In April 2012, the County Health Rankings were released, and Henderson County ranked 17th in the state (out of 100) in health outcomes, which measure length of life and quality of life. The county ranked 5th in the state in health factors, including health behaviors, clinical care, social and economic factors, and the physical environment. This nationwide collection of 50 reports – one per state – helps community leaders see that where we live, learn, work, and play influences how healthy we are and how long we live.

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 injuries, and diabetes. Cancer, prostate cancer and breast cancer rates were slightly higher in Henderson County than at the state level. While cancer remains the state’s top killer, it has also become the leading cause of death in Henderson County, bumping heart disease to the second leading cause, followed by chronic lower respiratory diseases (emphysema, chronic bronchitis, and chronic obstructive pulmonary disease), Alzheimer’s disease, and stroke.

About 23% of our population is 65 years of age and older. Henderson County’s Alzheimer’s death rate is higher than the state rate, even when adjusted for the fact that our county has more older residents.

In Henderson County, 5.9% of deaths are attributed to Alzheimer’s disease while the state rate is only 3.6%.

Henderson County’s infant mortality rate was smaller in 2011 at 2.8, which is significantly lower than the state rate of 7.2 (per 1,000 live births).

The county also has a very low non-white population. According to the 2011 US Census estimate, the population is 107,927. Eighty-four percent of the population are white and 3% are African-American. In 2011, Hispanics made up 10% of the county population. Many undocumented residents have difficulty obtaining health and dental care.

The teenage pregnancy rate in NC is at an all-time low. Teen pregnancy has declined more than 58% since it peaked in 1990. In Henderson County, the teenage pregnancy rate for all teens has continued to decline. Although much higher a few years ago, the county Hispanic teen pregnancy rate has decreased for the past three years from a high of 232.6 (per 1,000 population) to 55 in 2011. Henderson County ranks 46th in the state (with 1 being the worst in the state) in NC rankings of teen pregnancy, a considerable improvement from 63rd in 2009.

In July 2012, Western North Carolina Healthy Impact completed a region-wide collection of data. WNC Healthy Impact is a partnership between hospitals and health departments in the western region of North Carolina. The partnership was developed to improve the process of assessing health needs, develop collaborative plans, take coordinated action, and evaluate progress and impact. Community health assessments and planning are still a locally-led process, however the regional initiative was designed to enhance local efforts. Enhancements include standardizing data collection, streamlining reporting and encouraging collaboration. As part of this regional collaborative, Henderson County will begin conducting Community Health Assessments every three years rather than every four. Results from the data collection will be posted on the Henderson County Department of Public Health website in early 2013. Community Health Improvement Plans will be completed by Action Teams in the first half of 2013.
Progress on Major Health Concerns

Health priorities from the 2011 Community Health Assessment included: access to mental health care, adult and childhood obesity, and substance abuse, including prescription drug abuse. Review of the most recent data and local interventions indicates the following progress on these priorities.

Access to Mental Health Care

Mental health services in North Carolina continue to face many challenges, especially for the uninsured. Providers in Henderson County have been working hard to address these challenges. Many local agencies and providers of outpatient as well as inpatient mental health services in Henderson County are collaborating to maximize the services for the community. A special county fund, Maintenance of Effort, assists a growing list of agencies in the community to enable them to provide services for the uninsured.

Adult and Childhood Obesity

To address obesity, the Henderson County Department of Public Health completed an *Eat Smart, Move More NC* Community Grant in 2012 to fund local physical activity projects targeting youth ages 9 to 14. The Dana and Upward Elementary Schools Project gave students more choices to get active through expanded physical education classes and running groups. Fitness and yoga classes were offered to staff at each school.

The Dana Elementary School walking trail was refurbished to help students move more and provide a multi-use trail for local residents of the Dana community.

The Henderson County Department of Public Health wrote and received another *Eat Smart, Move More NC* Community Grant in 2012, this time addressing access to healthy foods. Grant funds will be used to expand a community garden in the Seventh Avenue area, to expand and promote farmers’ markets, and to construct a walkway linking Sullivan Park to the Oklawaha Greenway.

Substance Abuse / Prescription Drug Abuse

Methamphetamines and prescription drugs are leading the area in addiction and abuse in the county. Methamphetamine is the leading illegal drug of choice not only for Henderson County but for Western North Carolina. Additionally, prescription drug abuse in youth and adults is a problem in the county. Over-prescribing, doctor shopping, and kids having access to prescription drugs in their parents’ and grandparents’ medicine cabinets are all contributing to the problem.

The Partnership For Health held a community forum in August 2012 to discuss action steps in addressing this problem. County partners are researching Project Lazarus, a community-based overdose prevention program, among other approaches and will schedule a follow-up forum in early 2013.
New Initiatives / Emerging Issues

State Budget Cuts and Restructuring — The impacts of state budget cuts, loss of tax revenue, reductions in Medicaid reimbursement, increases in the number of uninsured, and loss of revenue from fees continue. Changes may affect Department of Public Health services, though not enough is known at this time.

Health Care Reform — The Patient Protection and Affordable Care Act (PPACA), which was passed by Congress in 2010, will bring more access to medical care for people who are underserved. As a result of funding made available through PPACA, Blue Ridge Community Health Services (BRCHS), a federally qualified health center, has expanded their services and built a new facility. The new building has a pharmacy, family practice, prenatal program, pediatrician offices, and expanded mental health services. In addition to being able to see 5,000 more patients, the new center will provide 23 new jobs. BRCHS is the largest primary care provider in the county, with over 64,000 patient encounters in Family and Pediatric Medicine, Dentistry, and Pharmacy from 2010—2011.

Economy — The unemployment rate in the county in October 2012 was 7.2%. This has improved slightly from October 2011 when it was 7.8%. Many families are struggling, which has caused a significant increase in the demand for services at the Department of Social Services. High unemployment has resulted in an increase in Medicaid enrollment. More parents are staying on Medicaid with their children than in the past instead of just receiving Medicaid for their children alone.

VA Clinic — The Henderson County Department of Public Health is partnering with Henderson County Veterans Services to provide clinic space for VA screenings. This is the first such partnership in the nation and will provide valuable screenings to veterans from Henderson, Transylvania and Polk counties.

Regional Community Transformation Grants — NC Division of Public Health (DPH) was awarded $7.4 million from the Centers for Disease Control and Prevention to support public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities, and control health care spending. DPH has funded 10 multi-county collaboratives, with Henderson County being part of Region 2. Action Plans to implement these strategies will be developed regionally over the upcoming year.

Food Code Implementation — On September 1, 2012 the 2009 FDA Food Code became law for all food establishments in North Carolina. Henderson County will have inspected 80-85% of our food service facilities by the end of December, with the goal of inspecting 100% by April 1, 2013. The new FDA Food Code has major changes to existing laws governing food service and involves time intensive inspection and education to the county’s food service facilities.

Electronic Medical Records — Hospitals and health care practices are gradually converting to electronic medical records (EMR). EMR allow providers to collect and analyze data to make healthcare better, safer, and more efficient.

Regional Community Health Assessment — Across Western NC, hospitals and local health departments are partnering to meet existing state and new federal requirements to conduct community health needs assessments. Henderson County will now work with hospitals to conduct the community health assessment every three years. Regional efforts are working to standardize data collection, streamline reporting, and share evidence-based practices.

If you would like to serve on the Community Health Assessment Action Teams, please contact the Henderson County Department of Public Health at 828-692-4223. To read the complete CHA report, contact our office or visit our website.