#)

Percent of the Population (Age 25+) with a High School Diploma or Higher Education Level



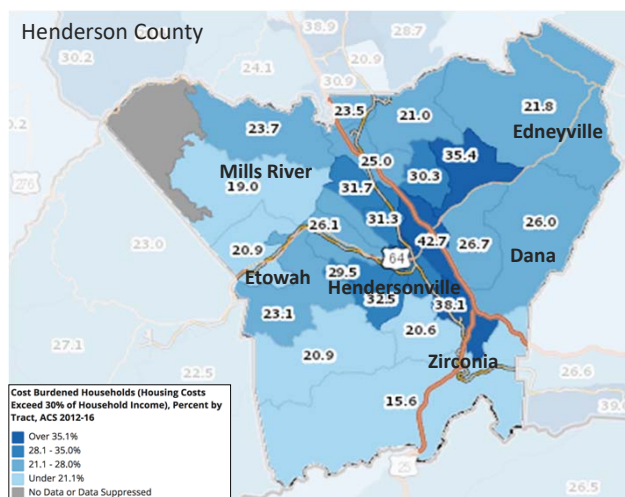
[Click to see map in Community Commons](#)



Percent of Population with Limited English Proficiency

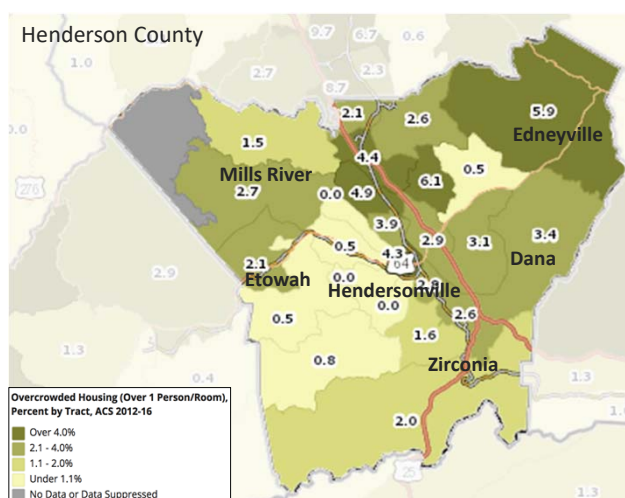


Percent of Cost Burdened Households



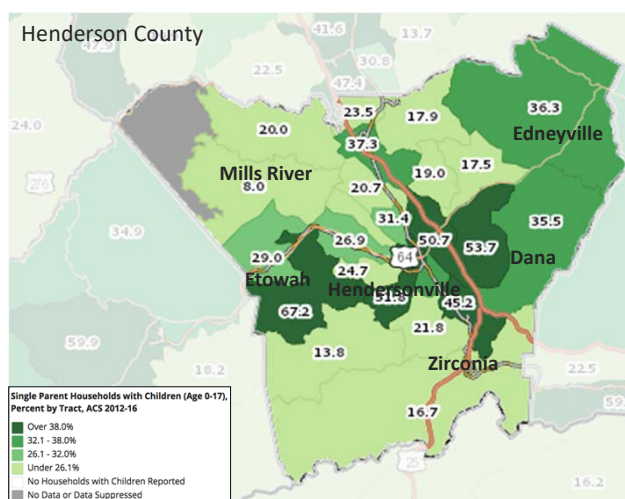
[Click to see map in Community Commons](#)

Percent of Overcrowded Households



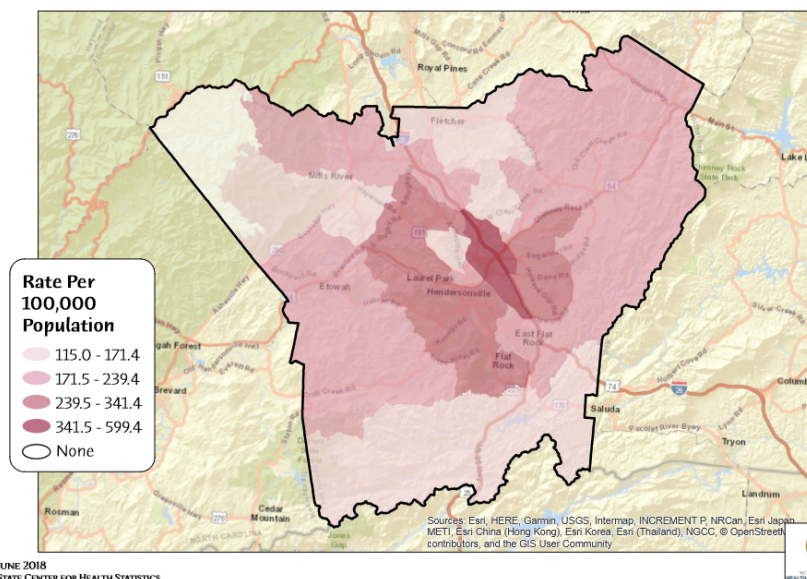
[Click to see map in Community Commons](#)

Percent of Single Parent Households

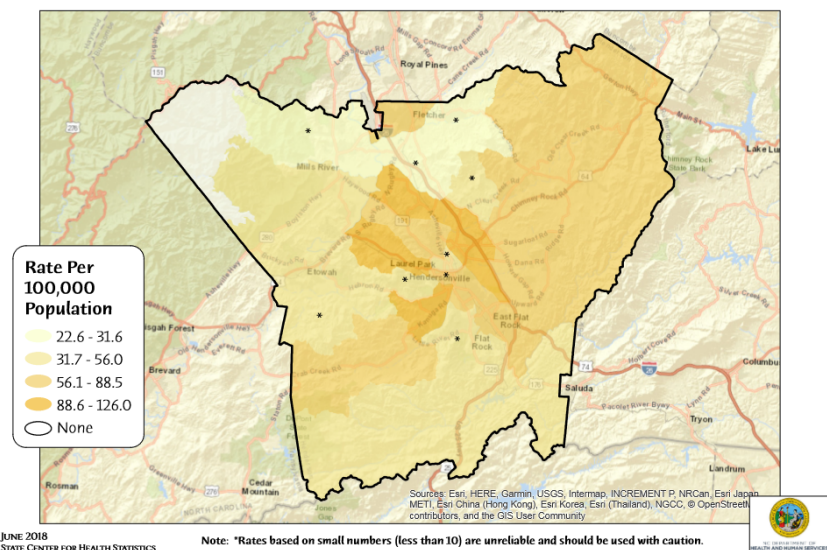


[Click to see map in Community Commons](#)

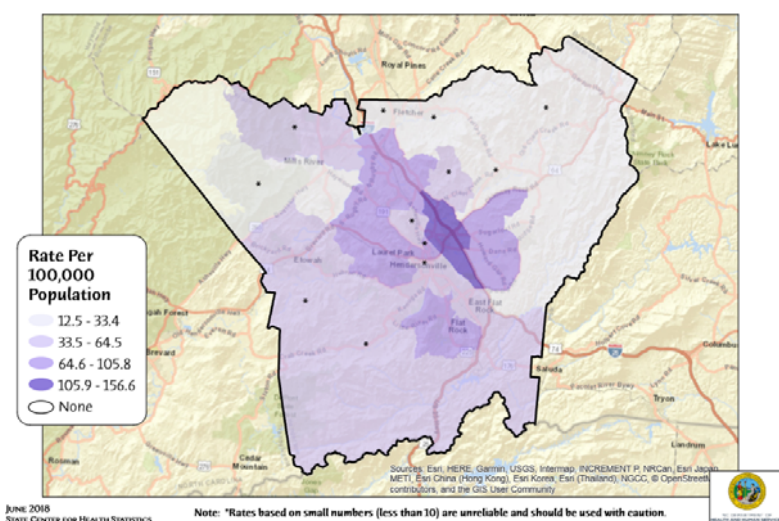
Heart Disease Mortality Rates



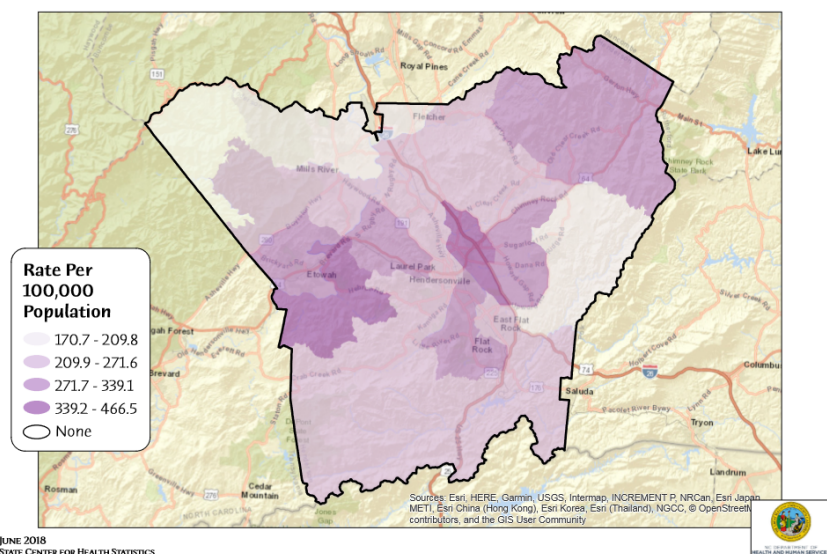
Chronic Lower Respiratory Disease Mortality Rates



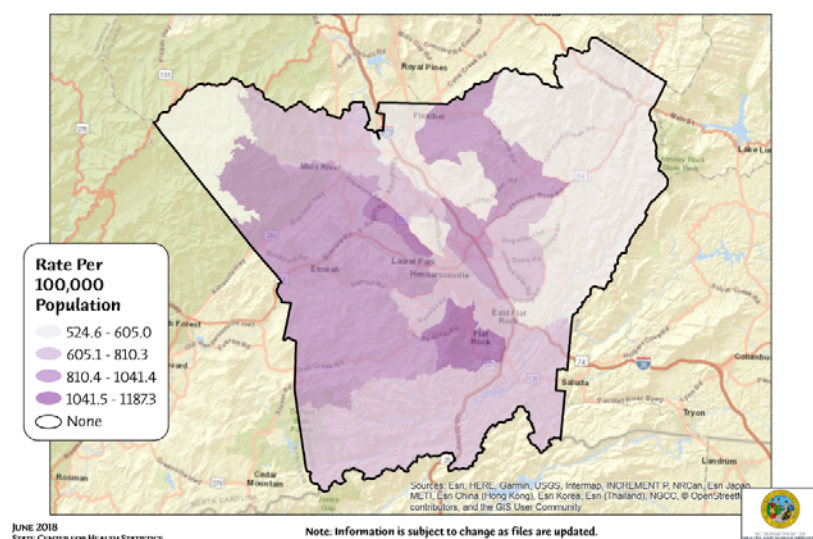
Other Unintentional Injuries Mortality Rates



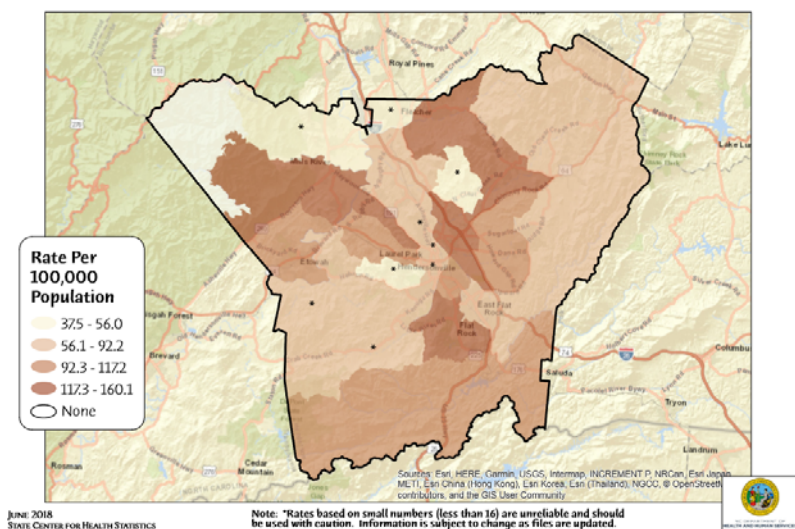
All Cancers Mortality Rates



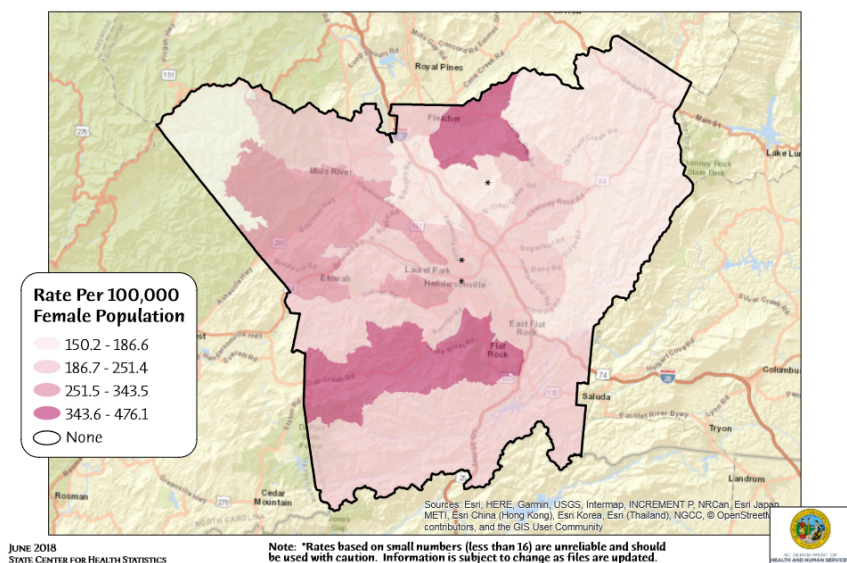
All Cancer Incidence Rates



Lung and Bronchus Cancer Incidence Rates



Breast Cancer Incidence Rates



APPENDIX D – Community Phone Survey

See attached for:

- WNC Core Survey Questions
- Community Phone Survey Results

Count	2018 WNC Core Survey Question Wording	Survey Year to be Included		
		2012	2015	2018
1	In order to randomly select the person I need to talk to, I need to know how many adults 18 and over live in this household?	x	x	x
2	How many children under the age of 18 are currently LIVING in your household? (One through Five or More)	x	x	x
3	Would you please tell me which county you live in?	x	x	x
4	Zipcode	x	x	x
5	Sex of Respondent.	x	x	x
6	First I would like to ask, overall, how would you describe your county as a place to live? Would you say it is: (Excellent, very good, good, fair or poor)		x	x
7	What is the one thing that needs the most improvement in your county? (multiple options)	x	x	x
8	Would you say that, in general, your health is: (excellent, very good, good, fair, or poor)	x	x	x
9	Was there a time during the past 12 months when you needed medical care, but could not get it? (Yes/No)	x	x	x
10	What was the main reason you did not get this needed medical care? (Cost/no insurance, distance too far, inconvenient office hours/office closed, lack of child care, lack of transportation, language barrier, no access for people with disabilities, too long of wait for appointment, too long of wait in waiting room, other (specify))	x	x	x
11	Do you have ONE place where you usually go if you are sick or need advice about your health? (Yes/No)		x	x
12	What kind of place is it: (Open ended)		x	x
13	A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup? (Within the Past Year (Less Than 1 Year Ago); Within the Past 2 Years (1 Year But Less Than 2 Years Ago); Within the Past 5 Years (2 Years but Less Than 5 Years Ago); 5 or More Years Ago)	x	x	x
14	About how long has it been since you last visited a dentist or a dental clinic for any reason? This includes visits to dental specialists, such as orthodontists. (Within the Past Year (Less Than 1 Year Ago); Within the Past 2 Years (1 Year But Less Than 2 Years Ago); Within the Past 5 Years (2 Years But Less Than 5 Years Ago); 5 or More Years Ago)	x	x	x
15	Have you ever suffered from or been diagnosed with COPD or Chronic Obstructive Pulmonary Disease, Including Bronchitis, or Emphysema? (Yes/No)		x	x
16	Has a doctor, nurse or other health professional EVER told you that you had any of the following: (a) A Heart Attack, Also Called a Myocardial Infarction, OR Angina OR Coronary Heart Disease (Yes/No)		x	x
17	(b) A Stroke (Yes/No)		x	x
18	Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (Yes/No)		x	x
19	Do you still have asthma? (Yes/No)		x	x
20	Have you ever been told by a doctor that you have diabetes? (Yes/No)	x	x	x

	Was this only when you were pregnant? (Yes/No)	x	x	x
21	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (Yes/No)	x	x	x
	Was this only when you were pregnant? (Yes/No)	x	x	x
22	Have you ever been told by a doctor, nurse or other health care professional that you had high blood pressure? (Yes/No)	x	x	x
23	Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising? (Yes/No)	x	x	x
24	Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse or other health care professional that your blood cholesterol is high? (Yes/No)	x	x	x
25	Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising? (Yes/No)	x	x	x
26	Do you NOW smoke cigarettes? ("Every Day," "Some Days," or "Not At All")	x	x	x
27	Do you currently use chewing tobacco, dip, snuff, or snus? ("Every Day," "Some Days," or "Not At All")	x	x	x
28	The next questions are about electronic "vaping" products, such as electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors. Do you NOW use electronic "vaping" products, such as e-cigarettes, "Every Day," "Some Days," or "Not At All"?		x	x
29	During how many of the past 7 days, at your workplace, did you breathe the smoke from someone (IF SMOKER: other than yourself) who was using tobacco? (0 to 7)	x	x	x
30	The next few questions are about alcohol use. Keep in mind that one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. @@During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (NOTE: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.) (1 to 30)	x	x	x
31	On the day(s) when you drank, about how many drinks did you have on the average? (0 to 10)	x	x	x
32	(If Respondent is MALE, Read:) Considering all types of alcoholic beverages, how many TIMES during the past 30 days did you have 5 or more drinks on an occasion? (If Respondent is FEMALE, Read:) Considering all types of alcoholic beverages, how many TIMES during a typical month did you have 4 or more drinks on an occasion? (0 to 30)	x	x	x
33	(description of prescription opiates) In the PAST YEAR, have you used any of these prescription opiates, whether or not a doctor had prescribed them to you?			x

34	To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs? Would you say:			x
35	Next, I'd like to ask you some general questions about yourself. @@What is your age?	x	x	x
36	Are you of Hispanic or Latino origin, or is your family originally from a Spanish-speaking country?	x	x	x
37	What is your race? Would you say: @@(Do Not Read the Latino/Hispanic Code.)	x	x	x
38	Which of the following best describes you? Are you: (Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living ON the Qualla Boundary; An Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living OFF the Qualla Boundary, or an enrolled member of a different federally-recognized tribe)? (Qualla is pronounced KWAH-lah)	x	x	x
39	What is the highest grade or year of school you have completed?	x	x	x
40	Are you currently: (Employment Status)	x	x	x
41	Do you have any kind of health care coverage, including health insurance, a prepaid plan such as an HMO, or a government-sponsored plan such as Medicare, Medicaid, military, or Indian Health Services? (Y/N)	x	x	x
42	Now I would like to ask, about how much do you weigh without shoes? @@(INTERVIEWER: Round Fractions Up)	x	x	x
43	About how tall are you without shoes? @@(INTERVIEWER: Round Fractions Down)	x	x	x
44	A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?		x	x
45	Now I would like you to think about the food you ate during the past week. About how many 1-cup servings of fruit did you have in the past week? For example, one apple equals 1 cup.	x	x	x
46	And, NOT counting lettuce salad or potatoes, about how many 1-cup servings of vegetables did you have in the past week? For example, 12 baby carrots equal 1 cup.	x	x	x
47	Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months. The first statement is: "I worried about whether our food would run out before we got money to buy more." Was this statement:			x
48	The next statement is: "The food that we bought just did not last, and we did not have money to get more." Was this statement:			x
49	During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?	x	x	x

50	What type of physical activity or exercise did you spend the MOST time doing during the past month?			x
51	How many times per week or per month did you take part in this activity during the past month?			x
52	And when you took part in this activity, for how many minutes or hours did you usually keep at it?			x
53	What OTHER type of physical activity gave you the NEXT most exercise during the past month?			x
54	How many times per week or per month did you take part in this activity during the past month?			x
55	And when you took part in this activity, for how many minutes or hours did you usually keep at it?			x
56	During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups or push-ups, and those using weight machines, free weights, or elastic bands.	x	x	x
57	Now I would like to ask, in general, how satisfied are you with your life? Would you say: (Very Satisfied; Satisfied; Dissatisfied; or Very Dissatisfied)	x	x	x
58	How often do you get the social and emotional support you need? Would you say: (Always, Usually, Sometimes, Seldom, or Never)	x	x	x
59	Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health NOT good? (0 to 30)	x	x	x
60	Was there a time in the past 12 months when you needed mental health care or counseling, but did not get it at that time? (Yes/No)	x	x	x
61	The following questions are about health problems or impairments you may have. Are you limited in any way in any activities because of physical, mental or emotional problems? (Yes/No)	x	x	x
62	What is the major impairment or health problem that limits you? (open ended)	x	x	x

63	"SAMPLE PROLOGUE: I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age." Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?			x
64	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?			x
65	Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?			x
66	Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?			x
67	Before you were 18 years of age, were your parents separated or divorced?			x
68	Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up? Would you say:			x
69	Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say:			x
70	Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down? Would you say:			x
71	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually? Would you say:			x
72	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually? Would you say:			x
73	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex? Would you say:			x
74	Total Family Household Income.	x	x	x
75	Other than what we've covered in this survey, what other health issue, if any, do you feel is a major problem in your community? (open ended)			x



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2018 PRC Community Health Needs Assessment

Henderson County

Prepared for:
WNC Healthy Impact
By Professional Research Consultants, Inc.

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WNCHEALTHYIMPACT


PRC Community Health Needs Assessment

Methodology

Survey methodology

- 2,602 surveys were completed via telephone (landline [71%] and cell phone [29%]); while 663 were completed online
- Allows for high participation and random selection
 - These are critical to achieving a sample representative of county and regional populations by gender, age, race/ethnicity, income
- English and Spanish

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PRC Community Health Needs Assessment

Methodology

3,265 surveys throughout WNC

- Adults age 18+
- Gathered data for each of 16 counties
- Weights were added to enhance representativeness of data at county and regional levels

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PRC Community Health Needs Assessment

Methodology

Individual county samples allow for drill-down by:

- Gender
- Income
- Other categories, based on question responses

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Survey Instrument

Based largely on national survey models

- When possible, question wording from public surveys (e.g., CDC BRFSS)

75 questions asked of all counties

- Each county added three county-specific questions
- Approximately 15-minute interviews
- Questions determined by WNC stakeholder input

Keep in mind

Sampling levels allow for good local confidence intervals, but you should still keep in mind that error rates are larger at the county level than for WNC as a region

- Results for WNC regional data have maximum error rate of +1.7% at the 95% confidence level
- Results for Buncombe County have maximum error rate of +5.6% at the 95% confidence level
- Results for Graham County have maximum error rate of +7.8% at the 95% confidence level
- Results for other individual counties have maximum error rate of +6.9% at the 95% confidence level

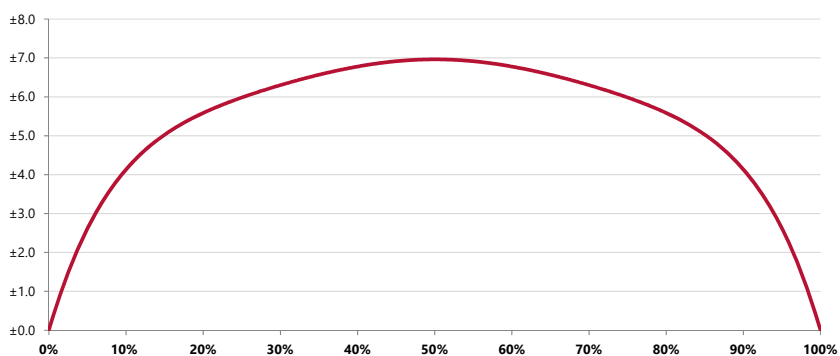
PRC indicates in regional report when differences – between county and regional results, different demographic groups, and 2012 to 2015 – are statistically significant

Keep in mind

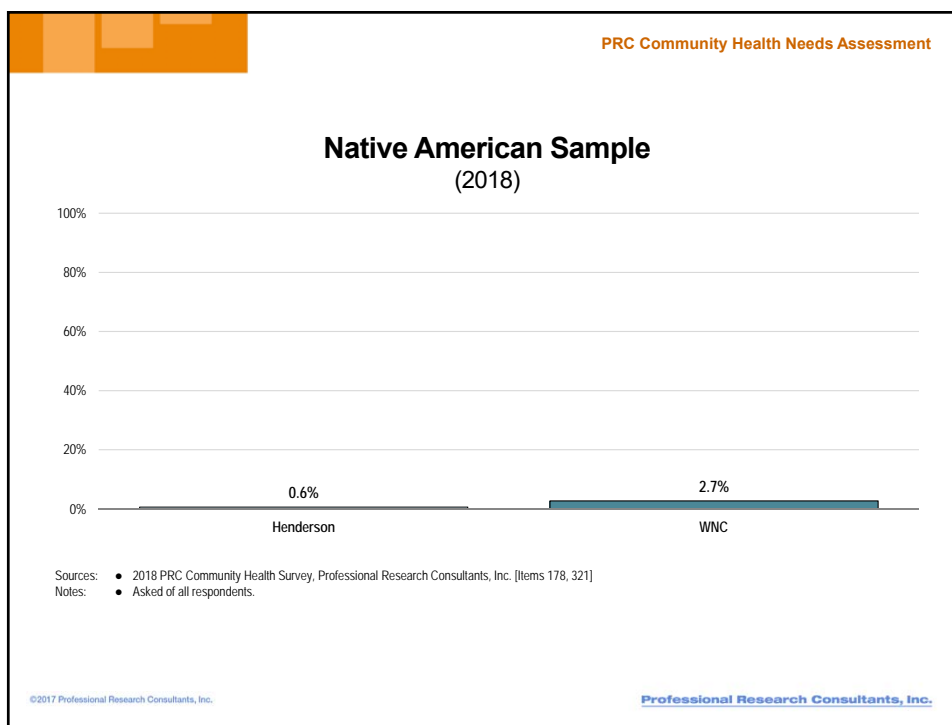
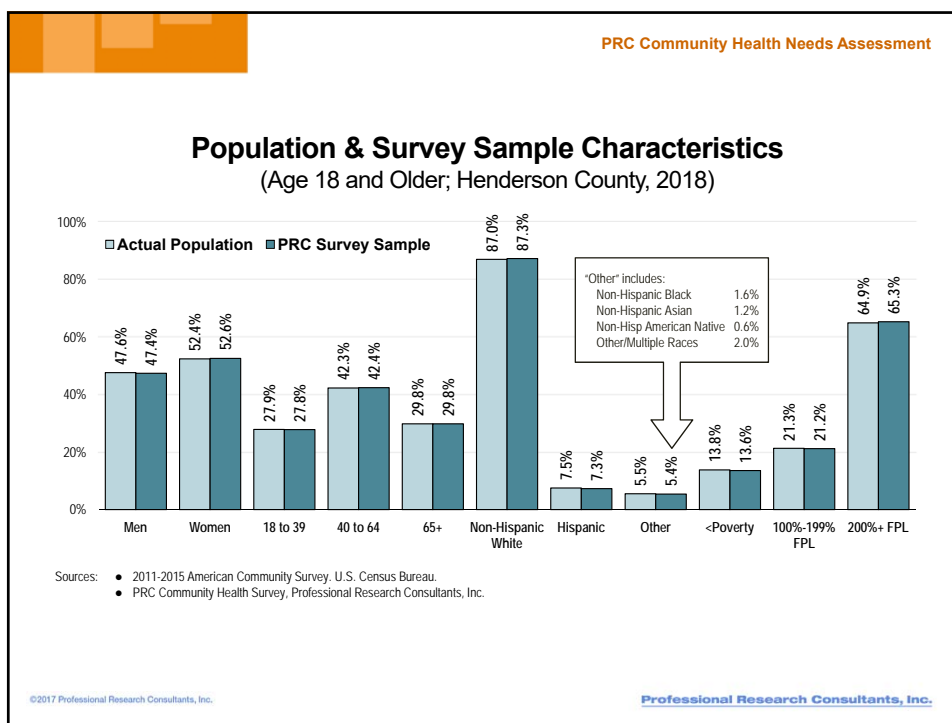
For more detailed information on methods, see:

- PRC's Primary Data Collection: Research Approach & Methods document (2018)
- County-specific CH(N)A Templates

Expected Error Ranges for a Sample of 200 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response.
 - A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 200 respondents answered a certain question with a "yes," it can be asserted that between 5.8% and 14.2% ($10\% \pm 4.2\%$) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 43.1% and 56.9% ($50\% \pm 6.9\%$) of the total population would respond "yes" if asked this question.

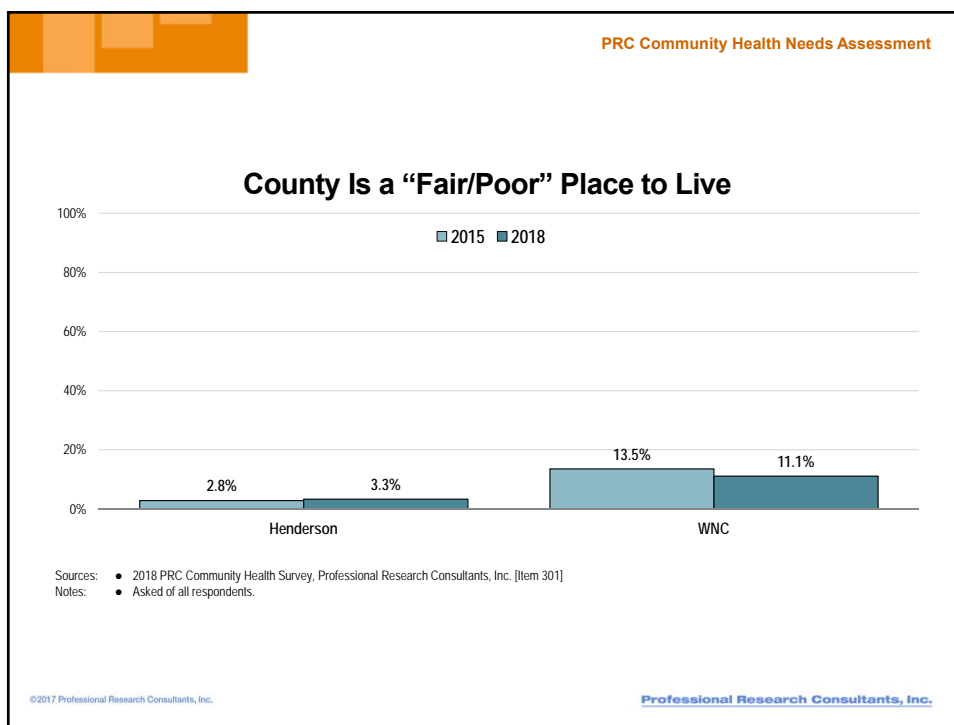


QUALITY OF LIFE



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Top Three County Issues Perceived as in Most Need of Improvement (2018)

	Henderson	WNC
Availability of Employment		✓
Road Maintenance	✓	✓
Higher Paying Employment		
Drugs		
Affordable/Better Housing	✓	✓
Better/More Affordable Healthcare		
Internet Availability		
The Justice System/Law Enforcement		
Government		
Nothing	✓	

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]
Notes: • Asked of all respondents.

SELF-REPORTED HEALTH STATUS

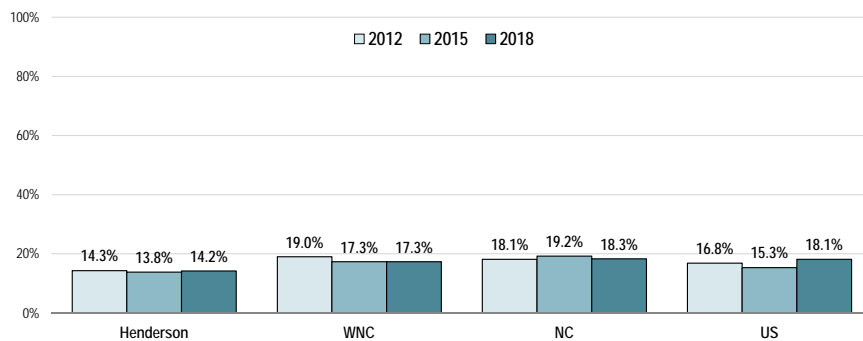
Overall Health



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PRC Community Health Needs Assessment

Experience “Fair” or “Poor” Overall Health



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

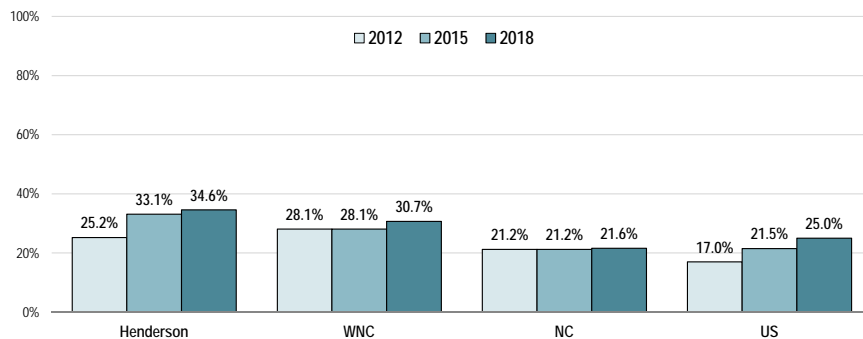
- Asked of all respondents.

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PRC Community Health Needs Assessment

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

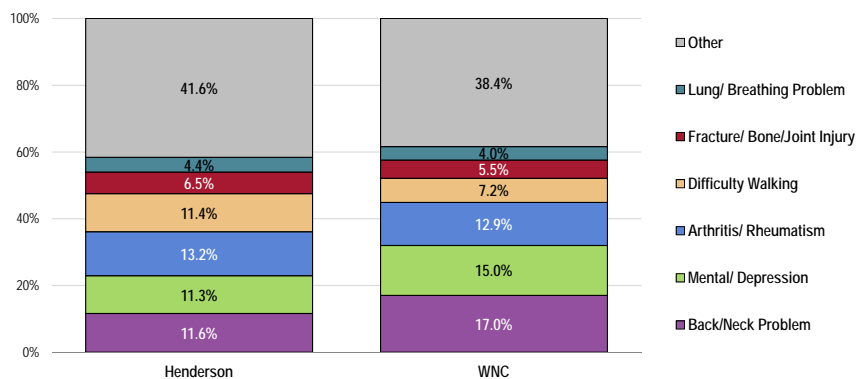
- Asked of all respondents.

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PRC Community Health Needs Assessment

Type of Problem That Limits Activities (Among Those Reporting Activity Limitations; By County, 2018)



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]

Notes:

- Asked of respondents who noted some type of activity limitation.

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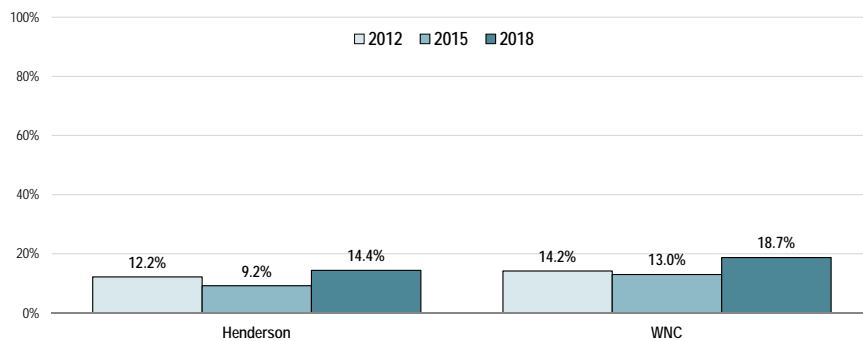
Mental Health & Mental Disorders



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PRC Community Health Needs Assessment

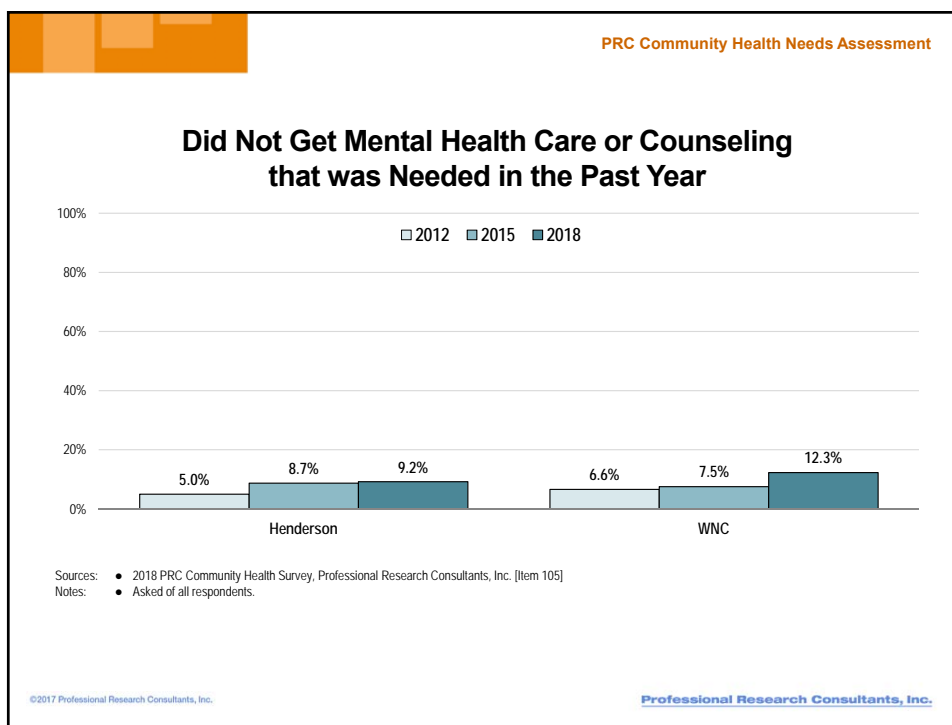
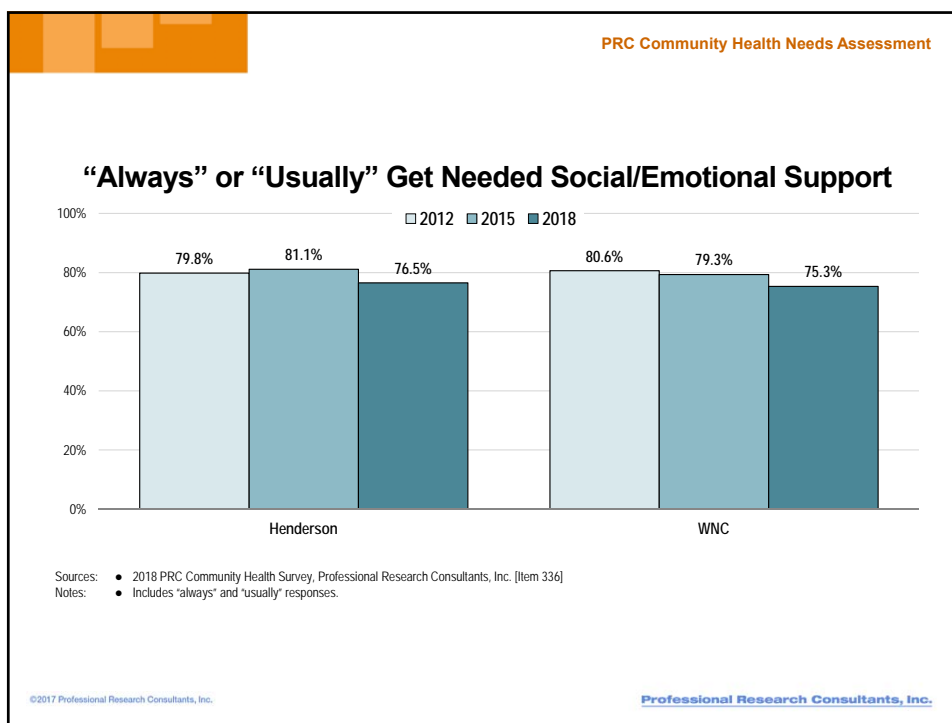
>7 Days of Poor Mental Health in the Past Month

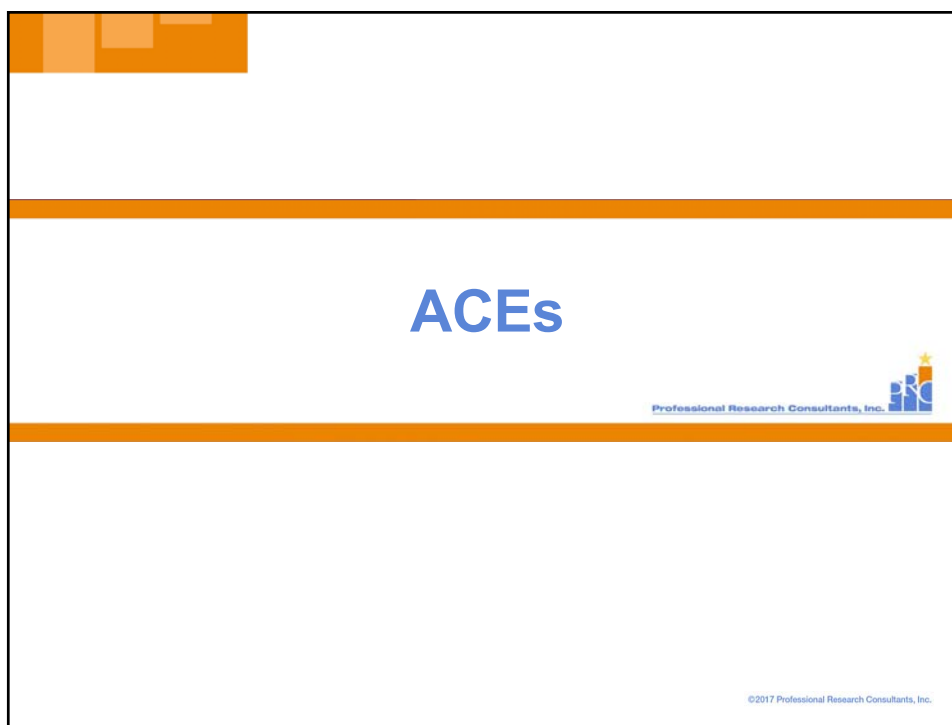
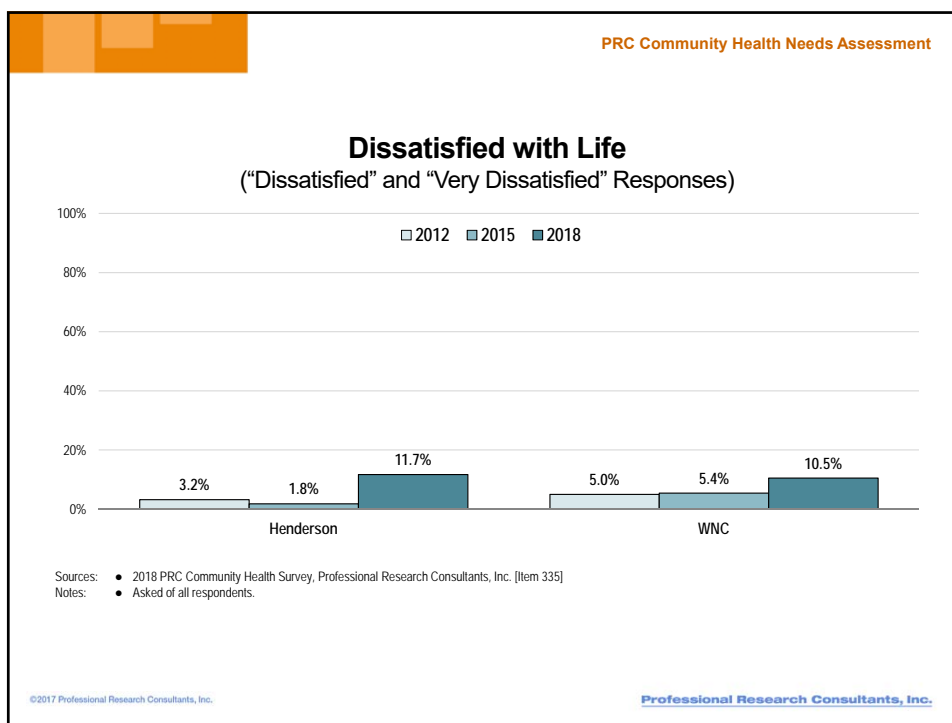


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 337]
 Notes: • Asked of all respondents.

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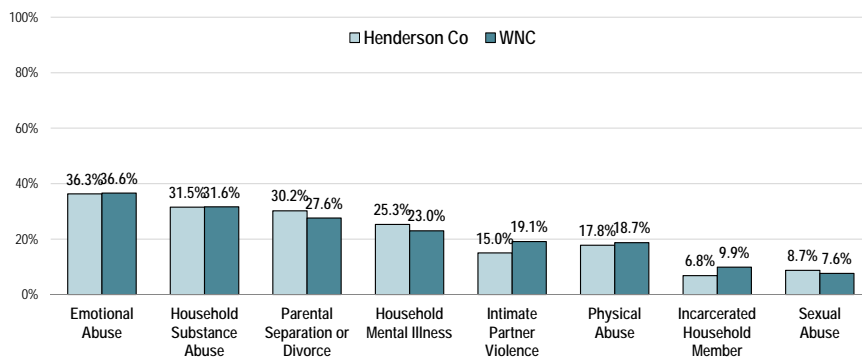


Adverse Childhood Experiences (ACEs)

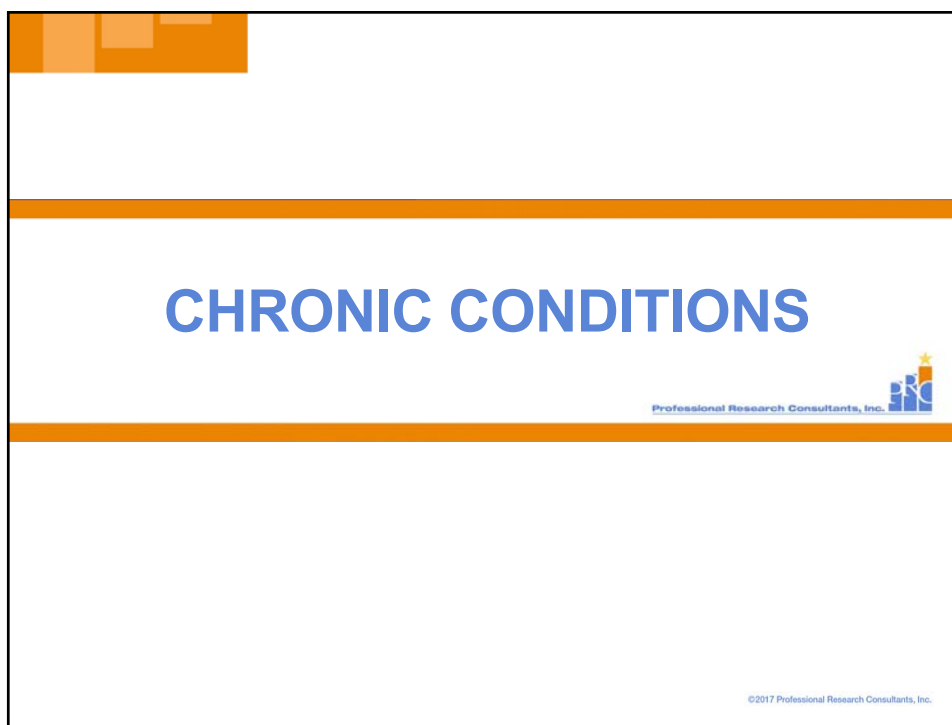
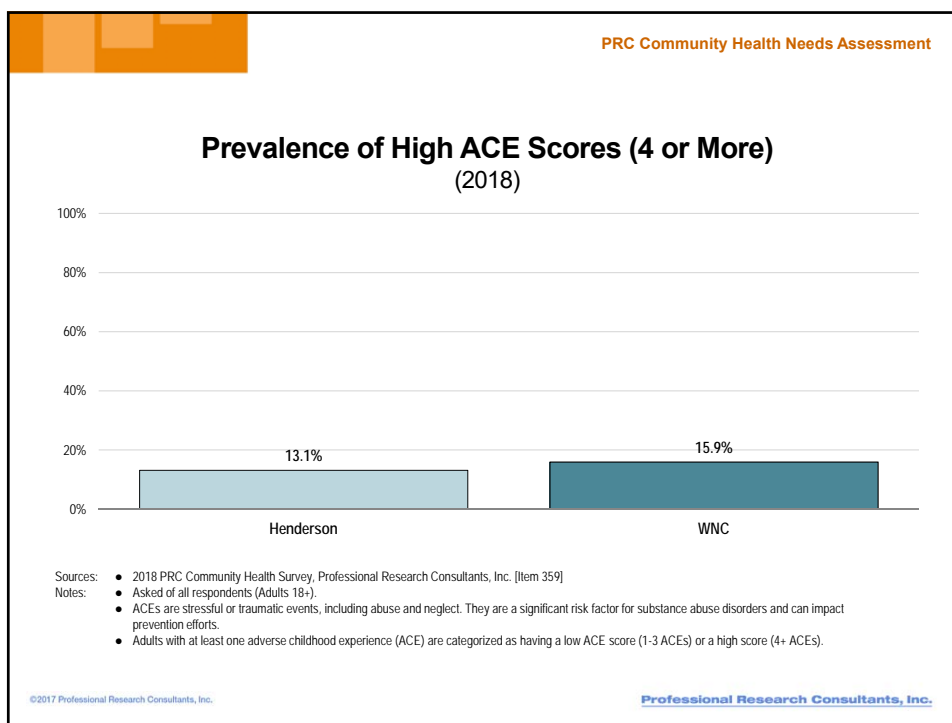
Category	Question
Household Mental Illness	Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?
Household Substance Abuse	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?
	Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?
Incarcerated Household Member	Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
Parental Separation or Divorce	Before you were 18 years of age, were your parents separated or divorced?
Intimate Partner Violence	Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up?
Physical Abuse	Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking.
Emotional Abuse	Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down?
Sexual Abuse	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex?

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 339-349, 351-360]
 Notes: • Reflects the total sample of respondents.

Experienced Adverse Childhood Experiences (ACEs) Prior to Age 18 (2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 351-358]
 Notes: • Asked of all respondents (Adults 18+).
 • ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.



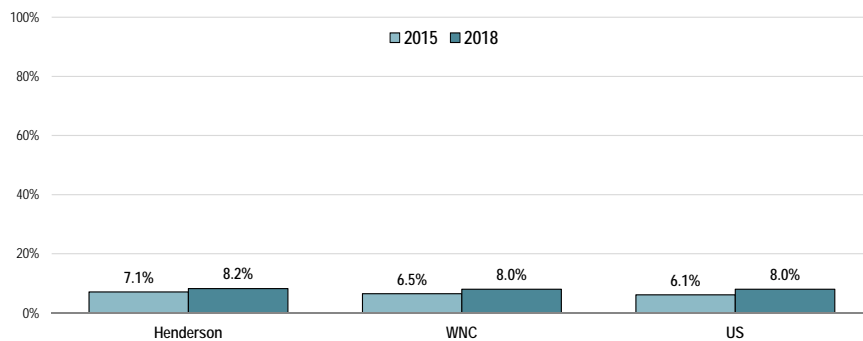
Cardiovascular Risk



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PRC Community Health Needs Assessment

Prevalence of Heart Disease



Sources:

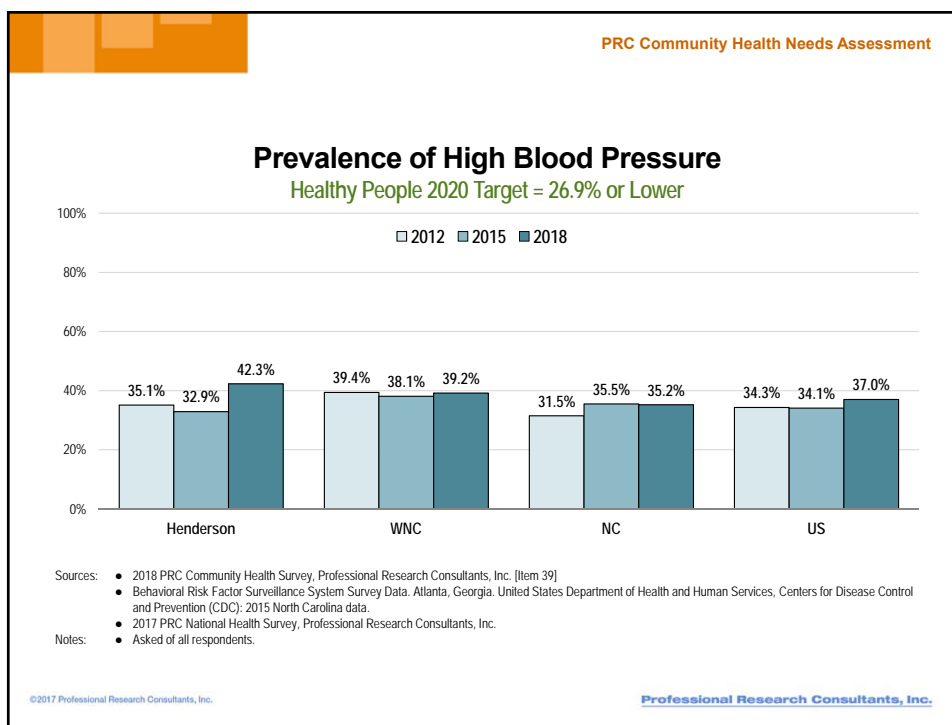
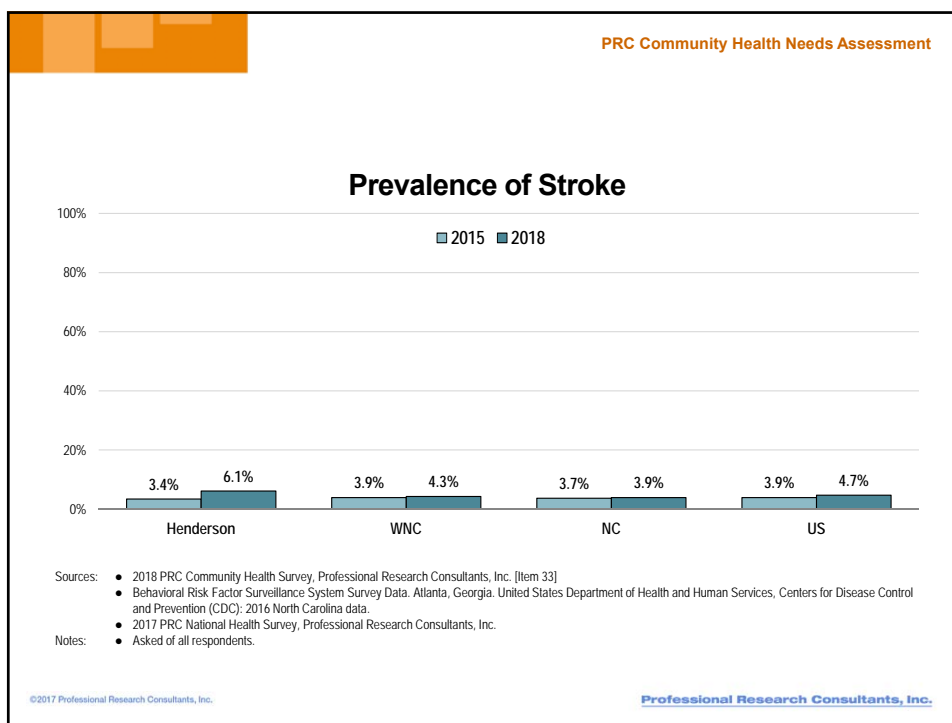
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

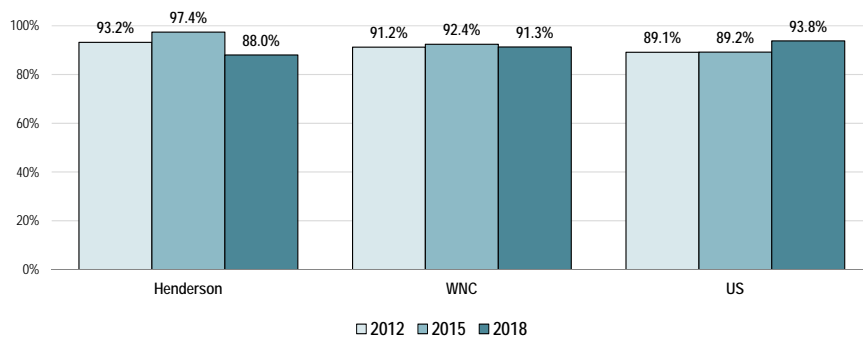
- Asked of all respondents.

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Taking Action to Control High Blood Pressure (Among Adults with High Blood Pressure)

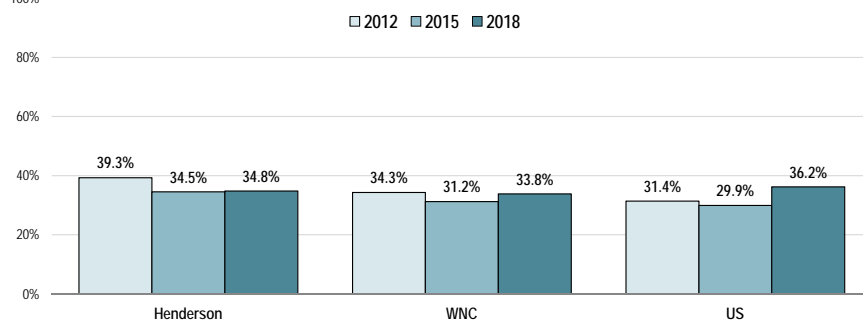


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 41]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents reporting having ever been diagnosed with high blood pressure.

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Prevalence of High Blood Cholesterol Healthy People 2020 Target = 13.5% or Lower

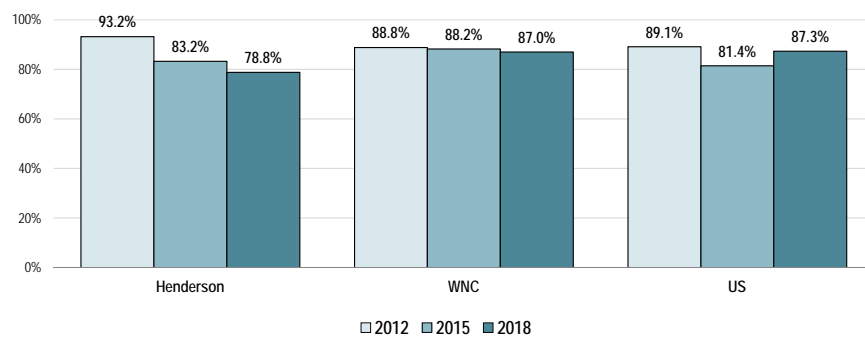


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

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Taking Action to Control High Blood Cholesterol (Among Adults with High Blood Cholesterol Levels)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents reporting having ever been diagnosed with high blood cholesterol.

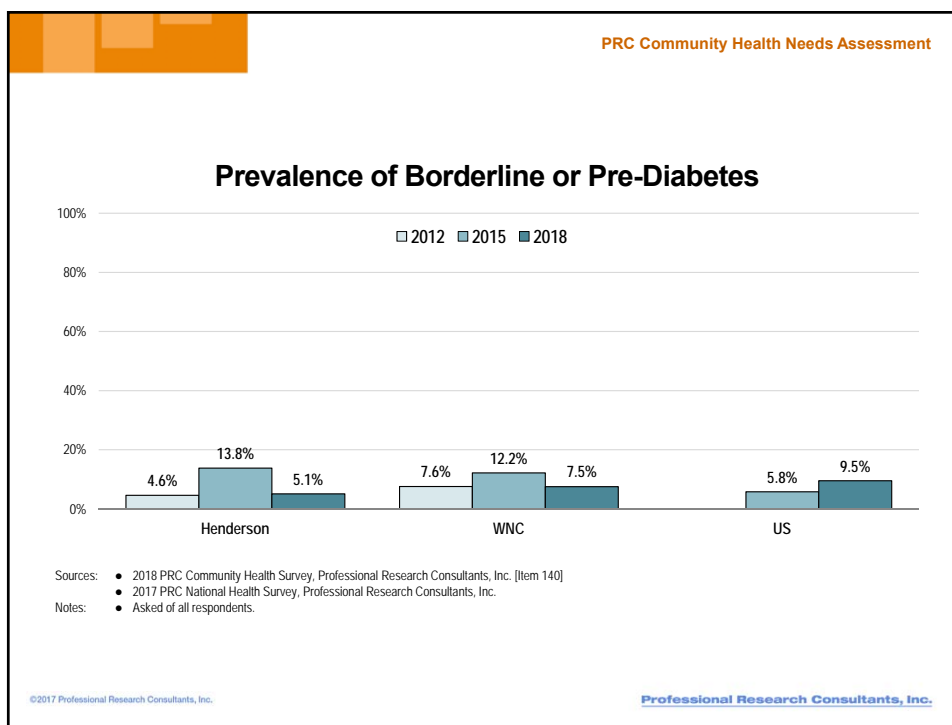
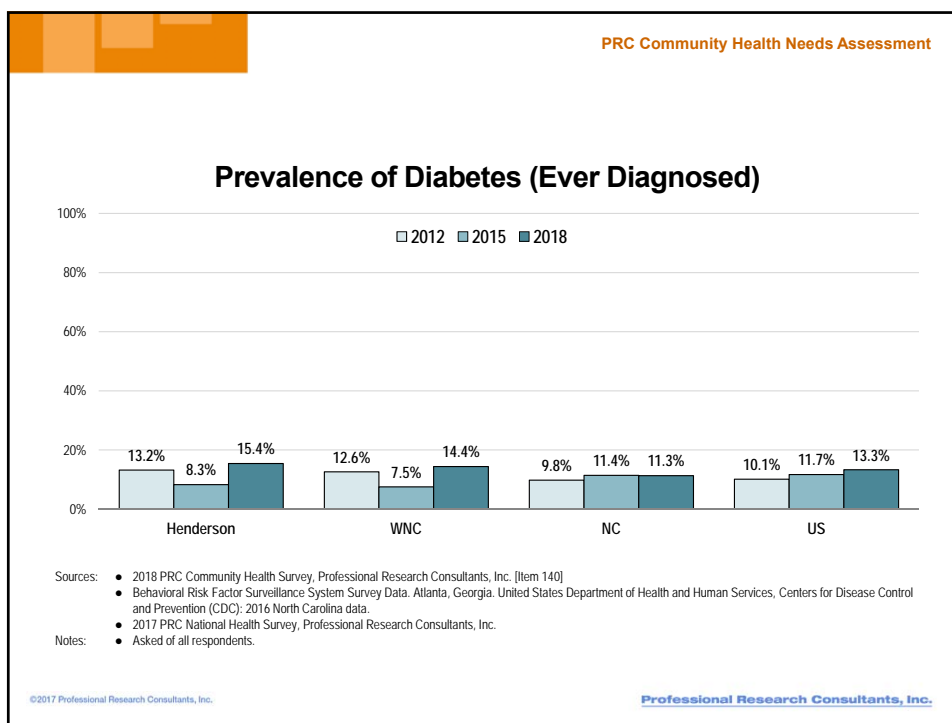
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Diabetes

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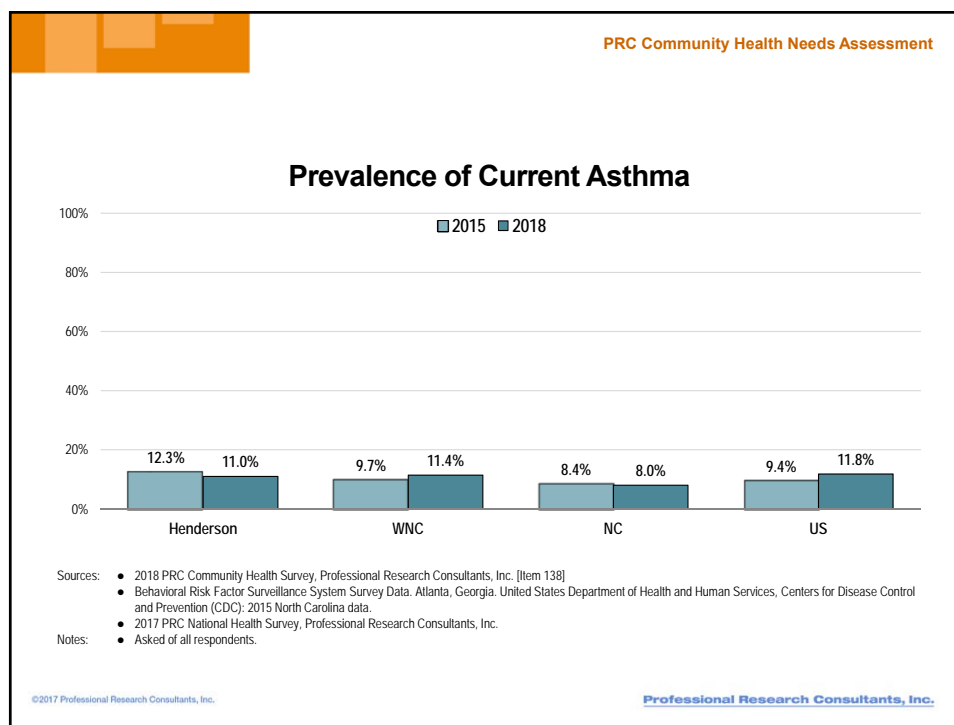


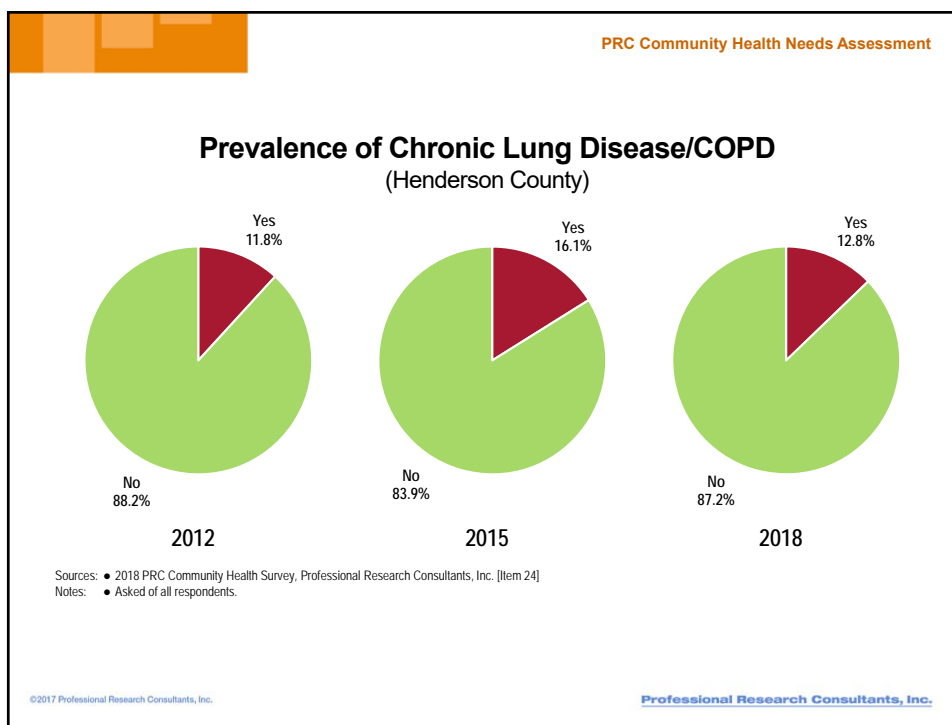
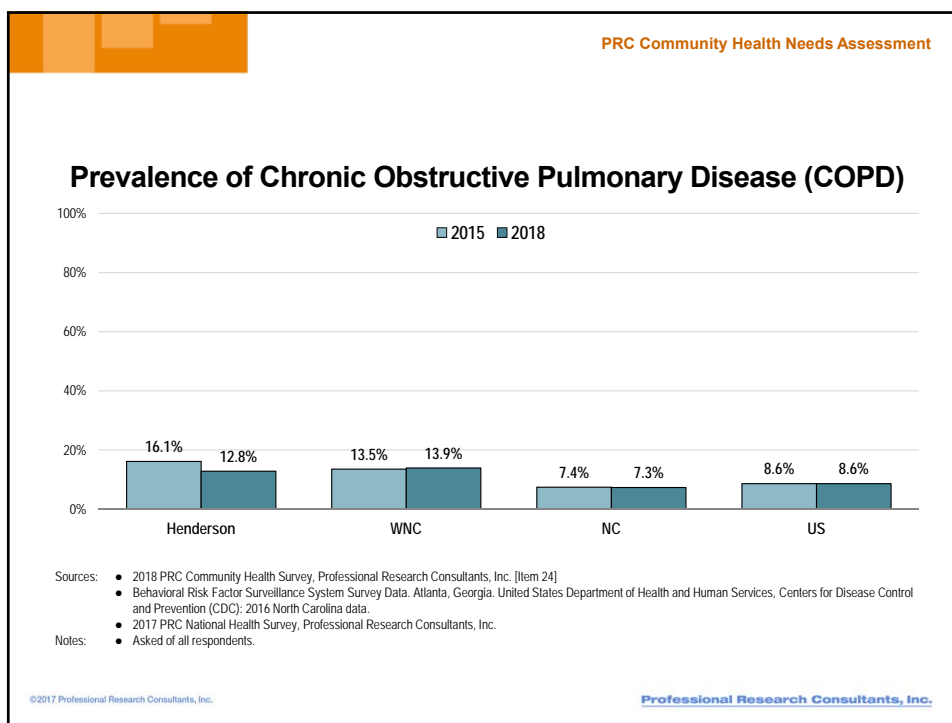


Respiratory Conditions

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MODIFIABLE HEALTH RISKS

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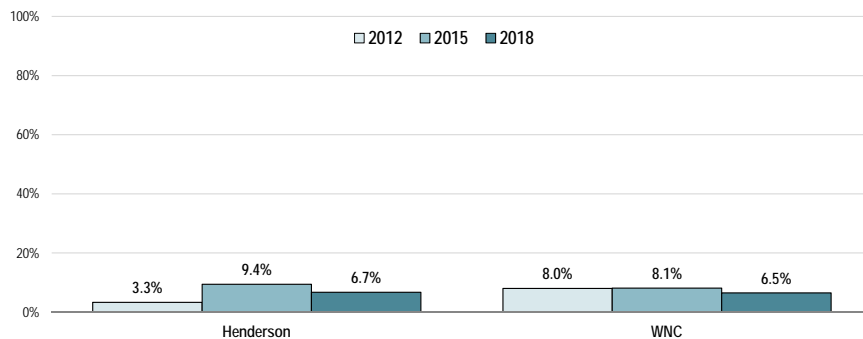
Nutrition

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PRC Community Health Needs Assessment

Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]

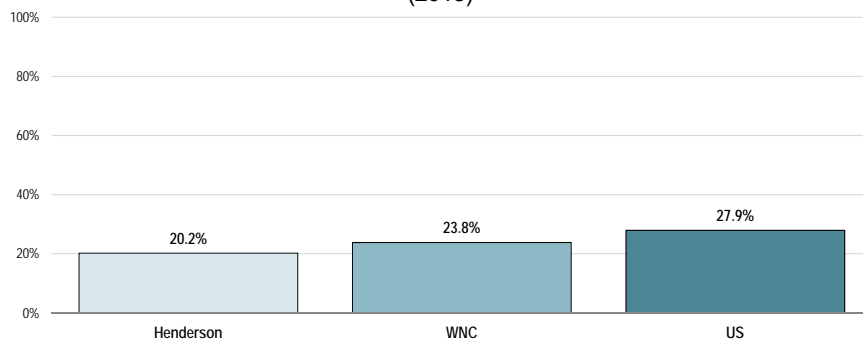
Notes: • Asked of all respondents.

• For this issue, respondents were asked to recall their food intake during the previous week. Reflects 1-cup servings of fruits and/or vegetables in the past week, excluding lettuce salad and potatoes.

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Professional Research Consultants, Inc.

PRC Community Health Needs Assessment

Food Insecurity
(2018)

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

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Physical Activity & Fitness

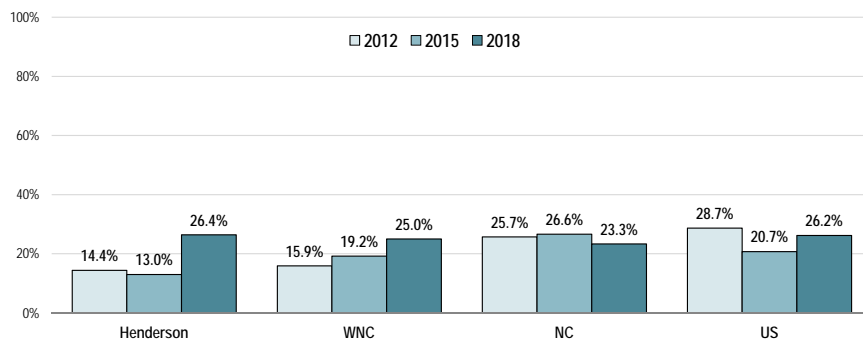


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PRC Community Health Needs Assessment

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources:

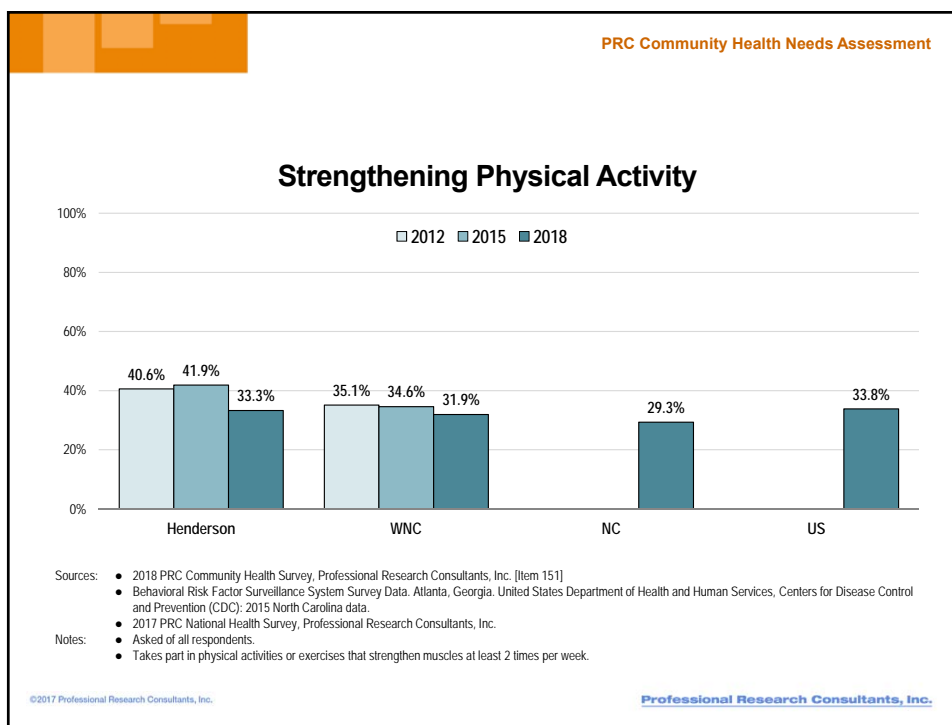
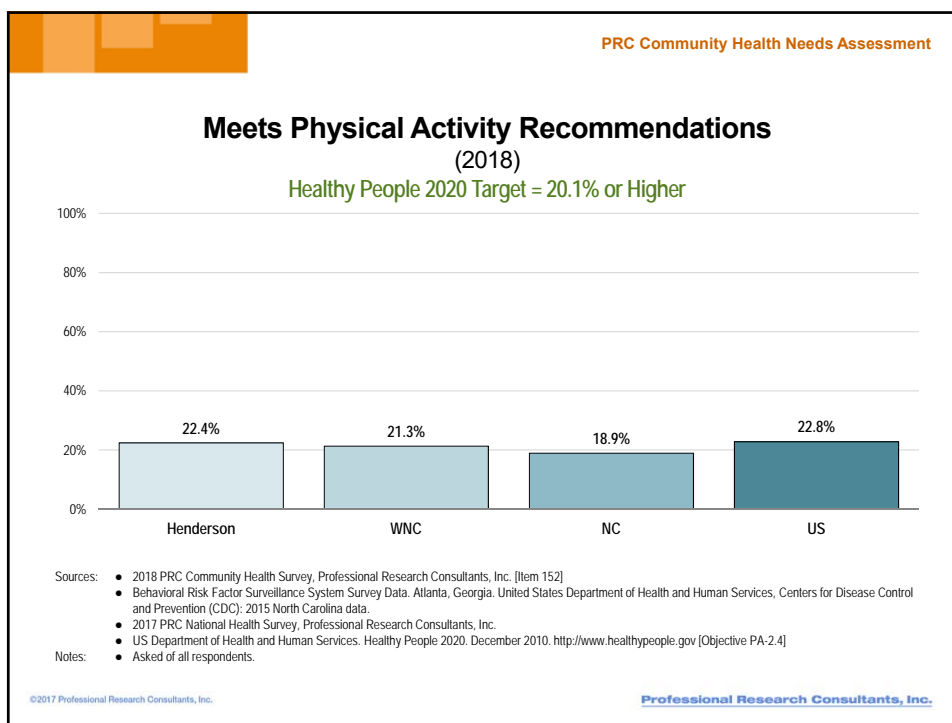
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes:

- Asked of all respondents.

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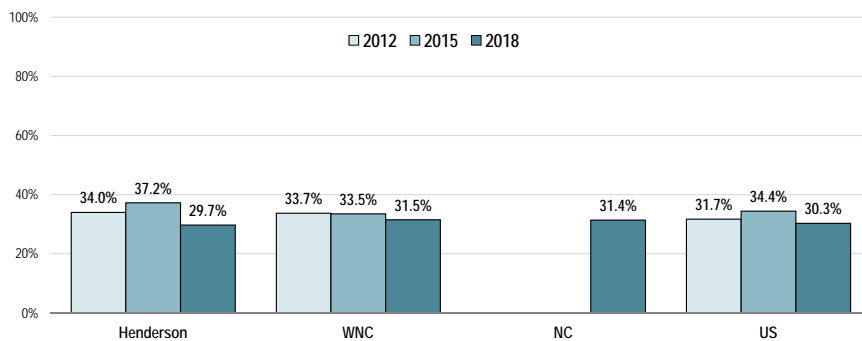
Body Weight



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PRC Community Health Needs Assessment

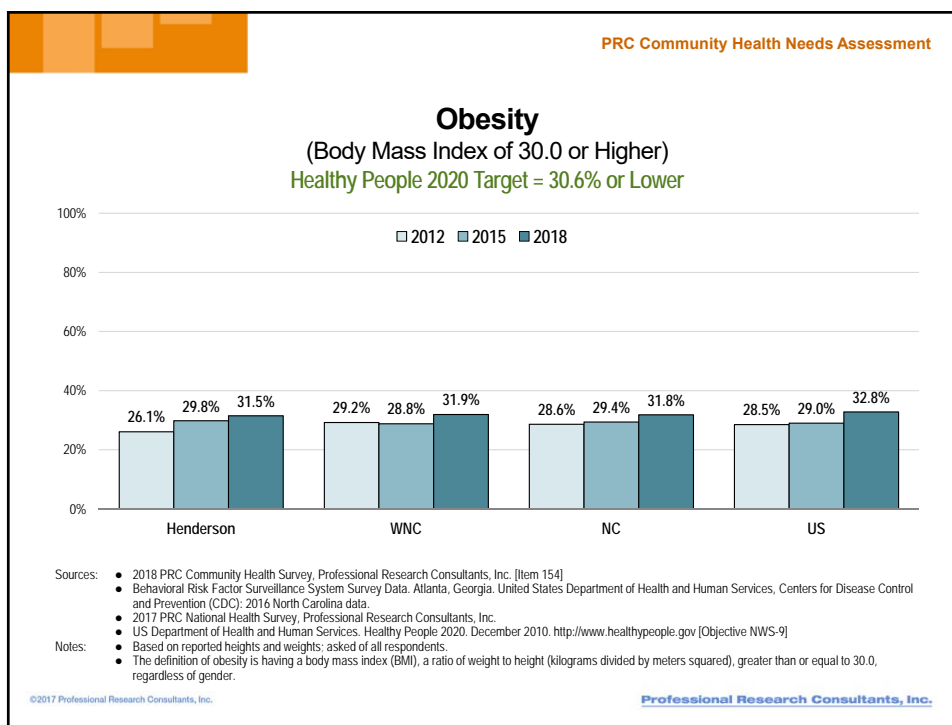
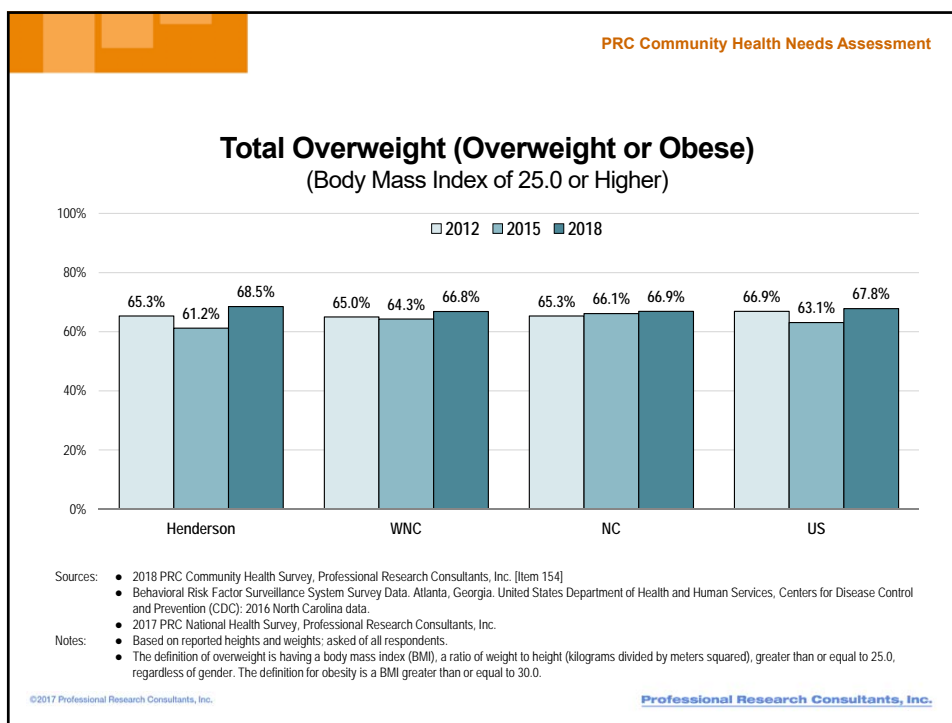
Healthy Weight (Body Mass Index Between 18.5 and 24.9) Healthy People 2020 Target = 33.9% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
 - Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2016 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]
- 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.

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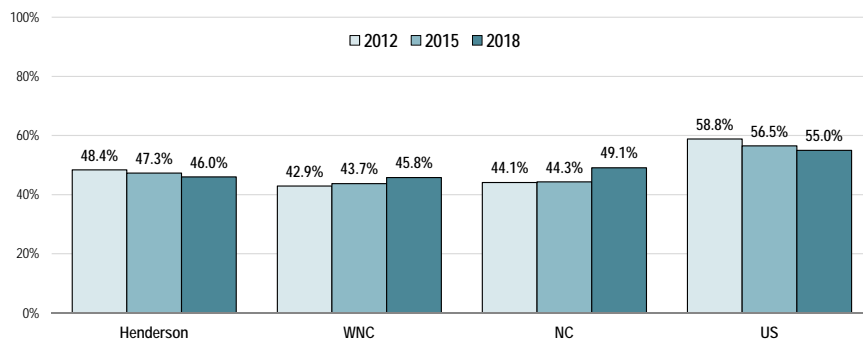
Substance Abuse



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PRC Community Health Needs Assessment

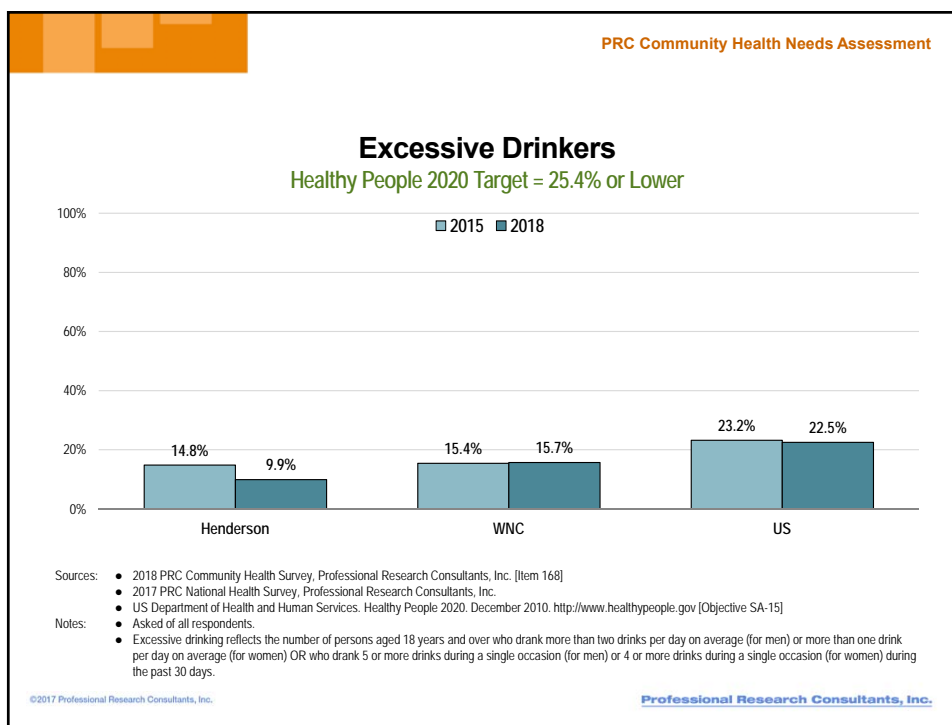
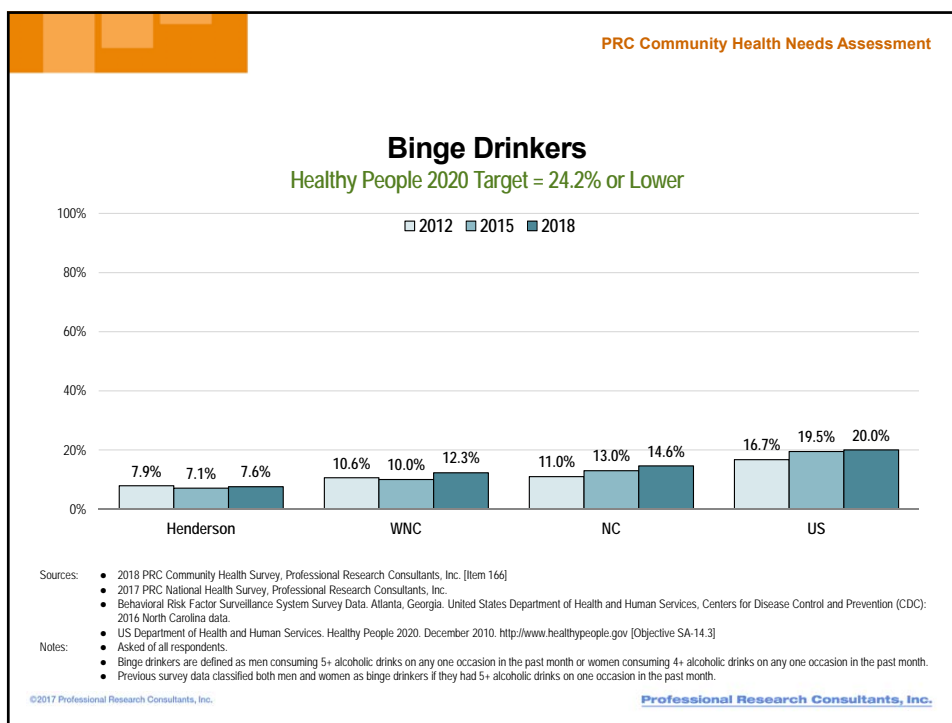
Current Drinkers

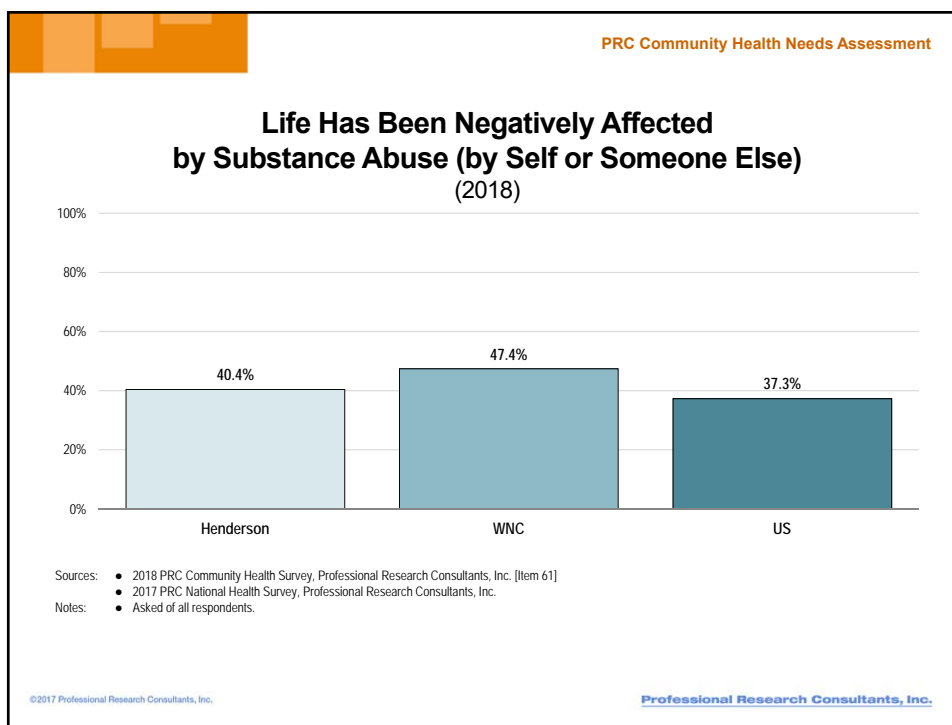
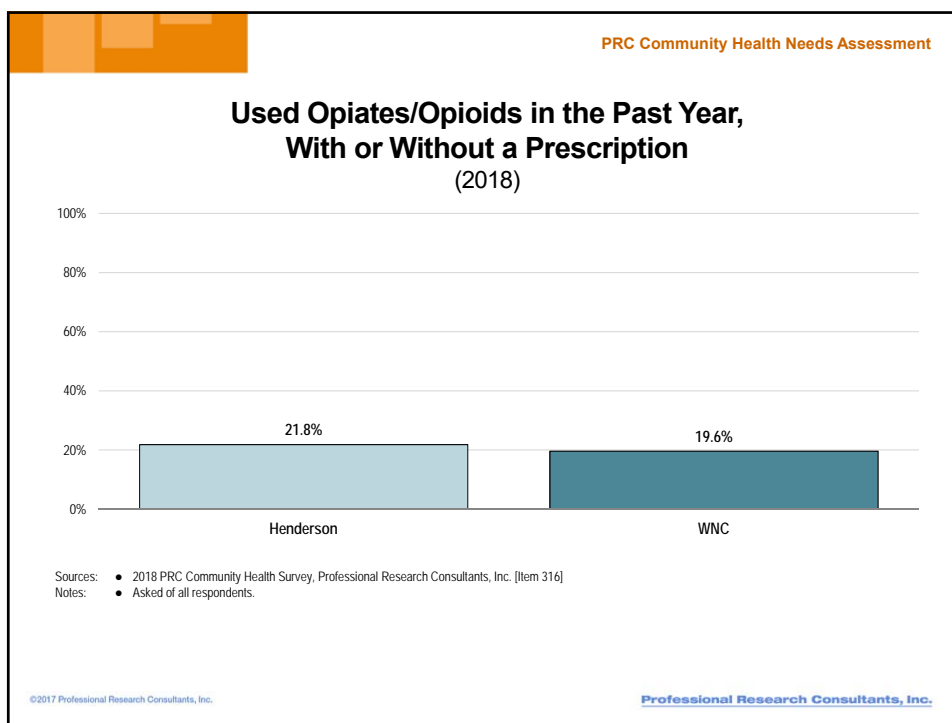


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
 - Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Current drinkers had at least one alcoholic drink in the past month.

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Tobacco Use

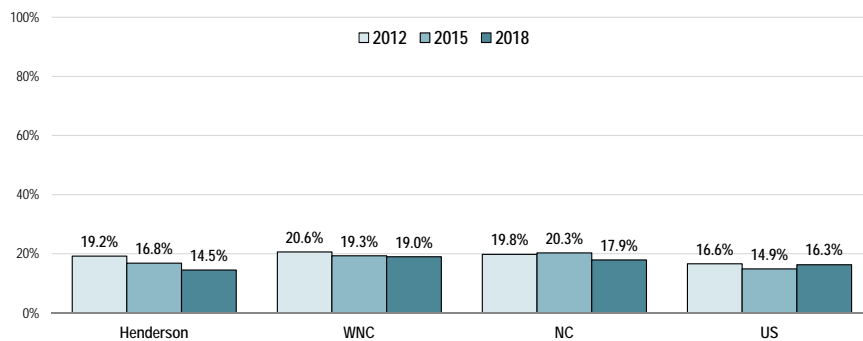


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PRC Community Health Needs Assessment

Current Smokers

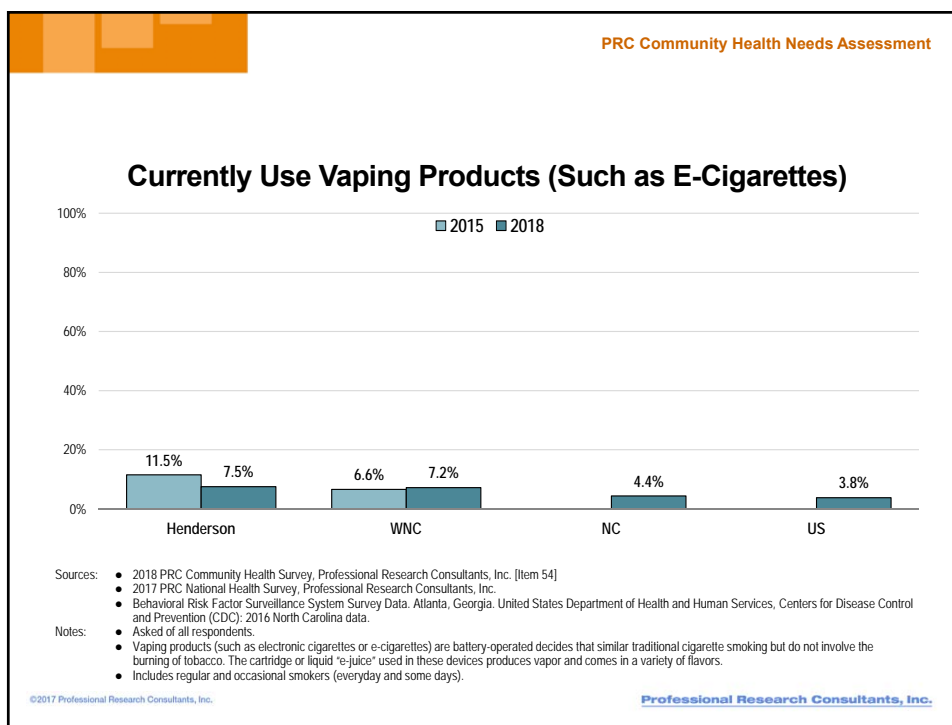
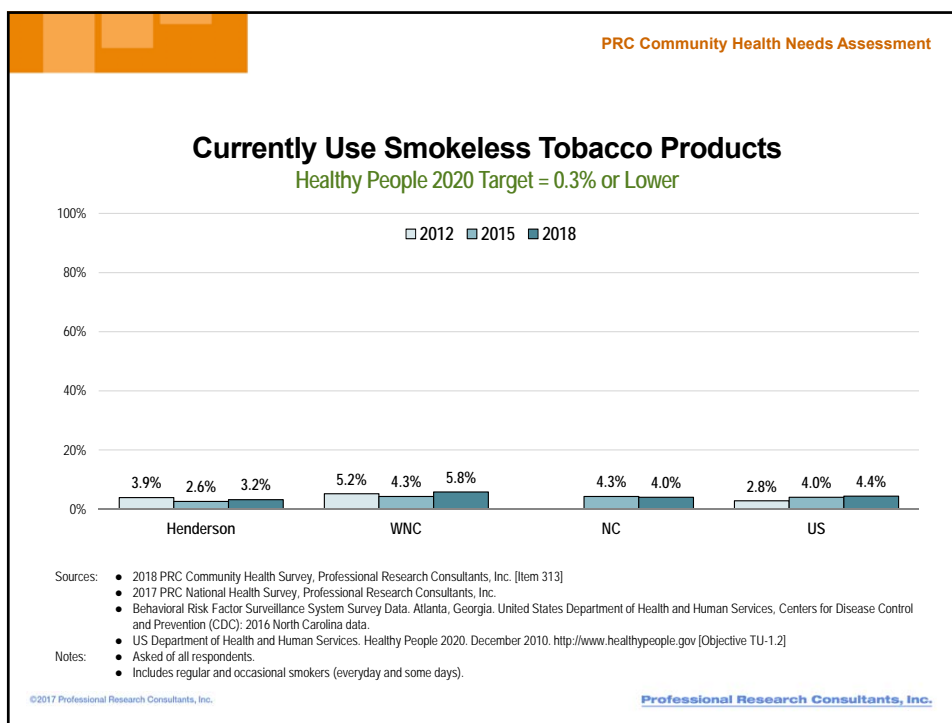
Healthy People 2020 Target = 12.0% or Lower

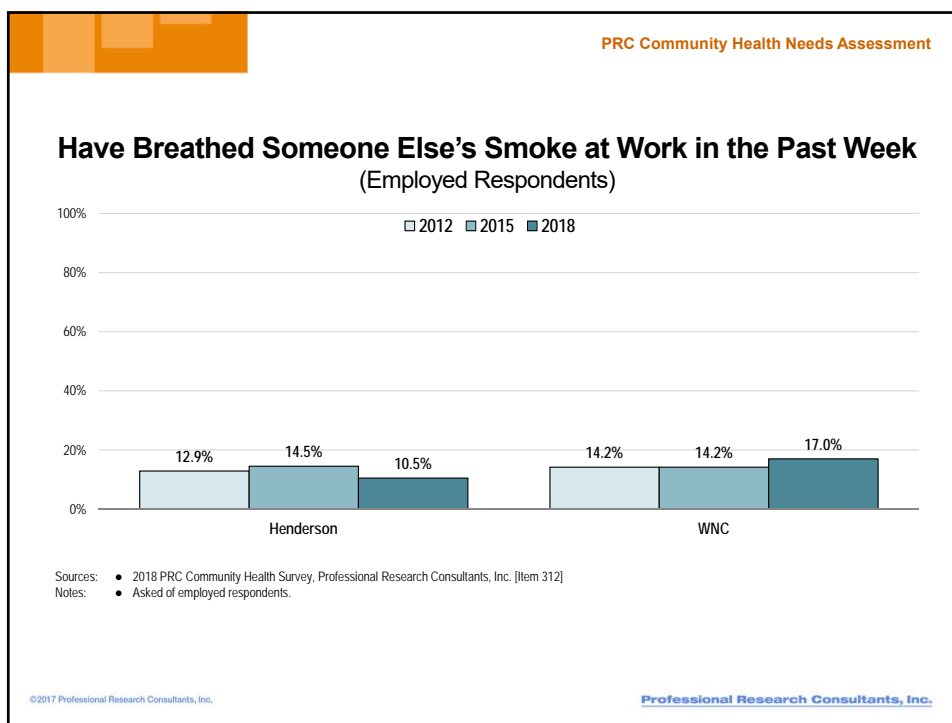


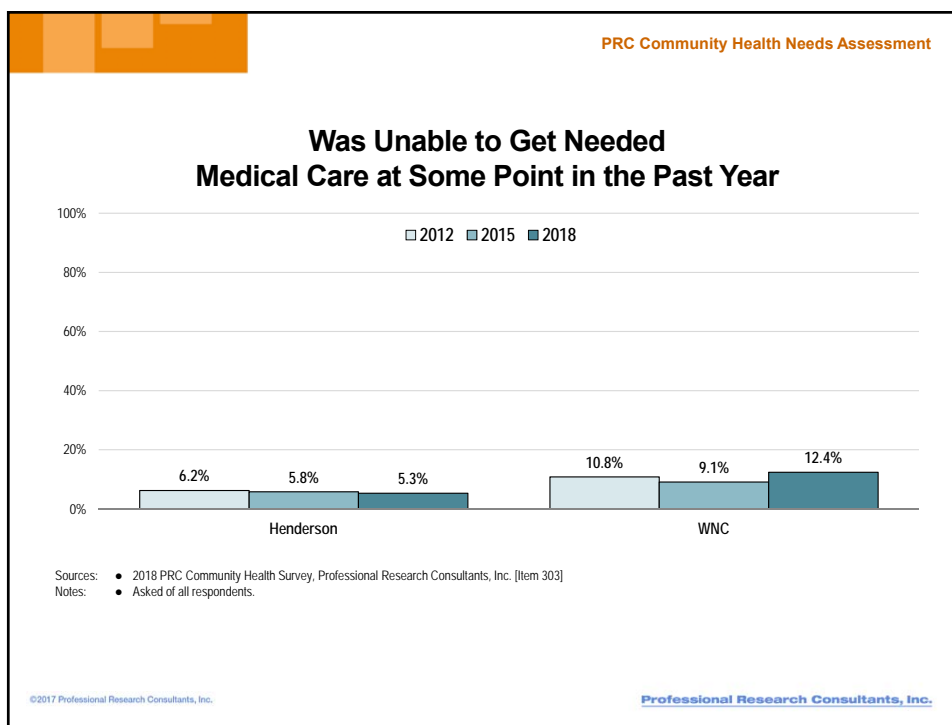
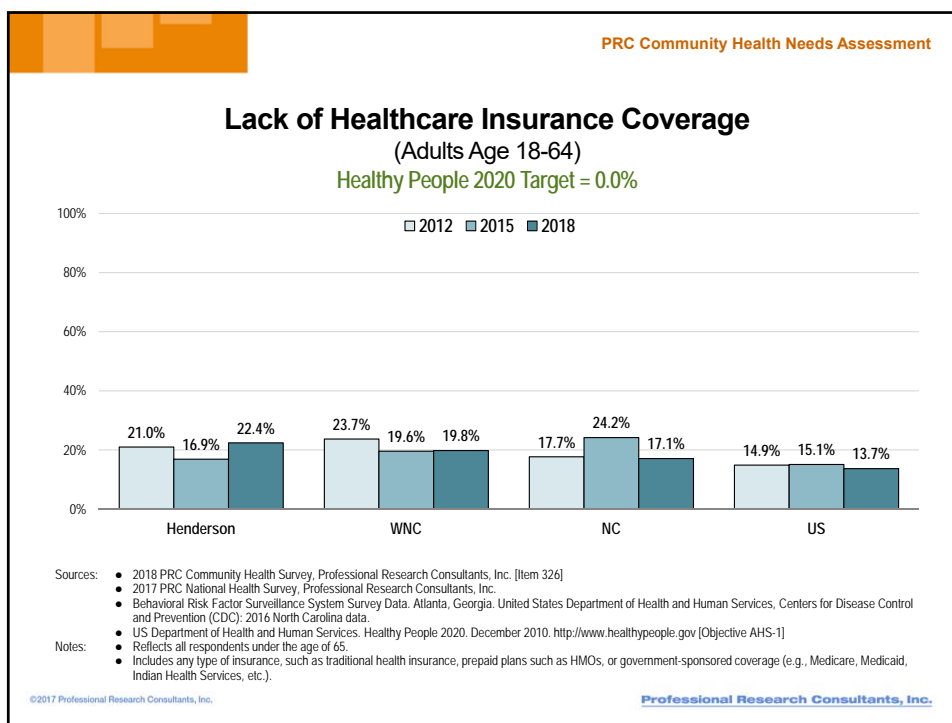
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
 - Includes regular and occasional smokers (everyday and some days).

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Primary Care Services

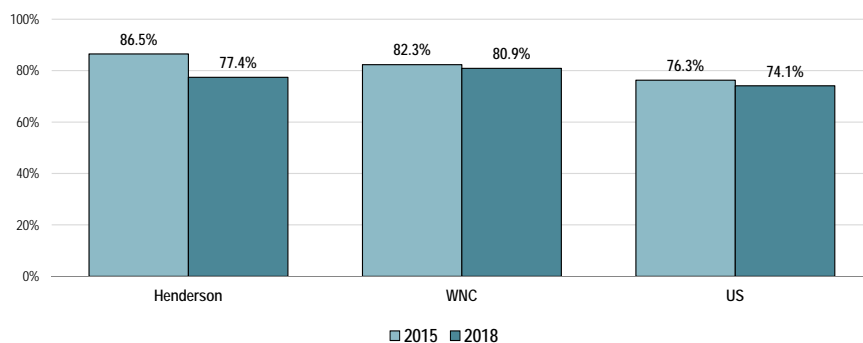


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PRC Community Health Needs Assessment

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]

Notes:

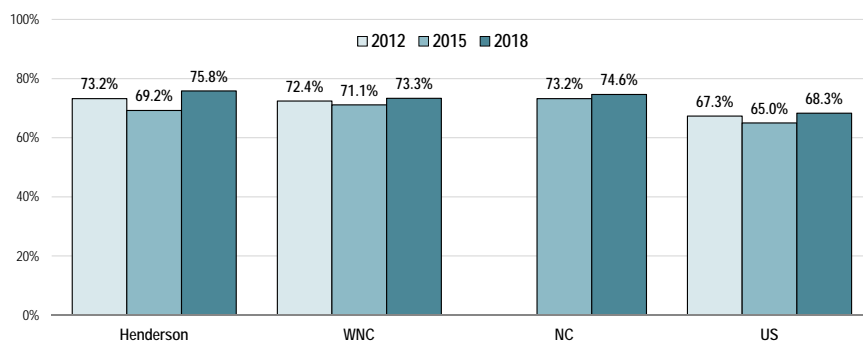
- Asked of all respondents.

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PRC Community Health Needs Assessment

Have Visited a Physician for a Checkup in the Past Year



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.

Notes:

- Asked of all respondents.

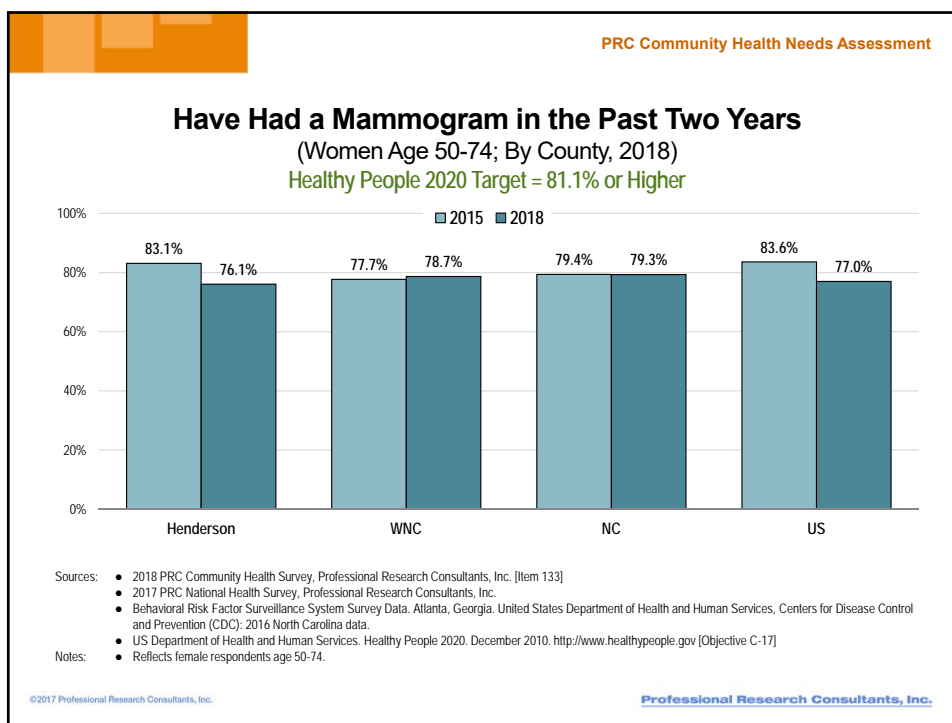
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Preventive Screenings



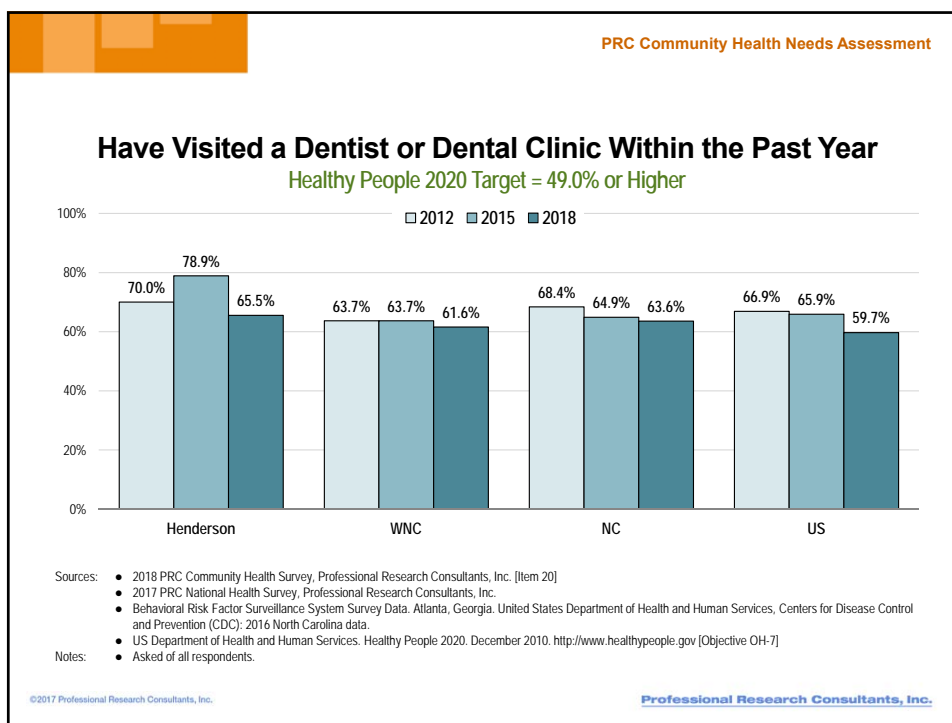
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Oral Health

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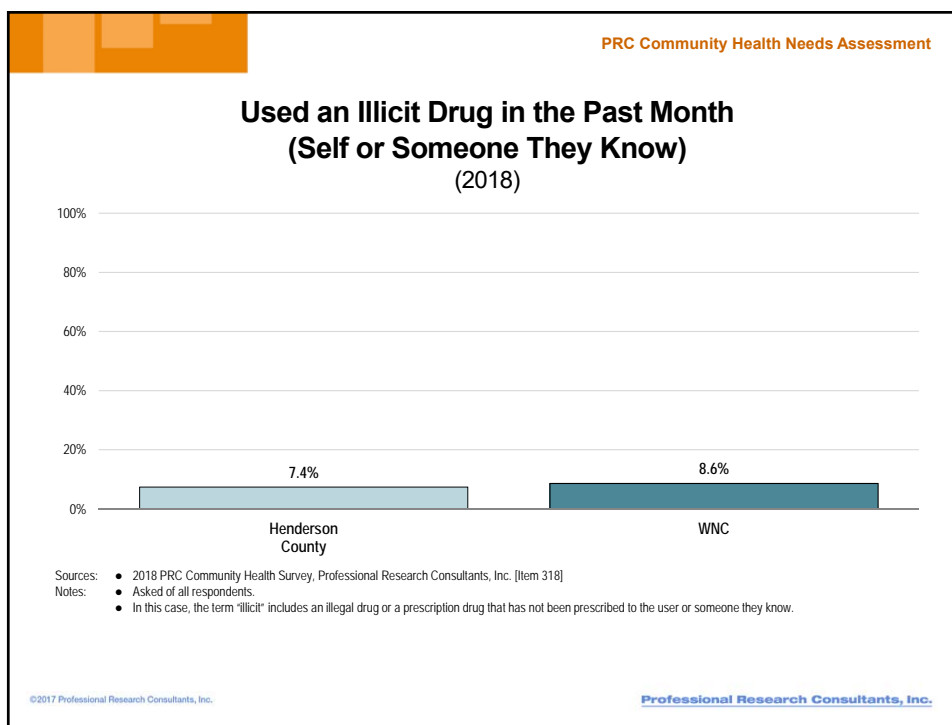
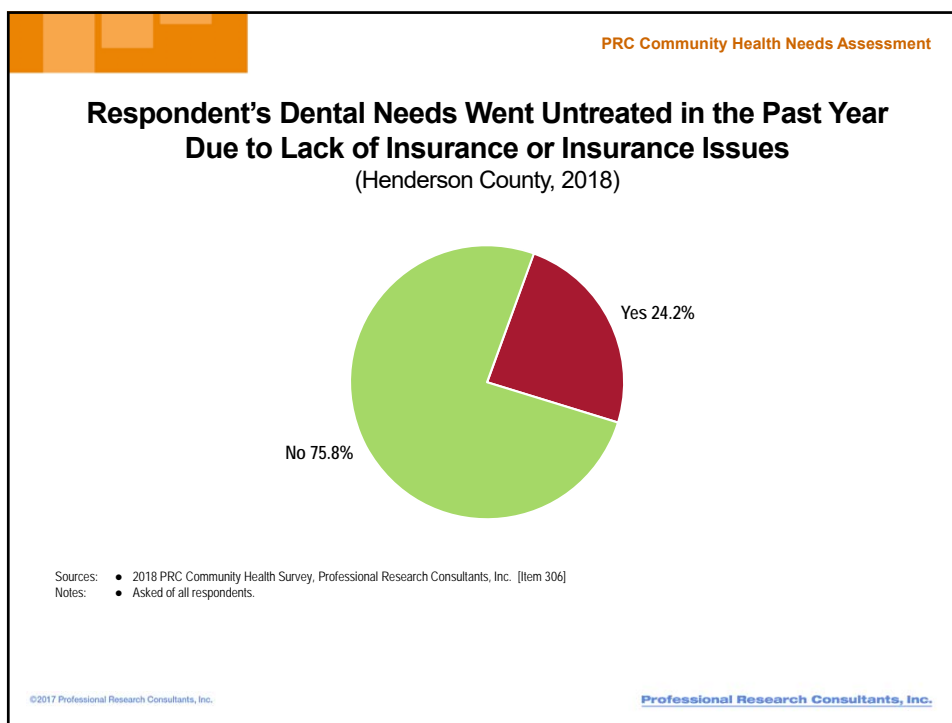
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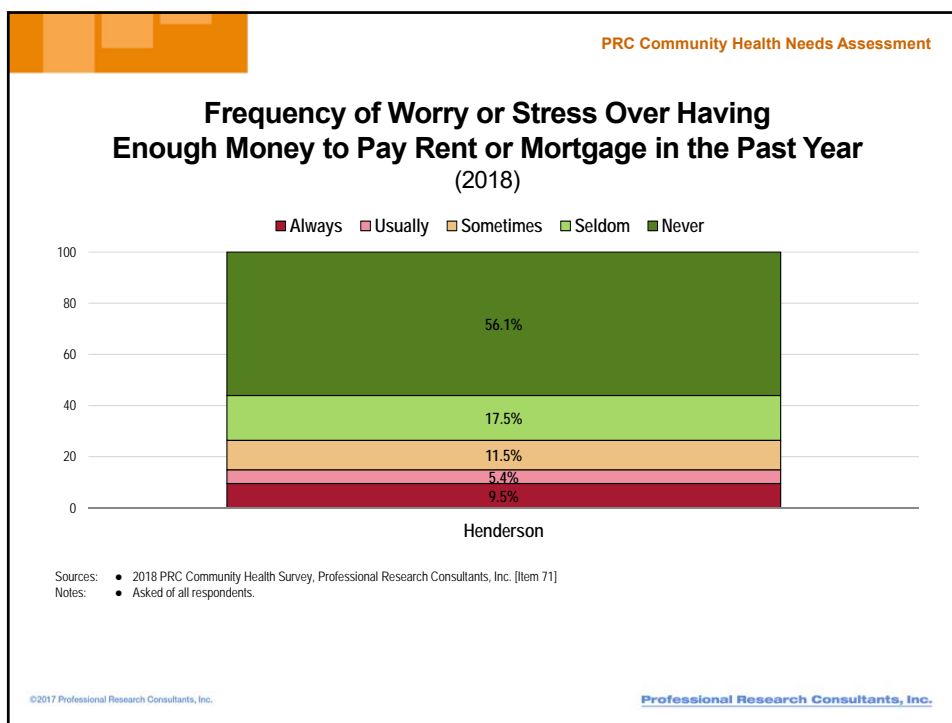


COUNTY-SPECIFIC QUESTIONS

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APPENDIX E – Online Key-Informant Survey

See attached for:

- Online Key-Informant Survey Questions
- Online Key-Informant Survey Results

Thank you for your participation in this online questionnaire.

The online questionnaire is part of a larger Community Health Needs Assessment that WNC Healthy Impact is completing. One of the first steps in conducting a Community Health Needs Assessment is to gather input from individuals who are particularly knowledgeable about the health needs of community residents and/or special populations.

You have been identified as an individual with key insights into the health of your community. The purpose of this assessment is to identify critical health issues in your community, the feasibility of collaborative efforts around health issues, and what is helping/hurting your community's ability to make progress on health issues. Once this assessment is complete, stakeholders will consider data from the key informant survey, regional community health survey, and secondary data sources in order to work together to develop strategies and goals for improving community health.

ONLY the name of your organization will appear in the Community Health Needs Assessment report—your individual name will not be used for reporting purposes.

The following questions are NOT about you or your family specifically, but rather about your community as a whole. For the purposes of this questionnaire, please consider [COUNTYNAME] County to be your community in all of the questions.

1. In your opinion, what are the most important characteristics of a healthy community? (Please list up to 3.)

- a. Characteristic #1 (open-ended)
- b. Characteristic #2 (open-ended)
- c. Characteristic #3 (open-ended)

2. Regional Priority 1 - Chronic Disease Prevention and Management. This section includes a variety of chronic diseases and known factors that contribute to them.

Given your different roles and perspectives both personally and professionally, please select the health issues or behaviors that you feel are the most critical to address collaboratively in your community over the next three years or more. (Please choose up to 3.)

For each topic respondent selects as "most critical", create skip logic to the following questions:

- ☐ Arthritis/Osteoporosis
- ☐ Cancer
- ☐ Chronic Kidney Disease
- ☐ Chronic Pain
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Diabetes
- ☐ Heart Disease and Stroke
- ☐ Obesity/Nutrition/Physical Activity
- ☐ Upper Respiratory Diseases (e.g. asthma)

1. Feasibility: Considering your community's values, current resources and existing work, how likely is it that collaborative effort could make a positive change on this issue? (not at all likely, not likely, somewhat likely, very likely)

2. What is contributing to progress on this issue in your community? (open-ended)
3. What is getting in the way of progress on this issue in your community? (open-ended)

3. Regional Priority 2 - Mental Health and Substance Abuse. This section includes a variety of mental health conditions and known factors that contribute to them.

Given your different roles and perspectives both personally and professionally, please select the health issues or behaviors that you feel are the most critical to address collaboratively in your community over the next three years or more. (Please choose up to 3.)

For each topic respondent selects as “most critical”, create skip logic to the following questions:

- ☐ General Mental Health
 - ☐ Dementia/Alzheimer’s Disease
 - ☐ Depression/Anxiety/Stress
 - ☐ Substance Use
 - ☐ Suicide
1. Feasibility: Considering your community’s values, current resources and existing work, how likely is it that collaborative effort could make a positive change on this issue? (not at all likely, not likely, somewhat likely, very likely)
 2. What is contributing to progress on this issue in your community? (open-ended)
 3. What is getting in the way of progress on this issue in your community? (open-ended)

4. Regional Priority 3 - Social Determinants of Health: This section includes a variety of conditions in which people are born, grow, live, work and age and known factors that contribute to a person’s health.

Given your different roles and perspectives both personally and professionally, please select the health issues or behaviors that you feel are the most critical to address collaboratively in your community over the next three years or more. (Please choose up to 3.)

For each topic respondent selects as “most critical”, create skip logic to the following questions:

- ☐ Adverse Childhood Experiences (ACEs)
 - ☐ Access to Health Care Services
 - ☐ Early Childhood Education
 - ☐ Employment Opportunities
 - ☐ Food Insecurity
 - ☐ Housing
 - ☐ Interpersonal Violence (IPV)
 - ☐ Transportation
1. Feasibility: Considering your community’s values, current resources and existing work, how likely is it that collaborative effort could make a positive change on this issue? (not at all likely, not likely, somewhat likely, very likely)
 2. What is contributing to progress on this issue in your community? (open-ended)
 3. What is getting in the way of progress on this issue in your community? (open-ended)

5. Other Issues: This includes any conditions or factors not included in the previous categories.

Given your different roles and perspectives both personally and professionally, please select the health issues or behaviors that seem the most critical to address collaboratively in your community over the next three years or more. (Please choose up to 3.)

For each topic respondent selects as “most critical”, create skip logic to the following questions:

- ☐ Family Planning
- ☐ Hearing and Vision Conditions
- ☐ HIV/AIDS
- ☐ Immunizations and Infectious Diseases
- ☐ Infant and Child Health
- ☐ Injury and Violence
- ☐ Oral Health/Dental Care
- ☐ Sexually Transmitted Infections

1. Feasibility: Considering your community’s values, current resources and existing work, how likely is it that collaborative effort could make a positive change on this issue? (not at all likely, not likely, somewhat likely, very likely)
2. What is contributing to progress on this issue in your community? (open-ended)
3. What is getting in the way of progress on this issue in your community? (open-ended)

6. Other Issues Cont.: Is there any OTHER health issue, that has not already been covered in this survey, that you feel is critical to address collaboratively in your community? (yes/no)

If “Yes” to the other health issue question on the previous screen)

What is the health issue? Please list only ONE health issue AND the reason that you feel this is a critical issue to address collaboratively in your community.

6. The next questions are about your organization and are for classification purposes only. Please identify which of these populations are served by your organization:

- Low-income residents (yes/no)
- Minority populations (yes/no)
- Medically underserved (those experiencing health disparities or who are at risk of not receiving adequate medical care as a result of being uninsured/underinsured due to geographic, language, financial, or other barriers (yes/no)

7a. (asked of those answering “Yes” to either/both “minority populations” and “medically underserved”): In the spaces below, please list up to 5 types of minority or medically underserved populations represented by your organization:

- Population #1 (open-ended)
- Population #2 (open-ended)
- Population #3 (open-ended)

- Population #4 (open-ended)
- Population #5(open-ended)

8. Name of organization (for reporting purposes)

9. Respondent contact information (name, title, organization, phone, email)

2018 Community Health Needs Assessment

Online Key Informant Survey Results

Henderson County, North Carolina

Prepared for:
WNC Healthy Impact

By:
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Introduction

Approach

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was implemented as part of the broader Community Health Needs Assessment process. A list of recommended participants was provided by local sponsors; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders.

Participation

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 29 community stakeholders took part in the Online Key Informant Survey.

Participating Organizations

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Participating organizations included the following:

- Adolescent Parenting Program
- Blue Ridge Community College
- Blue Ridge Health
- Boys and Girls Club of HC
- Children and Family Resource Center
- Crossnore School
- HCDPH
- Henderson County DPH
- Henderson County DSS
- Henderson County Public Schools
- Henderson County Sheriff's Department
- Hendersonville Pediatrics
- HopeRx
- Housing Assistance
- Immaculate Conception Church
- Interfaith Assistance Ministry
- Pardee Hospital
- Park Ridge Health
- Safelight
- Salvation Army
- The Free Clinic
- Thrive
- United Way

In the online survey, key informants were asked to list characteristics of a healthy community. They were also asked to select the health issues or behaviors that they feel are the most critical to address collaboratively in their own community over the next three years or more. Follow-up questions asked them to describe which contributors to progress and impediments of progress exist for these issues. Results of their ratings, as well as their verbatim comments, are included throughout this report.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key

Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Characteristics of a Healthy Community

Key informants characterized a healthy community as containing the following (percentages represent the proportion of respondents identifying each characteristic as one of their top 3 responses):

“In your opinion, what are the most important characteristics of a healthy community?”

Key informants could list up to 3 responses.

Characteristic	Mentioned By (%)
Access to Care/Services	28.4%
Recreational/Outdoor Activities	28.3%
Awareness/Education	22.6%
Equity in Access to Health Care	17.8%
Safe Environment	17.8%
Transportation	15.1%
Low Alcohol/Drugs Rates	14.5%
Affordable Care/Services	14.3%
Healthy Lifestyles	14.3%
Good Economy	11.1%
Access to Mental Health Care	10.7%
Access to Healthy Foods/Healthy Eating	10.5%
Employment	10.5%
Good Health Care	10.3%
Access to Healthy Foods	7.7%
Affordable Housing	6.9%
Commitment to the Community	3.8%
Community Health Risk Assessment	3.8%
Family Involvement	3.8%
General Feeling of Hope	3.8%
Local Network of Nonprofits	3.8%
Low Crime Rate	3.8%
Strong Business Community	3.8%
Activities for Children	3.6%
Availability of Emergency Care	3.6%
Physical Activity	3.6%
Basic Needs are Met	3.4%
Collaboration	3.4%

Characteristic	Mentioned By (%)
Low Poverty/Homeless Rates	3.4%
Respect of Each Other	3.4%
Social Connectiveness	3.4%
Treatment for Legal/Illegal Substances	3.4%

Chronic Disease

Ranking of Chronic Disease Issues as Critical to Address

Key informants in the online survey were given a list of chronic diseases and known factors that contribute to them, then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of chronic disease conditions identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address
1	Obesity/Nutrition/Physical Activity	27
2	Diabetes	16
3	Chronic Pain	15
4	Heart Disease/Stroke	8
5	Cancer	8
6	Upper Respiratory Diseases (such as Asthma)	2
7	Chronic Obstructive Pulmonary Disease (COPD)	1
8	Chronic Kidney Disease	1
9	Arthritis/Osteoporosis	0

Obesity, Nutrition, and Physical Activity

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Recreational/Outdoor Activities

Improved recreation options, such as Greenways. – Community Leader (Henderson County)

Recreation and wellness opportunities throughout the county. – Community Leader (Henderson County)

Parks, resources for people to exercise and move their bodies. – Public Health Representative (Henderson County)

Greenways, walking areas and bike paths. – Social Services Provider (Henderson County)

The wonderful walking parks available in the community. – Other Health Provider (Henderson County)

Awareness/Education

There are awareness campaigns and ongoing education on this topic. There are several health agencies that screen and treat. Schools and other public agencies are aware of challenges of this topic and have added services to assist in addressing. – Social Services Provider (Henderson County)

People from different groups are saying the same things, but for different reasons. – Social Services Provider (Henderson County)

I know there are health care providers who talk to their patients about this. There are weight-loss programs in the community. – Physician (Henderson County)

More marketing about trails, outdoor play, activities; work in the schools to address obesity in childhood and at the medical practice level, as well. – Other Health Provider (Henderson County)

High level of awareness; committed partners. – Public Health Representative (Henderson County)

Specific Programs/Agencies

Again, there is a great deal of interest and commitment to the issue. The task force created after the last CHA has been incredibly engaged and made some good progress. There are some innovative programs at play in the community. – Other Health Provider (Henderson County)

Numerous organizations and local governments are aware and focused. – Other Health Provider (Henderson County)

Strong community partners, excellent school system and public health. – Other Health Provider (Henderson County)

Existing programs at the free clinics (Healthways, YMCA, after-school initiatives for children and youth at Boys and Girls Club, expansion of Greenways, SNAP use at farmer's markets. – Community Leader (Henderson County)

School Programs

School nutrition programs are healthier, emphasis on physical education for younger children, biking path for exercise and other parks/recs access to exercise. – Public Health Representative (Henderson County)

Programs at schools, in the hospitals, the health department. – Social Services Provider (Henderson County)

School and health department efforts to promote healthy living and eating lifestyles. – Community Leader (Henderson County)

Collaborative Efforts

The partnership between Pardee Hospital and the YMCA, existing subcommittee work on having local farmer's markets accepting EBT. The United Way's work on free activities at local parks. A new website being launched with free outdoor activities targeted at households living in Henderson County. – Social Services Provider (Henderson County)

Different groups coming together to tackle the issue of opioid addiction in an organized way. – Physician (Henderson County)

Very likely collaboration. – Social Services Provider (Henderson County)

Physical Activity

Increase in time spent being physically active and access to free, healthy foods. – Community Leader (Henderson County)

Community Focus

Encouraging good health and exercise, providing many opportunities with walking trails, special events. – Social Services Provider (Henderson County)

Nothing/No Progress

Nothing at the time. – Community Leader (Henderson County)

Access to Healthy Food

Increasing options for fresh foods through community gardens and activity through parks, YMCA, etc. – Physician (Henderson County)

YMCA

YMCA. – Other Health Provider (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Lifestyle

Changing individual behavior is extremely hard. – Social Services Provider (Henderson County)

People need good eating habits. Workshop/meeting to discuss healthy options. – Community Leader (Henderson County)

Fast food, TV, resistance to lose weight because it is not easy. Lack of knowledge. – Physician (Henderson County)

Awareness/Education

Lack of education and motivation. – Community Leader (Henderson County)

Continue to educate the community on wellness. – Community Leader (Henderson County)

Education on the issue of obesity is talked about but the price of healthy food is cost prohibitive to the ones that need it the most. – Social Services Provider (Henderson County)

Lack of education and motivation. – Other Health Provider (Henderson County)

Denial

Lack of will to make healthy choices through environmental challenges. – Community Leader (Henderson County)

Lack of self-motivation to improve health through better eating habits, exercise. Not aware of the long-term effects of obesity on life expectancy. – Social Services Provider (Henderson County)

Not enough interest. – Other Health Provider (Henderson County)

Access to Healthy Food

Inexpensive fast food and processed foods, expensive health foods, need for education, poverty. – Social Services Provider (Henderson County)

The number of fast food restaurants in Hendersonville. – Other Health Provider (Henderson County)

Cost of healthy foods, sedentary lifestyles of youth at home. – Community Leader (Henderson County)

Cost of food and access to physical activity programs. Healthier food is 2-3x costlier than the cheaper foods, which have lower nutritional value. Physical activity programs are cost prohibitive to families that are 200%-100% below the federal poverty level. – Social Services Provider (Henderson County)

High cost of good food (i.e. fresh fruits and vegetables). – Public Health Representative (Henderson County)

Built Environment

Lack of safe biking and pedestrian sidewalks or trails routes for getting around downtown or to shopping or schools. Lacking infrastructure to transform how we get to work and school or shopping. – Public Health Representative (Henderson County)

Insufficient policy related to planning, zoning, etc. Not enough free quality recreational access for certain neighborhoods and communities. – Public Health Representative (Henderson County)

Funding

Funding, awareness, difficult topic to address (addiction). – Physician (Henderson County)

Lack of Collaboration

As of yet, no unified strategy has been formed. While there is a great deal of interest, it still feels like a “shatter-shot” approach. Community needs strong leadership to determine 1-3 approaches and come together to support and collaborate. – Other Health Provider (Henderson County)

People from different groups are saying the same things but for different reasons. – Social Services Provider (Henderson County)

No overarching, integrated strategy. – Other Health Provider (Henderson County)

Again, organizational silos and lack of focusing community resources and efforts. – Other Health Provider (Henderson County)

Affordable Care/Services

Affordable health food. – Community Leader (Henderson County)

Programs/Services for Youth

We need more programs for the children. – Physician (Henderson County)

Diabetes

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

There is a large awareness of diabetes in the community, and most health care providers screen for it. – Social Services Provider (Henderson County)

More information available to the general public. – Social Services Provider (Henderson County)

Education. – Social Services Provider (Henderson County)

Education. – Social Services Provider (Henderson County)

Access to Care/Services

Reasonable array of programs, services, and supports. – Public Health Representative (Henderson County)

YMCA Diabetes Program

Diabetes crosses all life spans and social classes; it is being addressed by multiple practitioners in the community, including the YMCA. – Other Health Provider (Henderson County)

Programs at the YMCA, Healthways program at the free clinics, after-school programs at Boys and Girls Club. – Community Leader (Henderson County)

Collaborative Efforts

There are a great many conversations and programs addressing diabetes and pre-diabetes in our community. Better coordination and collaboration among programs would help. But there is significant will and interest and commitment to the issue. – Other Health Provider (Henderson County)

The partnership between Pardee Hospital and the YMCA, existing subcommittee work on having local farmer's markets accepting EBT. The United Way's work on free activities at local parks. A new website being launched with free outdoor activities targeted at households living in Henderson County. – Social Services Provider (Henderson County)

Different resources collaborating and offering a variety of services at low cost. – Physician (Henderson County)

Strong community collaborations and a robust healthcare system. – Other Health Provider (Henderson County)

Specific Agencies/Programs

Blue Ridge Community Health. – Other Health Provider (Henderson County)

Henderson County Health Department, Hendersonville YMCA, Pardee UNC Health Care, and Park Ridge Health. – Social Services Provider (Henderson County)

Nutritionists available at community health center, Blue Ridge Health. – Other Health Provider

(Henderson County)

Affordable Care/Services

Numerous grant funding opportunities and heightened awareness. – Other Health Provider (Henderson County)

Lifestyle

Increase in time spent being physically active and access to free, healthy foods. – Community Leader (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Healthy Food

Expensive food prices, expensive housing, lack of public awareness, difficulty reaching the most at-risk populations. – Social Services Provider (Henderson County)

Food insecurity, food options. – Physician (Henderson County)

Cost of healthy foods, sedentary lifestyles of youth at home. – Community Leader (Henderson County)

Lifestyle

Non-compliance by patients; don't see the need to do anything different than before. – Other Health Provider (Henderson County)

Awareness/Education

Patients lacking education and understanding are contributing factors of diabetes. Also, lack of patient motivation to prevent becoming diabetic. – Other Health Provider (Henderson County)

Lack of awareness of the total overall effects of untreated or undetected diabetes. – Social Services Provider (Henderson County)

Lack of education, limited programs and services. – Community Leader (Henderson County)

Funding

Numerous organizations chasing grant funds, however, no "single" community approach to address and plan the systematic intervention. – Other Health Provider (Henderson County)

Affordable Care/Services

Need more affordable dietary education for diabetics. – Social Services Provider (Henderson County)

Prevention/Diagnosis

Lack of scale for early interventions when people are in pre-diabetic stage. – Public Health Representative (Henderson County)

Community Focus

Not enough community engagement in the area of diet and exercise. – Other Health Provider (Henderson County)

Lack of Collaboration

Many different individual efforts and that should be focused more collectively and efficiently. – Other Health Provider (Henderson County)

Lack of coordination and collaboration; "competition" among providers; it seems that every provider has "the" answer, and few are willing to work together to provide comprehensive, patient-centered approach. – Other Health Provider (Henderson County)

Chronic Pain

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Greater awareness among medical community for best practices with chronic pain management. – Public Health Representative (Henderson County)

Pain is leaving many as shut-ins and alone. – Community Leader (Henderson County)

Prescribing Practices/Policies

Prescribing practices and oversight is occurring at both hospital systems as well as other medical providers. – Social Services Provider (Henderson County)

More providers understanding how to address chronic pain, other than by prescription medications. – Other Health Provider (Henderson County)

Communication and addressing current prescribing policies. – Social Services Provider (Henderson County)

Opioid Awareness

To me, this is an issue strongly connected to prescription drug abuse (the underlying condition that can lead to addiction) and the current opioid crisis. I have a family member who dealt with chronic pain, and the appropriate medical response was not in place. – Social Services Provider (Henderson County)

Henderson County has a collective group discussing and planning for solutions to this issue. It is related to the opioid issues. – Social Services Provider (Henderson County)

Hope RX, community awareness, physician care transformation that is changing prescribing patterns, access to medication treatment for addiction, treatment for Hepatitis C, and access to medication drop-offs. – Public Health Representative (Henderson County)

Opioid awareness, pain medicine availability. – Physician (Henderson County)

Community Involvement and Interest

There is a great deal of dialogue about the need to address chronic pain, especially given the age of our community, with appropriate and meaningful alternatives to opioids and other medications. There is will and interest. – Other Health Provider (Henderson County)

Partnership for Health and HopeRx efforts to look at alternative modalities for pain treatment. – Community Leader (Henderson County)

Specific Agencies/Programs

Innovative programs, such as the Suboxone chronic pain group at Blue Ridge Health. – Other Health Provider (Henderson County)

Nonprofit substance abuse organizations. – Community Leader (Henderson County)

Hope RX, our legislature, and physicians. – Social Services Provider (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Drug/Alcohol Addiction

Addiction, untreated mental illness, funding. – Physician (Henderson County)

Heroin IV drug abuse and associated crime, access to clean needles and places to dump these where others cannot get stuck by one, discrimination against people with addiction, lack of funding, and

access to mental health and poverty. – Public Health Representative (Henderson County)
Opioid prescribing practices and deep-seated addiction. – Community Leader (Henderson County)

Lack of Alternative Treatment Options

I think we are making progress; as the addiction rates have risen, doctors are more aware of how much medication they are prescribing for chronic pain. I am simply not sure what alternative; therapeutic interventions doctors have before they prescribe a pain medication. – Social Services Provider (Henderson County)

People don't want to be "in pain;" resistant to try new methods of pain relief that aren't narcotic-based. – Other Health Provider (Henderson County)

Referrals to alternative care providers need to be increased, such as chiropractic care and meditation/yoga. – Social Services Provider (Henderson County)

Lack of Collaboration

Lack of consistency among providers for chronic pain management and lack of individual accountability established by employers. Also, resistance among primary care community to adequately integrate this care component into their mainstream practice (time constraints). – Public Health Representative (Henderson County)

Access to Care/Services

Lack of adequate resources to treat chronic pain. Lack of reimbursement for adjunctive therapies. Other Health Provider (Henderson County)

Funding

Funding. – Community Leader (Henderson County)

Insurance Issues

Systemic issues like lack of reimbursement by insurers for alternative modalities to treatment of chronic pain; strong pharmaceutical lobby intervening and preventing. – Other Health Provider (Henderson County)

Lack of Planning/Research

Time. – Social Services Provider (Henderson County)

Mental Health

Availability of prescription drugs. – Social Services Provider (Henderson County)

Heart Disease and Stroke

Contributors to Progress

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

Awareness/Education

Health education for the entire community. Collaborative efforts are happening with Pardee and Park Ridge. Maybe the college could get more involved in offering programming. – Community Leader (Henderson County)

Education on health from medical offices to media. – Physician (Henderson County)

Specific Agencies/Programs

There are programs to help people learn about good nutrition and exercise. – Physician (Henderson County)

Pardee UNC Healthcare's new cardiac program, increased public awareness of the symptoms, the Henderson County Health Department's education. – Social Services Provider (Henderson County)

Blue Ridge Community Health. – Other Health Provider (Henderson County)

Collaborative Efforts

Strong partnerships and community collaborations. – Other Health Provider (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

Similar to diabetic impediments. Lack of education and lack of motivation. – Other Health Provider (Henderson County)

Lifestyle

Fast food and TV. – Physician (Henderson County)

Poor habits among citizens. – Physician (Henderson County)

Access to Care/Services

Resistance from bigger hospitals in Buncombe County. Lack of access to health care for all. – Social Services Provider (Henderson County)

Lack of Collaboration

Organizational silos. – Other Health Provider (Henderson County)

Cancer

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Programs

Pardee Cancer Center. Also, Blue Ridge Community College is looking at a cancer education program. – Community Leader (Henderson County)

Community Interest

Local physician and health system focus. – Other Health Provider (Henderson County)

Support Systems

New cancer center at local hospital show very strong community support. Most people have either had cancer themselves or have a close family member who has and would support the need to address. – Social Services Provider (Henderson County)

Support systems for patients and their caregivers. – Community Leader (Henderson County)

Access to Care/Services

Increased treatment facilities and available care. – Social Services Provider (Henderson County)

Quality of Care

We do have excellent hematologists and oncologists in this community. – Physician (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

Lack of education and information distributed to the younger age group, but also to adults. – Social Services Provider (Henderson County)

Funding

Local non-profit focus on grant funding as the priority, versus targeted interventions of community needs. – Other Health Provider (Henderson County)

Affordable Services/Insurance

Costs. – Physician (Henderson County)

Prevalence/Incidence

There are so many types of cancer, so I don't think there is really anything getting in the way, except it is a daunting task and everyone is impacted by it. – Community Leader (Henderson County)

Screening/Research

I don't know that there are any barriers to progress, as long as all people can get the level of cancer prevention and cancer care they need. – Social Services Provider (Henderson County)

Fear/Denial

Fear of the disease. Too many still see it as a death sentence. – Community Leader (Henderson County)

Upper Respiratory Diseases (Such as Asthma)

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Access to Care/Services

Available medical care. – Physician (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Environmental Contributors

Air quality, pollution, and lack of low cost and accessible medical care. Before you counter with services from BRCH, the health department, or free clinics we should acknowledge barriers to people accessing these including transportation, awareness of services, stigma around free medical care, and treatment when receiving care or services. – Social Services Provider (Henderson County)

Very rich foliage in this area. – Physician (Henderson County)

Chronic Obstructive Pulmonary Disease (COPD)

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Nothing/No Progress

More education about smoking cessation. – Public Health Representative (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Tobacco Use/Vaping

People smoking, particularly more people vaping. – Public Health Representative (Henderson County)

Chronic Kidney Disease

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Diagnosis/Treatment

Physicians are diagnosing chronic kidney disease at earlier stages, and medications are available to halt the progression or prevent the development of chronic kidney disease. – Public Health Representative (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

People are unaware of this hidden problem, which contributes to risks for other diseases, including stroke and coronary heart disease and premature death. – Public Health Representative (Henderson County)

Arthritis/Osteoporosis

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

No comments

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

No comments

Mental Health and Substance Use

Ranking of Mental Health Conditions as Critical to Address

Key informants in the online survey were given a list of mental health conditions and known factors that contribute to them, then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of mental health conditions identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address
1	Substance Use	26
2	General Mental Health	22
3	Depression/Anxiety/Stress	20
4	Suicide	11
5	Dementia/Alzheimer's Disease	6

Substance Use

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Community awareness and provider collaborations seem to be increasing hope for better prognosis. – Social Services Provider (Henderson County)

National, state, local awareness & media. – Other Health Provider (Henderson County)

Education for providers about opioid addiction and changes in prescribing. – Physician (Henderson County)

Awareness, community organizations organizing around this issue. – Physician (Henderson County)

Improved education and outreach. – Community Leader (Henderson County)

Collaborative Efforts

Organizations that work towards finding a solution to this. – Public Health Representative (Henderson County)

Driving force across multiple organizations to decrease substance abuse and treat addicted patients. – Physician (Henderson County)

The many partners working together trying to bring hope and healing to those in the throes of addiction. – Social Services Provider (Henderson County)

Strong collaborative work. – Public Health Representative (Henderson County)

Specific Agencies/Programs

We have MAT agencies, agencies that integrate MAT into primary practice, outpatient, and prevention services in our community. The community is working well collaboratively and will likely see more results based on that collaborative work. – Social Services Provider (Henderson County)

HopeRx through the Partnership for Health has made excellent headway with our community efforts to address prescription drug abuse as well as prevention in the schools. Strong partnerships including recognition from our county commissioners on the need to address the opioid epidemic is shedding more light on the need for funding. – Community Leader (Henderson County)

The health department, law enforcement, first contact, HopeRx, the public schools, churches. – Social Services Provider (Henderson County)

The medication assisted treatment program at Blue Ridge Health. – Other Health Provider (Henderson County)

Multiple agencies addressing this issue in our community. – Other Health Provider (Henderson County)

The substance use workgroup is really active in the community and is working to address this issue. Hope RC County, commissioners, legislature. – Social Services Provider (Henderson County)

Access to physician medication treatment for opioid addiction at Blue Ridge Community Health Services, access through Methadone clinic and emphasis on prevention through managing pain especially postoperative pain with minimal narcotic prescriptions. – Public Health Representative (Henderson County)

Hope Rx and community partnerships. Strong public interest and attention. – Other Health Provider (Henderson County)

Blue Ridge Community Health. – Other Health Provider (Henderson County)

Opioid Awareness

Opioid crisis has created all new interest in substance abuse. – Social Services Provider (Henderson County)

Community Task Forces

The county's task force on opioid abuse and Hope RX is going to be helpful. – Community Leader (Henderson County)

Community Focus

Again, the comprehensive behavioral health strategic plan created by the community throughout 2017 brought together an amazing cross-section of the community to collaboratively define priority strategies and initial goals, as well as a dashboard to define success. There is a great deal of will and commitment to addressing the issue of substance abuse, as well as a tremendous program in HopeRx and some new funding being sought. – Other Health Provider (Henderson County)

Successful community wide summit on opioid addiction with support from local elected officials-availability of state and federal funding- strong support for Hope RX and other local programs. – Community Leader (Henderson County)

The community has a strong leadership group working on access to SA services. There is a plan forming and action will be taken to address the systemic issues. – Social Services Provider (Henderson County)

Communication

Young people talking about substance use. – Social Services Provider (Henderson County)

Nothing/No Progress

Everyone wants something done. – Social Services Provider (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Care/Services

Lack of comprehensive treatment facilities. Lack of federal funding to combat opioid addiction. – Other Health Provider (Henderson County)

Lack of treatment facilities and a lack of providers and counselors, easy access to controlled substances, physicians over-prescribing pain meds. – Social Services Provider (Henderson County)

The lack of detox and recovery facilities that are affordable and close. – Social Services Provider (Henderson County)

Funding

[Earmarking] dollars to increase treatment efforts. – Social Services Provider (Henderson County)

Not enough financial resources. No long-term care substance abuse facilities. – Other Health Provider (Henderson County)

Lack of funding for substance abuse assistance to those affected. Inpatient and outpatient. Lack of funding for recovery resources. – Community Leader (Henderson County)

They want someone else to do it and they do not want to pay for it. – Social Services Provider (Henderson County)

Funding, clear plan. – Physician (Henderson County)

Additional funding. – Community Leader (Henderson County)

Availability of Substances

Many people have access to pain pills and prescription drugs. – Public Health Representative (Henderson County)

Easy access to drugs. Perception that certain drugs are not harmful. Very limited resources for treatment. – Community Leader (Henderson County)

Denial/Stigma

Stigma on substance abuse and perceptions associated with mental health. – Other Health Provider (Henderson County)

Prevalence/Incidence

Volume of people affected, the social issues such as crime and heroin IV drug abuse that has risen since prescribing patterns are changing, and the stigma of addiction. The need for maternal and child health care for addicted mothers and affected newborns has been rising but access to integrated behavioral health is limited and poorly funded in some settings which makes it difficult for practices to sustain these services, no matter how wonderful they are. – Public Health Representative (Henderson County)

Increasing social stratification creating increased stress potentially leading to increased substance use. – Social Services Provider (Henderson County)

The national crisis.... availability of drugs. – Social Services Provider (Henderson County)

Lack Vision/Strategic Planning

Some agencies or organizations that use outdated tactics for addressing substance use/abuse. These include any program that relies on scare tactics, pledges not to take drugs (these, like abstinence pledges, not only don't reduce substance use, but put kids at higher risk. The majority that do participate will have sex or try-out alcohol or drugs and then don't have strategies to navigate these safely), or simplistic (and unrealistic) approaches like "just say no". Our community's approach rarely considers the factors that contribute to substance use, like Adverse Childhood Experiences. Our community's approach is too punitive and less caring. Being the target of racism, homophobia contributes to higher rates of substance use. Policing that criminalizes substance use, then results in arrests (loss of jobs or family stability). Schools that use emotional storytelling of loss due to substance use - These are not effective long-term in changing behavior or reducing substance use. – Social Services Provider (Henderson County)

Affordable Care/Services

Cost of providing treatment. – Social Services Provider (Henderson County)

Prescriber Policies

Poor practicing physician ownership in community initiatives. – Other Health Provider (Henderson County)

Lack of Collaboration

Fragmentation of the system - Multiple providers addressing the issue, but in different ways, need coordination of services for patients needing care. Also, the issue is more widespread than currently can be addressed. – Other Health Provider (Henderson County)

Government/Policies

The challenges of dealing with the state system, the LME, and the comprehensive provider. – Other Health Provider (Henderson County)

Youth

Need to link to earlier generations of youth and better understand local risk factors for substance use. – Public Health Representative (Henderson County)

Health Insurance

Continued Medicaid changes. The uncertainty of VAYA's role in the future and what provider changes will occur because of Medicaid changes. We need more detox and long-term sober living options. – Social Services Provider (Henderson County)

General Mental Health

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Greater awareness about mental health conditions and corresponding resources and integration of some services in schools and community agencies. – Community Leader (Henderson County)

Opioid Leadership Forum and awareness of the mental health problems. – Community Leader (Henderson County)

Some efforts to educate and provide needed services. – Social Services Provider (Henderson County)

Awareness. – Physician (Henderson County)

Specific Agencies/Programs

Programs like The Clubhouse at Thrive, training for law enforcement on how to deal with persons experiencing mental illness, NAMI, and other mental health services. – Community Leader (Henderson County)

Blue Ridge Community Health. – Other Health Provider (Henderson County)

Henderson County Health Department, Partnership for Health, the hospitals. – Social Services Provider (Henderson County)

Partnership for Health mental health strategic plan. – Community Leader (Henderson County)

Multiple agencies addressing this issue. – Other Health Provider (Henderson County)

Collaborative Efforts

Collaboration of many partners in the community. It's actually being talked about and is seen as a needed resource. – Social Services Provider (Henderson County)

Our community has spent many hours collaborating and developing a strategic plan regarding behavioral health concerns. Agencies and community leaders are invested in making change occur and in helping our community become healthier. – Social Services Provider (Henderson County)

Community Focus

Unfortunately, it is the world we are in and people just seem more negative and depressed. – Community Leader (Henderson County)
Community focus, attention, and collaboration. – Other Health Provider (Henderson County)

Access to Care/Services

Our local comprehensive provider. – Social Services Provider (Henderson County)
Increasing availability of resources and awareness. – Physician (Henderson County)

School Programs

Increased attention to mental health, especially vis-a-vis schools and students. – Community Leader (Henderson County)
School-based health center, Blue Ridge Community Health mental health services, Medicaid. – Social Services Provider (Henderson County)

Denial/Stigma

There are more mental health providers and less stigma about mental health issues. NAMI is a great resource for our community. – Public Health Representative (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Care/Services

Available appointments with health care professionals. Bed availability for inpatient care. Costs. Childcare for single parents who need services or for stay-at-home moms, who are home alone with children all day. – Physician (Henderson County)
Lack of resources and political will. Stigma on mental illness. – Other Health Provider (Henderson County)
Very limited services where demand far exceeds supply of available treatment and programs. – Community Leader (Henderson County)
Limited access to good mental health care for all ages. – Social Services Provider (Henderson County)
Programs to stimulate the mind. – Community Leader (Henderson County)
Our managed care organization. – Social Services Provider (Henderson County)

Funding

Lack of funding for mental health services and inpatient and outpatient services. – Community Leader (Henderson County)
Lack of government funding, lack of consensus, lack of treatment facilities and behavioral health providers. – Social Services Provider (Henderson County)
Funding and a clear group of providers and facilities to give access to the needed help. – Social Services Provider (Henderson County)
Funding, the way the mental health system is run in this country. – Physician (Henderson County)
Funding. – Community Leader (Henderson County)

Denial/Stigma

Stigma about mental illness, limited access to high quality care, limited resources for uninsured/underinsured. – Community Leader (Henderson County)
Stigma of mental health. Lack of federal funding to support mental health initiatives. – Other Health Provider (Henderson County)
Stigma, intervention and prevention resources, and providers. – Community Leader (Henderson County)

Lack of Providers

So many people need access to the services, and there aren't enough service providers. – Other Health Provider (Henderson County)

Affordable Care/Insurance Issues

High copays - My insurance charges \$50 for a counseling session. This is a stretch for many people and families, plus it's a major deterrent. Some states' mental health services have no co-pay, like family planning and prevention services. This would help! Stigma. People blaming gun violence on folks with mental illness. Research show folks with mental illness have an incredibly low likelihood of committing a violent act. Letting community members, schools, organizations blame gun violence on folks with mental illness further shames folks who want or need mental health support. How hard it is to get connected to a provider if you don't have insurance or do but can't afford it? – Social Services Provider (Henderson County)

Continued Medicaid changes. The uncertainty of VAYA's role in the future and what provider changes will occur because of Medicaid changes. – Social Services Provider (Henderson County)

Cost of caring for the mental issues we face and poor public understanding of the people suffering from these conditions. No one wants to admit their existence, let alone do something to provide quality care. – Social Services Provider (Henderson County)

Awareness/Education

People do not know how to access mental health services available in our community. – Public Health Representative (Henderson County)

Lack of Collaboration

Some people want to talk without real action. We need to collaborate more and allow the groups who really do the work to do the work. – Physician (Henderson County)

Policies

State continuing mental health reform is, resulting in less rather than more effective services. – Social Services Provider (Henderson County)

Depression, Anxiety, and Stress

Contributors to Progress

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

Awareness/Education

More widespread recognition of the symptoms, new and expanded park facilities such as Flat Rock Park, corporate wellness programs, programs offered by the hospitals, more emphasis in the schools. – Social Services Provider (Henderson County)

More and more awareness of how to treat these issues. – Public Health Representative (Henderson County)

Political attention and perhaps new resources. – Community Leader (Henderson County)

Nothing/No Progress

The subject is still "taboo" for many. – Social Services Provider (Henderson County)

Specific Agencies/Programs

I know the health department has programs with pregnancy care management and CC4C programs to help new parents. – Physician (Henderson County)

Integrated behavioral health in primary care settings, such as Blue Ridge and health department, and Safelight access to treatment for domestic violence and child abuse evaluations and treatments. – Public Health Representative (Henderson County)

Our comprehensive provider. – Social Services Provider (Henderson County)

Collaborative Efforts

Nonprofit and local collaboratives have made progress to integrate community-wide strategy. – Other Health Provider (Henderson County)

Henderson County has worked to create a comprehensive strategic plan to define self-determined behavioral health strategies and priorities. There is strong collaboration and shared intent. – Other Health Provider (Henderson County)

Sincere community collaborations and partnerships. – Other Health Provider (Henderson County)

Decreasing Denial/Stigma

Changing perceptions about how/why to seek treatment. Connecting youth to services. Bringing services into agencies to eliminate transportation barrier. – Community Leader (Henderson County)

Support for Patients/Caregivers

Trying to engage more in programs of all sorts so that there is a support system. – Community Leader (Henderson County)

School Programs

School-based health services, school counselors, school social workers, businesses that provide positive working environments and living wages. Supportive family and friends. Positive programs and activities for young people and residents. Safe neighborhoods and places to be outside. – Social Services Provider (Henderson County)

Access to Care/Services

Increased mental health access. – Physician (Henderson County)

Priorities

Not a higher-level need. Not that I agree I think this leads to bigger issues. – Social Services Provider (Henderson County)

Prevention/Screenings

There are stronger efforts to link depression/anxiety/stress to trauma and other causes. The county has some key initiatives that will benefit employees. This helps the community to accept and normalize access to treatment. It also generates stronger understanding/empathy for those challenged with it. – Social Services Provider (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Care/Services

Behavioral health is still very limited in our community. The LME/MCO states the county has all the services they need; however, there are 100's that do not have insurance that cannot be treated. These citizens end up in jail and in the ER. – Social Services Provider (Henderson County)

The challenge is the state mental health system, LME, and comprehensive provider. They perceive and drive services in a generalized way, which seem to ignore the will of the local community. – Other Health Provider (Henderson County)

Lack of resources and continuing stigma of mental illness. – Other Health Provider (Henderson County)

Denial/Stigma

Patients may refuse services out of fear. They may think the above services are actually social services and that their behavior is going to be monitored. Presentation and education can be helpful. Some people are living on the edge of poverty and trying hard to make ends meet but do not have time to rest. Networks or Circles are programs that can help people move out of poverty with the support of

community allies. – Physician (Henderson County)

Continuing stigma, addiction and family stress/violence. – Community Leader (Henderson County)

Social Determinants of Health

Poverty, societal blaming of poverty on poor people, lack of access to medical care, unsafe neighborhoods, lack of safe affordable housing, lack of good paying jobs, racism, sexism, homophobia, immigration presence in community. – Social Services Provider (Henderson County)

Poverty, lack of education about the symptoms, high costs of living in Henderson County. – Social Services Provider (Henderson County)

Funding

Financial pressures, the current political climate, lack of jobs that pay a living wage. – Public Health Representative (Henderson County)

Lack of funding for mental health and substance abuse problems. – Community Leader (Henderson County)

Multi-Faceted Issue

This is multi-faceted, and until we fix the underlying stressors, we will not fix the depression. – Physician (Henderson County)

Affordable Care/Services

Affordable and timely access to mental health care is still an issue in Hendersonville. Lack of school-based counseling means no attention to the emotional needs for youth at a critical stage in their emotional development. Prevention of violence in the schools, suicide, bullying, and treatment of trauma at this stage could transform the mental health of these children as they become adults and functional parents in the future. – Public Health Representative (Henderson County)

Low/no insurance. Difficulty accessing services. – Community Leader (Henderson County)

Alcohol/Drug Abuse

Something else that underlies our addiction epidemic is fall out from lack of access to mental health services. – Social Services Provider (Henderson County)

Diagnosis/Treatment

Our managed care organization. – Social Services Provider (Henderson County)

Communication

Lack of trust. – Community Leader (Henderson County)

Lack of Collaboration

Individual organization's own sustainability agenda, little shared governance structure. – Other Health Provider (Henderson County)

Early Diagnosis/Prevention

Consistent screening of patients when involved with medical care. Lack of provider knowledge and community resources to navigate people to if risk factors or concerns are identified. – Public Health Representative (Henderson County)

Priorities

More pressing, life-threatening issues. – Social Services Provider (Henderson County)

Suicide

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Awareness of suicide risks in teens and elderly and access to mental health services for adults through VAYA. – Public Health Representative (Henderson County)

Collaborative Efforts

Provider collaborations are helping to create somewhat more effective services. – Social Services Provider (Henderson County)

Recognition Of The Problem

Positive attention, more insightful analysis, reduction of stigma, and increased training. – Community Leader (Henderson County)

School Programs

The issue is affecting school-age children - One suicide is too many! All school staff are being trained on mental health first aid; school-based health centers have suicide protocols for these situations but are not located in all schools. – Other Health Provider (Henderson County)

School based health programs. – Other Health Provider (Henderson County)

Communication

Great shared discussions among partners and potential partners. – Other Health Provider (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

The lack of knowledge to many just how many suicides occur in our county. People have no idea the number of suicide calls law enforcement and EMS respond to. A lot of this can tie into the substance use and mental health issues. – Social Services Provider (Henderson County)

Not a primary topic of conversation in the community at the moment, except as secondary to other behavioral health issues. – Other Health Provider (Henderson County)

Access to Care/Services

Not enough mental health services in schools/community. Earlier detection and screening is needed. – Other Health Provider (Henderson County)

We need a behavioral health community living room to assist people after clinic hours. – Other Health Provider (Henderson County)

Continued Medicaid changes. The uncertainty of VAYA's role in the future and what provider changes will occur because of Medicaid changes. – Social Services Provider (Henderson County)

Socioeconomic Factors

Suicide is a complicated issue that is tied to a multitude of factors. Don't have comprehensive data to understand circumstances of recent suicides. – Public Health Representative (Henderson County)

Funding

State mental health reform and reductions in Medicaid funding are making it more difficult for providers to maintain services. – Social Services Provider (Henderson County)

Substance Use

Cultural factors, substance abuse, mental health disorders and isolation. – Community Leader (Henderson County)

Gun Violence

Guns are a serious problem. Most successful suicides is from guns. But we also have a gap in mental health for children related to lack of school counselors, affordable mental health care and medications for treatment, lack of parental concern for or insurance to cover preventive health care and mental health care for school age children and teens, stigma associated with mental health care and lack of FDA approved treatment for depression in children, lack of time for working parents to get the care they need for their children (counseling takes time). – Public Health Representative (Henderson County)

Dementia and Alzheimer's Disease

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Nothing/No Progress

There is not much attention to the topic at the moment in broader context of communication amongst agencies. – Social Services Provider (Henderson County)

Specific Agencies/Programs

Local non-profit and Senior Living; community interest based on funding. – Other Health Provider (Henderson County)

Aging Population

Being an older community with many retirees, we are well aware of the issues and desire to find a cure. – Social Services Provider (Henderson County)

We have an aging population in our county and more and more of our friends and family members deal with this issue. – Social Services Provider (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Family/Caregiver Support

There are so many being diagnosed, which oftentimes leaves caregivers lost, especially in their golden years, to be without spouse. Again, depression sets in. – Community Leader (Henderson County)

Access to Care/Services

General community population often not connected to the resources. – Other Health Provider (Henderson County)

Awareness/Education

Our community should have more education and communication regarding what this disease is, what it does, and how it affects family and the community as a whole. – Social Services Provider (Henderson County)

Denial/Stigma

Apathy by those who have yet to be touched by these horrible diseases. – Social Services Provider (Henderson County)

Lack of Providers

Lack of neurologists and specialists in this field in the community. – Other Health Provider (Henderson County)

Social Determinants of Health

Ranking of Social Determinants of Health as Critical to Address

Key informants in the online survey were given a list of conditions in which people are born, grow, live, work, and age, as well as known factors that contribute to a person's health. They were then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of social determinants of health identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address
1	Access to Health Care	19
2	Housing	19
3	Adverse Childhood Experiences (ACEs)	18
4	Employment Opportunities	9
5	Food Insecurity	6
6	Interpersonal Violence (IPV)	5
7	Early Childhood Education	4
8	Transportation	4

Access to Health Care Services

Contributors to Progress

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

Many Resources

Strong healthcare system and safety net providers. – Other Health Provider (Henderson County)

Expansion of community health care services. – Other Health Provider (Henderson County)

Increasing our capacity to serve health needs, especially senior care. – Social Services Provider (Henderson County)

Strong and varied healthcare options. – Community Leader (Henderson County)

More clinics, etc. – Community Leader (Henderson County)

Specific Agencies/Programs

Blue Ridge Health Services and the free clinics. – Community Leader (Henderson County)

Health department. School based health centers. Blue Ridge Community Health. Medicaid (we need an expansion). School nurses. – Social Services Provider (Henderson County)
Blue Ridge Health, The free clinics, two local hospitals. – Community Leader (Henderson County)
Blue Ridge Community Health. – Other Health Provider (Henderson County)

Access to Care/Services

Already have a lot of access for a community our size. – Physician (Henderson County)

Collaborative Efforts

Some provider collaboration is taking place. – Social Services Provider (Henderson County)
There is commitment among the safety net organizations to review gaps in service and work collaboratively to bridge those gaps. – Other Health Provider (Henderson County)
School nurses, school-based clinics. – Community Leader (Henderson County)

Affordable Care/Services

More places that offer medical care on sliding scale i.e. free clinics, health department, and Blue Ridge. – Public Health Representative (Henderson County)
Many providers see walk in patients and uninsured. – Other Health Provider (Henderson County)

Nothing/No Progress

No current progress that I am aware of. – Social Services Provider (Henderson County)

Free Clinics

Free clinics, Henderson County Health Department, Buncombe County Health Department. – Social Services Provider (Henderson County)
Free clinic, health department, BRCHS, Hospital practices that offer some charity care or discounts. – Physician (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Insurance/Medicaid Issues

Lack of Medicaid expansion. Lack of medical services at the health department for teens and adults outside of reproductive health services & STI testing. Confusing processes for accessing free to low cost medical care. – SO much paperwork. Stigma of accessing free/low cost care. Copays. Lack of transparency of how to access services. Worries about confidentiality. Transportation. Lack of respect and caring for users of services - Can feel judged or belittled by medical providers or medical reception staff and unwilling to go back. Demonization of fat people, trying to “eliminate obesity” - Which is elimination of an entire category of people. Unrealistic health goals from providers - Not focusing on patient goals. Not enough listening to patients. No paid time off or sick leave for most hourly workers. Waitlists for some doctors. – Social Services Provider (Henderson County)
Insurance. – Social Services Provider (Henderson County)

Funding

Funding challenges; volatility of the healthcare system in general. – Other Health Provider (Henderson County)
Funding and affordable, quality services. We have several substandard facilities. – Social Services Provider (Henderson County)
Funding, growing population. – Physician (Henderson County)
Funding. – Community Leader (Henderson County)
Funding. – Other Health Provider (Henderson County)

Transportation

Transportation, lack of interpreters in person, costs for some. Some people fall between the cracks: They make too much to get Medicaid but still do not have a lot of money. They have bills and families. Some people have limited insurance policies such as Family planning Medicaid. This does pay for family planning but nothing else. – Physician (Henderson County)

We need to expand transportation hours and services to allow more access to health care services. we also need to allow Medicaid transportation to transport to more than one doctor in one day. – Social Services Provider (Henderson County)

Transportation for patients. – Other Health Provider (Henderson County)

Access to Care/Services

The health care system is the problem. It is so complex, and I don't know that I have the answer but expanding Medicaid would help and provide more access. – Community Leader (Henderson County)

Need more access for these services. – Other Health Provider (Henderson County)

Limited resources to expand existing programs. – Community Leader (Henderson County)

Affordable Care/Services

High costs for medical services and potentially increasing numbers of uninsured or under insured people. – Social Services Provider (Henderson County)

Many people don't have or can't afford health care, or they have health care plans with high deductibles. The high cost of health care. – Public Health Representative (Henderson County)

Need another free clinic in the area. – Community Leader (Henderson County)

Navigating the System

Navigating the system of providers, specialists and insurance. – Community Leader (Henderson County)

Lack of Collaboration

Organizational silos. – Other Health Provider (Henderson County)

Housing

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Nothing/No Progress

I am not aware of any progress in our community on this issue. – Other Health Provider (Henderson County)

Specific Agencies/Programs

Habitat and Housing Assistance Corporation are increasing number of units available. City of Hendersonville is more open to higher density zoning and other strategies. – Community Leader (Henderson County)

Housing Assistance Corp., Habitat for Humanity, Interfaith Assistance Ministry (helps pay rents to prevent evictions), increasing public awareness. – Social Services Provider (Henderson County)

Housing Assistance Corporation and Habitat for Humanity. – Community Leader (Henderson County)

Housing Assistance Corporation <3Housing Authority sometimes. Affordable housing communities. – Social Services Provider (Henderson County)

United Way and Habitat for Humanity made this a priority and we also have land available. – Public Health Representative (Henderson County)

Recognition Of The Problem

I think people recognize the need for affordable housing with recent advocacy and press coverage. Our housing prices tend to rise. – Social Services Provider (Henderson County)

Affordable/Low Income Housing

Relatively affordable housing market compared to national average. – Other Health Provider (Henderson County)

Our local government and leaders are very open to solutions. They have plans that will increase the availability of affordable housing. – Social Services Provider (Henderson County)

Nonprofit organizations focusing on affordable housing. – Social Services Provider (Henderson County)

Increased Housing

New housing is being developed. – Social Services Provider (Henderson County)

Collaborative Efforts

We have agencies and community leaders that are working with elected officials to educate and advocate for safe and affordable housing. There are HUD grants in the community with several agencies. – Social Services Provider (Henderson County)

Economic Development

Growth. – Other Health Provider (Henderson County)

Communication

There are a number of ongoing conversations, a good deal of interest, and tremendous will to broach this very challenging issue. – Other Health Provider (Henderson County)

Work Force Housing

Providing workforce housing to the working population is essential. Because of the high cost of housing it is becoming harder and harder to recruit people to work in Henderson County. Therefore, contributing to lack of workforce for our businesses and industry. This also includes our ability to recruit teachers, college instructors, law enforcement and other working professions. – Community Leader (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Affordable Housing

Lack of workforce housing and sites to build on. – Community Leader (Henderson County)

It is market-driven and don't have a lot of influence over this, except to build workforce housing that is appealing to people. – Community Leader (Henderson County)

High cost of housing which appears to be increasing. – Social Services Provider (Henderson County)

Not enough housing stock that meets inspection guidelines. NIMBY for new building sites. – Social Services Provider (Henderson County)

Cost of housing. – Other Health Provider (Henderson County)

Large divide between quality of housing in affluent communities versus less affluent communities. – Other Health Provider (Henderson County)

Affordable housing is scarce and local landlords do not maintain their properties to a decent standard. City and county are not enforcing health laws that require repairs to be made. Trailer parks are the worst violators. – Social Services Provider (Henderson County)

Citizens do not want to pay for affordable housing, need more public-private partnerships and funding for low-income housing subsidies. We have a very high poverty rate for families with young and school age children, but not for the retirees living here, so the income gap is huge. Very hard to get ahead if

all your income goes to housing and daycare. – Public Health Representative (Henderson County)

It is relative. Housing prices are affordable here to the percentage of our population who are moving here from other areas of the country. Therefore, the need doesn't seem so extreme to the majority, perhaps. Also, people may recognize the need for affordable housing but may be skeptical (and unsupportive) of it being built near their own homes. – Social Services Provider (Henderson County)

Expensive costs of land, Not in My Back-Yard movements to block affordable housing efforts, lack of support from elected officials. – Social Services Provider (Henderson County)

Need more low-income housing. For a small town, far too much homelessness, especially teens. Numbers are embarrassing. – Community Leader (Henderson County)

Housing Authority apartments are sometimes an unstable and unpredictable place to live. The intake process is great, but I know residents that have been charged for basic maintenance or maintenance won't response to the work order helpline. Also, one of the staff walks around with a police officer. It's scary...! It's supposed to be a great place for folks with limited means... Lack of living wage. Lack of affordable housing. Few housing options for homeless teens under 18. No housing options for teens parents under 18 other than temporary shelter. A "not in my backyard" mentality. Fear of property values falling if affordable housing is built. Fear of low income people as neighbors. Housing discrimination especially towards people of color and people with children. – Social Services Provider (Henderson County)

Government/Policies

NIMBY Cost, value of land, and lack of political will to meet the challenge. – Other Health Provider (Henderson County)

Prevalence/Incidence

Not perceived as a community need that affects everyone. – Other Health Provider (Henderson County)

A huge, overwhelming problem. Henderson County commissioners and manager are not willing to take action. – Community Leader (Henderson County)

Time

Time. – Social Services Provider (Henderson County)

Adverse Childhood Experiences (ACEs)

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Awareness about trauma informed practices and how to build resilience in youth. – Community Leader (Henderson County)

Increased awareness of ACEs by providers and the general public. – Social Services Provider (Henderson County)

Information available about ace's and provision of trauma focused intervention. – Social Services Provider (Henderson County)

Skillful advocacy and training, conspicuous and tragic news events. – Community Leader (Henderson County)

Awareness in schools and pediatric offices. – Physician (Henderson County)

ACEs is being more commonly used in a variety of settings in the community. Education regarding this has helped many agencies and community leaders see the importance of this tool. – Social Services Provider (Henderson County)

More education about the effect of ACEs on the population. I am encouraged that many more medical providers are getting trained on this. – Public Health Representative (Henderson County)

A growing body of research and information/training for professionals is making progress in many

communities. – Social Services Provider (Henderson County) Education. – Community Leader (Mitchell County)

Awareness of ACEs and what it means. – Other Health Provider (Henderson County)

Increased awareness about ACEs. – Public Health Representative (Henderson County)

Awareness. – Physician (Henderson County)

Specific Agencies/Programs

Safelight and trauma informed mental health care providers are contributing. Prevention of child abuse and childhood trauma is being worked on. – Public Health Representative (Henderson County)

Believe Child Advocacy Center and other mental health initiatives. – Community Leader (Henderson County)

Safelight, DSS and other providers working to bring this issue to the for front. – Social Services Provider (Henderson County)

Collaborative Efforts

Community collaborations with the interest and courage to begin discussing the issue and understanding ACEs. – Other Health Provider (Henderson County)

School Resources

School based health programs. – Other Health Provider (Henderson County)

Focus on Youth

I must separate ACEs progress with respect to children from ACEs progress with respect to adults. There is a great deal of discussion and commitment to addressing ACEs among children and youth; new collaborations are being formed; strong evidence-based programming is being introduced. However, there seems little will to address ACEs among adults, except for a few almost stand-alone programs. – Other Health Provider (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

I think there is a growing body of research here, but the general population is unaware of what ACEs are and how they impact a person or a community, or how they can be helpful in their interactions with others. – Social Services Provider (Henderson County)

Lack of education for parents regarding this issue. – Other Health Provider (Henderson County)

Lack of information on this subject to the general population. – Social Services Provider (Henderson County)

A general lack of education the community around this issue. – Public Health Representative (Henderson County)

Lots of education of the general public is still needed. Most people do not understand ACEs and the way they impact health. – Other Health Provider (Henderson County)

Lack of awareness. – Physician (Henderson County)

Funding

Funding workers to stay strong and not get burned out along the way. Tough career. – Social Services Provider (Henderson County)

Funding for programs reducing ACEs is very limited. – Social Services Provider (Henderson County)

Funding. – Community Leader (Henderson County)

Access to Care/Services

There is a need for all youth serving agencies/schools/provider to utilize a trauma resiliency model/community resiliency model. – Community Leader (Henderson County)

Need more organization, efforts in the schools and with families. – Physician (Henderson County)
Provider access. – Community Leader (Henderson County)

Not Addressing Trauma Issues

No providers regularly screening for ACEs, to my knowledge. Need community resource platform for referrals when ACEs screening is completed, so the person gets connected to the services identified as a need on the ACEs screen. Would be nice to have a standardized tool that all providers are using. – Other Health Provider (Henderson County)

Not screening for ACEs in medical visits, not addressing treatment for trauma which can relieve some of the symptoms and prevent some of the outcomes. Still have a drug culture which leads to trauma. Need access to parenting classes for everyone, not just low-income or those referred to the classes due to social services or mediation process. – Public Health Representative (Henderson County)

Lack of Collaboration

Minimal incorporation of this model/tool into local medical practice. – Public Health Representative (Henderson County)

Employment Opportunities

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Economic Development

Businesses are hiring. – Community Leader (Henderson County)

Specific Agencies/Programs

BRCC, the Henderson County Jail, NC Works and other partners looking to provide skills for those leaving incarceration and re-entering the community. – Social Services Provider (Henderson County)

Government/Policies

Local government focus. – Other Health Provider (Henderson County)

Awareness/Education

I know there is a school for young mothers that has daycare. I know there are programs to help people get a GED. – Physician (Henderson County)

Living Wage

Just Economics Living Wage Certification. Some local businesses providing stable good paying jobs (like Hot Dog World). – Social Services Provider (Henderson County)

Tourism Focus

Tourism, healthcare sector, farm-to-table or foodie movement, and the arts contribute to a revitalized downtown and enrich our opportunity to support businesses. – Public Health Representative (Henderson County)

Collaborative Efforts

Our local government and business leadership are always seeking opportunities to expand employment opportunities. They are open to solutions. – Social Services Provider (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Low Wages

High cost of living, lack of affordable housing, lack of larger employers for higher paying wages, and growth in the retiree population rather than adult generation to support this, high poverty rate. – Public Health Representative (Henderson County)

Factories using staffing agencies that keep employees as "temporary" with lower wages and no benefits for long stretches. Incredibly low minimum wage. Lack of promotion of scholarship opportunities at BRCC or locally to get folks into training programs. Unintentional bias (Racism, sexism, etc.) in hiring. No grace for working families who have emergencies or sick kids. Often leads to loss of job. Lack of childcare. Childcare vouchers (through DSS and Smart Start) requiring a person have a job before they apply for the voucher. Most people can't accept a job until they have childcare. If they already had someone to watch their kid why would they apply for vouchers? Cumbersome process that is hard to navigate. Pay inequity among for women and especially women of color when hired or in jobs. – Social Services Provider (Henderson County)

Not having benefits. – Community Leader (Henderson County)

Economy

Housing, economic development. – Other Health Provider (Henderson County)

Funding

Funding and those willing to hire convicted criminals with a record. – Social Services Provider (Henderson County)

Priorities

Perception. Some young people do not realize the importance of finishing their education. Available jobs that can really help families grow and advance in a career may be a problem. – Physician (Henderson County)

Food Insecurity

Contributors to Progress

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

Specific Agencies/Programs

IAMOther food provision agencies. – Social Services Provider (Henderson County)

There is the W.I.C. program at the health department. There are some churches that have meals. There are places where people can pick up boxes of food. – Physician (Henderson County)

Knowing that [many] children in our region are food insecure has resulted in a large number of citizens involved in local backpack program. There is knowledge and interest. – Social Services Provider (Henderson County)

Collaborative Efforts

Agencies are collaborating to meet existing food needs. Desire to help exists and the community is supportive. – Social Services Provider (Henderson County)

Awareness/Education

There are so many agencies offering food for those that experience food insecurity. The Community College is essential in providing training that residents need to improve their financial situation. Without education and training, you would not impact the generational poverty that continues to be prevalent in our local families. We are so fortunate to have the community college in our area. – Community Leader (Henderson County)

Community Gardens

Community gardens, food banks. – Physician (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Healthy Food

Cheap food is generally junk food. unless we can turn that around, so the healthy food is inexpensive, it will continue to be challenging to appropriately feed everyone. – Physician (Henderson County)

Awareness/Education

Getting people into the Community College for education and training. This can be life changing for these families. – Community Leader (Henderson County)

Food education is a challenge. Getting individuals to learn better eating habits, money management and food preparation. Classes are available, but not well attended. – Social Services Provider (Henderson County)

Employment

Costs, employment. – Physician (Henderson County)

Government/Policies

Congress's attempt to add work requirements for food stamp recipients that will create fewer recipients and more hunger. – Social Services Provider (Henderson County)

Interpersonal Violence (IPV)

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

Safelight, Family Justice Center, Believe Child Advocacy Center. – Community Leader (Henderson County)

Safelight and domestic violence initiatives by law enforcement through collaborative efforts. – Social Services Provider (Henderson County)

Safelight and the free clinics are exceptional resources and partners. – Other Health Provider (Henderson County)

High rates of identification by DSS and others, variety of skillful non-profit work. – Community Leader (Henderson County)

Recognition Of The Problem

Empowering more women, educating both men and women. – Public Health Representative (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Community Focus

Public and political will. – Other Health Provider (Henderson County)

Culture

Patriarchy, sexism, a way that people still put men in positions of power. This attitude is still prevalent in our community. – Public Health Representative (Henderson County)

Law Enforcement

Prosecution of offenders and holding those accountable for crimes of violence they have committed. – Social Services Provider (Henderson County)

Substance Abuse

Mental health and substance abuse. – Community Leader (Henderson County)

Early Childhood Education

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

Nonprofits such as WCCA, Head Start, CFRC and the public schools. – Social Services Provider (Henderson County)

YMCA. – Other Health Provider (Henderson County)

School Programs

New programs in schools (dual language). – Physician (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Funding

Lack of funding from the state and lack of support from local elected officials. – Social Services Provider (Henderson County)

Funding on the state and national levels. – Physician (Henderson County)

Inadequate funding for ECC. – Other Health Provider (Henderson County)

Transportation

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

Truly, not much. The free clinics has a bicycle program to give free bikes to folks. The county and WCCA are considering adding a stop on Apple Country transit to Interfaith Assistance Ministry to provide transportation for residents who don't have transportation to get crisis services assistance. – Social Services Provider (Henderson County)

Access to Transportation

There are plans to increase the transportation infrastructure. Local government and leadership is informed, and solutions are being put in place. – Social Services Provider (Henderson County)

Recognition Of The Problem

Heightened awareness of need and challenges to quality of life and access to health care. – Other Health Provider (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Funding

Lack of government funding and lack of support from elected officials. Public awareness needs to be raised. – Social Services Provider (Henderson County)

Access to Transportation

Lack of resources, lack of consolidated funding. – Other Health Provider (Henderson County)

Other Options

Time is one element. Possibly support from the state or DOT. – Social Services Provider (Henderson County)

Other Issues

Ranking of Other Issues as Critical to Address

Key informants in the online survey were given a list of other health conditions not previously addressed in the survey, then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of other health conditions identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address
1	Injury and Violence	20
2	Infant and Child Health	16
3	Dental Care/Oral Health	15
4	Family Planning	10
5	Immunizations and Infectious Diseases	10
6	Sexually Transmitted Infections	4
7	HIV/AIDS	2
8	Hearing/Vision Conditions	1

Injury and Violence

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

Safelight and access to counseling for domestic violence victims, now offering support for perpetrators as well. “Me Too” movement has helped women speak out against a culture that allowed molestation and rape to go unreported and unpunished. – Public Health Representative (Henderson County)

Safelight and domestic violence initiatives by law enforcement through collaborative efforts. – Social Services Provider (Henderson County)

Safelight. The Youth Risk Behavior Survey administered in the schools. Resources and connections for young people and men. Mediation Center. – Social Services Provider (Henderson County)

Excellent organizations like Safelight. – Other Health Provider (Henderson County)

Domestic violence shelter, Child Advocacy Center - Some resources in the community. – Other Health Provider (Henderson County)

Safelight. Our district attorney and law enforcement. – Social Services Provider (Henderson County)

Awareness/Education

Awareness, media, and non-profits with this focus. – Other Health Provider (Henderson County)

With increased education and services focused on behavioral health and substance use, injury and violence should decrease as a direct result. – Social Services Provider (Henderson County)

More education regarding this. – Public Health Representative (Henderson County)

Increased attention to substance abuse and mental health conditions. – Community Leader (Henderson County)

Effective Law Enforcement

Law enforcement, elected officials, community activists. – Social Services Provider (Henderson County)

Collaborative Efforts

There are many agencies that are highly dedicated to working together to decrease the frequency of injury and violence. – Social Services Provider (Henderson County)

School Programs

Keeping the college campus and our public schools safe are a priority for our county commissioners and they fund public safety. We are grateful for them. – Community Leader (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

More education is needed. – Public Health Representative (Henderson County)

Not perceived as an issue unless it affects you personally. – Other Health Provider (Henderson County)

Denial/Stigma

Social stigma. – Other Health Provider (Henderson County)

Again, public will to address the issue. – Other Health Provider (Henderson County)

Law Enforcement

Prosecution of offenders and holding those accountable for crimes of violence they have committed. – Social Services Provider (Henderson County)

Higher rates of charges filed and prosecutions from the DA's office. – Social Services Provider (Henderson County)

Social Norms

Societal changes overall. – Community Leader (Henderson County)

Cultural Norms

[...] Telling boys to “man-up.” Sexism. Homophobia. Racism. Gun violence. Lack of medical and support services for men (the group most likely to get injured or commit violence). – Social Services Provider (Henderson County)

Early Diagnosis/Prevention

Lack of prevention efforts, lack of law enforcement intervention such as fines and prosecutions for perpetrators, blame of victims, human trafficking going unrecognized, other crimes associated with violence such as gang activity and drug abuse, rise of sexual addiction. – Public Health Representative (Henderson County)

Risk Factors

Continuing risk factors. – Community Leader (Henderson County)

Guns Violence

Easy access to guns, substance abuse, addiction to drugs with violent side effects. – Social Services Provider (Henderson County)

Fear

People who are victims are afraid and are controlled. Is there a safe place for them? What about long-term? Do restraining orders really work? Victims are known to return to a violent relationship with the false promise that the person hurting them will change. Are there any programs to help people learn to manage their anger. – Physician (Henderson County)

Prevalence/Incidence

More violence in the world, more local violence, untreated mental illness. – Social Services Provider (Henderson County)

Safety of Facilities

Thinking more of seniors and how often they fall and break bones. Need to be more aware of how we maintain our facilities so that they are user friendly for our elderly visitors. – Community Leader (Henderson County)

Infant and Child Health

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

St. Gerard House. What a blessing. – Community Leader (Henderson County)

Focus on pregnancy medical home, appropriate care for pregnant women, use of CC4C and WIC. – Physician (Henderson County)

Health Department

The health department, the hospitals, CFRC. – Social Services Provider (Henderson County)

Awareness/Education

Better education. – Social Services Provider (Henderson County)

Knowledge of the importance of first years of life, and that a child's health is critical to proper growth, learning, and future prosperity. – Social Services Provider (Henderson County)

Collaborative Efforts

Exceptional public health agency and community collaborations. – Other Health Provider (Henderson County)

Access to Care/Services

Increased services for medical and behavioral health through community health center. – Other Health Provider (Henderson County)

Physician Focus

We do have lots of very good pediatricians, family practice providers, and the health department. There are practices that offer care after hours and on weekends. – Physician (Henderson County)

Many pediatric providers and school-based health centers to address child health. – Other Health Provider (Henderson County)

Community Focus

Focus of community. – Other Health Provider (Henderson County)

Focus on child health. – Physician (Henderson County)

Prevention/Screenings

Better care provider in early years to children and their families. – Public Health Representative (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Care/Services

Lack of resources, poverty, need for more education. – Social Services Provider (Henderson County)

Lack of good childcare, lack of education around child health. – Public Health Representative (Henderson County)

Awareness/Education

Don't know of enough parenting classes. – Community Leader (Henderson County)

Educating parents. – Physician (Henderson County)

Funding

Lack of funding and cultural barriers. – Other Health Provider (Henderson County)

Funding. – Physician (Henderson County)

Lack of Providers

Lack of available pediatricians and child psychiatrists. – Other Health Provider (Henderson County)

Socioeconomic Factors

Poorer families not seeking proper care. – Social Services Provider (Henderson County)

Other underlying issues of homelessness, food insecurity, mental health disorders, substance abuse. – Physician (Henderson County)

Nothing

Not sure. – Social Services Provider (Henderson County)

Comorbidities

Mental health and substance abuse in the community. – Other Health Provider (Henderson County)

Dental Care and Oral Health

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

Community Dental Health Clinics. – Other Health Provider (Henderson County)

Blue Ridge Community Health. – Other Health Provider (Henderson County)

Blue Ridge Health dental clinic. – Community Leader (Henderson County)

Access to Care/Services

Addition of some providers. – Social Services Provider (Henderson County)

Increased access to dental care providers. – Community Leader (Henderson County)

Good dental care is readily available. – Social Services Provider (Henderson County)

School Programs

Recent dental screening projects in elementary schools to gain more insights about levels of decay. – Public Health Representative (Henderson County)

Access to Care/Services for Uninsured/Underinsured

Access to adult dental health are for uninsured/low income at Stokes Dental clinic. We also have ABC dental and Stokes who accept Medicaid for children. – Public Health Representative (Henderson County)

Some providers provide access to uninsured patients for dental services. – Other Health Provider (Henderson County)

Communication

Dental care is beginning to be discussed more and more. – Social Services Provider (Henderson County)

There are conversations, collaborations, and commitment to bridging gaps in care. There are services provided and volunteers committed to supplementing services. – Other Health Provider (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Affordable Care/Services

Our teeth are part of our body, so I'm not sure why we separate our oral health care from our general health care, but we do. I don't know that there is a barrier to progress outside of access due to affordability for people to pay for care. – Social Services Provider (Henderson County)

Not enough free or low-cost dental clinics. – Community Leader (Henderson County)

Lack of a “dental home” for many children. Cost of dental care is a barrier to most. Access to dentist is nebulous for less affluent. Poor diet choices. Poor education to children and parents regarding preventing dental caries. – Other Health Provider (Henderson County)

Expense and poor insurance options. – Community Leader (Henderson County)

Affordable dental services not available to everyone. Better education on good dental care is needed. – Social Services Provider (Henderson County)

Access to Care/Services

Too many need care and too few want to get it at Stokes, need to have other safety net providers of dental health care for adults especially. If we lose ABC Dental, then we will have critical need for Medicaid providers of dental care. We don't have affordable dental care for school age children not on Medicaid. – Public Health Representative (Henderson County)

Innovative thinking. Currently the main safety net dental provider operates a full schedule and no longer has space to rent. Volunteer (and prospective volunteer) dentists are unwilling to rent their office suites after hours. Space is the greatest challenge at present.. – Other Health Provider (Henderson County)

Awareness/Education

More intentional education and discussion regarding the benefits of dental health care, and access to the service. There are families/individuals that do not have insurance that cannot access dental care. – Social Services Provider (Henderson County)

Insurance Issues

Need more providers to take Medicaid and see uninsured patients on a reasonable fee schedule. – Other Health Provider (Henderson County)

Funding

Funding/space. – Other Health Provider (Henderson County)

Lack of Providers

Not enough providers even with the increase. – Social Services Provider (Henderson County)

Prevalence/Incidence

Comprehensive data for dental health in the county. Beginning work now on how that might be collected. – Public Health Representative (Henderson County)

Family Planning

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Health Department

Health department. – Physician (Henderson County)

Health department. Blue Ridge Community Health. School based health centers...sort of. They can prescribe birth control but not the most effective kinds and can't offer condoms. – Social Services Provider (Henderson County)

Specific Agencies/Programs

Blue Ridge Community Health. – Other Health Provider (Henderson County)

Awareness/Education

Education and outreach. Accurate information. – Community Leader (Henderson County)

Don't Know

Teenage pregnancy seems to be trending downward. – Community Leader (Henderson County)

Access to Care/Services

More access to family planning services. – Public Health Representative (Henderson County)

Readily available family planning programs and services in community. Expansion of school nurses in school system. – Public Health Representative (Henderson County)

Available resources. – Social Services Provider (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

Misinformation surrounding mission of Planned Parenthood. Lack of education. Lack of access to family planning resources. – Other Health Provider (Henderson County)

Lack of education, and a lack of importance placed on education regarding sexual behaviors. – Public Health Representative (Henderson County)

Lack of Prevention in Schools

Lack of evidenced-based sexuality education in schools. Lack of teen friendliness at most if not all health providers, including health department (love them but it is not always easy for a teen to get in and feel welcome). Lack of pediatricians offering birth control (especially IUD and hormonal implants). Health providers not knowing teen rights around access to contraception and prenatal care. Fear of lack of confidentiality. Worries about ability to pay. Confusing or cumbersome intake process. Lack of comfort among medical reception staff, or providers. Fear of community reaction to offering and advertising services. Assumption everyone knows how to access contraception. Focus on women or people with uteruses as the only responsible party for family planning. – Social Services Provider (Henderson County)

Restricted information in the school environment. Lack of engagement by younger generations in family planning services. – Public Health Representative (Henderson County)

Access to Care/Services

Perceived inaccessibility to services for teens. – Community Leader (Henderson County)

Denial/Stigma

There may be some fear among young people. Registration and appointments can be lengthy. Transportation may be an issue for some. – Physician (Henderson County)

Alcohol/Drug Abuse

Failure of addicted women to seek family planning services resulting in drug addicted babies. – Social Services Provider (Henderson County)

Government/Policies

Current political environment is making access to, and affordability of, family planning services more difficult to obtain. – Social Services Provider (Henderson County)

Lack of Collaboration

Improvement encourages coasting, continuing social/structural impediments to more effective intervention. – Community Leader (Henderson County)

Immunizations and Infectious Diseases

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Good education across the board. – Community Leader (Henderson County)

Health Department

The health department, education through pediatricians, the schools, the hospitals. – Social Services Provider (Henderson County)

Health department excellent resource, school nurses. – Other Health Provider (Henderson County)

Specific Agencies/Programs

Blue Ridge Community Health. – Other Health Provider (Henderson County)

Needle Exchange Options

I responded to this question with regard to upswing in Hepatitis C resulting from sharing dirty needles in drug use. [There was] discussion about needle exchanges... [until a] recent upset election... – Other Health Provider (Henderson County)

Physician Focus

Practice initiatives and the health department initiatives. – Physician (Henderson County)

Health Coalition

We have an existing Immunization Coalition and have succeeded in getting the public aware of required vaccines for teens. We have a baseline high acceptance rate for vaccines. Medicaid covers childhood vaccines. School nurses providing flu vaccines in the schools and nursing homes are fantastic. – Public Health Representative (Henderson County)

Henderson County immunization coalition. – Physician (Henderson County)

Outreach Programs

Local primary care and the health department provide outreach services. – Social Services Provider (Henderson County)

Quality of Care

Quality health care is available. – Social Services Provider (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

Even more education across the board with our parents. – Community Leader (Henderson County)

Misinformation on safety of vaccines based on parents’ emotions, privilege and entitlement. – Other Health Provider (Henderson County)

Internet and false info about vaccine dangers. – Physician (Henderson County)

Education regarding vaccine safety needs to increase. – Social Services Provider (Henderson County)

Access to Medications/Supplies

Shingles vaccine is expensive and not covered by Medicare. Effectiveness of Flu and Pertussis vaccines is low, and distrust is likely to result. Flu vaccine is our lowest acceptance vaccine and is recommended for all. – Public Health Representative (Henderson County)

Overprescribing antibiotics. – Physician (Henderson County)

Access to Care/Services

People not seeking these services, fear and misunderstanding. – Social Services Provider (Henderson County)

Understaffing

Need for school nurses, parental views on immunizations. – Other Health Provider (Henderson County)

Government/Policies

Political volatility. – Other Health Provider (Henderson County)

Poverty

Poverty and lack of access to health care. – Social Services Provider (Henderson County)

Sexually Transmitted Infections

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress

on this issue in your community?”

Awareness/Education

Awareness. – Physician (Henderson County)

Health Department

The health department and the free clinics. – Community Leader (Henderson County)

Access to Care/Services

Access to programs for youth that provide accurate information about the risks and consequences of unprotected sex. – Community Leader (Henderson County)

Specific Agencies/Programs

Medical providers. Western North Carolina AIDS Project. Health department. Teen parent and pregnancy prevention program at Children and Family (they offer all their teens a variety of free condoms and offer an evidence based reproductive health curriculum for teen parents!). Free clinics having condoms easily accessible. – Social Services Provider (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Denial/Stigma

Stigma about having an STI. Stigma about getting tested. The health department and Blue Ridge Community Health keeping their condoms behind the desk, as patients having to ask for them. Boring condoms. Lack of knowledge about how someone can get or prevent an STI. Condom use not usually being taught in school. Discomfort of adults talking to young people about STI prevention. Access to testing is vague. Cost of getting tested (even if it's free most people don't know this). – Social Services Provider (Henderson County)

Needle Exchange Program

Safe needle exchange is needed. – Community Leader (Henderson County)

HIV/AIDS

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

The free clinics. – Community Leader (Henderson County)

Awareness/Education

There had been movement on this issue... [before] the recent upset election... – Other Health Provider (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Government/Policies

Political volatility. – Other Health Provider (Henderson County)

Needle Exchange Program

There is a need for safe needle exchange to avoid a public health crisis. – Community Leader (Henderson County)

Hearing and Vision Conditions

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

Some churches are installing TCoil. What a gift to those with bad hearing. – Community Leader (Henderson County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Affordable Care/Services

Unbelievable cost of hearing aids. – Community Leader (Henderson County)

Additional Comments

Other issues uncovered through the online key informant survey include the following:

Substance Abuse

Substance-affected infants that have to be weaned on methadone or other medically assisted treatment due to mother's substance use/misuse. – Social Services Provider (Henderson County)

Opioid Addiction due to Accessibility

Specifically, opioid abuse. – Other Health Provider (Henderson County)

Use and abuse of opioids. This falls under substance abuse but deserves a category of its own. – Community Leader (Henderson County)

Misuse of Tobacco Products Leading to Cancer

Misuse of tobacco products, leading to mouth, throat, lung and other forms of cancer. – Social Services Provider (Henderson County)

Access to Affordable, Licensed, Professional Daycares

Access to affordable licensed professional daycare. – Public Health Representative (Henderson County)

Autism and It's Increased Numbers

Autism and it's increased numbers. 1 in 39 is critical. Need more awareness and support. Loneliness among our senior citizens. – Community Leader (Henderson County)

Obesity

The terms "obese" and "obesity" are outdated terms, considered offensive by many medical providers and folks studying eating disorders, health, and size diversity... A more effective approach is a focus on nutrition access & access to safe, outdoor spaces. Studies show the more health providers (and health departments) focus on eliminating "obesity," the more it shames fat people & results in avoiding or delaying medical care. A growing number of medical providers, nutritionists, and health educators are embracing the "Health at Every Size" model. This model is more inclusive and respectful... – Social Services Provider (Henderson County)

Safety in Schools and Market Places

Safety in our schools and market places. I think this relates directly to the need for access to mental health care, safety in schools, and gun control. – Physician (Henderson County)

APPENDIX F – CHA Focus Groups/Listening Sessions

See attached for:

- Questions Used during Sessions
- Focus Group/Listening Session Group Descriptions and Quotes

2018 CHA Focus Group and Listening Session

Questions

- 1) When you hear the words “healthy community”, what comes to mind? How do you describe a healthy community?
- 2) What do folks in this community do to stay healthy? What do you personally do?
- 3) On a scale of 1 to 10 (1 being least healthy and 10 being the most healthy) how healthy are the citizens of Henderson County (as a single population)? Why did you choose that number?
- 4) From your perspective, what are the most serious health problems or concerns facing this community?
- 5) What are the causes of these problems? In other words, what keeps people in your community from being healthy?
- 6) On the other end of the spectrum, what helps people maintain or enhance (better) their health?
- 7) Is there any group not receiving enough health care? If so, why?
- 8) Thinking of your own health needs and the needs of your friends and family, are you all able to get care when needed? What are the challenges to meeting your health care needs?
- 9) If I asked you to pick one thing to focus on to make Henderson County healthier, what would you pick and what would you do?
- 10) What is the main way you get information about how to stay healthy?
- 11) Is there anything else you would like to add, or you think would be helpful for us to know?

2018 CHA Focus Group and Listening Session

Group Descriptions and Quotes

Nine community Focus Groups and Listening Sessions were held between August 28, 2018 and October 24, 2018. The participating groups were strategically selected in order to gather feedback from a broad spectrum of the community – particularly those who may not be well-represented in the Community Phone Survey or the Online Key-Informant Survey. Below is a guide that describes each of the groups. The quotes that follow are color-coded to match the group that it came from.

- **Orange - Mountain Community School, 8/28/18: 15 adults (3 males, 12 females), age range 25–60**
- **Purple - Safe Light staff, 8/29/18: 7 adults (females), age range 30-50**
- **Red - Blue Ridge Health staff, 9/5/18: 15 adults (6 males, 11 female), age range 30-65**
- **Gray - Sammy Williams Center members, 9/10/18: 20 seniors (9 males, 11 female), age range 55-85**
- **Blue - Fletcher Park Inn seniors, 9/11/18: 10 seniors (4 males, 6 females), age range 60-90**
- **Pink - Boys & Girls Club teen girls, 9/18/18: 15 girls, age range 12-17**
- **Green - Boys & Girls Club teen boys, 9/18/18: 20 boys, age range 12-17**
- **Black - Interfaith Assistance Ministry intake volunteers (group 1), 9/27/18: 30 adults (12 males, 18 females) age range 60-80**
Black - Interfaith Assistance Ministry intake volunteers (group 2), 9/27/18: 20 adults (6 males, 14 females) age range 60-80
- **Safelight residents, 10/24/18, 4 women, age range 25-39**

Health Care

“Not knowing what the cost is going to be – going for healthcare can make people feel vulnerable”

“The hassle of fighting for healthcare provisions becomes overwhelming”

“working poor, many don’t qualify because they make too much for services”

“often told to go the urgent care, it’s hard to see PCP because they book so heavily”

“cost of medications, can’t afford meds for pink-eye”

“Oral health access is a big issue we can address”

“A healthy community has great resources for everyone of all ages.”

“When hospitals send people home early what are they going to do – Medicare can’t keep them in the hospital. Need on-call volunteer service to help people in that situation. Some can’t pay for an agency to do this”

Medicaid, “Financial help for healthcare so people don’t have to spend all their money.”

“Affordable dental insurance”

“Having Medicaid doesn’t pay for all the meds you need”

“My mom doesn’t have enough health insurance for us”

“Some of the aging population can afford to get good health, but not all.”

“When there is a lack of basic checkups you won’t always know if you have a serious health problem.”

“When someone has a \$5,000 deductible and they’re reluctant to go to the doctor.”

“I was prescribed a medicine that costs \$500 per month but because I have good health insurance I only pay \$6. That’s unfair.”

“people need access to healthcare, and being able to afford the costs of procedures and surgeries”

“being afraid to get care and then not being able to pay for it. If the Free Clinic pharmacy isn’t open, you have to wait for your meds or go back to the E.R. There’s a limit to what the Free Clinics offer”

Working Poor/ Affordable Housing/ Homeless

“Depends on what demographic you’re in, there are barriers for many. Income-wise it’s harder for most families unless you’re retired or doing well”

“Our affluent county may not always understand the average individual’s issues”

“Hard for those stuck in part-time jobs, lower economic groups and mid-income groups”

“Better housing for poor families.”

“Affordable housing - \$500 to \$600 a month”

“Lack of affordable housing limits people’s ability to think about other issues like education, exercise, nutrition, etc. They can’t think until their children are safe.”

“Henderson County has two strata’s, there’s a big socio-economic gap”

“There needs to be more affordable childcare – you can’t take 10 kids to a doctor’s appointment with you”

“People who don’t have kids have a harder time getting financial assistance. People with kids get a lot more help. People are out there having babies just so they can get help”

“How can you get a job if you can’t even find somewhere to take a shower. The place that has showers for the homeless is only open ½ day and only about four people can take a shower. There are hundreds who need a shower”

“Section-eight recipients have a hard time. There are long waiting lists for assistance

“It makes you so mad because people really need help. The filthy rich don’t care about the poor people here”

“We need more shelters in Henderson County for all – men, women, and children. A person shouldn’t have to go to the next county over for help”

“Shelters get more calls than they can provide for”

“There aren’t any places for domestic violence except Safelight. It’s something that needs to be re-evaluated. There’s a lot of trauma that a person has to be healed from”

“Daycare assistance. I have to work 30 hrs. a week to qualify for vouchers. Sometimes I just get 26 hours on my job. Then I still got to use the bus to get my kids there.”

“Actual affordable housing. The wages need to be true living wages. You can make \$15 an hour and still be on the poverty line here”

“I pay \$650 for a studio apartment here. It used to be \$200-\$300 for a whole house where I came from”

“How do you find out who is renting affordable places here? Like individual people with private rentals”

“Homelessness can be a cycle with the barriers of trying to get on your feet”

“People think DSS and other agencies are scary, or not very helpful. There needs to be navigators and liaisons to help people through the system. We need more people helping us who can relate and who have been through what we’re going through, so they know what it’s like to be in your shoes. Somebody on my level, like a peer counselor, peer support”

Transportation

“Transportation is a huge barrier for our clients.”

Going to grocery store huge ordeal—safety issue.

No means for transport on weekends and after 6:30 p.m.

2 Uber drivers here but it's a cost.

"Not a single bus stop at grocery store, but stops at fast food."

"A lot of people don't know about the healthy choices, plus have transportation issues – we do have mobile markets"

"road infrastructure improvements might help. Four Seasons on a Friday – forget it! The drive to Asheville home affects some's quality of life"

"Lack of public transportation prevents people from getting to their health care."

"There's a lack of public transportation throughout the county and people who don't have a way to get to the doctor."

"There are people who don't drive and don't go out and they're stuck in the house. We need more public transportation."

"Assistance from the county for transportation for those who can't get places, especially from residential areas"

"I miss my car. We need a shuttle. I wish the bus system here ran longer in the evening, and on Saturdays, and went to more places in the county. Not everything you need to get to is on the bus line. We need more routes and better schedules."

Senior Citizen issues

"You have to go to Asheville for any major heart care and that's expensive."

"There needs to be more communication about how to use medications. The average person doesn't understand their medications."

"a lot of elderly people getting into declining health and with limited income"

"Elderly with Medicare, without other insurance or underinsured"

Drugs

"Substance abuse issues cause people not to care"

"Drugs, substance abuse, mental health – lack of services, suicides in community"

"About 75% of the people at school do drugs and bad things." Violence in the community.

“A bunch of kids are getting access to drugs.” “A lot of people are smoking weed and taking pills.”

“Rehab for addictions and for physical therapy”

“Drugs are bad, all kinds, there are needles in the alleys, and alcohol bottles”

“Treatment approaches to help addicts are not good; many are shamed-based”

“there is a disturbing amount of people addicted to substances. They seriously neglect themselves. There is a large homeless population”

Nutrition

“being conscience of foods you’re eating, where it comes from, and what we’re feeding our kids, get kids involved”

“healthy eating if you can afford it”

“It’s so hard to get the bus to the grocery store and get back, trying to figure out the schedule of the routes. And you can only carry so much with you on a bus.”

“sometimes it’s easier to just eat what’s there”

“It’s time consuming to read labels and be healthy”

“It’s harder to eat good when you have little kids and no energy left in the evenings to prepare and cook meals”

Mental Health

“Most MH services are for crisis vs preventative; physicians should check their patients MH as well as physical”

“Kids need to know what they’re feeling – schools have a lot of kids that want to talk to the counselor rather than to their parents or teachers”

“There should be Informed Trauma training for all those who work with and serve the community”

Depression “Stress and anxiety, especially in the younger community.”

“I free-style-rap for my mental health”

“Depression, homicide and suicide”

“Not being able to get what you need brings stress – which breaks down the immune system – and then a person needs anti-depressant and anti-anxiety meds”

“We need a 24-hour MH clinic, or call line; and a safe place to drop off children when a person is not able to cope”

“Some people have a lot of complicated health issues – mental, emotional, and physical needs together – needing more than just one approach for their care”

Youth Issues

“A lot of school violence happens by kids who have had issues and then felt disenfranchised”

“Teach youth the things we’ve learned that no one told us – common sense education”

“Health-coaching and health education volunteers”

“Being able to do what you want without being scared.”

“loss of a parent who is in jail”

“No killings, murders, suicides – less weapons”

Physical fitness

“We have a lot of outdoor opportunities in Henderson County, but not everyone takes the time”

“Opportunities, building the greenways”

“in the older days all economic levels could play organized sports, but things are too expensive now for many – uniforms and the necessary sport equipment just to play”

“This world has gotten out of hand. Schools have gotten away from daily P.E. Somebody has to start reversing this, with education and through more promotion and the media”

“The roads are not very conducive to walking.”

“A single mom who works at McDonalds, with two kids, how does she make time for physical activity?”

“We need programs with positive reinforcement strategies for positive actions toward a healthier life”

“It’s hard to afford to do things like joining the Y”

“We have a lot of tourists here who do healthy things, but they don’t live here like everyone else”

Other

“We need more community conversations like this”

“Having connections, not being isolated. We have a lot of isolated areas, socially and physically. People need contact on a personal level, not just computers and Facebook”

“Do more for the incarcerated people when they get out”

Immigrants. “Everybody should be treated the same.”

“Smoking is a problem”

“look at the median age in our county and how a lot of older citizens have a lot of health needs; and the barriers to mental health counseling; and also obesity rates”

Where is health information is obtained

“self-education”

“Kindergarten – school handouts”

“through different studies, but they’re always conflicting”

“Building community relations that provide support through; clubs, neighborhoods, parishes-churches, working within those structures – people still get healthcare information by word of mouth”

“Young people are using the internet as their source”

“The hardest thing is to obtain information to communicate so everyone in the community knows about it”

“Doctor, but need more education from providers”

“From the different programs at Boys and Girls Club, and after-school programs and clubs.”

“Being book smart and street smart”

“Parents and guardians”

“Mentors and counselors”

“People don’t know about 211, they should put a billboard on Four Seasons Blvd.”

“Mailings from my insurance company”

My health providers – Places I feel safe and comfortable communicating

APPENDIX G – Handouts for CHA Community Forum

See attached for:

- Indicators identified as possible “Focus Areas” for CHA Community Forum



Mental Health

14.4% of adults reported more than 7 days of poor mental health in the past month

9.2% of adults reported inability to get needed mental health care or counseling in the past year

Suicide mortality rate has increased to 18.8 per 100,000

21.4% of 9th graders reported seriously considering suicide in the last year

13% of adults reported having 4 or more adverse childhood experiences

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Physical Activity & Nutrition

22.4% of adults in Henderson County report they get the recommended amount of physical activity

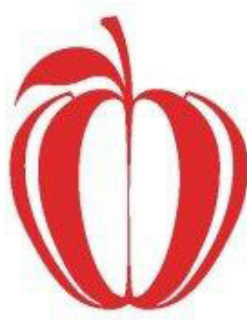
6.7% of adults report they consume fruits and vegetable 5 or more times a day

68.5% (7 out of 10) adults report they are overweight or obese

1 out of 5 adults report they have run out of food or worried about running out of food at least once in the past year

1 out of 3 children are overweight or obese

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Substance Abuse

24 unintentional opioid deaths in Henderson County in 2017

71 opioid overdose Emergency Department visits in 2017

21.8% of adults reported using opiates/opioids in the past year - with or without a prescription

21.4% of fatal crashes are alcohol related

17.4% of 9th graders reported that they rode with a driver who had been drinking alcohol in the last 30 days

39% of 9th graders reported that they have used an electronic vapor products

Henderson County Community Health Assessment



Safe & Affordable Housing

46.4% of renters spend more than 30% of their income on housing and 18.8% of renters spend more than half their income on housing

16.4% of mortgage owners spend more than 30% of their income on housing and 6.2% of mortgage owners spend more than half their income on housing

24% of all households in Henderson County are cost burdened (spend more than 30% of total income on housing)

112 homeless persons were counted in the annual point in time count in 2017

Henderson County Community Health Assessment

APPENDIX H – CHA Participants

We would like to thank and acknowledge several agencies and individuals for their contributions in conducting this health assessment:

Name	Agency	CHA Role or Contribution	Duration
Amanda Jones	Henderson County Public Schools	CHA Event/selection of focus areas, Action Team Participant	Ongoing
Amy Lynn Holt	Henderson County Board of Education	CHA Event/selection of focus areas	February, 2019
Amy McCall	Henderson County DPH	CHA Event/selection of focus areas, Action Team Participant	Ongoing
Amy Treece	Pardee UNC Health Care	CHA Event/selection of focus areas	February, 2019
Angie Garner	Vaya Health	CHA Event/selection of focus areas	February, 2019
Angie Hunter	Habitat for Humanity	CHA Event/selection of focus areas	February, 2019
Anita Glance	Henderson County DPH	CHA Data Team, Technical Assistance, CHA Event/selection of focus areas	Ongoing
Barbara Stanley	HC Board of Health	CHA Support	Ongoing
Bengy Bryant	Henderson County Sheriff's Office	CHA Event/selection of focus areas	February, 2019
Beverly Clark	Henderson County DPH	Action Team Lead, Technical Assistance, Logistical Support, CHA Event/selection of focus areas	Ongoing
Bill Lapsley	Henderson County Commissioner, HC Board of Health	CHA Support, CHA Event/selection of focus areas, Lead for Substance Abuse Task Force	Ongoing
Bo Caldwell	Henderson County Public Schools, HC Board of Health	CHA Support, CHA Event/selection of focus areas	Ongoing
Bob Williford	Henderson County Chamber of Commerce	CHA Event/selection of focus areas	February, 2019
Bobbie Trotter	Laurel Park Police Department	CHA Event/selection of focus areas	February, 2019

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Brandon Staton	Henderson County Sheriff's Office	CHA Event/selection of focus areas	February, 2019
Bridget Barron	Pardee UNC Health	Data, Action Team Participant, CHA Event/selection of focus areas	Ongoing
Brittany Brady	Henderson County Partnership for Economic Development	CHA Event/selection of focus areas	February, 2019
Brittany Williams	Henderson County Parks & Rec	CHA Event/selection of focus areas	February, 2019
Chris Berg	Volunteer – Homeless Coalition	CHA Event/selection of focus areas, Action Team Participant	Ongoing
Chris Denny	Henderson County Sheriff's Office	CHA Event/selection of focus areas	February, 2019
Colleen Rivers	Henderson County DPH	CHA Event/selection of focus areas, Action Team Participant	Ongoing
Crystal O'Dell	Henderson County DPH	CHA Event/selection of focus areas	February, 2019
Denise Cumbee Long	United Way of Henderson County, Partnership for Health	CHA Team, CHA Data Team, Action Team Participant, CHA Event/selection of focus areas	Ongoing
Denise Pesce	Mountain Community School	CHA Event/selection of focus areas	February, 2019
Dr. Craig Poole	HC Board of Health	CHA Support	Ongoing
Dr. David Ellis	Pardee UNC Health Care, HC Board of Health	CHA Support, CHA Event/selection of focus areas	Ongoing
Dr. Diana Curran	Henderson County DPH	CHA Support	Ongoing
Dr. Jan King	Henderson County Public Schools	CHA Event/selection of focus areas	February, 2019
Dr. John Bryant	Henderson County Public Schools	CHA Event/selection of focus areas	February, 2019
Dr. Laura Leatherwood	Blue Ridge Community College	CHA Event/selection of focus areas	February, 2019
Dr. Leslie Leidecker	HC Board of Health	CHA Support	Ongoing
Dr. Pete Richards	Chair – HC Board of Health	CHA Support	Ongoing
Dr. Robert Duffey	HC Board of Health	CHA Support	Ongoing
Dr. Ron Moffitt	Pardee UNC Health Care	CHA Data Team	Fall, 2018
Elisha Freeman	Children and Family Resource Center	CHA Event/selection of focus areas	February, 2019

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Elizabeth Moss	Interfaith Assistance Ministries	CHA Event/selection of focus areas	February, 2019
Ellen Carter	Advent Health Hendersonville	CHA Event/selection of focus areas	February, 2019
Erin Hendrix	Henderson County Parks & Rec	CHA Event/selection of focus areas	February, 2019
Frank Stout	Henderson County Sheriff's Office	Action Team Participant, CHA Event/selection of focus areas	Ongoing
Graham Fields	Advent Health, Hendersonville, Partnership for Health, HC Board of Health	CHA Team, CHA Data Team, Action Team Participant, CHA Event/selection of focus areas	Ongoing
Jacquie Rose	The Free Clinics	CHA Event/selection of focus areas	February, 2019
James Crafton	HC Board of Health	CHA Support	Ongoing
Jay Kirby	Pardee UNC Health Care	CHA Event/selection of focus areas	February, 2019
Jay Thorndike	Interfaith Assistance Ministries	CHA Event/selection of focus areas	February, 2019
Jerrie McFalls	Henderson County DSS, Partnership for Health	CHA Team, Action Team Participant, CHA Event/selection of focus areas	Ongoing
Jim Brewer	Pardee Foundation	CHA Event/selection of focus areas	February, 2019
Jimm Bunch	Advent Health Hendersonville	CHA Event/selection of focus areas	February, 2019
Jimmy Brissie	Henderson County Emergency Mgt	CHA Event/selection of focus areas	February, 2019
Joe Brittain	Mills River Farmers' Market	CHA Event/selection of focus areas, Action Team Participant	Ongoing
Joe Sanders	Blue Ridge Bicycle Club	CHA Event/selection of focus areas, Action Team Participant	Ongoing
Joe Yurchak	Family Preservation Services	CHA Event/selection of focus areas	February, 2019
John Lauterbach	Safelight Family Services, Partnership for Health	CHA Team, CHA Data Team, CHA Event/selection of focus areas, Action Team Participant	Ongoing
Johnna Reed	Pardee UNC Health Care, Partnership for Health	CHA Team, CHA Data Team, CHA	Ongoing

		Event/selection of focus areas	
Jolie Singletary	THRIVE	CHA Event/selection of focus areas	February, 2019
Josh Simpson	YMCA, Partnership for Health	CHA Team, CHA Data Team, CHA Event/selection of focus areas, Action Team Participant	Ongoing
Judith Long	The Free Clinics, Partnership for Health	CHA Team, CHA Data Team, Action Team Lead, CHA Event/selection of focus areas	Ongoing
Julie Huneycutt	HopeRX, Partnership for Health	CHA Team, Action Team Lead, CHA Event/selection of focus areas	Ongoing
Kelly Hart	Smart Start Partnership for Children	CHA Event/selection of focus areas, Action Team Participant	Ongoing
Kevin Marino	Henderson County DSS	Data, Action Team Participant, CHA Event/selection of focus areas	Ongoing
Kim Berry	Henderson County DPH	CHA Event/selection of focus areas	February, 2019
Kim Hinkleman	Pardee Foundation	CHA Event/selection of focus areas	February, 2019
Kim Horton	Henderson County DPH	Technical Assistance, Editing, CHA Event/selection of focus areas	Ongoing
Kristen Martin	THRIVE, Partnership for Health	CHA Team, CHA Data Team, Action Team Lead, CHA Event/selection of focus areas	Ongoing
Latoya Ellis	Advent Health Hendersonville	CHA Event/selection of focus areas	February, 2019
Laura D'Angelo	Children and Family Resource Center	CHA Event/selection of focus areas	February, 2019
Lee Henderson-Hill	Community Foundation of Henderson County	CHA Event/selection of focus areas	February, 2019
Linda Brittain	Mills River Farmers' Market	CHA Event/selection of focus areas, Action Team Participant	Ongoing

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Lori Bradley	Henderson County DPH	CHA Event/selection of focus areas, Action Team Participant	Ongoing
Matt Gruebmeier	Henderson County Public Schools, Partnership for Health	CHA Team, CHA Data Team, Action Team Participant, CHA Event/selection of focus areas	Ongoing
McCray Benson	Community Foundation of Henderson County	CHA Event/selection of focus areas, Action Team Participant	Ongoing
Michelle Geiser	HopeRX, Partnership for Health	CHA Team, CHA Data Team, Action Team Lead, CHA Event/selection of focus areas	Ongoing
Mike Barnett	Henderson County Emergency Mgt	CHA Event/selection of focus areas	February, 2019
Mike Murdock	Henderson County Veteran's Services	CHA Event/selection of focus areas	February, 2019
Mike Pace		CHA Event/selection of focus areas	February, 2019
Milton Butterworth	Healthy People Healthy Carolinas, Partnership for Health	CHA Team, CHA Data Team, Action Team Lead, CHA Event/selection of focus areas	Ongoing
Noelle McKay	Mountain Community School	CHA Event/selection of focus areas	February, 2019
Pauline Carpenter	THRIVE	CHA Event/selection of focus areas	February, 2019
Peggy Sanders	Blue Ridge Bicycle Club	CHA Event/selection of focus areas	February, 2019
Rebecca Mathis	Blue Ridge Health	CHA Event/selection of focus areas	February, 2019
Rebecca McCall	County Commissioner	CHA Event/selection of focus areas	February, 2019
Rebecca Walter	Times News	CHA Event/selection of focus areas	February, 2019
Robyn Sutton Bryson	HC Board of Health	CHA Support	Ongoing
Ron Kauffman		CHA Event/selection of focus areas	February, 2019
Ron Laughter	Habitat for Humanity	CHA Event/selection of focus areas	February, 2019
Ruth Birge	VISION Henderson County	CHA Event/selection of focus areas	February, 2019
Sarah Hoffert	Children and Family Resource Center	CHA Event/selection of focus areas	February, 2019

Sarah Kowalak	United Way of Henderson County	Action Team Participant, CHA Event/selection of focus areas	Ongoing
Sarah McDaniel	Henderson County DPH	CHA Data Team, Technical Assistance, Action Team Participant, CHA Event/selection of focus areas	Ongoing
Shane Lunsford	Advent Health Hendersonville	Data, Action Team Participant, CHA Event/selection of focus areas	Ongoing
Sharon Hanson		CHA Event/selection of focus areas	February, 2019
Sonia Gironda	Smart Start Partnership for Children	CHA Event/selection of focus areas, Action Team Participant	Ongoing
Stacy Taylor	Henderson County DPH, Partnership for Health	CHA Lead, Author	Ongoing
Steve Smith	Henderson County DPH, Partnership for Health	CHA Team, CHA Data Team, Action Team Participant, CHA Event/selection of focus areas	Ongoing
Tammy Greenwell	Blue Ridge Health, Partnership for Health	CHA Team, Action Team Participant, CHA Event/selection of focus areas	Ongoing
Tanya Blackford	Crossnore School, Partnership for Health	CHA Team, Action Team Participant, CHA Event/selection of focus areas	Ongoing
Tracey Daniels		CHA Event/selection of focus areas	February, 2019
Trina Stokes	Council on Aging for Henderson County, Partnership for Health	CHA Team, Action Team Participant, CHA Event/selection of focus areas	Ongoing

APPENDIX I – Behavioral Health Scorecard

See attached for:

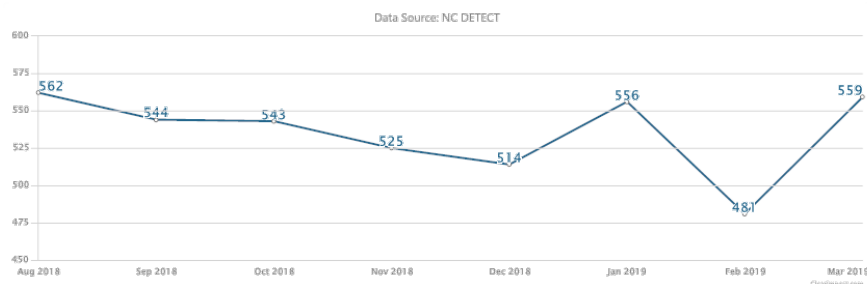
- Handout from Behavioral Health Scorecard

Henderson County Behavioral Health Summit/Comprehensive Community Plan

Population Results and Indicators

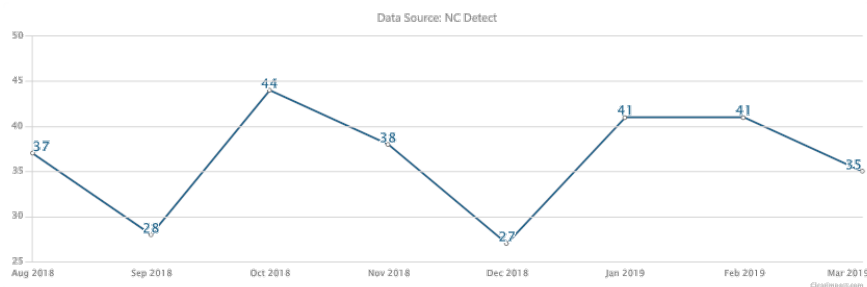
R Resilient, supported, healthy and productive people in Henderson County

I **MH** Count of Patients with Anxiety, Mood and Psychotic Disorders at ED visit



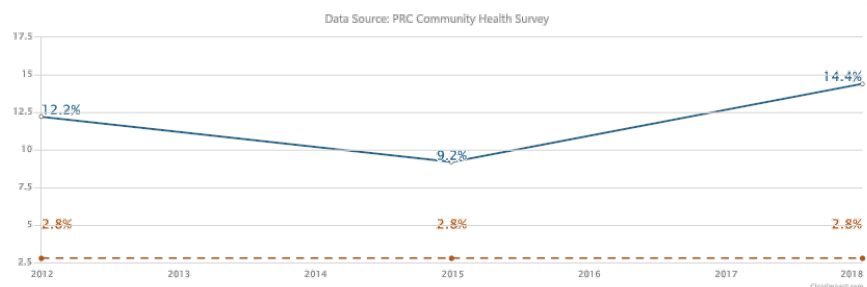
Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
Mar 2019	559	↑ 1	9% ↑
Feb 2019	481	↓ 1	-7% ↓
Jan 2019	556	↑ 1	8% ↑
Dec 2018	514	↓ 5	0% →
Nov 2018	525	↓ 4	2% ↑
Oct 2018	543	↓ 3	5% ↑
Sep 2018	544	↓ 2	6% ↑
Aug 2018	562	↓ 1	9% ↑
Jul 2018	622	↑ 3	21% ↑

I **MH** Count of Patients Reporting Suicidal Thoughts at ED visit



Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
Mar 2019	35	↓ 1	-39% ↓
Feb 2019	41	→ 1	-28% ↓
Jan 2019	41	↑ 1	-28% ↓
Dec 2018	27	↓ 2	-53% ↓
Nov 2018	38	↓ 1	-33% ↓
Oct 2018	44	↑ 1	-23% ↓
Sep 2018	28	↓ 2	-51% ↓
Aug 2018	37	↓ 1	-35% ↓
Jul 2018	45	↑ 2	-21% ↓

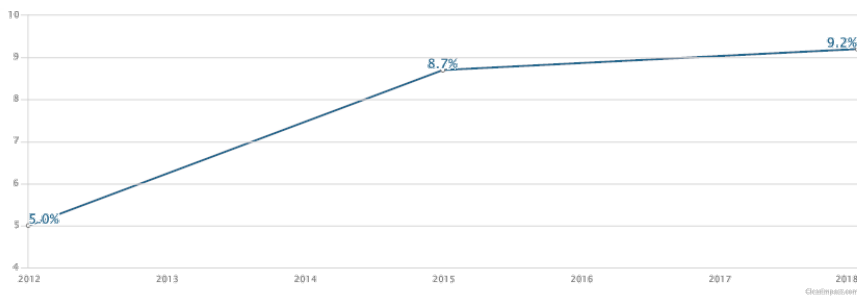
I **MH** Percent of Adults Reporting > 7 Days of Poor Mental Health in the Past Month



Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
2018	14.4%	↑ 1	18% ↑
2015	9.2%	↓ 1	-25% ↓
2012	12.2%	→ 0	0% →

I **MH** Percent of Adults Reporting an Inability to Get Needed Mental Health Care or Counseling

Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
2018	9.2%	↑ 2	84% ↑

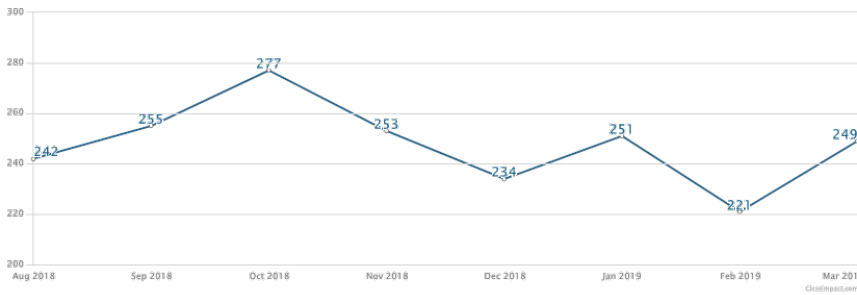


2015	8.7%	↗ 1	74% ↗
2012	5.0%	→ 0	0% →

Service System Measures

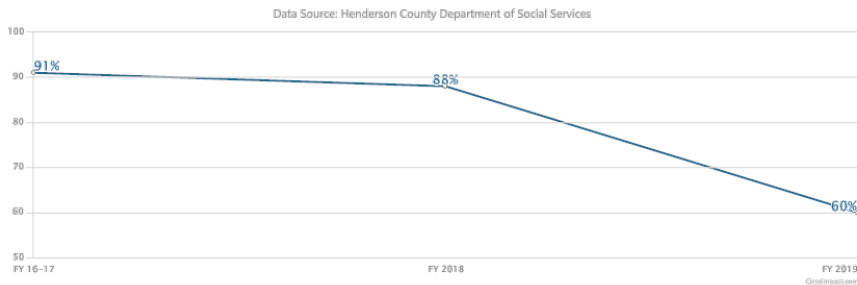
R People get the right care at the right place and at the right time

I Advent Hospitals - Total # Patients Presenting to the ED for Psych Evals



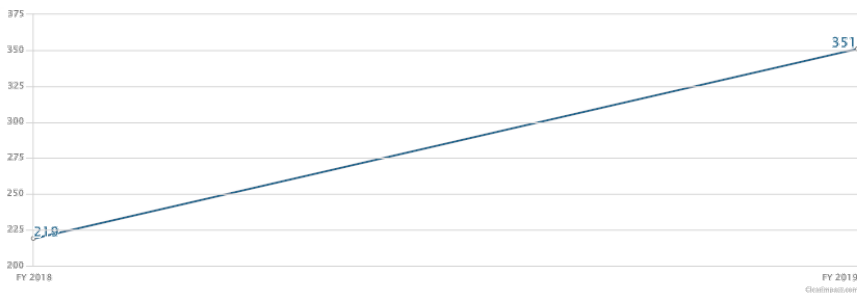
Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
Mar 2019	249	↗ 1	-1% ↓
Feb 2019	221	↘ 1	-12% ↓
Jan 2019	251	↗ 1	0% →
Dec 2018	234	↘ 2	-7% ↓
Nov 2018	253	↘ 1	0% →
Oct 2018	277	↗ 2	10% ↑
Sep 2018	255	↗ 1	1% ↑
Aug 2018	242	↘ 1	-4% ↓
Jul 2018	291	↗ 2	15% ↑

I HCDSS DSS - Avg % of Children's Services Cases Affected by Substance Use



FY 2019	60%	↘ 2	-34% ↓
FY 2018	88%	↘ 1	-3% ↓
FY 16-17	91%	→ 0	0% →

I HCPS School System - Total Persons trained in Mental Health First Aid by School Year



FY 2019	351	↗ 1	60% ↑
FY 2018	219	→ 0	0% →

Comprehensive Community Plan Strategies

S Provide Needed Services at the Right Place and Time

Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
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S	Connect People and Providers to Resources and Education	Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
S	Collaborate and Advocate Across Organizational Boundaries	Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
S	Enhance Community-Based System to Fully Support Relationship-Based, Personalized Care	Most Recent Period	Current Actual Value	Current Trend	Baseline % Change