

# COMMUNITY HEALTH ASSESSMENT



2011

Henderson County



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# EXECUTIVE SUMMARY

Community Health Assessment (CHA) is the foundation for improving and promoting the health of community members. The role of community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors. Through collaborative efforts forged among community leaders, public health agencies, businesses, hospitals, private practitioners, and academic centers, a community assessment team works to identify, collect, analyze, and disseminate information on community assets, strengths, resources, and needs. By providing the basis for discussion and action, Community Health Assessment is the foundation for improving and promoting the health of community members.

In eleven listening sessions conducted with diverse populations in Henderson County, participants identified obesity, access to care, mental health, substance abuse, and needs of lower socioeconomic seniors, as being the topics of greatest concern and interest.

The leading causes of death in Henderson County are heart disease, cancer, chronic lower respiratory disease, Alzheimer's Disease, and stroke. When compared with peer counties and the state, Henderson County is a relatively healthy county. Except for Alzheimer's Disease, health indicators for all of these causes of death are below the state and regional level. Henderson County's Alzheimer's Disease death rate is higher, even when adjusted for age.

In other health indicators, the suicide rate and the infant mortality rates both increased. Both are based on small numbers of events and one year rates can be misleading. Five year infant mortality rates show that the county is below the Healthy NC goal and lower than the state rate. Research shows that suicide rates tend to rise during recessions. We will continue to monitor the suicide rate in the county.

Obesity rates in children 2-4 years of age decreased in 2010. Being overweight or obese is a major factor in increasing ones risk for chronic disease such as diabetes and hypertension. Sedentary lifestyle, the high cost of nutritious foods, and the lack of safe walking and biking areas in the county make it difficult for people to make healthy behavioral choices.

The teen pregnancy rate continues to be lower than the state rate; however, the Hispanic teen pregnancy rate is higher than the state. Henderson county ranks 63<sup>rd</sup> in the state in pregnancies to girls age 15-19 but 9<sup>th</sup> in the state in pregnancies to Hispanic girls age 15-19.

Methamphetamine is the leading illegal drug of choice for not only Henderson County but for Western North Carolina. Tobacco is a gateway drug to other drug use. Nearly 1 in 3 high schools students surveyed in Henderson County indicated that they had smoked cigarettes at least one time. Prescription drugs are also leading the area in addiction and abuse in the county. Over-prescribing, doctor shopping, and kids having access to prescription drugs in their parent's and grandparent's medicine cabinets are all contributing to the problem.

Henderson County and neighboring Buncombe County offer a wide variety of health care resources but there are some gaps. Dental care for low-income children and adults and mental health care were both recognized in listening sessions as issues that need addressing. Dental services for children have improved since the last Community Health Assessment, with more Medicaid friendly clinics now open in the county. However, it is difficult for low-income adults to receive care. An extraction clinic is available, but there are few resources for restorative care for this population.

Mental health services and substance abuse treatment for low income clients became more difficult in 1999 when the state implemented mental health reform. Efforts to privatize and regionalize services have been hampered by insufficient funding and capacity. Several innovative programs have been developed, but the need continues to exceed the capacity of the systems in place.

After a thorough review of the primary data and the secondary data, a community forum was held. Findings were presented to the Henderson County Board of Health, the public, and to the Community Health Assessment Team. Leading community health problems that should be addressed over the next four years were identified.

The three top priorities were:

- ★ Obesity
- ★ Substance Abuse/Prescription Drug Abuse
- ★ Access to Mental Health Care

Community Health Assessment Action Plan Teams will develop plans of action for addressing the three health priorities. This includes tools for developing intervention and prevention activities.

# INTRODUCTION

A Community Health Assessment (CHA) is required every four years by the North Carolina Department of Health and Human Services. Conducted by the Henderson County Department of Public Health and community partners, the CHA is the foundation for improving and promoting the health of community members. Through this process, health priorities are identified by examining data and factors that affect the health of the community.

The Henderson County Community Health Assessment team consisted of a group of community residents and representatives from strategic organizations who represented the community as a whole. The composition of this team included representatives from the health and human services, non-profits, education, law enforcement, government, and community volunteers. (See Appendix A.)

The team initially met in June 2011 to hear a description of the Community Health Assessment process and to learn how they could help. A Masters in Public Health student from the University of North Carolina – Chapel Hill worked with the Department of Public Health during summer 2011 to gather primary data through eleven listening sessions and twenty key informant interviews. A subcommittee was formed to work on secondary data collection. The data committee provided various data links and resources. A wide variety of secondary data was reviewed, looking at local, state, and national data. In addition, trend data was examined when available. Throughout the report, Henderson County is compared to peer counties; counties that are similar in terms of demographic determinants of health. Henderson County's peer counties are Carteret, Haywood, Buncombe, and McDowell.

The United Way/Western Carolina Community Action (WCCA) Henderson County Community Survey was conducted in late 2009. The survey results and report are cited throughout this report and provide a valuable source of information about our community. Nearly 1,700 people completed the survey, representing 2.1% of the adult population in Henderson County at the time.

Completing the Community Health Assessment and identifying priorities is just the first step. Educating the community about health issues and developing interventions and strategies to address the health problems will follow. Where we live, learn, work, and play influences how healthy we are and how long we live. This is the true value of the Community Health Assessment; improving and promoting the health of Henderson County residents.

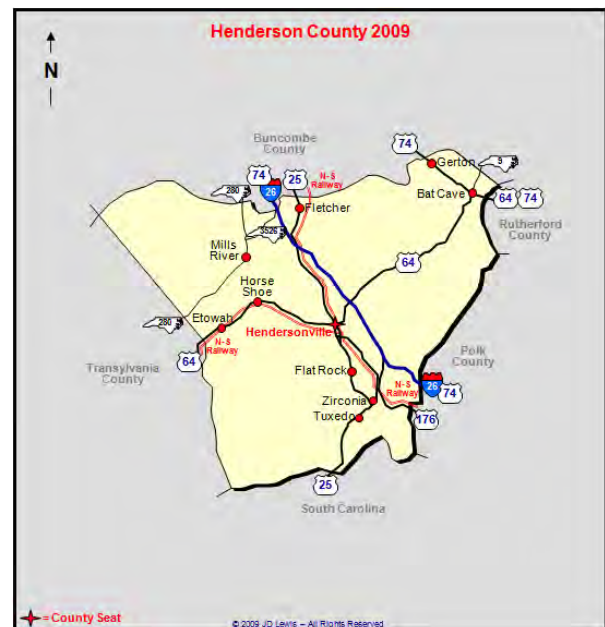
# CHAPTER ONE

## HENDERSON COUNTY COMMUNITY PROFILE

### GEOGRAPHY

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

The nearest commercial airport is Asheville Regional Airport, which is located on the Henderson/Buncombe county line off Interstate 26.



### HISTORY

The Henderson County area was settled after 1788 when the Cherokee Nation moved to the west side of the Pigeon River. It was named in honor of Leonard Henderson, Chief Justice of the Supreme Court of North Carolina. The county was established December 15, 1838 by an act of the North Carolina Legislature and was formed from Buncombe County. The county seat was named Hendersonville and was located on the Turnpike that was built in 1825. In the 1840s, Hendersonville received its original charter and had a population of several hundred residents. The property for the town was donated by James Brittain, Mitchell King and John Johnson.

Hendersonville was a rich, rolling uninhabited Cherokee hunting ground before Revolutionary war soldier William Mills "discovered" it in the late 1780s. He received one of the first land grants west of the Blue Ridge and established it to later become the thriving community it is today. Mills, by right of discovery,



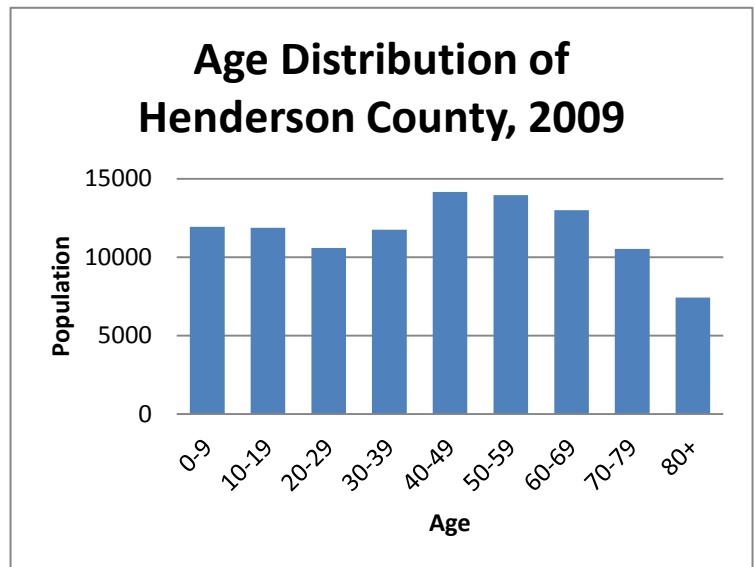
was allowed to christen some of Henderson County’s picturesque regions: Bearwallow, Sugar Loaf, Bald Top, Mills River, and Mills Gap are names that remain today.

It was not without controversy that Hendersonville became the county seat. The first court was to be held at the home of Hugh Johnston, at which time the justices were to decide on a place for future courts until a courthouse was erected. Commissioners were named to acquire land, lay out a town, and erect a courthouse. This town was to be named Hendersonville. The commissioners selected a site which is now called Horse Shoe, but much dissatisfaction developed over the selection and two factions arose, one named the River party and the other the Road party. The River party favored the Horse Shoe site. In 1839, the Road party enjoined the sale of lots of the site selected at Horse Shoe and the controversy soon became so heated that the Legislature ordered an election to be held to determine the location by popular vote. The Road party was successful. In 1840 Hendersonville was laid out on land deeded by Mitchell King of Charleston, South Carolina, for that purpose and Hendersonville became the county seat.

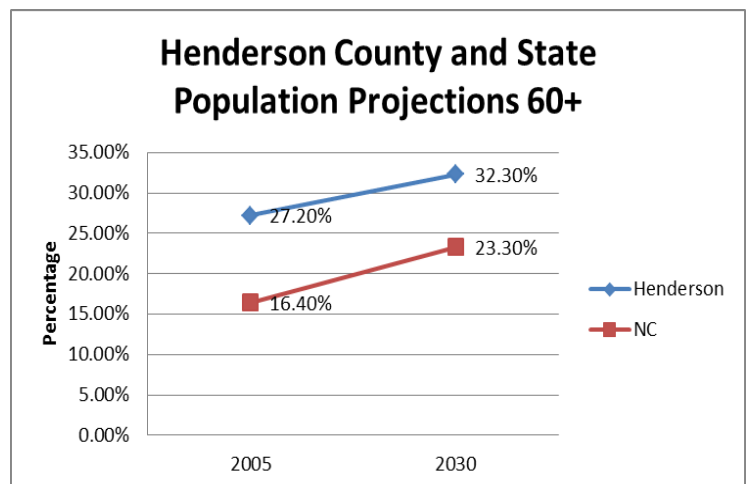
## POPULATION

The 2010 population for Henderson County was 107,177. The population is expected to grow by over 8% by 2020 to 116,058 and by 32.9% by 2030 to 142,442. The greatest growth is in the municipalities. The Fletcher area grew by 35% from 2007 to 2011 and in Mills River the growth was 9%. (Source: Henderson County Planning Department, County Profile, Oct 2011).

Approximately 6 percent of the population are under 5 and 77 percent are 20 and over. Eighty-three percent of the residents are high school graduates, and one in four have a bachelor’s degree or higher. (Source: U.S. Census Bureau, 2006 American Community Survey.) The median age for Henderson County is 45.5 years. This is higher than the median age for



SOURCE: NC STATE CENTER FOR HEALTH STATISTICS



SOURCE: WWW.NCDHHS.GOV/AGING/DEMOGRAPIC/6\_AGINGSTUDY\_HENDERSONCOUNTY.PDF

NC, which is 37.3 years or the median age for the United States, which is 37.2.

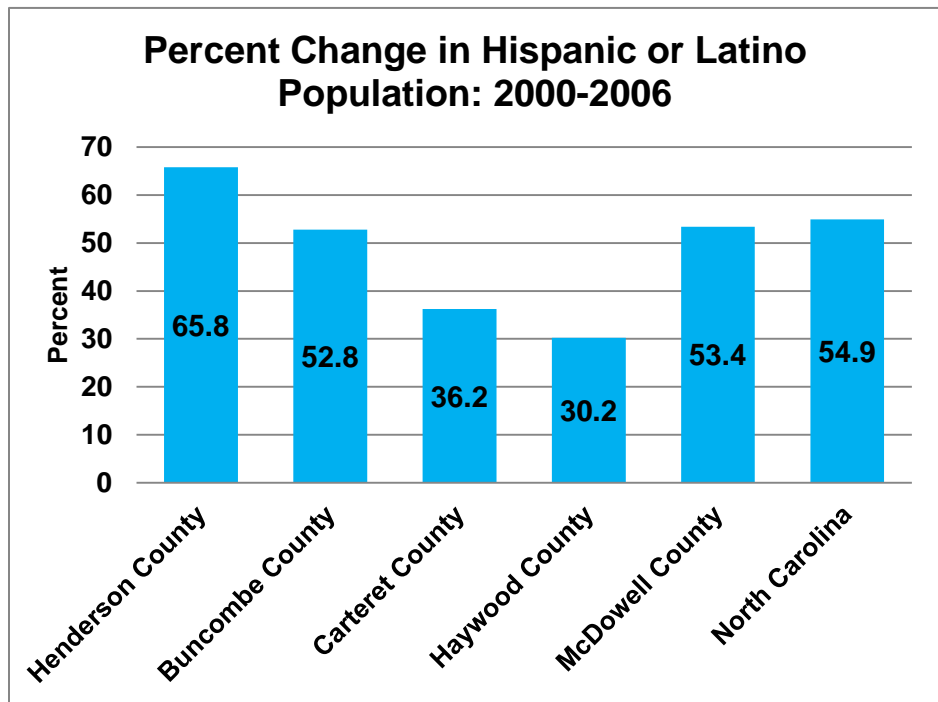
The 65 and older population will double in NC in the next 20 years. Henderson County has a large elderly population due to a favorable climate and regional location for retirees. Twenty-two percent of the county population is 65 years of age or older. By 2030, one in four North Carolinians will be 60 and older. Henderson County exceeds the NC proportion of its population who are 60+ through 2030.

While Henderson County is a retirement mecca, the elderly, regardless of income can be isolated and need mobile meals, services for independent living, nursing care, and socialization. The aging population will require additional services for older residents.

Henderson County does not have a state designated Senior Center. Due to budget cuts and the economic downturn, the Council on Aging for Henderson County reduced the hours and staffing at the Center, and as a result, the Center no longer qualifies for this designation or the state funding that went along with it. In listening sessions conducted in July 2011, participants from the Center were concerned about this change. They felt that the community should support a Center for the growing aging population in the county.

Henderson County has a very low non-white population. Eighty-nine percent of the residents are Caucasian, 11% are non-white, and 10% are Hispanic/Latino.

The Hispanic population continues to grow in Henderson County. In 2000, the Hispanics made up 5.5% of the population and in 2006, they accounted for 8.3% of the County population. Currently they account for 10% of the population. Hispanics have a higher percentage of having no current health insurance, not being able to see a doctor due to cost, and having no personal doctor. Diabetes and other chronic diseases are expected to become much more prevalent in the Hispanic population.



SOURCE: US CENSUS

## POVERTY

In 2010, Henderson County had one of the highest increases in poverty in the state. From 2007 to 2010, the Henderson County poverty rate increased 63%. North Carolina's poverty rate jumped to 17.5% in 2010 from 16.3% in 2007. The poverty rate increased 22% from 2007, which coincides with the beginning of the recession. The poverty rate is the percentage of people living under the federal poverty line, defined as a household of four living on \$22,314 a year, or an individual making less than \$11,139. Nearly 1.6 million North Carolinians were officially in poverty

in 2010 and more than 728,000 were living in deep poverty. The Healthy NC 2020 objective is 12.5% which is significantly lower than the county's poverty rate in 2010. The poverty rate for children in North Carolina climbed to 24.9% from 19.5% in 2007, while the poverty rate for seniors fell slightly from 11% to 9.9%. Minorities and Latinos were also more likely to experience poverty in 2010.

The high poverty and unemployment rate has caused an increased demand for services. The Henderson County Department of Social Services (DSS) disburses approximately \$11.6 million per month in food and nutrition, Medicaid/Health Choice, and Work First programs. These programs are supported by federal funds, not county taxes. In August 2007, the food and nutrition program served 5,761 county residents and the total monthly benefit paid out was \$500,000. In August 2011, 13,447 residents were helped at a cost of \$1.5 million – an increase of 133 percent. DSS also manages the Medicaid and Health Choice funds from the federal government. In August 2007, 12,199 county residents received \$7 million per month in benefits. In August 2011, 15,948 people were served at a cost of \$7.8 million.

## HUNGER

During these times of economic uncertainty, hunger and the threat of hunger is growing in Western North Carolina. In 2010, 106,600 different Western North Carolinians sought emergency food aid from MANNA FoodBank's partner agencies in a single year. Many people served by food banks are struggling with unemployment, difficult choices between food and other basic necessities, and the pressures of healthcare costs. Often people on a fixed income must make difficult choices, such as whether to purchase medicine or food. This can have a profound impact on their health.

Percent Living in Poverty			
County	2007	2010	Jump in Rate
Moore	7.7%	18.5%	140%
Rowan	11.4%	21.3%	87%
Lincoln	9.0%	15.8%	76%
<b>Henderson</b>	<b>10.2%</b>	<b>16.6%</b>	<b>63%</b>
Wake	8.3%	12.0%	45%
State of NC	16.3%	17.5%	22%
SOURCE: US CENSUS , NC BUDGET AND TAX CENTER, 2011			

Food insecurity is the term used to describe the feeling of insecurity about having enough food and/or enough resources to purchase food. North Carolina has the third highest food insecurity rate in the nation. The NC rate of 18.2% (of the state population) was slightly behind Mississippi (19.9%) and South Carolina (18.3%). Henderson County's rate was 15.1% of the county population.

Locally, the **Hendersonville Rescue Mission** serves three meals a day and about 60,000 meals a year. They often see an increase during the last two weeks of every month as people run low on money. **Interfaith Assistance Ministry** has also seen a steady increase in participants this year. **The Storehouse** provides an assortment of dry groceries. The food program currently feeds 225-250 families per month. Monthly food expenses are \$5,000 each month. In the United Way/WCCA Survey, nearly 9% of respondents report that someone in their household went without a meal because there was no money for food. Over forty-five percent said they used money meant to pay a bill in order to buy groceries.

In Western North Carolina, at least 70 percent of food pantries, soup kitchens and emergency shelters report that they have at least one problem that threatens their ability to continue operating. Problems relating to funds and food supplies were the two most commonly cited threats.

## TRANSPORTATION

Transportation is key to the economic vitality and quality of life in Henderson County. During the development of *Henderson County 2020 Comprehensive Plan*, a series of community meetings were conducted. Transportation issues placed within the top twenty issues. There was a strong perception that while the current transportation network is adequate, the system is deteriorating due to growth and congestion. A community questionnaire regarding transportation provides insight into what is important to residents:

- Develop a long-range transportation plan that includes public input for roads and alternate modes of travel....46.9% of votes
- Improve or repair existing roads for better traffic flow...34.9% of votes
- Improve access and development of walking trails, sidewalks, bike paths, and greenways...18.2% of votes

Interstate 26 serves as a main corridor through Henderson County it runs east toward Spartanburg, SC. It intersects with Interstate 85 that leads to Charlotte, NC and Atlanta, GA. I-26 also runs west to Asheville, NC where it connects with Interstate 40. Highway 64 is another main route in Henderson County that connects several more rural towns and communities.

According to the 2010 Census data, the mean travel time to work was 21 minutes and about 68% of the workforce stay within Henderson County to work. The primary mode of transportation in Henderson County is by vehicle with 82% of the workforce 16 years and over driving alone. Less than 1% reported using public transportation as a means of travel to work.

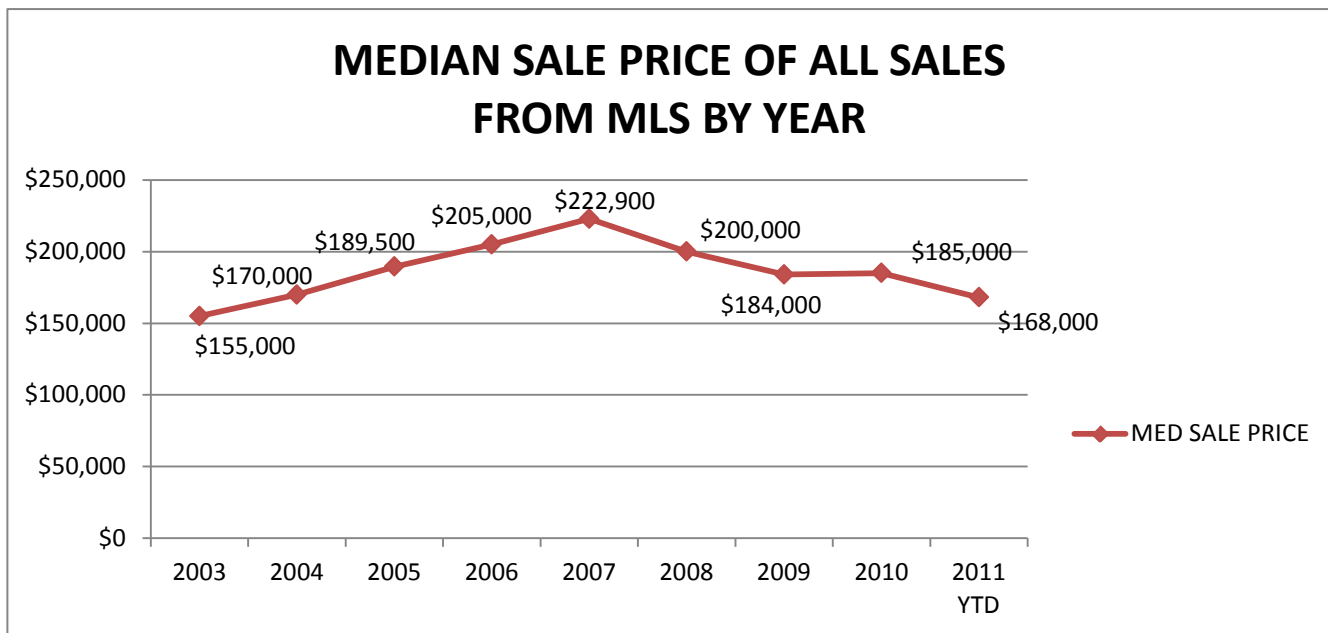
Commercial air travel is available at the Asheville Regional Airport, located in Fletcher, NC which lies on the Buncombe and Henderson County border. US Airways, AirTrans, Allegiant, Continental, Delta, and United Airlines offer direct and connecting flights to Charlotte, Atlanta, New York, Florida, and Chicago.

WCCA/Apple Country Transportation is the main public transportation option for Henderson County residents. Apple Country provides transportation to the general public on two routes for a small fee. Apple Country provides transportation services for human service agencies and services including DSS and the Department of Public Health, Elderly and Disabled Transportation Assistance Program, and medical and grocery shopping services for eligible elderly and disabled citizens. Apple Country Transportation is part of the LINK service that connects Henderson County to the Asheville Transit System.

The United Way/WCCA Community Survey report noted that transportation was ranked number one in listening sessions in 1999 but was number seven in 2009. This is likely the result of NC Department of Transportation funds for both rural and metropolitan public transportation through WCCA's Apple Country Transportation. Not only has bus service improved, but sidewalks and walking trails have multiplied. The Oklawaha Greenway extends to connect Jackson Park to Patton Park and local groups are generating interest in a potential Rails-To-Trails project.

## HOUSING

Henderson County's 2005-09 homeownership rate was 76.7% compared to the state rate of 68.1%. The median value of owner-occupied housing units equaled \$175,400. There were 42,322 households with



SOURCE: HENDERSON COUNTY PLANNING DEPARTMENT

2.31 persons per household. (US Census Bureau, State/County quick facts 2005-09). There were 54,710 housing units in 2010. The median home sale price dropped from a high of \$222,900 in 2007 to \$168,000 in 2011.

Affordable, single-family, non-mobile-home rentals with two bedrooms are hard to find in Henderson County. To complicate matters, first and last month's rent and a deposit are often required to rent a house. Substandard housing is more affordable, but with problems such as lack of insulation – which creates high heating bills. Housing expenses at 30% are considered a “cost burden” (the point at which excessive strain is put on the family's finances.) A Housing and Market Study in March 2011 reported that 46% of Henderson County renters and 24% of the county's homeowners were “cost burdened.”

The fair market rent for a two-bedroom unit in Henderson County is \$694/month. The 2011 area median income in Henderson County is \$43,105. A family would have to spend 66% of their monthly income for housing, instead of the suggested 30% or less, to be able to afford a two-bedroom unit in Henderson County. Henderson County has numerous community agencies which provide rental and subsidized housing assistance.

In the 2009 United Way/WCCA Community Survey, a shortage of affordable housing was ranked as the number three problem; this despite the construction of 71 new affordable housing units and 8 rehabilitate homes since 1999 by Housing Assistance Corporation, 95 Habitat for Humanity homes since 1999 (121 since 1989), and 30 families moved from renters to homeownership by WCCA's Self Sufficiency programs since 2001. Housing concerns include lack of safe, decent, clean housing; rental standards and enforcement; rental access for low-wage earners; and substandard housing.

As of October 2011, Western Carolina Community Action (WCCA) had 1,300 pre-qualified families on the Henderson County waiting list for rental assistance. They will wait approximately 24 months or longer for a Housing Choice Voucher (Section 8). Because affordable housing units in the county are limited, about 49% of the vouchers that are issued to families to assist with rent go unused. The Housing Authority and Housing Assistance Corporation also have waiting lists.

## **EDUCATION**

Henderson County Public Schools currently enroll approximately 13,500 students (2011-12). The county supports 13 elementary schools, four middle schools, four high schools, one early college, and one alternative school. The county has one charter school and several private/religious schools. The school system is the second largest school district in Western North Carolina behind Buncombe County Schools. The United States Department of Agriculture's policy on free and reduced-priced meals for children enrolled in the state's public schools is used as an indicator to determine “needy students.” In 2009-10, 51.95% of students were classified as “needy” compared to 47.88% in 2008-09.

Henderson County Public Schools ranks fifth in the Western Region and sixteenth in the state on SAT (Scholastic Assessment Test) scores. For the Class of 2010, only 10% of graduates planned on working after graduation and 4% planned to enter the military. Eighty-six percent planned to attend college.

All four middle schools have received national recognition for their emphasis on strong academics, sensitivity to adolescents' needs and interest, and commitment to equal access to high-quality education; thus earning the designation as *Schools to Watch*. The SAT and ACT scores continue to be above the state and national average. Henderson County Schools continue to receive positive recognition for student performance on the North Carolina ABCs accountability model.

Eighty-six percent of Henderson County residents are high school graduates, which is slightly higher than the United States. Twenty-six percent of residents have a college education.

### Dropout Rate

The Henderson County Public Schools have put into place several initiatives to reduce the dropout rate that have been beneficial. The dropout rate is on the decline and has decreased by 55% over the last eight years.

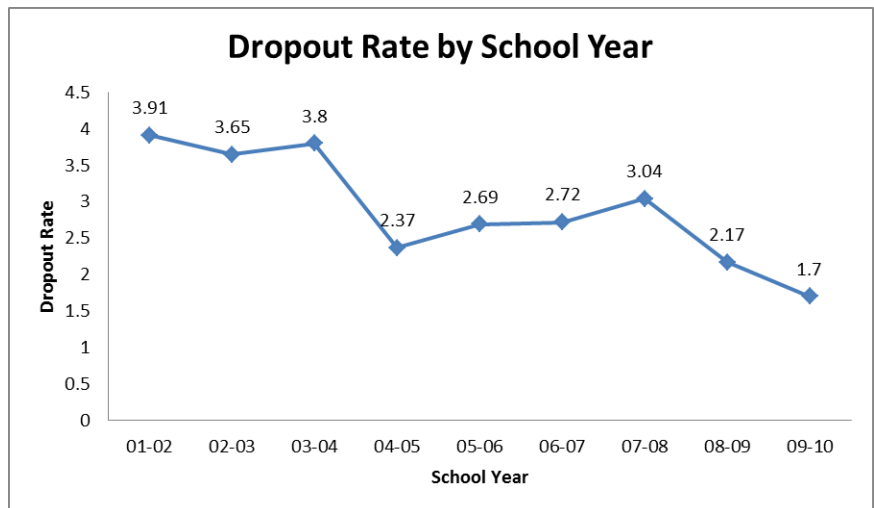
Approximately 80% of students graduate each year. This has been maintained since 2007-08.

The county is home to Blue Ridge Community College (BRCC) which enrolls over 3,100 students.

Continuing education students totaled 14,256.

BRCC works closely with area business and industry to promote economic development. BRCC draws 13 percent of its students from outside the College's service area. The average age of a Blue Ridge Community College curriculum student is 28 years. For the 2010 Spring Semester, 46% of curriculum students were full-time students and 54% were part-time students. For the same semester, 19% were employed full-time, 32% part-time, and 49% either unemployed or retired. The gender make up was 41% male and 59% female.

Blue Ridge Community College plays a significant role in the local economy and is a sound investment from multiple perspectives. Students benefit from improved lifestyles and increased earnings. Taxpayers benefit from a larger economy and lower social costs. Finally, the community as a whole benefits from



SOURCE: HENDERSON COUNTY PUBLIC SCHOOLS

increased job and investment opportunities, higher business revenues, greater availability of public funds, and an eased tax burden.

## BUSINESS, ECONOMY, AND INCOME

The top five employers in Henderson County are Henderson County Public Schools, Pardee Hospital, Park Ridge Health, Ingles Markets, and Henderson County Government. Henderson County is also home to General Electric, ArvinMeritor, Kimberly-Clark, BorgWarner, WilsonArt and many more manufacturers of all sizes. The top industrial manufacturing plants produce plastics, automotive and machinery parts, electronic components, medical products, and recreational and sporting goods. Manufacturers contribute \$2.52 in taxes for each \$1 of county services consumed. (Source: Henderson County Partnership for Economic Development Annual Report 2009-10)

### TOP 10 HENDERSON COUNTY EMPLOYERS

Name	Industry Description	Employment
Henderson County Schools	Education	1,850
Pardee Memorial Hospital	Health Services	1,200
Park Ridge Health (Hospital)	Health Services	1,100
Ingles Markets (Grocery)	Trade	750
Henderson County Government	Government	720
Wilsonart International	Manufacturing	680
Meritor Heavy Vehicle Systems, Inc	Manufacturing	680
Walmart Associates, Inc.	Trade	450
UPM Rafatac, Inc.	Manufacturing	447
GE Lighting Systems	Manufacturing	395

SOURCE: HENDERSON CO. PARTNERSHIP FOR ECONOMIC DEVELOPMENT, LOOKING FORWARD ANNUAL REPORT, 2009-10

Retirement and tourism are two rapidly growing sectors in Henderson County which support growth in the retail, service, and healthcare sectors. The regional airport reported a 7.9% increase in enplanement and

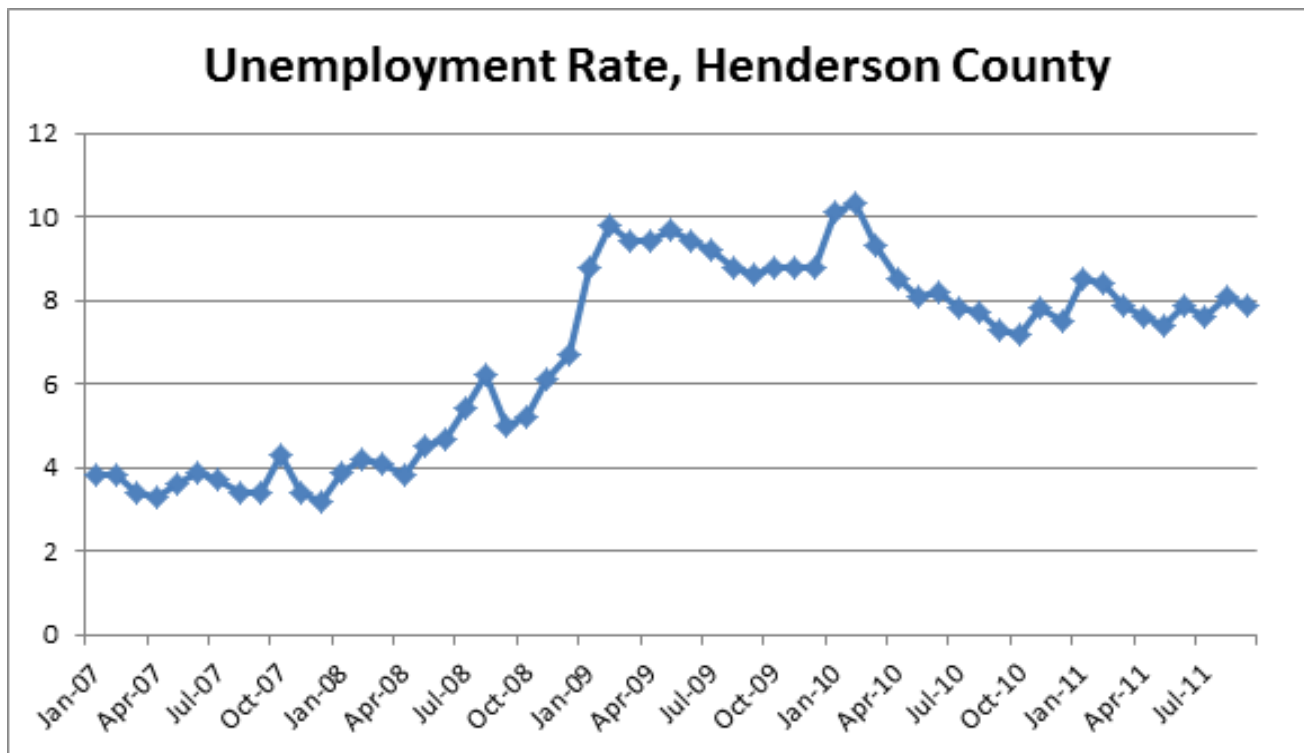


7.6% in deplament in 2009-10 as compared to 2008-09. The most recent state estimates indicate over \$175 million in tourist spending each year in Henderson County.

Agriculture, from apples to ornamentals, plays a significant role in the local economy and accounts for nearly 20 percent of North Carolina's jobs and income (Source: NC Cooperative Extension Service). North Carolina is the 7th largest apple-producing state in the nation and Henderson County is the largest apple-producing county in NC. Henderson County produces 65% of all apples in North Carolina. There were approximately 6,647 acres of orchards in 2009, which can produce \$22 million in sales in a normal year. In 2010, there were 557 farms with an average of 68 acres producing \$95 million in cash receipts from vegetables, fruits, berries, greenhouse, nursery and floriculture (excluding livestock and poultry).

The average unemployment rate in NC more than doubled from 5.1% in July 2007 to 10.4% in July 2011. Between July 2007 and July 2011, the unemployment rate increased 111.1% in Henderson County. As a result, median household income fell by 12.3% to \$43,326 in NC in 2010. In Henderson County the median household income decreased 14.3% from \$50,311 in 2007 to \$43,105 in 2011.

(Source: NC Budget and Tax Center Brief, 2011)



SOURCE: LINC (LOG INTO NORTH CAROLINA) <http://linc.state.nc.us/>

The federal and state minimum wage is \$7.25/hour. The average entry-level wage in Henderson County was \$8.84/hour.

In September 2010, the Henderson County Partnership for Economic Development surveyed 134 manufacturers on developing a local perspective on what 2011 and 2012 would bring for the local economy. Of the 41 completed surveys, 68% thought there would be some improvement in employment growth, with 17% of these expecting more than 10% growth. Thirty-two percent predicted that there would be no change or a decline in employment.

Also from the survey, a majority of respondents (78%) were optimistic about the future and expected an increase in business revenue during 2011 and 2012. When asked about the most valuable asset in doing business in Henderson County and Western North Carolina, local companies overwhelmingly stated that the quality of the employees and the workforce, location, strong local government support, the quality of life, and the low cost of doing business were all important factors. Closings and layoffs since 2008 have affected over 650 workers in the county. Manufacturing has been hit the hardest with the economy and outsourcing reducing the workforce by nearly 500. Other businesses such as restaurants, retail stores, and county government have also be affected. The chart below summarizes these closings.

Date	Company	Product/Service	Workers Affected	Reason
2/08	GE Lighting Systems, Inc.	Lighting Systems	285	Outsourcing
8/08	Borg Warner Thermal Systems	Engine Temp. Controls	75	Economic conditions
1/09	GE Lighting Systems, Inc.	Lighting Systems	47	Economic conditions
2/09	ArvinMeritor	Truck axle parts	47	Economic conditions
6/09	Printpack Inc.	Packaging	27	Declining demand
SOURCE: HENDERSON COUNTY EMPLOYMENT SECURITY COMMISSION				

## ENVIRONMENT

The mountain environment of the region is an important reason people live in Henderson County. In the United Way/WCCA Community Survey, 76% of respondents indicated they were concerned about the environment. Sixty-eight percent were concerned about too much development, 62% were concerned about pollution of rivers and streams, and nearly 61% were troubled over the loss of beauty and character of the mountains. Others were worried about the loss of farmland, trash, storm water runoff, recycling, and air and noise pollution.

**Radon** – Radon has been found in elevated levels in many counties throughout North Carolina. Most indoor radon enters homes from the soil or rock beneath it when radon and other gases rise through the soil and get trapped under the house. Radon gas enters the same way air and other soil gases enter the home; through cracks in the foundation floor or walls, hollow-block walls, and openings around floor drains, heating and cooling ductwork, pipes, and sump pumps. Once inside, the radon can become trapped and concentrated.

Mountain areas have the greatest proportion of homes with elevated levels of radon. The average national indoor radon level of 1.3 pCi/L is significantly lower than the average indoor radon levels of Henderson County, which is 5.8 pCi/L. The chart below shows how Henderson County's radon level is higher than most nearby North Carolina counties.

Exposure to radon is the second leading cause of lung cancer in the US behind smoking. It is estimated that radon causes about 15,000 deaths per year. The higher the radon level and number of years of

County	Radon Level in pCi/L
Buncombe County	3.6
Haywood County	3.8
Polk County	3.8
McDowell County	5.6
<b>Henderson County</b>	<b>5.8</b>
Transylvania County	7.6

Source: NCDHHS, NC Radon Program

exposure, the greater one's risk of developing lung cancer. Radon is a silent killer; breathing radon does not cause any short-term health effects such as shortness of breath, coughing, headaches, or fever.

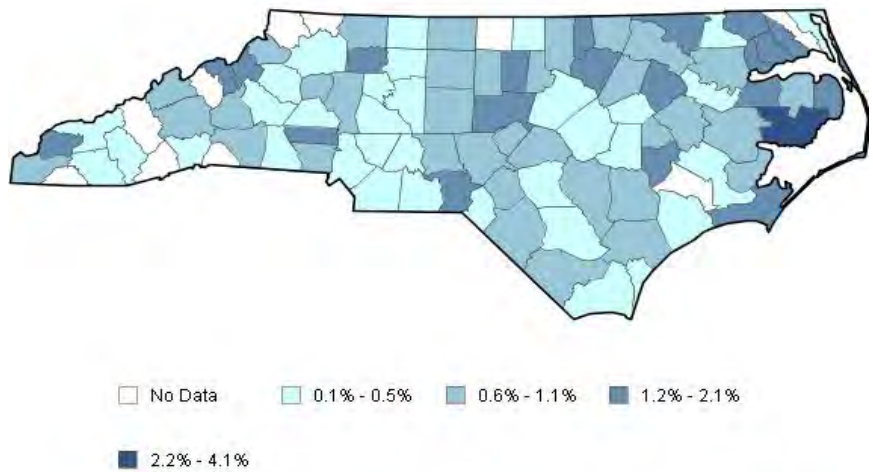
Any home may have an elevated radon level, but living in the mountains means Henderson County homes are more at risk. It doesn't matter if the home is new or old, well-sealed or drafty, has a basement or not, it can have a problem. The only way to determine the level is to conduct a radon test. In addition, indoor radon levels vary from home to home, so you can't rely on radon test results taken in other homes in the neighborhood - even ones next door - to estimate the radon level in your home.

**Air Quality** – Ozone is a strong respiratory irritant, and can cause serious health problems, especially for sensitive groups: children, people with asthma and other respiratory ailments, and anyone who works or exercises vigorously outdoors. When the air quality in Asheville is compared with other nearby cities that monitor the same pollutants, the air quality is better than it is in Atlanta, Charlotte, Knoxville, and Raleigh,

and it is comparable to similar size cities, such as Hickory, NC, Roanoke, VA, and Chattanooga, TN. During 2009, there were six days with air quality that was moderate. In 2010, there were 28 days with moderate air quality and 1 day when air quality was unhealthy for sensitive groups, and in 2011, there have been 31 moderate days and one day that was unhealthy for sensitive groups.

Symptoms of ozone exposure can include coughing, throat irritation, chest pain, rapid and shallow breathing, and asthma attacks. Emergency room visits for asthma have increased as much as 36 percent on high ozone days, according to some studies. High childhood exposure to ozone pollution may reduce lifetime lung function. Ozone in Western North Carolina is transported by winds from other states.

**Lead** – Henderson County blood lead levels are low. There are few elevated blood lead levels investigated annually by the Environmental Health Section. Lead poisoning occurs when too much lead is in the body. Even small amounts of lead from old paint chips or leaded dust can harm the body, especially in children younger than 6. A blood test is the only way to detect lead poisoning and is recommended in children ages 1 through 5.



Lead: Percent of Children (12-36 Months) Found to Have Elevated Blood Lead Levels (Percent) – 2007

Action for Children North Carolina  
KIDS COUNT Data Center, [www.kidscount.org/datacenter](http://www.kidscount.org/datacenter)  
A Project of the Annie E. Casey Foundation

**Recycling** – A new Convenience Center at the County Landfill, which is part of the county's \$3.4 million overall solid-waste project, opened in November 2011. The Convenience Center has stations for recycling cans, bottles, paper and cardboard; electronics; small household trash; household hazardous waste; and white goods — refrigerators, dishwashers, microwaves, etc. A new scale house and drop-off site for haulers and resident paid waste services is expected to be completed in Spring 2012.

**Healthy Environments** – Both hospitals and all Henderson County Public Schools provide 100% tobacco free campus environments, and all county government buildings enjoy a tobacco free environment as well. In addition, the Henderson County Human Services Building, which houses the Department of Public Health and the Department of Social Services, prohibits tobacco use within fifty feet of the building. This ordinance was adopted in 2006.

On January 2, 2010, the Smoke Free Restaurant and Bar Law went into effect. The law requires that restaurants, bars, and lodging establishments that are subject to the new law post no-smoking signs in

conspicuous locations, remove indoor ashtrays and other smoking receptacles, and direct any person who is smoking to extinguish the cigarette, cigar, or other item. Failure to comply with the law can result in fines to individual smokers and to restaurant owners/managers. After nearly two years of implementing the law, the state currently receives only a couple of complaints each week. Henderson County residents and businesses have been very supportive and compliant. Only two complaints have been investigated since January 2010. This shows the level of support and the cooperation we have received from local businesses.

Recreation - There are a variety of health promotion resources available to county residents. Henderson County Parks and Recreation maintains seven parks and two activity centers. They offer a variety of community sports teams including basketball, soccer, softball, tennis, baseball, and BMX. The county is home to numerous golf courses both public and private. In addition, the nearby Blue Ridge Mountains provide thousands of acres of hiking, whitewater rafting, biking horseback riding, and other outdoor activities.

The City of Hendersonville has 11 designated parks ranging in size from  $\frac{1}{4}$  acre to 60 acres. In addition, the City has completed conceptual plans for a park located on South Grove Street. The City's Oklawaha Greenway Trail begins behind the Henderson County Parks & Recreation building, travels through the Jackson Park Nature Trail, passes by King Memorial and Sullivan Park, through Mud Creek and ends in Patton Park. From beginning to end the trail distance is 1.89 miles. There are plans for Phase three which will connect Patton Park to Berkley Park. The City also operates the Patton Park swimming pool, which is open Memorial Day weekend through Labor Day. An accessible chairlift is available to assist those who need help entering and exiting the pool. The City of Hendersonville's Skate Park is located in Patton Park across from Patton Pool. The skate park is open to the public and is an unattended facility.

According to the City of Hendersonville Park & Greenspace Master Plan, there is a strong desire and need for an increase in paved and soft surface trails for walking and biking, playgrounds, off leash dog parks and picnic tables. There also exists a desire for pool type facilities including an indoor pool and splash park. Desire for a downtown park/outdoor event space was also indicated. According to the Plan, efforts to locate new park facilities should be concentrated in those areas that are currently underserved by not having park facilities within  $\frac{1}{2}$  mile.

The Town of Fletcher contains two parks and over 4.5 miles of park paths and greenway trails. The master plan for greenways and trails envisions over thirteen miles of winding pathways, weaving alongside Cane Creek, and enhancing the viability of the proposed Town Center.

## At Risk Populations

Analysis of the Community Health Assessment data has provided insight into populations who may be particularly “at risk” during a public health emergency.

- Henderson County’s large Hispanic population may be especially at risk due to documentation issues and language barriers.
- The considerably large senior population may provide unique challenges during an emergency depending on transportation issues and hearing/visual impairments.
- Henderson County is home to many seasonal residents and hosts many tourists at various points throughout the year. These seasonal residents and tourists may be at risk during a public health emergency depending upon their familiarity with the area and ability to travel.

In the United Way/WCCA Community Survey, nearly 82% of respondents indicated that they get information during an emergency by television and 58% from radio. Power outages could significantly limit people’s ability to received important public health messages. Thirty-seven percent indicated that they were unprepared for a community emergency or natural disaster and only 31% had a fully stocked emergency supply kit with water, food, and medicine.

## Overall Health

In the 2011 *County Health Rankings* Henderson County ranked 28<sup>th</sup> in the state, improving from 33<sup>rd</sup> last year. This ranking represents how healthy the county is by looking at how long people live (mortality) and how healthy people feel while alive (morbidity). The county health rankings, which rate over 3,000 counties nationwide are released in February each year. Each state’s counties are ranked on both health outcomes and health factors. North Carolina counties are ranked on a scale of 1-100, with one being the healthiest. The rankings give a snapshot of how healthy the county is and how healthy the county can be.

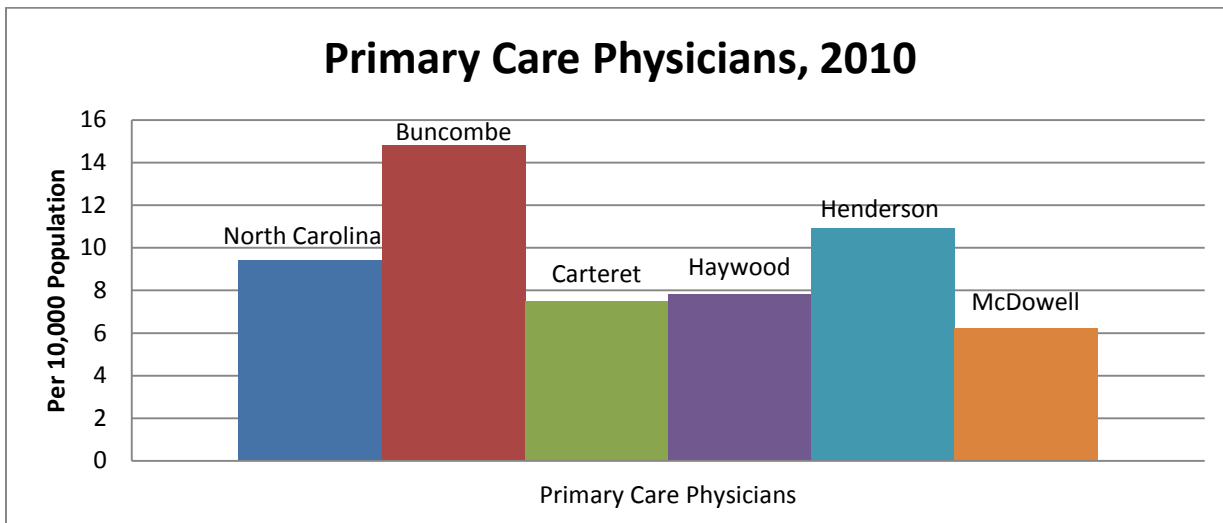
# CHAPTER TWO

## EXISTING HEALTH RESOURCES

Information provided in this section is a brief description of existing health resources available in Henderson County. An expanded resource directory is provided at the end of this report (See Appendix B.)

### Access to Care

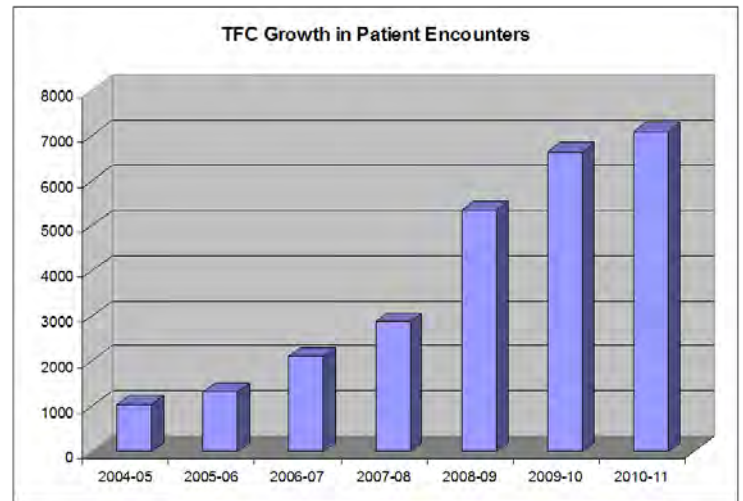
Henderson County has two major hospitals, a federally qualified health center, a free clinic, a hospice and palliative care agency, a public health department, and various health care providers. The NC Health Professions Data System reports that in 2010 there were 10.9 primary care physicians per 10,000 population in Henderson County, more than the state average of 9.4 per 10,000 and more than all peer counties. Many Henderson County residents are patients of primary care physicians in neighboring Buncombe County, where there are 14.8 primary care physicians per 10,000 people. In listening sessions conducted in July 2011, county residents recognized that the county and neighboring Buncombe County offer a wide variety of health care opportunities but identified gaps in dental care for low income groups, access to care for the working poor, and lack of interpreters.



SOURCE: CECIL G. SHEPS CENTER

**The Free Clinics (TFC)** provides free care to low-income, uninsured residents of Henderson, Polk, and Transylvania Counties. North Carolina had a 22% increase in the number of uninsured between 2007 and 2009 – the largest increase of any state in the nation. In Henderson County, 23% of adults ages 18-64 have no insurance and 26% of the population live in households with less than \$25,000. One in five residents is both uninsured and earns less than 200% of the federal poverty level. (Source: TFC)

TFC work collaboratively with the local community health center, health department, social service agencies, and hospitals to augment the healthcare system and provide vital services that are not duplicated. TFC works with over 250 active local volunteers to provide the “wrap-around” services that enable primary care physicians to offer quality healthcare to their low-income, uninsured patients, while ensuring the accessibility of quality healthcare. TFC currently provides 16 programs in five areas: acute care, specialty and chronic care, mental health, patient education, and pharmaceutical support. Thanks to 92 healthcare partners who provide care for patients upon referral, TFC is able to make approximately 150 specialty referrals and arrange over 60 surgical procedures each year. TFC also hosts the collaborative Bridges to Health program with Pardee Hospital.



SOURCE: THE FREE CLINICS

**Acute Care:** Thursday night medical clinic and dental extraction clinic

**Specialty and Chronic Care:** Diabetic life management, endocrinology, eye, orthopedic, and physical medicine & rehabilitation clinics as well as community case management with referrals to specialists

**Mental Health:** counseling, psychiatric care navigation, psychiatric clinic

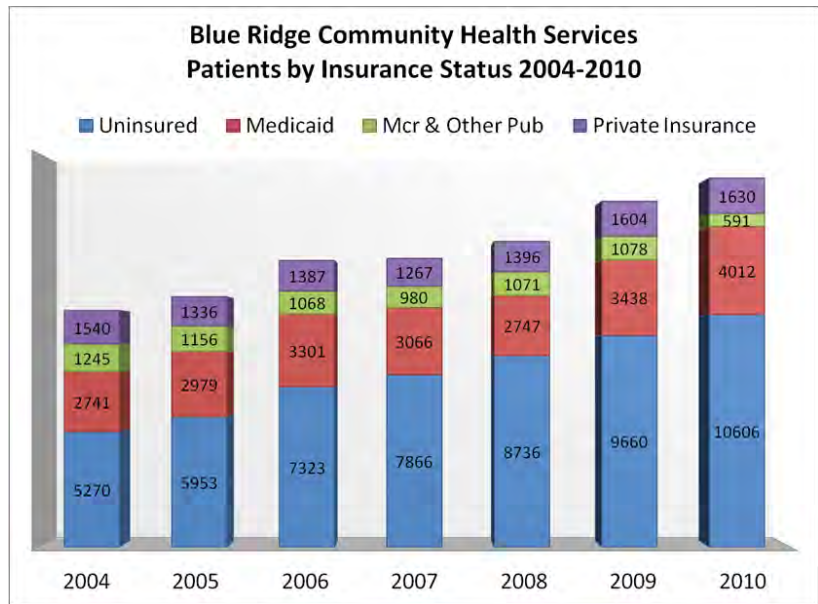
**Patient Education:** smoking cessation, walking club, and weight management support group

**Pharmaceutical Support:** community pharmacy and Medi-Find prescription assistance program

The number of patient encounters at The Free Clinics has increased 221% since July 2008, which corresponds with the economic crisis of the fall of 2008. (Source: The Free Clinics Annual Report 2010-11)



**Blue Ridge Community Health Services (BRCHS)** is a nonprofit community health center. For nearly 50 years, Blue Ridge Community Health Services, Inc. has served as the medical home for those most in need in Henderson County. As the local population has grown, BRCHS has expanded its services and sites to continue to meet the local need. BRCHS is a critical component in the local health care system, providing comprehensive health care for close to 17,000 patients annually. More than 12% of the county's total population utilize BRCHS services.



SOURCE: BLUE RIDGE COMMUNITY HEALTH SERVICES

Since 2006, the number of patients has grown 29% from 13,079 to 16,839. As one of the largest safety net outpatient providers of health care services in Western North Carolina, BRCC provides high quality, affordable family medicine, pediatric medicine, dentistry, pharmacy, school health, medical interpreting, and behavioral health services, including psychiatry and substance abuse services. Ninety-eight percent of the patients BRCHS served in 2010-11 live at or below 200 percent of the Federal Poverty Level. Eighty-one percent of BRCHS patients live at or below 100% of the Federal Poverty Level and more than 10,000 BRCHS patients are uninsured, which represents an increase of 30% since 2006. BRCHS makes health care available and accessible to all in the area, but its programs and services are targeted to the local populations most in need.

BRCHS moved into a new 27,000 sq. ft. medical facility in October 2011. The new facility will ultimately provide access to health care to more than 20,000 patients. Both insured and uninsured will be served through its 24 exam rooms, four consult rooms, two treatment rooms for family medicine and pediatrics, and a pharmacy. The building also includes behavioral health services and, in collaboration with Pardee Hospital, radiology and laboratory services. BRCHS dentistry and community outreach programs are housed on the same campus in the building next door.

**The Henderson County Department of Public Health (HCDPH)** has provided essential public health services to Henderson County citizens for over 60 years. In September of 2006, **HCDPH** moved to its new state of the art shared facility with the Department of Social Services and Veterans Administration. The

new facility continues to allow the agency to expand and improve public health services. In December 2007, **HCDPH** became an Accredited Health Department for North Carolina.

**Mission Statement**

“Assess the health of the community and assure that its health needs are met by preventing diseases and promoting wellness through the delivery of clinical, environmental, and community health and educational services.”

**HCDPH’s** mission statement is the guiding principle on meeting the needs of Henderson County. Public health focuses fluctuate as the dynamics and demographics of the community changes. Staff and management reflect the cultural diversity of our community. More than 50% of our clinic and WIC clients are of Hispanic origin and Spanish is the primary language. The agency employs several interpreters and staff who are fluent in Spanish.

HCDPH personal health programs and services include immunizations, foreign travel vaccinations, nutrition and WIC services, women’s health, men’s health, child health, behavioral health, community health, school health and dental health. HCDPH’s Environmental Health division is responsible for the permitting and inspection of food service establishments, septic system approval and inspections, food and waterborne disease investigation and well inspection and approval. The table to the right summarizes the

number of clients and encounters for the agency’s major program/service areas.

HCDPH is the lead community agency in bioterrorism preparedness and communicable disease investigation, treatment, prevention and education. Since 2007, HCDPH has been the recipient of several grants including a 2008 NC Childhood Obesity Prevention Demonstration Project, four Eat Smart Move More mini-grants and a recent award from Blue Cross Blue Shield of North Carolina Foundation for a Dental Education project for preschool and kindergarten children in Henderson County.

Through a collaborative agreement with the county schools, HCDPH provides schools nurses who cover the 21 county schools, the alternative school, charter school, and early college

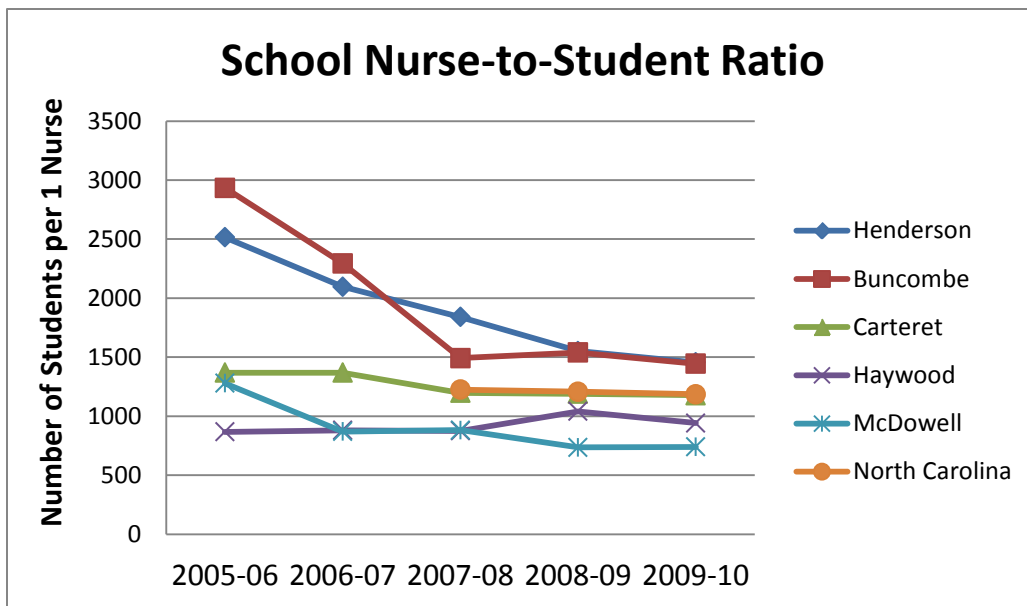
<i>Fiscal Year 2010/2011</i>		
<i>Program/Service</i>	<i>Clients</i>	<i>Encounters</i>
<i>Clinical Health</i>	<i>5,391</i>	<i>14,321</i>
<i>Nutrition &amp; WIC</i>	<i>2,422</i>	<i>9,688</i>
<i>School Health</i>	<i>Serves 13,500+ students</i>	
<i>Immunizations</i>	<i>4,650</i>	<i>8,782</i>
<i>Dental Health</i>	<i>1,210</i>	<i>N/A</i>
<i>Environmental Health</i>	<i>N/A</i>	<i>1,763</i>
<small>SOURCE: HENDERSON COUNTY DEPARTMENT OF PUBLIC HEALTH</small>		

program. The 2009-10 nurse to student ratio in Henderson County was 1:1456. This has improved significantly since 2003, when the ratio was 1:3000. However, the county is ranked 98 in the state among the 115 Local Education Agencies (LEAs) in Nurse-to-Student ratios.

Thirty-six percent of the LEAs meet the national recommendation of one nurse per 750 students. While the county falls short on the national recommendation, there has been improvement in this indicator over the past eight years.

The Children and Family Resource Center (CFRC) held an interactive community forum in October 2007 to set priorities for health, safety, and well-educated children. More than 280 residents attended. Increasing the number of school nurses was identified as a top priority. CFRC mobilized the community and led the charge to address this issue. In June 2008, County Commissioners approved two full-time school nurses, bringing the total to nine.

In 2010, the Department of Public Health partnered with Blue Ridge Community Health Services to pilot a school nurse project at the school-based clinic at Apple Valley Middle School. A school-based clinic nurse and a school nurse have different functions. The pilot program tested the viability of combining these roles and proved to be successful.



SOURCE: NC DEPARTMENT OF PUBLIC INSTRUCTION

Currently there are ten school nurse positions, eight funded by Henderson County and two funded by the School Nurse Funding Initiative through the state. There are also four school-based health centers. The

clinics at Hillandale Elementary and Bruce Drysdale Elementary share a nurse. Apple Valley Middle School and North Henderson High School each have a nurse in the school clinic.

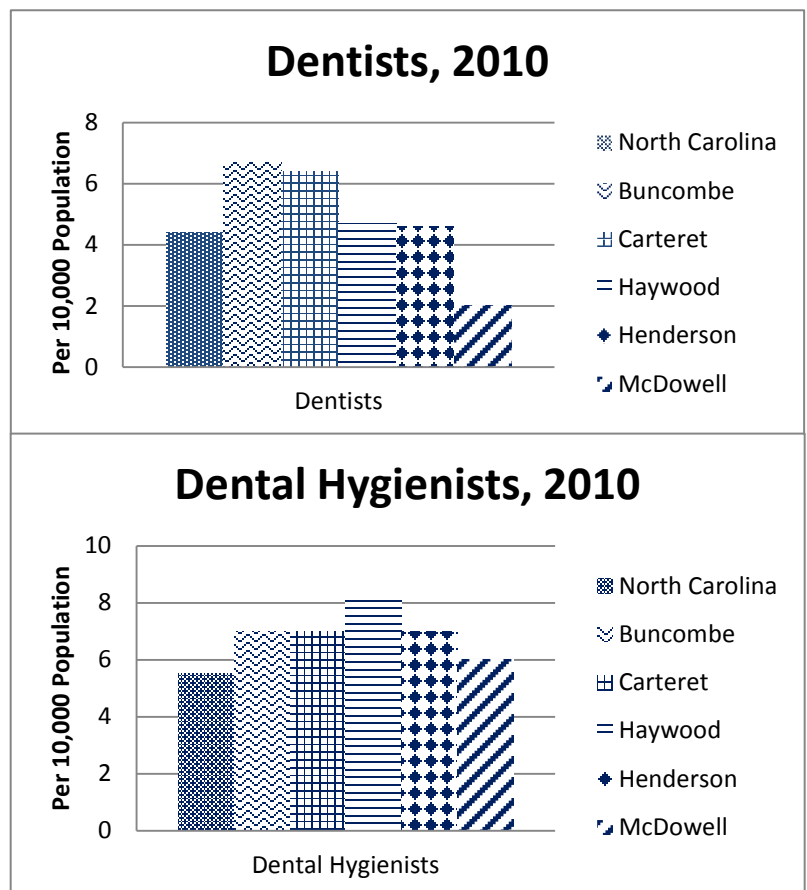
**Dental Health** – According to the US Department of Health and Human Services, North Carolina has a shortage of dentists. The state needs 222 additional dentists to remove the shortage designation. The County has 4.6 dentists per 10,000 population, which is slightly higher than the state’s 4.4 average. However, the average is lower than all peer counties (Buncombe, Carteret, and Haywood) except McDowell County.

The county reports 7 dental hygienists per 10,000 population, more than the state average of 5.5. Among peer counties, Henderson County has a higher average than Buncombe, Carteret, and McDowell Counties.

Access to dental care has improved greatly since 1996 when the dental decay rate in kindergarteners was 25%. In 2010, the dental decay rate had dropped to 14%. One factor is the Smart Start Preventive Dental Program at the Department of Public Health, which for 12 years has annually screened over 700 children and provided dental fluoride varnish to over 400 children. The Department of Public Health is currently funded through Blue Cross Blue Shield of North Carolina Foundation to screen and educate preschool and kindergarten children. The program will also work to identify children who do not have a dentist and assist them in getting a permanent dental home.

While access to dental services for low-income and Medicaid children have improved over the years, it is still difficult obtaining dental services for low-income adults. Blue Ridge Community Health Services – Stokes Dental Clinic provides use of their clinic for a weekly extraction clinic run by volunteer dentists through The Free Clinics. In 2010-11, 457 adults

were seen. This is an increase from 431 seen in 2009-10. The Stokes Dental Clinic is a primary provider of dental services for low-income children and adults in Henderson County many of whom are uninsured.



SOURCE: CECIL G. SHEPS CENTER

Options are still limited for adults. There are few resources in the county for low-income adults who need restorative care.

Breast and Cervical Cancer Screening – Deaths from breast and cervical cancers could be avoided if more women were screened to allow detection at early stages of the disease. Deaths from these diseases occur disproportionately among women who are uninsured or underinsured and women of color. Women who have no regular source of health care and women without health insurance do not have easy access to screening tests.

The National Breast and Cervical Cancer Early Detection Program through the Centers for Disease Control and Prevention (CDC) provides low-income, uninsured, and underserved women access to breast and cervical cancer screening and diagnostic services throughout the United States and its territories. The program focus is on older women who are uninsured but younger women who are symptomatic are also eligible for screening. Until funds were cut in 2011, additional state funds enabled the program to screen additional younger women. Services include clinical breast examinations, mammograms, Pap tests, pelvic examinations, diagnostic testing if results are abnormal, and referrals to treatment. A woman who is diagnosed with cancer through the Breast and Cervical Cancer Control Program (BCCCP) is eligible to apply for BCCCP Medicaid which will pay for treatment.

In North Carolina, the program is available at approximately 102 sites. In Henderson County, BCCCP is offered at Henderson County Department of Public Health and Blue Ridge Community Health Services. In Fiscal Year 2010, at Henderson County Department of Public Health alone, 182 women received screening services. Another program that assists with breast cancer screening and treatment is the Women Helping Women Program offered through the Pardee Hospital Foundation.

Mental Health - 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. A Local Management Entity, Western Highlands, was established to assist with access to services for Medicaid and the uninsured clients in the western region. Efforts to privatize and regionalize services have been hampered by insufficient funding and capacity.

Henderson County government and non-profit agencies have responded to the need in unique and innovative ways. The Free Clinics began a program to offer access to acute mental health services to the uninsured through a mental health clinic staffed by volunteer counselors and psychiatrists with referral to other programs for ongoing services. The Free Clinics also provides access to psychiatric medications. Henderson County Department of Public Health provides counseling services in English and Spanish to health department clients. Blue Ridge Community Health Services provides counseling, psychiatric services and medications to clients who receive services at any of their sites including the school health clinics. In Fiscal Year 2012, county government provided over \$500,000 in grants to local agencies to assist with providing services to low income and uninsured clients. Agencies include The Free Clinics, Henderson

County Department of Public Health, Blue Ridge Community Health Services, the Healing Place, Mainstay, Parkway Behavioral Health, and others.

Henderson County Public Schools have some unique partnerships to increase access to mental health services for students. Collaboration between the Department of Social Services and Family Preservation will address the needs of families involved with those at risk of involvement with social services. Blue Ridge Community Health Services is beginning a Tele-Mental Health Program with the installation of videoconferencing equipment at all middle and high schools that do not have on site access to provide mental health services to all school. While innovative program exists, the need continues to exceed the capacity of the systems in place.

# CHAPTER THREE

## PRIMARY DATA

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During July 2011, eleven listening sessions were conducted in Henderson County to identify the community's perceptions and concerns about community health and other issues important to residents. Groups consisted of 8-10 people. (See 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) and
- ❖ Determine the availability of health resources within the community (services and resources)

Questions were developed with the intent to discover the community's viewpoint and concerns about life in the community, health concerns, and other issues important to residents. 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 or county residents. (See Appendix D).

Of the issues identified, obesity, access to care, mental health, substance abuse, social opportunities for lower socioeconomic seniors, and proactive as opposed to reactive health care were the issues and topics of greatest interest. Participant comments are noted and italicized below.

### **Obesity**

Of all the topics broached during the focus groups, obesity received the most talk time. Participants expressed concern about the growing obesity trend and weight management issues seen both locally and nationally. Participants noted both the opportunities and the challenges of maintaining a nutritious diet as well as both the opportunities and challenges of maintaining an active lifestyle.

*"There are so many obese children, but you look around and it's not just the kids, it's the whole family."*

*"We live in an obese culture but people don't want to hear it. Something has to change."*

According to respondents, the Appalachian culture is to blame for much of the nutrition and weight issues in this region. Folks talked about the traditional Southern fried foods and unhealthy culturally ingrained cooking techniques. In addition, participants talked about the challenge of eating healthy and nutrient rich food in a fast food culture. In particular, they noted the convenience of processed food, the perceived value for the dollars spent, and the preparation and cooking time saved.

*“What can I say; we are Southerners, we like our food fried. I just grew a big beautiful yellow squash in my garden and what did I do, I pulled it out and put it in the frying pan. It probably would not have been as tasty boiled.”*

*“People did not used to snack the way they do now. Portion sizes are huge now, such quantity -. no wonder there is such high obesity.”*

In addition to nutrition, participants expressed concern about the impact of a sedentary lifestyle, computers, video games, desk and service jobs as opposed to traditional agricultural and production jobs, and the lack of public transportation on weight management and obesity.

*“Back 50 years ago people probably ate the same thing, but they did hard-labor and moved their bodies more. Maybe it’s not the food that has changed, maybe it’s the lack of activity today and the increase in time sitting on the sofa and watching television.”*

Participants also noted that although many residents move to Henderson County for the mild weather and outdoor activities, physical activity is not always safe and accessible. The lack of sidewalks and bike paths in the urban areas as well as the narrow roads and lack of bike lanes on rural roads create risks for those wishing to walk and bike in many outdoor areas.

*“More and more people are coming here to be ‘outdoorsy’. They want to bike, hike, and walk. But, our roads are not safe. The roads are too narrow and there are ditches next to them. It’s dangerous for them and for us.”*

*“This is only a walk friendly town where there are sidewalks and that is not everywhere! There are also great hiking opportunities but they are not accessible to everyone.”*

## **Access to care**

While the vast majority of participants see Henderson County as being blessed with a plethora of health care opportunities for most citizens, significant gaps were noted in dental care for the lower socioeconomic groups, access to care for the working poor, awareness of available services across all demographics, lack of interpreters in health care settings, lack of adequate transportation, and a number of seniors noted a desire for more specialists in the county.

Although nearly all respondents felt as if they had a “medical home”, somewhere to go to have their medical needs met, a number of respondents mentioned having no dental care. While a few implied that dental health is low on their health priority list, many noted that aside from the extraction clinics, there are



very few providers in the county who serve low-income patients. One particular area of perceived need is dental providers for low-income children.

One group with whom we were unable to schedule a listening session is the working poor, people who do not qualify for public assistance but are struggling to make ends meet. These folks may be the most challenging to reach because they are often working multiple jobs while attempting to make ends meet and therefore are not able or unwilling, to take the time off from work to discuss and possibly even attend to their health needs. Respondents expressed concern that these folks may not only lack awareness of available services but that many resources may be inaccessible or cost prohibitive.

*“People who are ‘underemployed’ often can’t access services during the work day because they are working and they can’t take time off from work to go see a doctor. They have to balance the need for care against the need for money and work. It’s hard to have to make that kind of decision about your health.”*

*“I feel like in our community people are much more focused on working and trying to keep their job and earn money than they are on their health.”*

Many participants expressed concern about care opportunities for those without insurance or legal status and or those without English language skills. Although participants lacking insurance and or English skills who were interviewed felt they had all the necessary resources, we realize that interviewing participants who are already enrolled in established programs may bring bias. While many respondents noted that Henderson County has a number of agencies to address the needs of those who have a low or no income, who lack health insurance, and/or who do not have strong English skills, (agencies such as the Free Clinics, Blue Ridge Community Health Center, and the Henderson County Department of Public Health), other participants were not aware of these resources or talked about the lack of interpreters in many health care settings.

*“If you go to get treatment, you may have to give information about yourself. Many people may not be willing to give information so they may not get treatment.”*

*“Sometimes they advertise that they have interpreters but then when people get there and try to use them, they (the interpreters) don’t exist.”*

Community members note that the addition of the Apple Country Transit system has had a positive impact on the ability of many community members to access health care, but many folks desire an expanded geographic reach and more regular service.

Although the vast majority of older community adults expressed little concern about getting the care they needed, a few requested more specialists in Henderson County.

*“I know people complain about not having enough doctors around here but things are much better than 20 years ago, we had to go to Asheville for everything!”*

*"This is a town with a huge population of older adults and not a single urologist or vascular surgeon."*

*"We are missing specialists; we don't have an endocrinologist or a neurologist, no neurosurgeon either."*

### **Mental health and substance abuse**

Beyond the above-mentioned perceived needs, two consistent threads mental health and substance abuse appeared throughout the conversations. In term of substance abuse, smoking and prescription drug abuse are top of mind among community members.

Many folks talked about the need for mental health services. Participants felt that the move to privatize mental health left the community underserved in terms of mental health resources. Among participants, there was widespread agreement that the closure of the Trend facility created a great loss for this community.

*"We have a serious lack of mental health providers in this town and a lot of people with bipolar and schizophrenia that need help and have nowhere to go for it (care)".*

*"State legislators closed the facility (Trend Mental Health) when they tried to privatize mental health. It (Trend) was a stellar operation. Now people have nowhere to go. It's a tragedy."*

In addition, many folks expressed concern about the misuse of prescription medications. Respondents perceived an increase in the availability of prescription medications and a concern that the medications did not always remain in the hands of the person to whom they were prescribed.

*"I am really concerned about the diversion of controlled substances."*

*"Meds are being abused by the adults, they even sell them and then report that they have been stolen so they can get more...we need to regulate controlled substances more."*

*"Part of the problem is that we don't have the specialists we need to help people get better, instead we have people prescribing meds to cover up the pain instead of taking care of the underlying problem."*

An additional area of concern is tobacco. Respondents consistently noted that community members are "still smoking" although they did also acknowledge that they have seen progress in terms of policies to restrict smoking in public spaces.

*"Smoking is a silent killer and it increases in hard times, like now. When situations get more stressful, people light up. I see more young people smoking these days."*

*"I still see people lighting up and smoking all over town around here."*

## **Seniors**

Although the majority of senior respondents felt they had access to physical and social health opportunities, many seniors were quick to note that Henderson County is one of a very small handful of North Carolina counties without an official “senior center”. Seniors said that the loss of the official center has left the Sammy Williams Center with fewer social offerings, limited hours, exclusive membership, and stability issues.

*“I can cook at home but I can’t cook this variety of food. It’s much better for us when we go to the Sammy Williams Center. I talk to others and make friends. I learn about what is going on in the community.”*

*“I don’t know what I would do without this place (Sammy Williams Center).”*

## **Proactive versus reactive health care**

Many community members shared a desire to have more preventative health options and care opportunities as well as an increase in health promotion. Although some describe efforts made (the development of the Greenway, additional farmer’s markets, no smoking in restaurants, increase in public transportation), most folks do not feel that everyone has equal opportunity to take advantage of these resources. In addition, community members identified health as both a personal initiative and a privilege, a privilege since it seems to be more accessible for those with resources. Community members called for increased efforts to share health promoting messages and techniques with all members of the community.

*“Education needs to be available and it needs to be scaled according to the capacity for people to learn it.”*

*“We need to focus on getting and maintaining a healthy lifestyle. We need to find a way to tell people about wellness in ways they can use them in their daily lives. Not everyone has the luxury of nutrition education but little things they can do each day would be great.”*

*“There are a lot of places to do yoga and Zumba and a lot of gyms in town. But they are not accessible to everyone.”*

# CHAPTER FOUR

## SECONDARY DATA

### Leading Causes of Death

The causes of death in Henderson County in 2009 were similar to the causes of death in North Carolina and the nation. The top five causes of death have not changed significantly since the last Community Health Assessment. At that time, 2005 data revealed the same causes of death within the top 5 ranking. Peer counties in NC also are similar with the top five causes of death being the same except for Haywood County where Alzheimer's disease is ranked number eight.

Causes of Death, 2009			
Rank	Henderson County	North Carolina	United States
1	Heart Disease	Cancer	Heart Disease
2	Cancer	Heart Disease	Cancer
3	Chronic Lower Respiratory Diseases	Stroke	Stroke
4	Alzheimer's Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease
5	(tie) Stroke	Unintentional injuries	Accidents

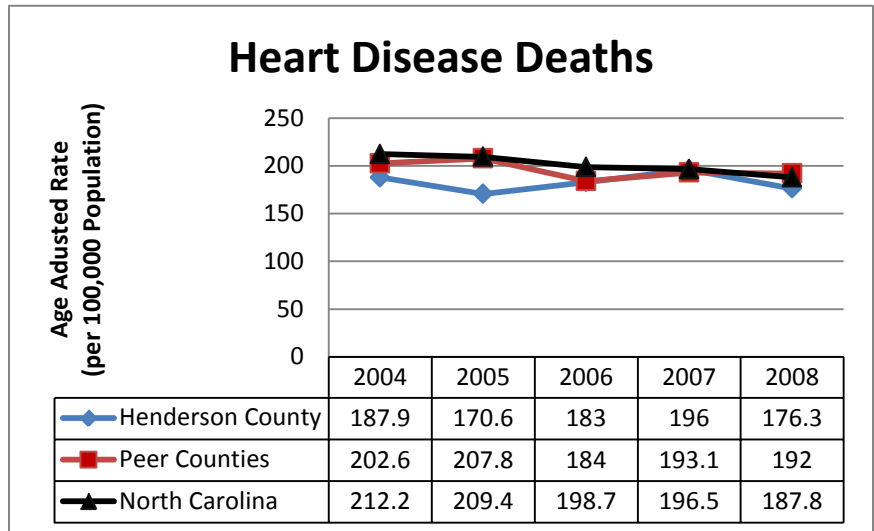
SOURCE: NC STATE CENTER FOR HEALTH STATISTICS & CDC

Chronic diseases such as heart disease, cancer and respiratory diseases are major causes of death and disability in Henderson County. Although genetics and other factors contribute to the development of these chronic health conditions, individual behaviors play a major role. As much as 50% of individual health can be attributed to behavior alone. Physical inactivity, unhealthy eating, excessive alcohol consumption, and smoking are four behavioral risk factors underlying much of the burden caused by chronic disease.

### Cardiovascular Disease

Cardiovascular disease (CVD), principally heart disease and stroke, is the nation's leading killer for both men and women among all racial and ethnic groups. One person dies every 30 seconds in the United States from heart disease; that's over 2,600 people every single day. Lack of physical activity, poor nutrition, and tobacco use contribute to cardiovascular disease.

Smokers have twice the risk of heart attack as nonsmokers. In January 2010, enclosed areas of North Carolina bars and restaurants became smoke-free under a new Smoke-free Restaurants and Bars Law. The law protects employees and patrons of these businesses from the well-documented health hazards of secondhand smoke. In 2010, after the law went into effect, heart attacks rates in NC decreased 21%.

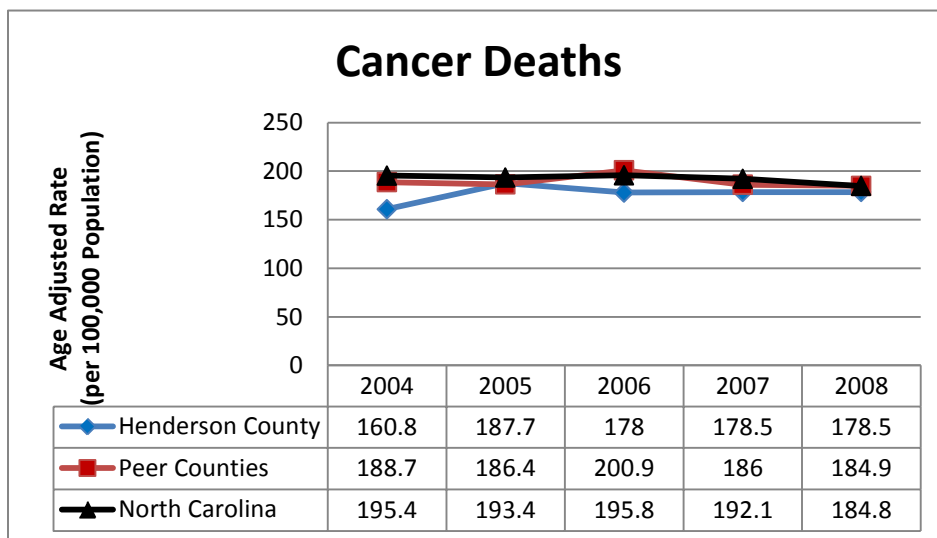


The chart to the right shows a downward trend in heart disease deaths through 2008. Henderson County's rate is lower than the peer counties and NC. For non-smokers, breathing secondhand smoke has immediate harmful effects on the cardiovascular system that can increase the risk for heart attack. People who already have heart disease are at especially high risk. Non-smokers who are exposed to secondhand smoke at home or work increase their heart disease risk by 25-30%.

SOURCE: NC CATCH

## Cancer

Cancer risk is strongly associated with lifestyle and behavior. Dietary patterns, alcohol use, and sexual and reproductive behaviors, which vary by demographic groups, are risk factors of cancer. Cancer is



diagnosed more often among older North Carolinians than younger ones. In general males have a higher burden of cancer compared with females. Overall, non-Hispanic blacks and non-Hispanic whites had the highest incidence and mortality rates when compared with other non-Hispanics and Hispanics.

In Henderson County, trachea, bronchus, and lung cancer was the most common

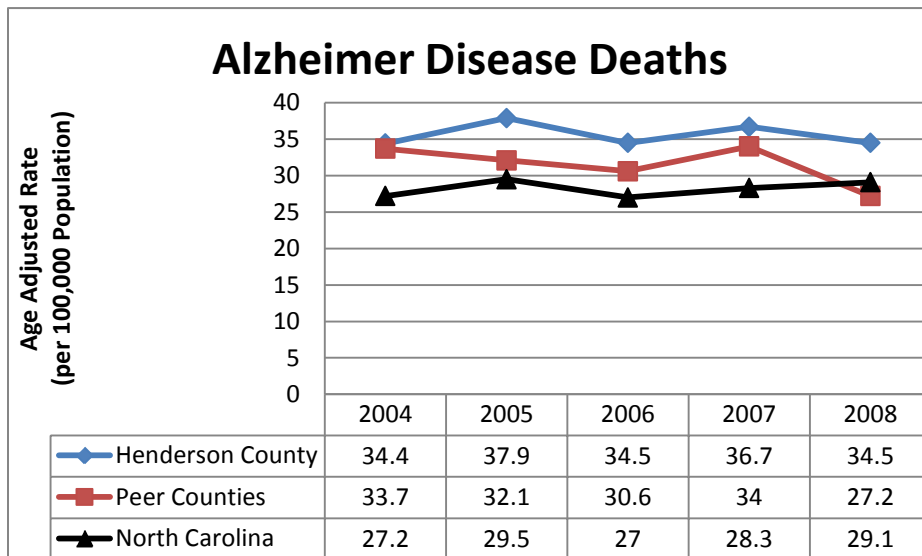
SOURCE: NC CATCH

cause of death due to cancer. Cancer death rates were lower in Henderson County than North Carolina and for peer counties.

### Alzheimer's Disease

Alzheimer's Disease is the 4th leading cause of death in the Henderson County. It is the only cause of

death among the top 5 in the county without a way to prevent, cure, or even slow its progression. In the United States, deaths from Alzheimer's increased 66 percent between 2000 and 2008, while deaths from other major diseases, including the number one cause of death (heart disease), decreased. In North Carolina and among peer counties, the Alzheimer's death rate is lower than in Henderson County, even when adjusted for age. As baby boomers age, it is expected that services related to the care of those with Alzheimer's Disease will increase.

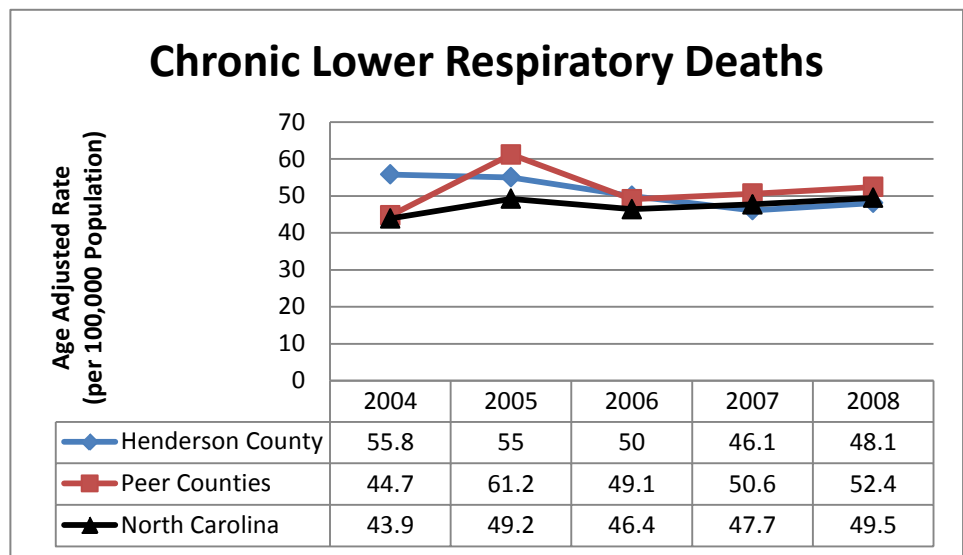


SOURCE: NC CATCH

As baby boomers age, it is expected that services related to the care of those with Alzheimer's Disease will increase.

### Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD), which includes both Chronic Obstructive Pulmonary Disease (COPD) and asthma, was the fourth leading cause of death in the United States in 2009 and the third leading cause of death in Henderson County. COPD includes chronic bronchitis and emphysema, which both make emptying air



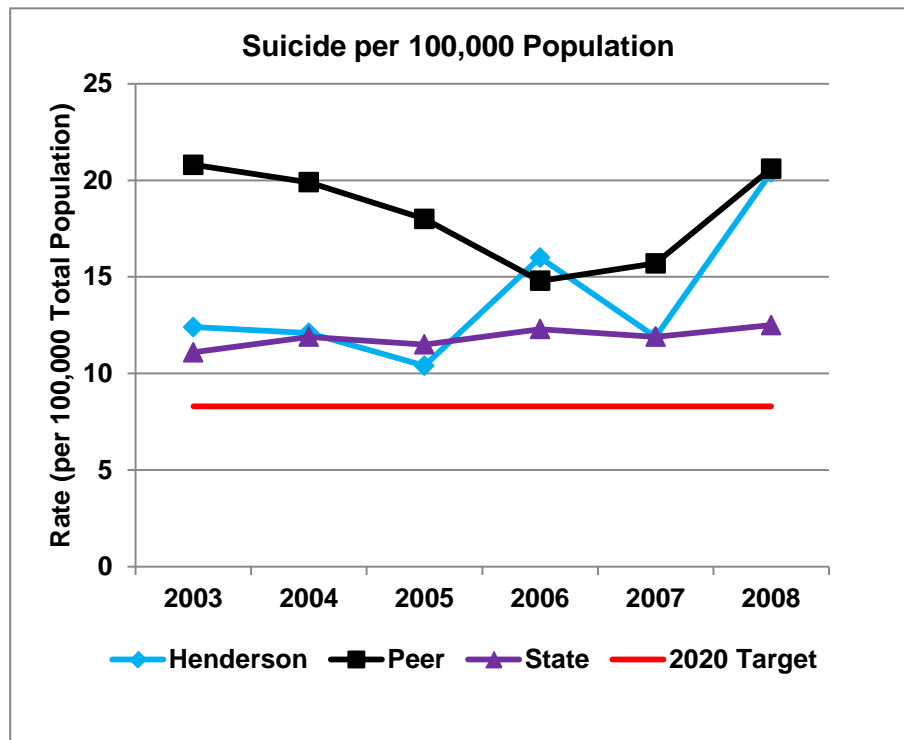
SOURCE: NC CATCH

from the lungs progressively more difficult and can be associated with cough, mucus production, wheezing, and breathlessness. Risk factors include primarily cigarette smoking, but also exposure to noxious particles or gases, recurrent infection, diet, and genetic factors. COPD is often preventable, but there is no cure. Henderson County's CLRD death rate in 2008 was slightly lower than the state rate and peer counties.

## Suicide

Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. While its causes are complex and determined by multiple factors, the goal of suicide prevention is simple: Reduce factors that increase risk (i.e. risk factors) and increase factors that promote resilience (i.e. protective factors).

The chart to the right shows that the suicide rate in Henderson County increased in 2008 and was higher than the state rate and the Healthy NC 2020 goal. There were 24 suicides in 2008; nineteen men and five women. No teenagers were involved, but two individuals 85 years of age or older committed suicide. In 2009, there was a reduction – 11 suicides involving five men and 6 women. One 15-19



SOURCE: NC STATE CENTER FOR HEALTH STATISTICS

year old committed suicide and no

individuals 85 years or older. Research

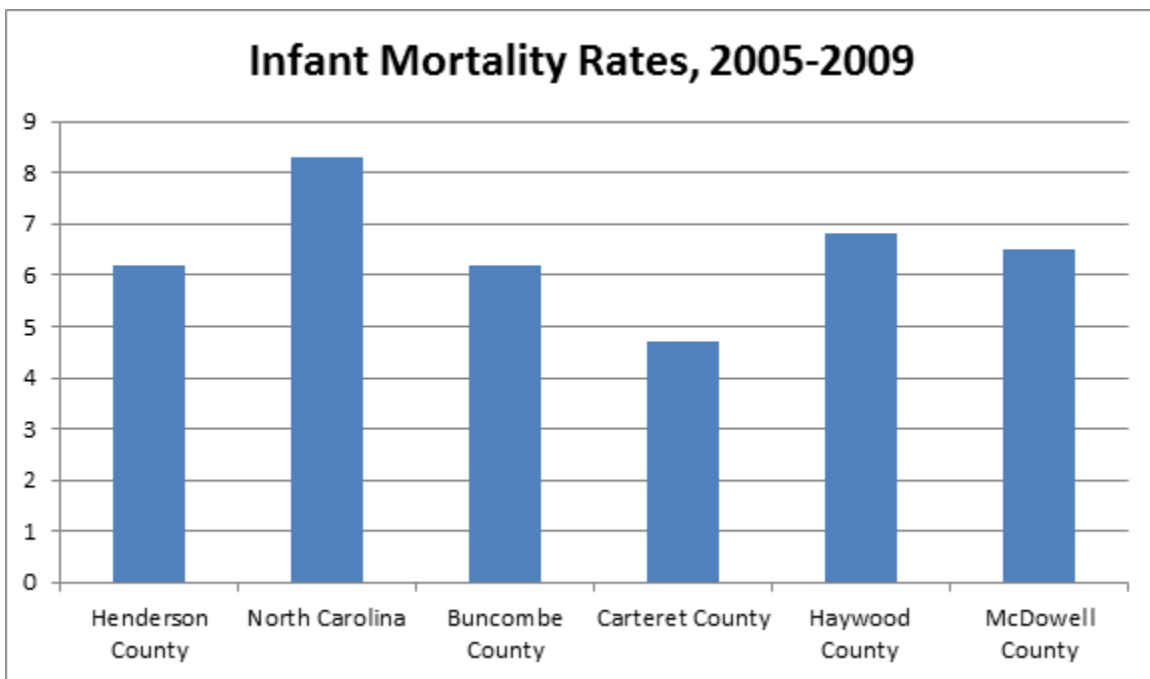
shows that suicide rates in the U.S. tend to rise during recessions and fall amid economic booms.

## Infant Mortality

Because of the high quality and widespread availability of neonatal intensive care in the United States, a low-birth weight baby born in this country probably has a better chance of surviving than anywhere else in the world. Yet, despite the high quality and widespread availability of neonatal intensive care technology in this country, the infant mortality rate remains higher than that of many developed nations.

A society's infant mortality rate is considered an important indicator of its health status, because infant mortality is associated with socioeconomic status, access to health care, and the health status of women of childbearing age.

In Henderson County the infant mortality rate has been as high as 10.1 in 2005 and as low at 4.0 in 2008. The 2010 rate was 7.5. The Healthy NC goal is 6.3. In 2010, there were 8 infant deaths in the county. Statistically, it is difficult to measure data based on less than 10 deaths because the data is considered unstable. Looking at five year rates can provide more reliable data. The chart below shows that the five-year infant mortality rate in Henderson County was 6.2, which is below the 2020 goal and less than the state and most of our peer counties.



SOURCE: NC STATE CENTER FOR HEALTH STATISTICS

## Obesity

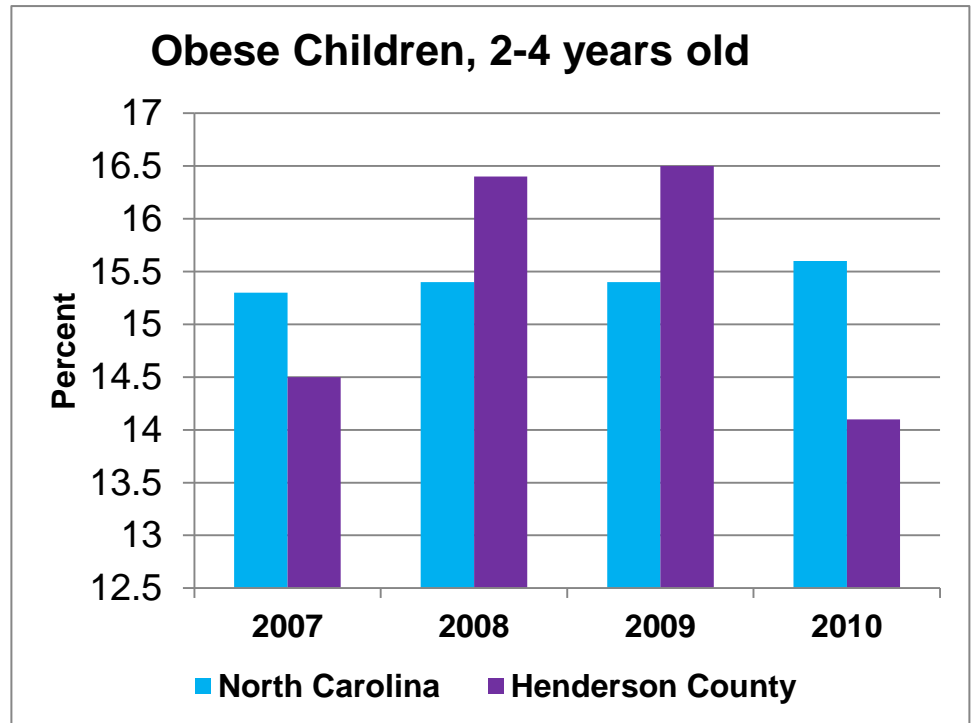
In 2010, North Carolina had the 10<sup>th</sup> highest adult obesity rate and the 11<sup>th</sup> highest childhood obesity rate in the nation.

Two-thirds (65%) of adults in North Carolina are overweight or obese. The percentage of North Carolina adults who are obese has more than doubled in the last two decades, from approximately 13% in 1990 to 30% in 2009. This is an increase of more than 1.9 million adults.



For the first time in history, we are in danger of raising the first generation of kids who will be sicker and die younger than their parents. Youth who are overweight or obese are at greater risk of being overweight as adults and developing chronic disease at an early age. Nearly one out of three (32%) children ages 10-17 in North Carolina is overweight or obese.

Being overweight or obese is a major factor in increasing ones risk for chronic diseases such as diabetes and hypertension. In Henderson County, the percent of children 2-4 years of age who are obese dropped significantly from 16.5% in 2009 to 14.1 in 2010. In listening sessions conducted in July 2011, obesity received the most attention. Residents are concerned about the sedentary lifestyle, the higher cost of nutritious foods, and the lack of safe walking and biking areas in the county.



SOURCE: NC NUTRITION AND PHYSICAL ACTIVITY SURVEILLANCE SYSTEM

In 2008, the county was awarded one of five Childhood Obesity Prevention Demonstration Project grants given in the state. While state funding was cut after only one year due to the budget shortfall, some interventions have continued. These programs are focused on children of all ages and include weight management programs at the Department of Public Health and Park Ridge Health, enhanced physical education programs at public schools, identification and referral systems established at local pediatric offices for children who would benefit from weight management programs, and programs and policy changes at child care centers and homes to improve nutrition offerings and physical activity opportunities.

In our culture, the car has replaced walking and biking, video games have replaced outside activities, and fast food has replaced healthy meals at home. There has been a major shift in our culture over the past 40 years for adults as well as children. The Healthy NC 2020 goal is to increase the percentage of adults who are neither overweight nor obese from 34.6% in 2009 to 38.1% in 2020. In 2009, 35.6% of Western NC adults were of normal weight.

According to the Behavioral Risk Factor Surveillance System (BRFSS), 27.6% of adults in Western NC are obese, compared to 28.6 % in NC. Disparities exist for African-Americans and low income adults. Although African Americans make up a small percentage of the population in Western NC, 43.9% are obese according to the 2010 BRFSS Survey. Obesity is also more prevalent in low-income individuals. In 2010, 34.2% of obese adults made less than \$15,000 a year.

## Diabetes

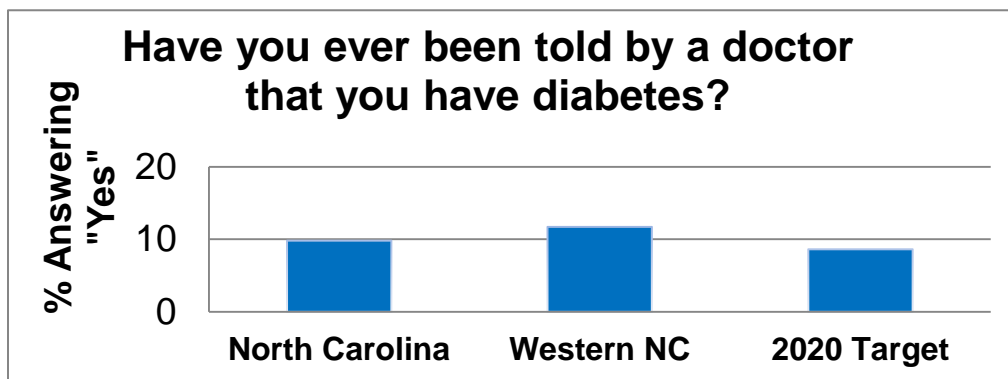
Over 25 million children and adults in the United State have diabetes, 7 million of them undiagnosed. Another 79 million people have pre-diabetes. (Source: 2011 National Diabetes Fact Sheet.) It is estimated that 9.3% of adults 18 and over in Henderson County had diabetes in 2008.

### PERCENTAGE AND ESTIMATED NUMBER OF ADULTS WITH SOME FORM OF HYPOGLYCEMIA, HENDERSON COUNTY, 2008

Conditions	Rate	Number
<b>Prediabetes</b>	6.0%	4,856
<b>Diagnosed Diabetes</b>	9.3%	7,526
<b>Undiagnosed Diabetes</b>	2.2%	1,780
<b>Gestational Diabetes**</b>	9.4%	1,528

Source: NC BRFSS 2008, State Center for Health Statistics, DHHS

In 2010, North Carolina ranked 13th highest for adult diabetes prevalence among all states in the U.S. It is the 4th leading cause of death for African Americans in North Carolina and it is slightly more prevalent in females than in males. Diabetes related healthcare expenses are up to 3.5 times higher for people with diabetes and those who do not have diabetes.



Source: NC BRFSS 2010, State Center for Health Statistics, DHHS

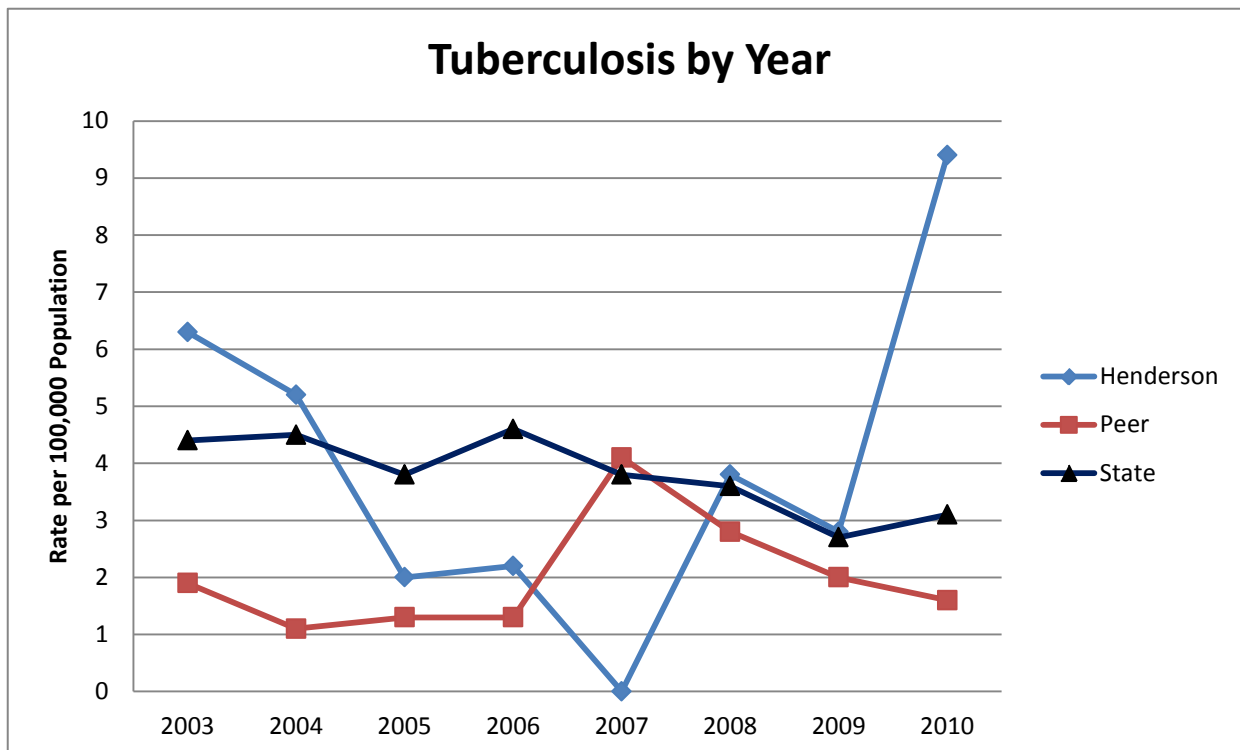
According to data collected from the Behavioral Risk Factor Surveillance System, residents in Western North Carolina have a higher prevalence of diabetes than other regions. Heart attack and stroke are the number one killers of people with diabetes. Diabetes is the leading cause of blindness and kidney failure. Education and screening programs can help to reduce the risks of diabetes

## Tuberculosis

Tuberculosis, commonly known as TB, is a bacterial infection that can spread through the lymph nodes and bloodstream to any organ in your body -- and most often is found in the lungs. In their active state, TB bacteria cause death of tissue in the organs they infect. Active TB disease can be fatal if left untreated.

TB is spread through the air from one person to another. The TB bacteria are put into the air when a person with active TB disease of the lungs or throat coughs, sneezes, speaks, or sings. People nearby may breathe in these bacteria and become infected.

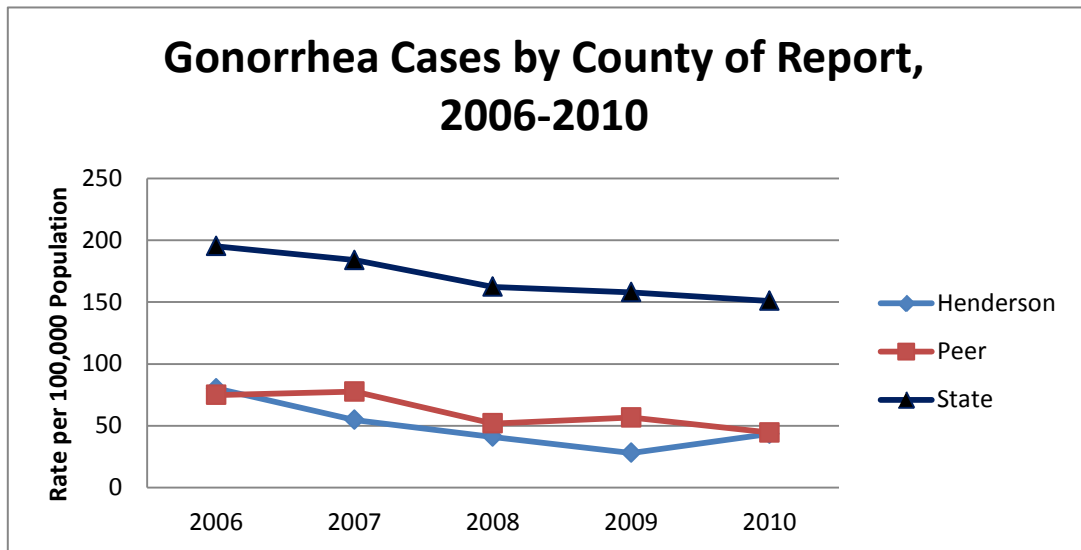
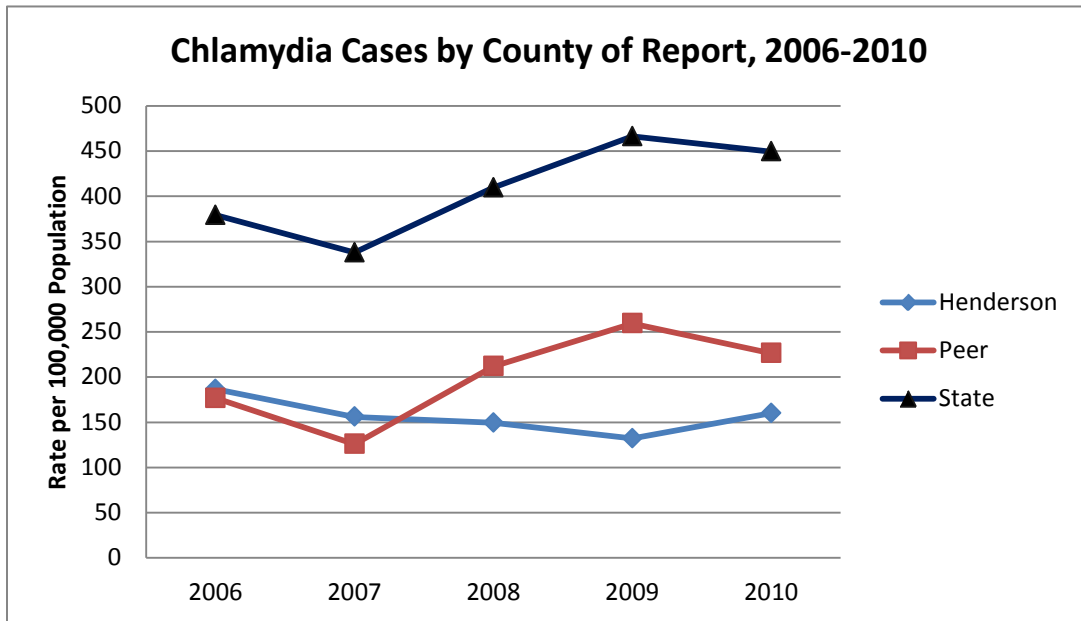
2010 was an active year for TB cases in Henderson County. Case counts have been low for the past 5 years, but increased dramatically. Three new cases were identified in January 2011, but no additional cases have been identified in 2011.



SOURCE: NC STATE CENTER FOR HEALTH STATISTICS

## Sexually Transmitted Diseases

As seen the charts below, Sexually Transmitted Disease rates are significantly lower in Henderson County than in peer counties and the state. However, Henderson County's Chlamydia rates are up from 132.2 per 100,000 population in 2009 to 160.1 in 2010. Gonorrhea rates also increase in 2010.



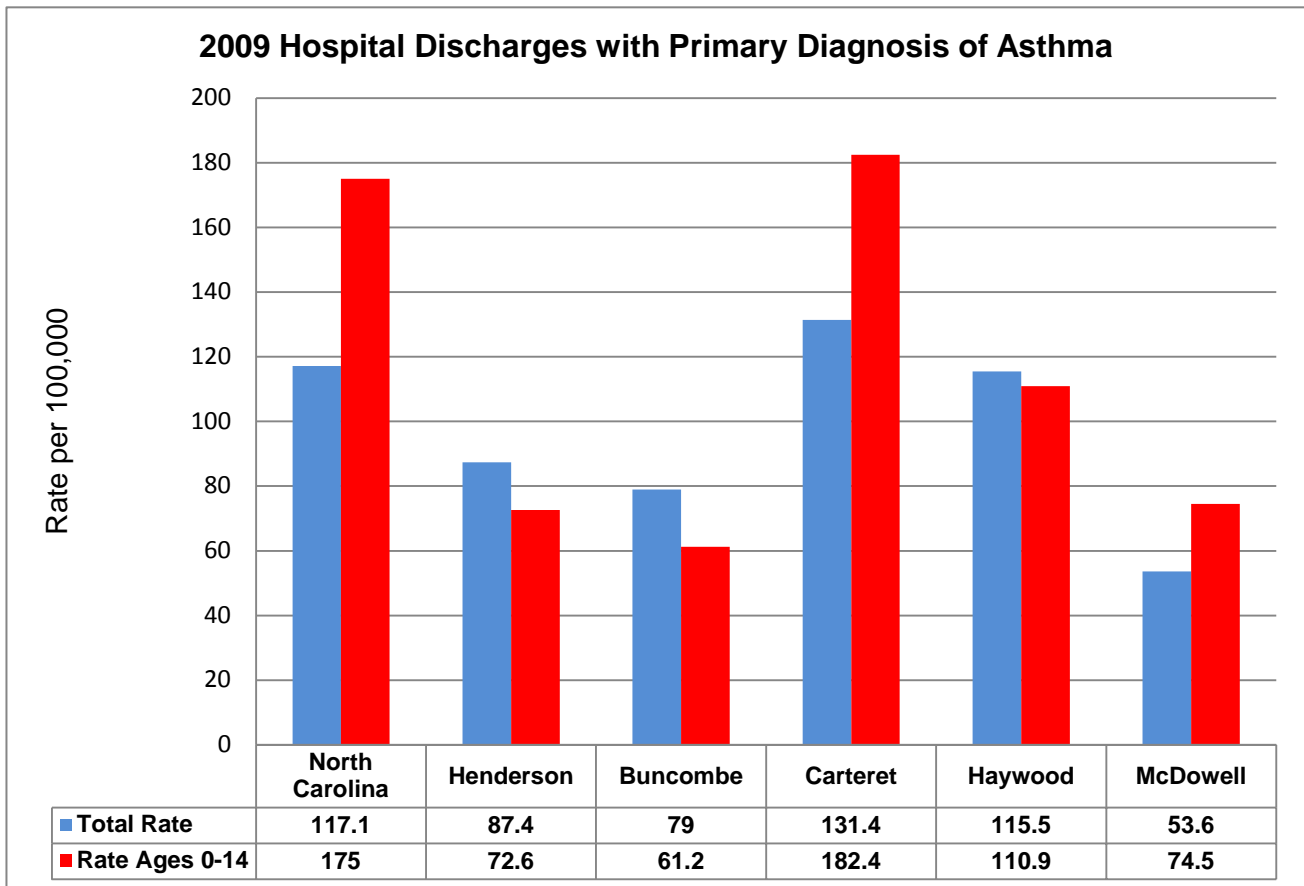
SOURCE: NC STATE CENTER FOR HEALTH STATISTICS

## Asthma

Asthma is a disease that affects the lungs. It is one of the most common long-term diseases of children, but adults have asthma, too. Asthma causes repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing.

Asthma currently affects approximately 8 percent of adults and approximately 10 percent of children in North Carolina. In 2009, 94 North Carolinians died due to asthma. Asthma impacts all North Carolinians; however, African Americans, Native Americans, women, persons 65 years and older, children under the age of 5 years, and persons living in households with an income less than \$15,000 are among the groups most affected by asthma.

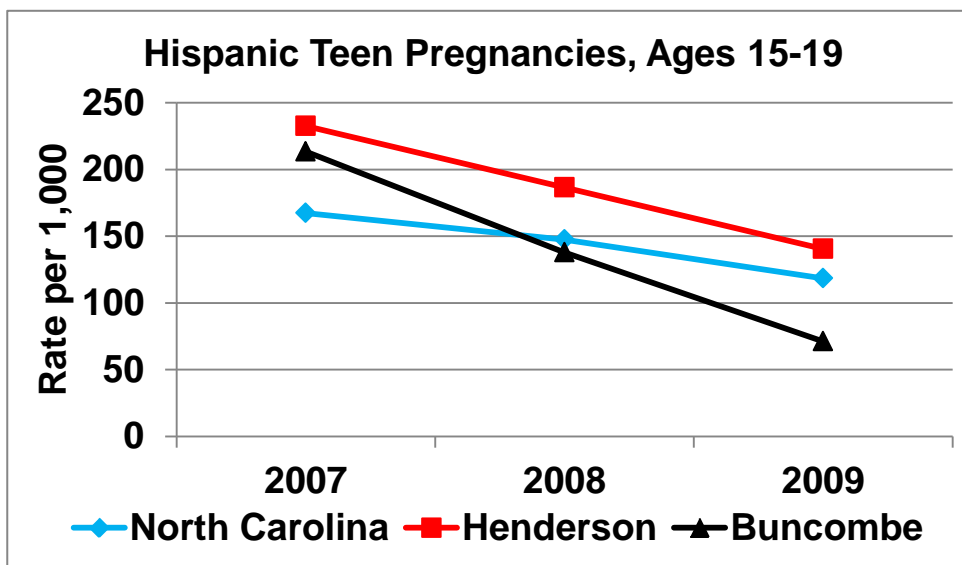
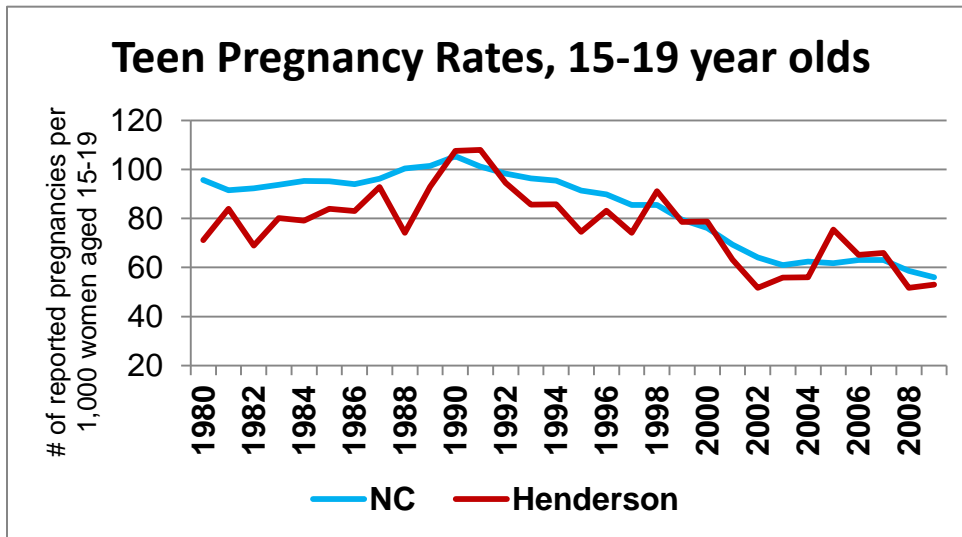
Among peer counties, Henderson County has one of the lowest hospital discharge rates for asthma for children and adults.



SOURCE: NC STATE CENTER FOR HEALTH STATISTICS

## Teen Pregnancy

The 2009 teen pregnancy rate continues to be lower than the state rate; however, the Hispanic teen pregnancy rate is higher than the state. Henderson County ranks 63<sup>rd</sup> in the state in pregnancies to girls age 15-19. The county ranks 9<sup>th</sup> in the state in pregnancies to Hispanic girls age 15-19 and is the only western county in the top 35. The US teen pregnancy and birth rates are substantially higher than those of other western industrialized nations.

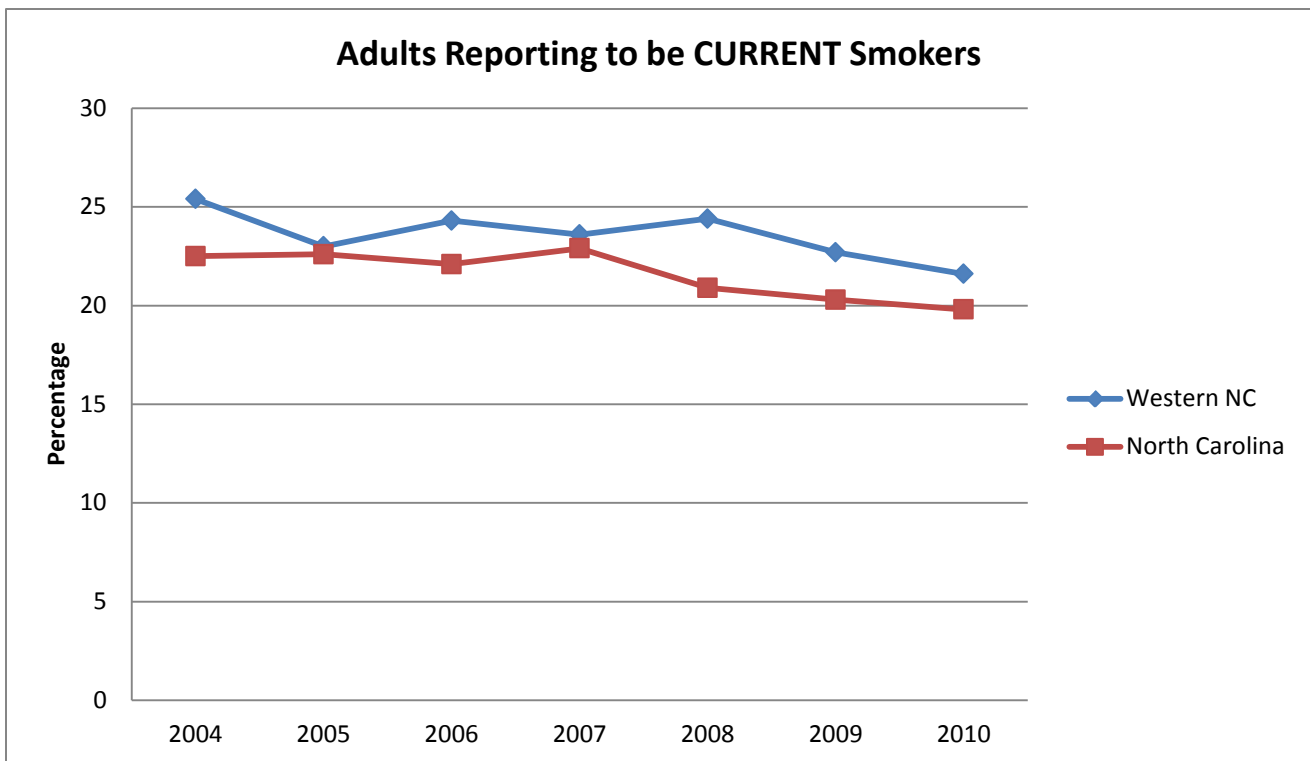


SOURCE: NC STATE CENTER FOR HEALTH STATISTICS

## Tobacco Use

North Carolina has the 14<sup>th</sup> highest smoking prevalence in the nation. Tobacco use is the leading cause of preventable death in North Carolina. Approximately 30% of all cancer deaths and nearly 90% of lung cancer deaths – the leading cancer death among men and women – are caused by smoking. In addition, those who smoke have increased risks for heart attack and stroke.

Non-smokers are also harmed by tobacco use through their exposure to secondhand smoke, which contains more than 7,000 chemicals. About 70 of these can cause cancer and hundreds are toxic.



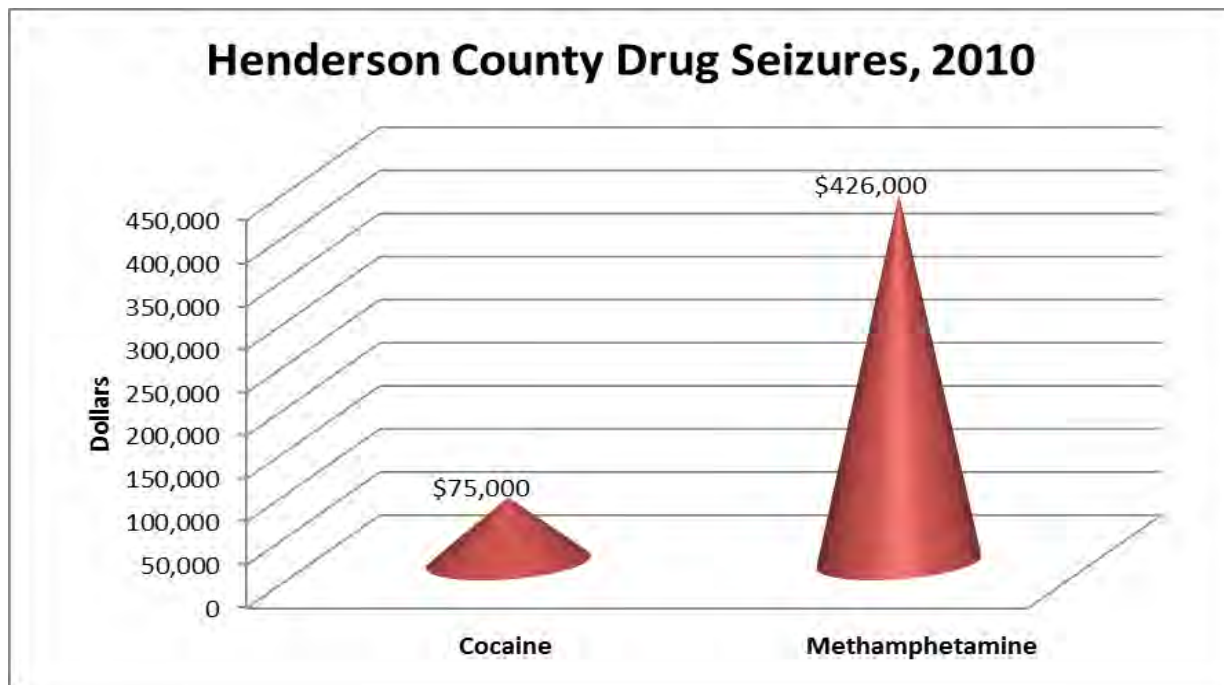
SOURCE: NC STATE CENTER FOR HEALTH STATISTICS

Twenty-two percent of adults in Western North Carolina report smoking in the Behavioral Risk Factor Surveillance System survey. Other studies have found that there are regional differences. The rates of current smokers are higher for Eastern and Western North Carolina than the Piedmont over the past ten years. The Healthy NC 2020 goal is 13% and in 2010, the rate in Western NC was 21.6%.

In the 2009 Youth Risk Behavior Surveillance Survey administered in Henderson County Public Schools, 32.4% of high school students surveyed indicated that they had smoked cigarettes.

## Substance Abuse

Methamphetamines and prescription drugs are leading the area in addiction and abuse in the county. Methamphetamine is the leading illegal drug of choice for not only Henderson County but for Western North Carolina. The chart shows the magnitude of the problem compared to cocaine.



SOURCE: HENDERSON COUNTY SHERIFF'S DEPARTMENT

Marijuana use is also a problem. For teens, tobacco use is closely tied to marijuana use. Teens who have smoked nicotine cigarettes are 11 times likelier to use marijuana than teens who have never smoked (68 percent vs. six percent) (Source: National Center on Addiction and Substance Abuse at Columbia University).

Tobacco is a gateway drug to other drug use. In Henderson County Public Schools, nearly one in three high school students surveyed indicated that they had smoked cigarettes at least one time and 36.1% indicated they had used marijuana at least one time. (Source: Youth Risk Behavior Survey, Henderson County, 2009)

Another problem is prescription drug abuse in youth and adults. Twenty-four percent of high school students surveyed in Henderson County indicated that they had taken prescription drugs without a doctor's order at least once. Over-prescribing, doctor shopping, and kids having access to prescription drugs in their parent's and grandparent's medicine cabinets are all contributing to the problem.



Abuse of prescribed medicines often begins with legitimate use. People who otherwise would not abuse substances find themselves addicted when it is already too late. They begin “doctor shopping” to feed their addiction, and rationalize this behavior as being necessary to manage the pain. According to the Drug Enforcement Administration, doctor shopping is one of the primary ways that addicts obtain prescription drugs for non-medical use. "Doctor shopping" refers to when an individual visits several different doctors to obtain prescriptions for the same medications, and then has the prescriptions filled at different pharmacies. This allows the individual to obtain more of the prescribed substance than any one physician or pharmacist would allow. Pain medication, prescribed for a variety of common reasons, including back pain or surgery, caesarian sections, or even dental procedures, carries the highest risk for dependence.

# CHAPTER FIVE

## DETERMINING HEALTH PRIORITIES

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A forum was held on November 15, 2011 to present the data to the public and to the Community Health Assessment Team. Findings were presented from the primary and secondary data and participants were asked to identify leading community health problems that should be addressed over the next four years. Participants ranked the ten major problems as high, medium, low, or not at all. (See Appendix E.)

Criteria used to rate the issues included:

- The problem affects a lot of Henderson County residents – including low income and underserved residents.
- More resources are needed for this issue; it is not being sufficiently addressed by existing programs.
- There's a good chance that the problem could be reduced if local groups were dedicated to working on it.
- It will be beneficial to use a collaborative approach involving a variety of community stakeholders in addressing this issue.

The Department of Public Health also has a monthly column in the local newspaper. The November 2011 column included an invitation to the public forum and information about the online survey. In addition, the Henderson County Board of Health also heard the presentation on November 8, 2011 and provided input to the priorities.

The PowerPoint presentation was also posted on the Department of Public Health website and a survey was posted on Survey Monkey in English and Spanish to allow others not in attendance to have a voice in determining health priorities.

After reviewing the surveys and considering input from the Board of Health, the three top priorities for Henderson County for 2011-2015 are:

- Obesity*
- Substance Abuse/Prescription Drug Abuse*
- Access to Mental Health Care*

# CHAPTER SIX

## DISSEMINATION AND COMMUNICATION PLAN

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The Henderson County Department of Public Health will disseminate the 2011 Community Health Assessment throughout the community. A press release will be sent to media contacts in the community and a representative from the health department will be available to present findings from this report as requested by community groups and organizations.

A monthly public health column is submitted to the local newspaper. An article on the Community Health Assessment will be submitted for the January 2012 column. Information will also be submitted to the newspaper for the 2012 Medical Directory, published in February every year. The Medical Directory includes articles on health related issues as well as a listing of medical professionals in the county.

A user-friendly brochure summarizing the Community Health Assessment report will be developed and made available at community sites and on the Department of Public Health website. The complete report is accessible for download on the Department's website at [www.hendersoncountync.org/health](http://www.hendersoncountync.org/health) as well as printed copies in each public library in the county.

# CHAPTER SEVEN

## NEXT STEPS – DEVELOPING ACTION PLANS

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Community Health Assessment Action Plan Teams will develop plans of action for addressing each of the three health priorities. This includes tools for developing intervention and prevention activities. Action Plans will be completed by June 2012.

An important use of the CHA findings and document is to develop effective community health strategies. Plans will be developed with measurable objectives to address these priorities, evidence-based interventions, and realistic evaluation methods. Each plan will align with the Healthy North Carolina 2020 Objectives.

Work groups will be formed to address each health priority. For each issue, the assigned work group will look at the county data, think through the factors that contribute to the issue, identify factors that could perpetuate it, and identify barriers to reducing each issue. They can then develop:

- A hypothesis about why the issue exists
- Research and select evidence-based interventions to address the issue
- Identify needed resources

Work groups will consist of county residents and representatives of agencies/organizations with special expertise or interest in the issue, and/or those who are affected by the issue.

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 the Henderson County Department of Public Health at 828-692-4223.

## Henderson County Community Health Assessment Team 2011

<b>Member</b>	<b>Agency</b>	<b>Role</b>
Betsy Alexander	Henderson County Department of Public Health	Provided data
Angie Alley	The Healing Place	Provided data, provided site for listening session
Tim Auwarter	Pardee Hospital	Provided data, selected priorities
Ruth Birge	United Way of Henderson County	Provided data, selected priorities
Tom Bridges	Henderson County Department of Public Health	Provided support and access to the Board of Health
Kaye Brownlee	Henderson County Department of Public Health	Provided data, arranged listening sessions
Milton Butterworth	Blue Ridge Community Health Services	Provided data, selected priorities, provided site for listening session with staff and clients
Linda Charping	Henderson County Department of Public Health	Team Leader
David Cook	Interfaith Assistance Ministry	Provided data, selected priorities, provided site for listening session with staff
Rick Davis	Henderson County Sheriff's Department	Provided data
Graham Fields	Park Ridge Health	Provided data
Elisha Freeman	Children and Family Resource Center	Provided data
Sonia Girona	Smart Start of Henderson County	Provided data
Jennifer Hastings	Henderson County Family YMCA	Provided data
Tim Hopkin	Henderson County Parks and Recreation	Provided data, provided site for listening session
David Jones	Henderson County Public Schools	Provided data
Judith Long	The Free Clinics	Provided data
Carolina McCreedy	El Centro	Provided data, provided site and bilingual staff for listening session
Andrea Orben	UNC-CH MPH Student Intern	Conducted listening sessions
Marvin Owings	NC Cooperative Extension Service	Provided data
Phil Sellers	Board of Health, Chair	Provided data and access to the Board of Health
Karen Smith	Council on Aging for Henderson County	Provided data, provided site for listening session
Anthony Star	Henderson County Planning Department	Provided data
Tricia Stauffer	Henderson County Department of Public Health	Team Leader
Rachel Stein	Children & Family Resource Center	Provided data, provided site for listening session with teen parents
Alan Stephenson	Blue Ridge Community College	Provided data, provided site for

**Henderson County Community Health Assessment Team 2011**

		listening session
Penny Summey	Department of Social Services	Provided data
Seth Swift	Henderson County Department of Public Health	Provided data
Terri Wallace	Volunteer	Community Health Resource Directory
David White	Western Carolina Community Action	Provided data

## Henderson County Community Health Resource Directory 2011

Category	Provider Name	Telephone #	Providers Website Address	Physical Address	City	State	Zip
<b>ABUSE AND SEXUAL ASSAULT</b>							
	The Healing Place	828-692-3931	<a href="http://www.thehealingplace.info">www.thehealingplace.info</a>	100B Chadwick Sq. Court	Hendersonville	NC	28739
	Mainstay	828-693-3840	<a href="http://www.mainstayhelp.org">www.mainstayhelp.org</a>	133 5th Ave. West	Hendersonville	NC	28792
<b>BREASTFEEDING SUPPORT</b>							
	Henderson Co. Dept. of Public Health	828-692-4223	<a href="http://www.hendersoncountync.org/health">www.hendersoncountync.org/health</a>	1200 Spartanburg Hwy., Suite 100	Hendersonville	NC	28792
	La Leche League of Hendersonville	828-693-9899 or 828-808-1490	<a href="http://www.llofnc.org/groups/Hendersonville.html">www.llofnc.org/groups/Hendersonville.html</a>		Hendersonville	NC	28739
<b>CANCER SERVICES</b>							
	Henderson Co. Dept. of Public Health-Breast & Cervical Cancer Control Program (B&CCCP)	828-692-4233	<a href="http://www.hendersoncountync.org/health">www.hendersoncountync.org/health</a>	1200 Spartanburg Hwy., Suite 100	Hendersonville	NC	28792
	Park Ridge Health	828-684-8501	<a href="http://www.parkridgehealth.org">www.parkridgehealth.org</a>	100 Hospital Dr.	Hendersonville	NC	28792
	Pardee Hospital - Women Helping Women	828-696-1000	<a href="http://www.pardeehospital.org">www.pardeehospital.org</a>	800 N. Justice St.	Hendersonville	NC	28791
<b>CARDIAC REHAB</b>							
	Pardee Hospital	828-698-4694	<a href="http://www.pardeehospital.org">www.pardeehospital.org</a>	800 N. Justice St.	Hendersonville	NC	28791
	Park Ridge Health	828-684-8501	<a href="http://www.parkridgehealth.org">www.parkridgehealth.org</a>	100 Hospital Dr.	Hendersonville	NC	28792
<b>CHILDREN'S SERVICES</b>							
	Children & Family Resource Center	828-698-0674	<a href="http://www.childrenandfamily.org">www.childrenandfamily.org</a>	851 Case St.	Hendersonville	NC	28792
	Henderson County Dept. Of Social Services	828-697-5500	<a href="http://www.hendersoncountync.org/dss/">www.hendersoncountync.org/dss/</a>	1200 Spartanburg Hwy., Suite 300	Hendersonville	NC	28792
<b>COMMUNITY HEALTH DATA &amp; INFORMATION</b>							
	2-1-1 Information	828-252-4357	<a href="http://www.211wnc.org">http://www.211wnc.org</a>	50 S. French Broad Ave.	Asheville	NC	28801
	Henderson Co. Dept. of Public Health	828-692-4233	<a href="http://www.hendersoncountync.org/health">www.hendersoncountync.org/health</a>				
<b>DENTAL HEALTH</b>							
	Blue Ridge Community Health Services-Stokes Dental Center	828-692-4289	<a href="http://www.brchs.com">www.brchs.com</a>	Corner of U.S. 64E & Howard Gap Road	Hendersonville	NC	28792
	Greg Denton, DDS-ABC Dental Center	828-692-9075	<a href="http://www.abcdentalcenter.com/">www.abcdentalcenter.com/</a>	200 Beverly Hanks Center	Hendersonville	NC	28792
	Henderson Co. Dept. of Public Health-Smart Start/Blue Cross Blue Shield	828-694-6067	<a href="http://www.hendersoncountync.org/health">www.hendersoncountync.org/health</a>	1200 Spartanburg Hwy., Suite 100	Hendersonville	NC	28792
	Smile Starters	828-350-1076	<a href="http://www.smilestartersdental.com">www.smilestartersdental.com</a>	247 Biltmore Ave	Asheville	NC	28801
	The Free Clinics	828-697-8422	<a href="http://www.thefreeclinics.org">www.thefreeclinics.org</a>	841 Case St.	Hendersonville	NC	28792

## Henderson County Community Health Resource Directory 2011

Category	Provider Name	Telephone #	Providers Website Address	Physical Address	City	State	Zip
<b>DEVELOPMENTAL DISABILITIES - PHYSICAL OR MENTAL</b>							
	Children's Developmental Services Agency	828-694-7975	maggie.panther@dhhs.nc.gov	1303 5th Ave. West	Hendersonville	NC	28739
	Henderson County Public Schools Preschool Program	828-779-0310 or 828-654-3225	www.hendersoncountypublicschoolsnc.org	Glen Marlow Elementary 1985 Butler Bridge Rd.	Mills River	NC	28759
	Western Highlands Area Authority	800-975-3792 or 828-225-2800	www.westernhighlands.org	356 Biltmore Avenue	Asheville	NC	28801
	Preschoolers Reaching Educational Potential (P.R.E.P.) - Park Ridge Health	828-693-5652	www.parkridgehealth.org	722 5th Ave. West	Hendersonville	NC	28739
<b>DIALYSIS CENTERS</b>							
	DaVita Hendersonville Dialysis Center	866-571-6766	www.dialysiscenters.org/nc/hendersonville/	500 Beverly Hanks Center	Hendersonville	NC	28792
<b>EDUCATION</b>							
	Blue Ridge Community College	828-691-1700	www.blueridge.edu	1 College Drive	Flat Rock	NC	28731
	Captain Gilmer School	828-684-8221	www.captaingilmer.com	257 Doelger Drive	Fletcher	NC	28732
	Fletcher Academy	828-587-5100	www.fletcheracademy.com	185 Fletcher Academy Dr.	Fletcher	NC	28732
	Henderson County Home School Association		www.homeschool-life.com/nc/hcha		Hendersonville	NC	28739
	Henderson County Public Schools	828-697-4733	www.hendersoncountypublicschoolsnc.org	414 4th Ave. West	Hendersonville	NC	28739
	Hendersonville Christian Academy	828-692-0556	www.hendersonvillechristianschool.org	708 S. Grove St.	Hendersonville	NC	28792
	Heritage Hall School	828-692-6845	www.heritagehallschool.com	802A S. Grove St.	Hendersonville	NC	28792
	Immaculate Conception Catholic School	828-693-3277	www.immac.org	711 N. Buncombe St.	Hendersonville	NC	28791
	The Mountain Community School	828-696-8480	www.tmc.school.org	613 Glover St.	Hendersonville	NC	28792
	Upward Seventh-Day Adventist School	828-693-6532	no web page	957 Upward Road	Flat Rock	NC	28731
	Veritas Academy	828-681-0546	www.veritasnc.org	17 Cane Creek Road	Fletcher	NC	28732
<b>FITNESS/GYMS/RECREATIONAL FACILITIES/WELLNESS PROGRAMS</b>							
	Apex Fitness	828-890-4049	no web page	2754 Brevard Road	Hendersonville	NC	28791
	Body Shop	828-692-7902 828-692-1166 828-653-1348	www.bodyshopgyms.com	2315 Asheville Hwy. 580 Upward Road 130 Christel Lane	Hendersonville Flat Rock Fletcher	NC	28739 28731 28732
	Curves	828-697-5633 828-698-1600	www.curves.com	142 Joel Wright Drive 578 Upward Road	Hendersonville Flat Rock	NC	28792 28731
	Fitness for the Mind, Body & Soul	828-698-4702	www.fitnessforthebodymindandsoul.com	419 South King St.	Hendersonville	NC	28792
	Flat Rock Fitness	828-697-0866	www.flatrockonline.com/explore.html	15 Market Center Drive	Flat Rock	NC	28731



## Henderson County Community Health Resource Directory 2011

Category	Provider Name	Telephone #	Providers Website Address	Physical Address	City	State	Zip
<b>FITNESS/GYMS/RECREATIONAL FACILITIES/WELLNESS PROGRAMS (CONTINUED)</b>							
	Healthworks Wellness Center	828-698-8233	no web page	1749 Brevard Road	Hendersonville	NC	28791
	Henderson County Family YMCA	828-692-5774	www.yimahendersoncounty.org	810 W. 6th Avenue	Hendersonville	NC	28739
	Hendersonville Racquet Club	828-693-0040	www.hendersonvillerc.com	88 Oak Creek Lane	Hendersonville	NC	28739
	Lelia Patterson Center	828-209-6900	www.lpcenter.org	1111 Howard Gap Road	Fletcher	NC	28732
	NC Cooperative Extension Program	828-697-4891	http://henderson.ces.ncsu.edu	740 Glover St.	Hendersonville	NC	28792
	Pardee Health Education Center	828-682-4600	www.pardeehospital.org	Blue Ridge Mall	Hendersonville	NC	28792
	Pardee Rehab & Fitness	828-698-6774	www.pardeehospital.org	212-B Thompson St.	Hendersonville	NC	28792
	Park Ridge Health W.O.W.	828-681-2730	www.parkridgehealth.org	100 Hospital Dr.	Hendersonville	NC	28739
	Pump House	828-698-9447	www.pumphousefitnesscenter.com	604 S. Grove St.	Hendersonville	NC	28791
	Sonrise Fitness	828-891-6559	www.sonrisefitness.com	20 Etowah Town Square	Etowah	NC	28792
	Ultimate Fitness Center	828-698-0403	www.ultimatefitnesswnc.com	321 Fanning Fields Road	Mills River	NC	28759
	WNC Activity Center	828-697-0084	www.wncac.com	85 P.E.M. Drive	Hendersonville	NC	28792
<b>FREE CLINICS</b>							
	The Free Clinics	828-697-8422	www.thefreeclinics.org	841 Case St.	Hendersonville	NC	28792
<b>HOME CARE/IN-HOME SERVICES</b>							
	Pardee Home Care	828-692-1846	www.pardeehospital.org	800 N. Justice St.	Hendersonville	NC	28792
	Park Ridge Home Health	828-698-5261	www.parkridgehealth.org	100 Hospital Dr.	Hendersonville	NC	28791
<b>HOSPICE CARE</b>							
	Four Seasons Compassion for Life	828-692-6148	www.fourseasonscfl.org	571 South Allen Road	Flat Rock	NC	28731
<b>HOSPITALS</b>							
	Pardee Hospital	866-696-1000	www.pardeehospital.org	800 N. Justice St.	Hendersonville	NC	28791
	Park Ridge Health	828-684-8501	www.parkridgehealth.org	100 Hospital Dr.	Hendersonville	NC	28792
<b>HOSPITAL BILL ASSISTANCE</b>							
	Pardee Charity Fund	828-696-7339	www.pardeehospital.org				
	Park Ridge Health Charity Fund	828-681-2108	www.parkridgehealth.org				

## Henderson County Community Health Resource Directory 2011

Category	Provider Name	Telephone #	Providers Website Address	Physical Address	City	State	Zip
<b>MEDICAID/HEALTH CHOICE</b>							
	Blue Ridge Community Health Services	828-692-4289	<a href="http://www.brchs.org">www.brchs.org</a>	Corner of U.S. 64E & Howard Gap Road	Hendersonville	NC	28792
	Henderson Co. Dept. of Public Health	828-692-4223	<a href="http://www.hendersoncountync.org/health">www.hendersoncountync.org/health</a>	1200 Spartanburg Hwy., Suite 100	Hendersonville	NC	28792
	Henderson Co. Dept. of Social Services	828-697-5500	<a href="http://ww2.hendersoncountync.org/dss/">http://ww2.hendersoncountync.org/dss/</a>	1200 Spartanburg Hwy.	Hendersonville	NC	28792
<b>MEDICAL TRANSPORTATION</b>							
	Apple Country	828-698-8571	<a href="http://www.wcca.net/transport.html">www.wcca.net/transport.html</a>	220 King Creek Blvd.	Hendersonville	NC	28739
	Medicaid Transportation (For Medicaid recipients only)	828-694-6161 or 828-694-6163	<a href="http://www.wcca.net/transport.html">www.wcca.net/transport.html</a>	220 King Creek Blvd.	Hendersonville	NC	28739
<b>MEDICATION ASSISTANCE</b>							
	Blue Ridge Community Health Services	828-692-4289	<a href="http://www.brchs.org">www.brchs.org</a>	Corner of U.S. 64E & Howard Gap Road	Hendersonville	NC	28792
	Community Pharmacy @ The Free Clinics	828-697-8422	<a href="http://www.thefreeclinics.org">www.thefreeclinics.org</a>	841 Case St.	Hendersonville	NC	28792
	Eblen Charities	828-255-3066	<a href="http://www.eblencharities.org">www.eblencharities.org</a>	12 Regent Park, Blvd.	Asheville	NC	28806
	Henderson County Dept. of Public Health	828-692-4223	<a href="http://www.hendersoncountync.org/health">www.hendersoncountync.org/health</a>	1200 Spartanburg Hwy., Suite 100	Hendersonville	NC	28792
	Medi-Find Program @ The Free Clinics	828-697-4822	<a href="http://www.thefreeclinics.org">www.thefreeclinics.org</a>	841 Case St.	Hendersonville	NC	28792
<b>MEDICATION ASSISTANCE (CONTINUED)</b>							
	Salvation Army	828-693-4181	<a href="http://www.salvationarmycarolinas.org/commands/hendersonville/">http://www.salvationarmycarolinas.org/commands/hendersonville/</a>	239 Third Ave. East	Hendersonville	NC	28792
<b>MENTAL HEALTH SERVICES - SUBSTANCE ABUSE-ALCOHOL AND DRUG</b>							
	6th Ave. Clubhouse	828-697-9765	<a href="http://www.sixth-avenue.org">www.sixth-avenue.org</a>	525 N. Justice St.	Hendersonville	NC	28739
	AAT Un Nuevo Dia	828-606-1718	No web page	332 Signal Hill Road	Hendersonville	NC	28792
	ARP Addiction, Recovery & Prevention (Crossroads)	828-693-7377	<a href="http://www.arpnc.org/crossroads">www.arpnc.org/crossroads</a>	514 Park Hill Court	Hendersonville	NC	28739
	Blue Ridge Community Health Services	828-692-4289	<a href="http://www.brchs.org">www.brchs.org</a>	Corner of U.S. 64E & Howard Gap Road	Hendersonville	NC	28792
	Families First	828-698-8588	No web page	831 Oakland St.	Hendersonville	NC	28739
	Family Preservation	828-697-4187	No web page	1430 Asheville Highway	Hendersonville	NC	28791
	Four Circles Treatment Center	828-891-2221	<a href="http://www.fourcirclesrecovery.com">www.fourcirclesrecovery.com</a>	156 Clear Crossing Lane	Horse Shoe	NC	28742
	Healthcare Solutions	828-684-4228	No web page	170 Old Naples Road	Hendersonville	NC	28792
	Hope Behavioral Health (Park Ridge Health)	800-954-4673	<a href="http://www.parkridgehealth.org">www.parkridgehealth.org</a>	100 Hospital Dr.	Hendersonville	NC	28739
	NAMI Four Seasons	888-955-6264	<a href="http://www.namifourseasons.org">www.namifourseasons.org</a>	PO Box 2018	Hendersonville	NC	28793
	NC Mentor	828-696-2667	<a href="http://www.nc-mentor.com">www.nc-mentor.com</a>	120 Chadwick Sq. Court Suite C	Hendersonville	NC	28792

## Henderson County Community Health Resource Directory 2011

Category	Provider Name	Telephone #	Providers Website Address	Physical Address	City	State	Zip
<b>MENTAL HEALTH SERVICES - SUBSTANCE ABUSE-ALCOHOL AND DRUG (CONTINUED)</b>							
	Parkway Behavioral Health	828-697-2660	www.parkwaybh.com	120 S. Grove St.	Hendersonville	NC	28792
	SUICIDE HOTLINE	800-273-8255					
	The Free Clinics	828-697-8422	www.thefreeclinics.org	841 Case St.	Hendersonville	NC	28792
	Western Highlands Area Authority	800-951-3792 or 828-225-2800	www.westernhighlands.org	356 Biltmore Ave.	Asheville	NC	28801
<b>OCCUPATIONAL THERAPISTS</b>							
	Pardee Rehab and Wellness	828-698-6774	www.pardeehospital.org	212B Thompson St.	Hendersonville	NC	28739
<b>PEDIATRIC CARE</b>							
	Henderson County Dept. of Public Health	828-692-4223	www.hendersoncountync.org/health	1200 Spartanburg Hwy., Suite 100	Hendersonville	NC	28792
	Hendersonville Family Health Center	828-696-1234	www.pardeehospital.org/health_services/	709 N. Justice St.	Hendersonville	NC	28792
	Hendersonville Pediatrics	828-693-3296	www.hendersonvillepediatrics.com	600 Beverly Hanks Center	Hendersonville	NC	28792
	Park Ridge Pediatrics	828-650-8032	www.parkridgehealth.org	50 Hospital Dr., Suite 5D	Fletcher	NC	28726
	Rainbow Pediatrics	828-698-8135	www.rainbowpediatrics.net	110 Chadwick Square Ct.	Hendersonville	NC	28739
	Blue Ridge Community Health Services	828-692-4289	www.brchs.org	Corner of U.S. 64E & Howard Gap Road	Hendersonville	NC	28792
<b>PHARMACIES-SPECIAL ASSISTANCE</b>							
	The Free Clinics	828-697-8422	www.thefreeclinics.org	841 Case St.	Hendersonville	NC	28792
	Fletcher Community Pharmacy	828-684-3756	www.parkridgehealth.org	50 Hospital Dr., Suite 5D	Hendersonville	NC	28792
<b>PHYSICAL THERAPY</b>							
	Pardee Rehab & Wellness	828-698-6774	www.pardeehospital.org	212B Thompson St.	Hendersonville	NC	28792
	Park Ridge Physical Therapy	828-681-2162	www.parkridgehealth.org	100 Hospital Drive	Hendersonville	NC	28792
<b>PRIMARY/GENERAL HEALTH CARE</b>							
	Blue Ridge Community Health Services	828-692-4289	www.brchs.org	Corner of U.S. 64E & Howard Gap Road	Hendersonville	NC	28792
	Henderson County Dept. of Public Health	828-692-4223	www.hendersoncountync.org/health	1200 Spartanburg Hwy., Suite 100	Hendersonville	NC	28792
	Hendersonville Family Health Center	828-696-1234	www.pardeehospital.org	709 N. Justice St.	Hendersonville	NC	28792
	Laurel Park Medical Center	828-697-4336	www.parkridgehealth.org	1881 Pisgah Drive	Hendersonville	NC	28739
	The Free Clinics	828-697-8422	www.thefreeclinics.org	842 Case St.	Hendersonville	NC	28792
<b>SENIOR CENTERS</b>							
	Sammy Williams Center for Active Living	828-692-3220	www.swcforactiveliving.org	301 N. Justice St.	Hendersonville	NC	28739
	Opportunity House	828-692-0575	www.opportunityhouse.org	1411 Asheville Hwy.	Hendersonville	NC	28791

## Henderson County Community Health Resource Directory 2011

Category	Provider Name	Telephone #	Providers Website Address	Physical Address	City	State	Zip
<b>SKILLED NURSING</b>							
	Beystone Health & Rehab Center	828-684-4857	no web page	80 Brownsberger Circle	Fletcher	NC	28732
	Brian Center	828-693-4361	no web page	1870 Pisgah Drive	Hendersonville	NC	28791
	Fleisher's Fairview Health Care Center	828-628-2800	no web page	3016 Cane Creek Road	Fairview	NC	28730
	Golden Living Center	828-693-8461	<a href="http://www.goldenlivingcenters.com/locations-staff/find-care-location/welcome/golden-livingcenter-hendersonville-nc.aspx">http://www.goldenlivingcenters.com/locations-staff/find-care-location/welcome/golden-livingcenter-hendersonville-nc.aspx</a>	1510 Hebron St.	Hendersonville	NC	28739
	Laurels of Hendersonville	828-692-6000	<a href="http://www.laurelsofhendersonville.com">www.laurelsofhendersonville.com</a>	290 Clear Creek Road	Hendersonville	NC	28792
	Life Care of Hendersonville	828-697-4348	no web page	700 Thompson Street	Hendersonville	NC	28792
	Spring Arbors of Hendersonville	828-633-4050	<a href="http://www.springarborliving.com/locations/hendersonville-nc.htm">www.springarborliving.com/locations/hendersonville-nc.htm</a>	1820 Pisgah Drive	Hendersonville	NC	28791
<b>SOCIAL SECURITY/SSI</b>							
	Social Security Office (Call for appointment)	800-772-1213	<a href="http://www.socialsecurity-disability.org/social-security-disability-locations/north-carolina">www.socialsecurity-disability.org/social-security-disability-locations/north-carolina</a>				
<b>SOCIAL SERVICE PROGRAMS</b>							
	Council On Aging	828-692-4203	<a href="http://www.coahc.org">www.coahc.org</a>	105 King Creek Blvd.	Hendersonville	NC	28792
	Henderson County Dept. of Social Services	828-697-5500	<a href="http://www.hendersoncountync.org/dss/">www.hendersoncountync.org/dss/</a>	1200 Spartanburg Hwy., Suite 300	Hendersonville	NC	28792
	Habitat for Humanity	828-694-0340	<a href="http://www.habitat-hvl.org">www.habitat-hvl.org</a>	1111 Keith St.	Hendersonville	NC	28792
	Housing Assistance Corporation	828-692-4744	<a href="http://www.housing-assistance.com">www.housing-assistance.com</a>	602 Kanuga Road	Hendersonville	NC	28739
	Interfaith Assistance Ministries	828-697-7029	<a href="http://www.iamhendersoncounty.org">www.iamhendersoncounty.org</a>	210 Ehringhaus St.	Hendersonville	NC	28739
	Pisgah Legal Services	828-692-7622	<a href="http://www.pisgahlegal.org">www.pisgahlegal.org</a>	440 S. Church St.	Hendersonville	NC	28792
	Manna Food Bank	828-399-3663	<a href="http://www.mannafoodbank.org">www.mannafoodbank.org</a>	627 Swannanoa River Road	Asheville	NC	28805
	Salvation Army	828-693-4181	<a href="http://www.salvationarmycarolinas.org/commands/hendersonville">www.salvationarmycarolinas.org/commands/hendersonville</a>	239 Third Ave. East	Hendersonville	NC	28792
<b>SENIOR SERVICES/SERVICES FOR ELDERLY &amp; AGING</b>							
	Aging In Place/Aging Projects Inc.	No Phone	<a href="http://www.agingprojectsinc.org/aahome/key.php">http://www.agingprojectsinc.org/aahome/key.php</a>	824 5th Ave. West	Hendersonville	NC	28739
	Council On Aging	828-692-4203	<a href="http://www.coahc.org">www.coahc.org</a>	105 King Creek Blvd.	Hendersonville	NC	28792
	Senior Care Solutions	828-685-0485	no web page		Hendersonville	NC	28739
	Stacie's Personal Care Services	866-550-9290	<a href="http://www.staciespcs.com">www.staciespcs.com</a>	4023 Haywood Road Suite A	Mills River	NC	28759
<b>TRANSPORTATION</b>							
	Apple Country	828-698-8571	<a href="http://www.wcca.net/transports.html">www.wcca.net/transports.html</a>	220 King Creek Blvd.	Hendersonville	NC	28739
	Fish Volunteer Service	828-693-5100	no web page	PO Box 2411	Hendersonville	NC	28793

## Henderson County Community Health Resource Directory 2011

Category	Provider Name	Telephone #	Providers Website Address	Physical Address	City	State	Zip
<b>UNINSURED ASSISTANCE</b>							
	Community Care of Western North Carolina	828-259-3879	<a href="http://www.communitycarewnc.org">www.communitycarewnc.org</a>	53 S. French Board Ave., Suite 300	Asheville	NC	28801
	The Free Clinics	828-697-8422	<a href="http://www.thefreeclinics.org">www.thefreeclinics.org</a>	841 Case St.	Hendersonville	NC	28792
<b>WOMEN'S HEALTH/PREGNANCY SERVICES</b>							
	Blue Ridge Community Health	828-692-4289	<a href="http://www.brcsh.com">www.brcsh.com</a>	Corner of U.S. 64E & Howard Gap Road	Hendersonville	NC	28792
	Ellis, Dr. David	828-698-5500	no web page	727 Oakland St.	Hendersonville	NC	28791
	Four Seasons Women's Med Center	828-693-0736	no web page	513 N. Justice St., Suite A1	Hendersonville	NC	28739
	Henderson Co. Dept. of Public Health	828-692-4223	<a href="http://www.hendersoncountync.org/health">www.hendersoncountync.org/health</a>	1200 Spartanburg Hwy., Suite 100	Hendersonville	NC	28792
	Hendersonville Family Health Center	828-696-1234	no web page	709 N. Justice St., Suite B	Hendersonville	NC	28791
	Hendersonville OB/GYN (A Service of Park Ridge Health)	828-687-3800	<a href="http://www.parkridgehealth.org">www.parkridgehealth.org</a>	27 Doctor's Drive	Hendersonville	NC	28792
	New Beginnings OB/GYN (A service of Park Ridge Health)	828-651-8933	<a href="http://www.parkridgehealth.org">www.parkridgehealth.org</a>	50 Hospital Dr., Suite 2B	Hendersonville	NC	28792
	Open Arms Crisis Pregnancy Center	828-692-7935	<a href="http://www.openarms329.com">www.openarms329.com</a>	329 N. Washington St.	Hendersonville	NC	28739
	Pardee Center for Women's Health - OB/GYN Associates & Nurse Midwifery	828-696-0897 or 828-698-7181	<a href="http://www.pardeehospital.org">www.pardeehospital.org</a>	512 6th Ave. W.	Hendersonville	NC	28739
	Park Ridge Health Women's Services	828-698-9934	<a href="http://www.parkridgehealth.org">www.parkridgehealth.org</a>	80 Doctors Drive, Suite 2	Hendersonville	NC	28792

# Community Health Assessment Listening Session Groups Summer 2011

<b>Agency/Location</b>	<b>Group/Demographic</b>
Blue Ridge Community Health Services	Medical Professionals
Interfaith Assistance Ministry	Volunteers
Children and Family Resource Center	Teen parents
Blue Ridge Community Health Services	Clinic clients (minorities)
Mills River Presbyterian Church	Middle age – older county residents
Union Grove Baptist Church	African-Americans
Latino Advocacy Coalition	Latinos
Sammy Williams Senior Center	Older adults
Henderson County Parks and Recreation	Older adults
The Healing Place	Professionals

## Listening Session Questions 2011

- When you hear the words “healthy community”, what comes to mind? How do you describe a healthy community?
  - First name and how you describe a healthy community
- What do folks in this community do to stay healthy? What do you personally do?
- 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?
- From your perspective, what are the most serious health problems or concerns facing this community?
- What are the causes of these problems? In other words, what keeps people in your community from being healthy?
- On the other end of the spectrum, what helps people maintain or enhance (better) their health?
- Is there any group not receiving enough health care? If so, why?
- 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?
- 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?
- What is the main way you get information about how to stay healthy?
- Is there anything else you would like to add, or you think would be helpful for us to know?

## Prioritizing Henderson County Health Issues

Individually, please rate each of the following health and human service issues indicating how high a priority it is for the community to address in the next several years.

Criteria to use in rating these issues:

- The problem **affects a lot of Henderson County residents** – including low income and underserved residents.
- **More resources are needed** for this issue; it is not being sufficiently addressed by existing programs.
- There's a good chance that the **problem could be reduced** if local groups were dedicated to working on it.
- It will be beneficial to use a **collaborative approach** involving a variety of community stakeholders in addressing this issue.

Health Issue (Use a ✓ to indicate choice)	High	Medium	Low	Not at all
Obesity				
Access to Mental Health Services				
Access to Medical Services				
Substance Abuse including Prescription Drug Abuse				
Tobacco Use				
Access to Dental Services				
Suicide				
Teen Pregnancy				
Lack of Recreation Facilities				
Services for Seniors				

Please indicate if you are interested in volunteering for an Action Team to determine strategies to address the problem. **Circle the issue(s) above that you would be interested in working on and complete the following:**

Please print.

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Name                      Agency/group (if applicable)                      Phone number                      e-mail address

Thank you for participating in the Community Health Assessment process!