

STATE OF THE COUNTY HEALTH REPORT

HENDERSON COUNTY, NORTH CAROLINA
DECEMBER 2009

Review of Recent Data

Heart disease is the leading cause of death in Henderson County, followed by cancer, chronic lower respiratory diseases (emphysema, chronic bronchitis, and chronic obstructive pulmonary disease), stroke, and Alzheimer's disease.

In 2008 there was a decrease in obesity rates in children in the county from a high of 36.6% in 2004. The rate in 12-18-year-olds dropped significantly from 29% in 2007 to 21% in 2008, while the rate statewide decreased only

Henderson County also has a very low non-white population. According to the 2008 US Census estimate, the population is 102,367. Ninety-five percent of the population are white, 4% are African-American, and 1% are classified as other.

There is a growing Hispanic/Latino community in our county. In 2008, they made up 9% of the county population. Many undocumented residents are not able to obtain health and dental care. This is especially hard on children who don't qualify for Medicaid, Health Choice, or vision vouchers.

The teenage pregnancy rate in the county dropped in 2008 to 51.7 from the previous year's rate of 65.9 (per 1,000 population). The Hispanic teen pregnancy rate dropped this year as well, but is still higher than the NC rate. We will continue to monitor this indicator.

2004-2008 Leading Causes of Death

Henderson County Rank	NC Rank	Cause of Death
1st	1st	Heart Disease
2nd	2nd	Cancer
3rd	4th	Chronic Lung Diseases
4th	3rd	Cerebrovascular Disease
5th	6th	Alzheimer's Disease
6th	5th	Unintentional Injuries
7th	8th	Influenza/Pneumonia

In reviewing the latest health data trends, it is clear that Henderson County is a relatively healthy county with few major health concerns. Most key health indicators are below the state rate including deaths from colon cancer, lung cancer, stroke, motor vehicle, heart disease, cancer, prostate cancer, diabetes, and breast cancer. Henderson County's infant mortality rate continued to decrease in 2008 to 4.0, which is significantly lower than the state rate of 8.2 (per 1,000 live births).

slightly. There were also small decreases in obesity rates in 2-4-year-olds and 5-11-year-olds in Henderson County during this time.

Twenty-five percent of our population is 65 years of age and older. Although we have an older population due to being a retirement community, when adjusted for age, morbidity and mortality data is within the state average for most indicators.

Each North Carolina county must conduct a Community Health Assessment and identify health priorities every four years. The next Community Health Assessment will be conducted in 2011.

Progress on Major Health Concerns

Health priorities from the 2007 Community Health Assessment included: school nurses, services for the aging population, tobacco use, access to dental care, access to mental health care, and adult and childhood obesity. Review of the most recent data and local interventions indicate the following progress on these priorities.

School Nurses

The current 2009-10 school nurse to student ratio of 1:1479 has improved greatly since 2003 when it was 1:3000. Our Community Health Assessment goal is to decrease the nurse to student ratio to less than 1:1200. Although great progress has been made, there still remains the challenge of finding secure, sustainable funding for the current positions, plus additional school nurse positions. This year a team of community professionals from Henderson County are participating in the Management Academy of

Henderson County, NC – School Nurse Ratio					
School Year	2005-06	2006-07	2007-08	2008-09	2009-10
Henderson County	1:2538	1:2182	1:1841	1:1480	1:1479
North Carolina	1:1571	1:1340	1:1250	1:1226	unavailable
National Recommendation	1:750	1:750	1:750	1:750	1:750

Public Health. The team includes representatives from the Department of Public Health, Blue Ridge Community Health Services, United Agenda for Children, Park Ridge Hospital, and Pardee

Hospital. The team's project is a product called eSN, a computerized program for school nurses. The goal is for eSN to generate revenue to help support the school nurse program.

Services for the Aging Population



Henderson County is an inviting place to retire. It is one of the counties in North Carolina where those over 60 are more numerous than those under 17 years of age. Currently one in four Henderson County residents is over the age of 65. It is projected that by 2030 the number of adults in our county will be roughly 30% of the county's total population. This will create a greater demand for ser-

vices. It is important that we plan and prepare now for this growing population.

The Council on Aging for Henderson County serves as the lead agency to assist in planning for the aging population of the county.

In October 2009, the Council on Aging presented **An Aging Action Plan for Henderson County** to County Commissioners. This plan was created in collaboration with the Healthy Aging Coalition of Henderson County and addresses five main issues: access to information and resources, social support services, transportation, housing, and health and wellness.

Tobacco Use

Henderson County has long been a leader in addressing tobacco use. The Henderson County Public School System was one of the first school districts in the state to adopt a campus-wide tobacco ban. A community tobacco action team is working to decrease the incidence of tobacco use among youth. In 2008-09, the Tobacco Free for Life program was officially adopted as a program of the Henderson County Public School System, while continuing to receive support from the Health and Wellness Trust Fund Commission. Tobacco Free for Life has been working with the youth of the county for over 10 years teaching children and youth the positive aspects of not using tobacco products, primarily to fifth grade students through

KAT (Kids Against Tobacco) presentations. High school students are involved in Tobacco Free for Life through SWAT (Students Warning Against Tobacco), a peer advocacy and peer mentoring program.

SWAT students work with businesses

assisting them in going smoke free, with gas stations and mini-marts to educate them on the consequences of selling tobacco products to minors, and presenting KAT programs to fifth grade classes.



Access to Dental Care

The Preventive Dental Program at the health department began in 1999, and since then the number of kindergarteners with untreated dental disease has gradually decreased. In 2000-01, 23% of children entering kindergarten presented with dental disease. In 2008-09, only 15% of children entering kindergarten had untreated dental disease. The program includes education, screening, and preventive and restorative treatment.

During the past seven years, Smart Start of Henderson County has provided funds for



dental treatment to children who are not covered by NC Medicaid or Health Choice. The program hygienist works

with local dentists to schedule children in for needed dental treatment. Last year 13 children were able to receive dental treatment through this arrangement. This program also educates parents to understand the importance of early prevention, nutrition, and proper dental care for their children.

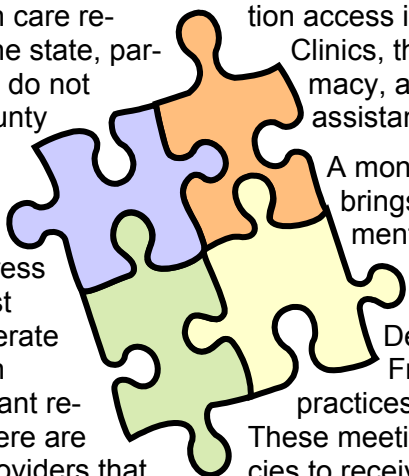
Blue Ridge Community Health Services (BRCHS) is the primary provider of dental services for low-income children and adults in Henderson County. In 2008, BRCHS provided 12,500 dental visits, mostly for uninsured adults (63% of patients are uninsured; 23% have Medicaid or Health Choice). During 2009, BRCHS added a new dentist, dental assistant, and front desk clerk, and expects to see an additional 2,280 dental encounters. Based on the dental center's current patient mix, BRCHS projects that of the total additional encounters proposed, nearly 1,400 slots will serve the uninsured. In addition, BRCHS's dental center opened their schedule to include evening hours one day each week.

The Free Clinics offers an adult extraction clinic. In 2008, 447 patients were seen with approximately 25% having more than one tooth extracted. During the year, 95 others were placed on a waiting list for services. This year, more patients were seen and fewer were placed on the waiting list than last year. Held at BRCHS, this clinic offers services to many adults who have no other option for dental treatment.

Access to Mental Health Care

The state of mental health in North Carolina has reached crisis proportions with the monumental funding cuts in the current state budget. Access to mental health care remains a challenge throughout the state, particularly with those patients who do not have insurance. Henderson County is not immune to these challenges.

Providers in Henderson County have been working hard to address these challenges in order to best serve the needs of clients desperate for services. Though Henderson County has witnessed a significant reduction in available services, there are still many local agencies and providers that offer outpatient mental health services as well as inpatient units at both Pardee and Park Ridge Hospitals.



The Free Clinics offers a psychiatric clinic once a week as well as psychiatric case management services. Psychiatric medication access is available through The Free Clinics, through the community pharmacy, and the Medi-Find medication assistance program.

A monthly mental health roundtable brings together the local management entity, mental health providers, both hospitals, the Department of Social Services, the Department of Public Health, The Free Clinics, and primary care practices that provide integrated care. These meetings provide a forum for agencies to receive up-to-date information on changes in services as well as to assess the situation in the county and brainstorm ways to serve the needs of residents.

Adult and Childhood Obesity



In 2008, the obesity rate for children in Henderson County dropped in all ages. This is good news consid-

ering for the first time in history, the United States is 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.

To address childhood obesity, the Department of Public Health and the Henderson County Partnership For Health were awarded an eight-month \$380,000 Childhood Obesity Prevention Demonstration Project grant in October 2008. In conjunction with seventeen community partners the project addressed obesity with nine interventions. The most visible success of the project is the new sidewalk on

Spartanburg Highway. The project provided the City of Hendersonville nearly half of the necessary funds to complete the project. Programs in the schools, hospitals, and preschools helped to educate people about the benefits of physical activity and healthy eating. Through the grant, programs were also initiated in physician offices to help identify and refer children who are obese and are diabetic or are at risk for diabetes.

Another component of the program included Park Ridge Hospital conducting a program for youth who are at risk for developing diabetes. Through ENERGIZE!, youth are provided medical assessments, follow-up, and nutrition and fitness classes. The project also worked with farmers' markets to promote buying and eating local produce and created a marketing campaign to increase awareness about healthy nutritional choices and physical activity.

Cultural Competency

During the process of reviewing the Community Health Assessment, conversation turned to issues of cultural competency and how culturally sensitive is the provision of services in Henderson County. An action team was formed through Partnership For Health to bring people together to discuss cultural diversity and how medical care is perceived. The action team



took initial steps to learn and educate themselves about the terms and issues and gather resources for use countywide. The action team has plans to implement a cultural competency survey of healthcare and social service providers and then offer competency training workshops based upon the needs determined by the data.

Factors Affecting Health Status

Socioeconomic: The unemployment rate in the county in November 2009 was 8.8%. Over the past 19 years, the highest the unemployment rate has been was 6.3% in February 1990. The unemployment situation has created a hardship for families and has increased the demand for clinical and WIC nutrition services where caseloads have increased. It has also increased the demand on the Department of Social Services (DSS). Since last year, DSS has seen an increase in demand for services at a time when there is decreased funding for staff and programs. Since 2008:

- # Food Stamp Applications ↑12%
- # Medicaid Applications ↑13%
- Medicaid Caseload ↑15%

Since the recession began, DSS is seeing that many clients are having difficulty getting basic needs met. The food stamp caseload has increased 62% over last year. In families where both parents may have been working or even working two jobs each, now only one person is working at one job. With such a reduced income, families are not able to manage with emergency assistance and need help for longer periods of time. The same is true of those needing medical assistance through Medicaid. Families are staying on Medicaid for long-term support.

WIC—Each county in NC has an assigned caseload for WIC (nutrition) clients based on

county population and a consideration of families who should presumably be eligible in the county. In 2009 the caseload increased about 8 percent as more families felt the squeeze from a tight economy. WIC provides nutrition education and healthy foods for pregnant and breastfeeding mothers and for babies and children to age five.

Educational: School enrollment has grown steadily since 1993 averaging 200 students a year. Hispanic students comprise 16% of the student population this year. Minority students make up 27% of the 13,310 enrolled. There are currently nine school nurses and three school based clinics. Additional nurses and school health clinics will help to address health needs of students.

Environmental: Forty percent of the county is served by well water. Drinking water that contains volatile organic compounds (VOCs) such as gasoline, dry cleaning solvents, and degreasing agents, can increase the risk of cancer, liver and kidney disease, and other health problems. When these products are improperly stored or disposed of, they can contaminate the ground water. In October 2010 a law will require the testing of any newly drilled well for VOCs. This requirement is in addition to the already existing testing requirements. Not all wells will be tested, only those that are found to be near a known source of contamination. The data we find could help in determining where municipal water may be needed.

New and Emerging Issues

Changes in Immunization Services

Severe cuts have been made to the North Carolina Immunization Branch budget used to purchase vaccines for North Carolina's children. Consequently, substantial changes were made effective December 1, 2009, which limit the availability of free vaccine for children. The budget cuts to the NC Immunization Branch mean that children must now meet eligibility requirements to get free vaccine. Vaccines that have been universally



available to adults are now limited to persons with a payment source, i.e., insurance. Over the years communicable disease rates have fallen,

Hepatitis A cases have been greatly reduced, and the number of pertussis cases has decreased. Public health officials are fearful of falling immunization rates for all ages, but especially for small children, and increased communicable disease rates. Strategies to maintain and/or increase immunization rates will be a priority for the health department for the coming year.

Changes in WIC Program — The food package for the Women, Infants, and Children (WIC) supplemental nutrition program changed in 2009. It was only the second major change in the program's 30-year history. The recent changes added new foods to those available through the program and encourages participants to consume milk lower in fat.

New items include fruits; vegetables; tofu; whole wheat/whole grain breads, brown rice, and tortillas; salmon (for breastfeeding women); new cereal choices; and infant fruit, vegetables, and meats. New food choices are aimed at improving childhood obesity rates.



Smoke-Free Restaurants and Bars Law

This new law will go into effect on January 2, 2010 to ensure smoke-free public places and workplaces. This law prohibits smoking in enclosed areas of almost all bars and res-

SmokeFree  NC.gov

taurants in the state, with a few exceptions. In 2006 a US Surgeon General report stated that there was no safe level of exposure to secondhand smoke. This means that breathing in smoke from someone else's cigarette, cigar, or pipe could be harmful. The new law protects people from the harm caused by secondhand smoke in restaurants, bars, and many lodging facilities. The health department began an education campaign in December 2009 to inform the public about the law and the toll-free CARELINE number (1-800-662-7030) to file a complaint against a business not complying with the law.

New Program—"Centering" Prenatal Care

The Department of Public Health received a grant to establish group prenatal care at the department's clinic. This clinic offers a more cost-effective way to deliver high-quality care and includes an educational and social support component designed to benefit any prenatal patient. It may be particularly useful for socially isolated populations, whether due to low income or language barriers or both. After physical exams are conducted in the usual manner, women join 6-10 other women or couples with similar due dates in meeting together regularly during their pregnancy. The centering model is an evidence-based approach with proven benefits that include reduced low-birth weight and premature birth. Clients participate in group education sessions and develop a support network. The first program began in July 2009.



New and Emerging Issues

State Budget Cuts— The impact of state budget cuts and loss of tax revenue on health department programs and services has been confounded by reductions in Medicaid reimbursement for some services, increases in the number of uninsured, and loss of revenue from fees. In addition, the state initiated a process to consolidate case management services that resulted in reduced income this year and possible additional restrictions on services next year. Some changes may result in lowering expense in the short-term but have negative long-term impacts. In December 2008, two staff from Environmental Health were laid off and two additional staff positions were lost during 2009. While new home construction has decreased due to the economic downturn, these positions will be needed in the future when the economy turns around and the building and construction industry rebounds.



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Swimming Pool Law—In December 2008 the federal government instituted a new law that requires swimming pools, spas, and kiddie pools to meet certain safety standards. These standards include new drain covers and pump flow requirements. During 2008, North Carolina only partially implemented this new requirement under the health department’s authority to regulate pools. A process is underway to re-vamp North Carolina’s pool rules to reflect the changes put forth under the Virginia Graham Baker Pool Act. This will most likely take place in May 2010. All public pools will be required by North Carolina to meet the VGB Pool Act requirements.



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Health Information System — In 2009, the health department piloted a new health information system for the state. As one of five counties to implement the new system, Henderson County staff have worked with the state to troubleshoot problems and pave the way for other counties before they come on board. Unfortunately, the system has negatively impacted the agency’s ability to efficiently see patients and bill self pay and third party payers (insurance, Medicare, and Medicaid) for services. This has been especially difficult during a time of increased demand for services. As a pilot county, the department is working diligently with the state to correct and improve the issues we’ve faced with the new system.

H1N1 Flu — In Spring 2009, a new influenza strain, H1N1, emerged. H1N1 flu quickly spread across the country and the state and began showing up in local summer camps. With the beginning of school in the fall, there



www.hendersoncountyflu.org

was an increase in cases locally as the first vaccine shipments began arriving in local health departments. Since mid-October, health department staff have mobilized to provide numerous vaccination clinics at public sites and schools to vaccinate those in the targeted groups and later the general population. Limited supplies of the H1N1 vaccine resulted in confusion and frustration for adults who were told that they initially could not get the new vaccine. A hotline (694-4040) was also established, and staff take calls four mornings a week to answer questions and make appointments for the flu clinics. This has created a strain on the staff to answer phones, plan clinics, and staff vaccination clinics while continuing to provide public health services to our clients.

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Henderson County Department of Public Health and
Henderson County Partnership For Health.....

Working Together for a Healthier
Henderson County!



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December 2009