

Priority 3: Access to Mental Health Care

Mental health services in North Carolina continue to face many challenges, especially for the uninsured. Part of the problem includes lack of knowledge about what services are available. Collaborative work has begun to create a complete resource list of all local and regional mental health services. This list will be printed and distributed throughout the community. In addition, a special county fund, Maintenance of Effort, continues to assist a growing list of agencies in the community to provide services for the uninsured.

The Children and Family Resource Center launched the first session of the Incredible Years Parent Program in Henderson County. This program is designed to strengthen parenting skills and promote effective strategies for managing children's challenging behaviors (for children ages 3 to 12).

All clinical staff and select administrative staff of the Henderson County Department of Public Health were trained on the Community Resiliency Model and are incorporating skills learned into practice.

New Initiatives / Emerging Issues

Health Care Reform — The Patient Protection and Affordable Care Act (PPACA) passed by Congress in 2010 was designed to bring more access to medical care for people who are underserved. However, as enrollment began for health plans, website problems and limited resources to assist community members proved to be a challenge. In addition, the NC General Assembly voted not to expand Medicaid, which left many of the most financially-vulnerable individuals still unable to afford insurance, resulting in no coverage at all.

Economy — Unemployment in February of 2013 was 7.4 percent, down from the worst level of 9 percent in 2009, but still far from pre-recession numbers of 3.5 percent in 2007. Many families are still struggling, which has caused a continued increase in demand for services at the Department of Social Services.

State Budget Cuts — The impacts of state budget cuts, restructuring, rule changes, and loss of revenue from fees continue. The full impact of these changes on public health has yet to be realized.

NCTRACKS — Implementation of NCTRACKS, the new multi-payer Medicaid Management Information System for NC DHHS was met with tech-

nical difficulties. These issues resulted in many healthcare providers not being paid, and some were forced to turn away Medicaid patients across the state. Some providers depend so heavily on Medicaid reimbursements that they fear having to shut down until all payment issues are resolved.

Mental Health Provider Change — Henderson County's Mental Health Local Management Entity (LME) changed from Western Highlands Network to Smoky Mountain Center. This change caused some confusion among patients and other providers in the county, though work is being done to address the issue.

Leadership Change — Henderson County's Health Director, Mr. Tom Bridges, retired and the search for his replacement was begun.

New Facilities — Henderson County purchased and opened an Athletics and Activity Center in May 2013, allowing public use for basketball, volleyball, soccer and sports camps, as well as aerobics, dance, karate, arts, and music instruction. Plans are in place to allow Henderson County employees to use the facility free of charge as part of the County Wellness Policy.

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 www.hendersoncountync.org/health

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State of the County Health Report



Henderson County, North Carolina

March 31, 2014

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Review of Recent Data

In April 2013, the *County Health Rankings* were released, and Henderson County ranked 12th in the state (out of 100) in health outcomes, which measure length of life and quality of life. The county ranked 7th 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 heart disease, cancer, and cerebrovascular disease. Chronic lower respiratory disease, unintentional injuries, and Alzheimer's Disease rates were slightly higher in Henderson County than at the state level. While cancer (all types together) remains the state's top killer, heart disease is the leading cause of death in Henderson County. Cancer is the second leading cause of death in Henderson County, followed by chronic lower respiratory diseases (emphysema, chronic bronchitis, and chronic obstructive pulmonary disease), cerebrovascular disease, Alzheimer's disease, and unintentional injuries. About 23 percent 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, the death rate for Alzheimer's is 34.4 per 100,000 population, while the state rate is only 29.0 per 100,000 population.

Henderson County's infant mortality rate was smaller in 2011 at 5.2 (5 year aggregate 2007-2011), which is significantly lower than the state rate of 7.8 (per 1,000 live births).

Each North Carolina county must conduct a Community Health Assessment and identify health priorities every four years. The most recent Community Health Assessment was conducted in 2011.

The county also has a very low non-white population. According to the 2012 US Census estimate, the population is 108,266. Eighty-four percent of the population is white and 3 percent is African-American. In 2012, Hispanics made up 10 percent 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 percent since it peaked in 1990. In Henderson County, the teenage pregnancy rate for all teens has continued to decline, though the rate of 46.7 (per 1,000 women age 15-19) is still slightly higher than the state rate of 43.8.

Based on results from the 2011 Community Health Assessment, stakeholders in Henderson County created a Community Health Improvement Plan (CHIP). The CHIP is an action-oriented strategic plan outlining the priority health issues for the county, and how these issues will be addressed. This plan includes strategies and measures to ultimately improve the health of the community. The CHIP is created through a community-wide, collaborative action planning process that engages partners and organizations to develop, support, and implement the plan. The CHIP is intended to serve as a vision for the health of the community and a framework for organizations to use in leveraging resources, engaging partners, and identifying their own priorities and strategies for community health improvement. Progress on priority health issues, and strategies and measures chosen to address them in the CHIP, are presented in this State of the County Health Report.

Progress on Major Health Concerns

Health priorities from the 2011 Community Health Assessment included: Obesity, Substance Abuse (including Prescription Drug Abuse) and Access to Mental Health Care. Using the Community Health Improvement Plan as a guide and building on efforts from 2012, the most recent data and local interventions indicate the following progress on these priorities in 2013.

Priority 1: Obesity

A group of physicians in the region called the WNC Pediatric Care Collaborative have been meeting to work on joint plans to address childhood obesity in the clinical setting.

The Obesity Action Team—a group of representatives from several local agencies working to decrease the obesity rate in our county—started an initiative to assist Mills River Farmers Market in obtaining and promoting SNAP capability. SNAP is the Supplemental Nutrition Assistance Program and was formerly referred to as "Food Stamps". This technology would allow low income community members to use their

SNAP benefits to access healthier foods. Currently, no farmers markets in the area are set up to process SNAP benefits.



The Health Department began building raised vegetable bed gardens on site to demonstrate to clients how they can grow their own vegetables and fruits in a small space. This initiative, called the *Tom Bridges Demonstration Gardens*, encourages families to participate in and seek out opportunities for consuming more fresh fruits and vegetables. The gardens will be used for WIC and nutrition services client education.

Priority 2: Substance Abuse / Prescription Drug Abuse

HopeRx, Henderson County's Project Lazarus initiative, held its first Community Conversation in the fall of 2013. The event was attended by more than 200 community leaders and stakeholders and kicked off planning efforts for a follow-up meeting with medical providers to discuss county-wide treatment protocols. In addition, two educational campaigns were implemented. The Pharmacy Campaign included partnering with local pharmacies to distribute educational materials on the proper disposal of

medications with every prescription filled. The Pulpit Campaign included partnering with local churches and the Sheriff's Office to provide education about the prescription substance abuse problem in Henderson County and to offer an on-site, secure drop off opportunity for members of the community to bring their medications for disposal. The Henderson County Sheriff's Office reports that over 1,088 pounds of pills have been disposed of during the first year of its Pill Drop Program.



**PRESCRIPTION MEDICATIONS:
Take Correctly. Store Securely.
Dispose Properly. Never Share.**

