

State of the County Health Report



Henderson County, North Carolina

December 1, 2014

Henderson County Department of Public Health • 1200 Spartanburg Hwy., Suite 100
Hendersonville, NC 28792 • 828-692-4223 • www.hendersoncountync.org/health

Review of Recent Data

In April 2014, the *County Health Rankings* were released, and Henderson County ranked 15th in the state (out of 100) in health outcomes, which measure length of life and quality of life. The county ranked 6th 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, cerebrovascular disease, and 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 24 percent of our population is 65 years of age and older. Henderson County's Alzhei-

mer'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 32.3 per 100,000 population, while the state rate is only 29.3 per 100,000 population.

Henderson County's infant mortality rate was smaller in 2012 at 5.0 (5 year aggregate 2008-2012), which is significantly lower than the state rate of 7.5 (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 2013 U.S. Census estimate, the population has grown to 109,540. Eighty-four percent of the population is white and 3 percent is African-American. In 2013, 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 42.0 (per 1,000 women age 15-19) is still higher than the state rate of 35.2.

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 2013, the most recent data and local interventions indicate the following progress on these priorities in 2014.

Priority 1: Obesity

A group of physicians in the region called the WNC Pediatric Care Collaborative continues 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—changed its name to Healthy Eating, Active Living (HEAL). Having addressed much of what was outlined in the CHIP (including increasing access to Farmers Markets, increasing the number of community gardens, and increasing the number of



safe places to be physically active), HEAL is working with new faces and new organizations on ideas to continue the momentum. A sub-group of the team recently attended the regional Championing Healthy Communities Summit and is currently discussing plans for expanding community gardens, nutrition education opportunities with youth sports, city bicycling lanes, and Safe Routes to Schools initiative.

HEAL has been working to implement the It's OK to Play initiative, to promote Joint Use Agreements and allow for more places for people to be physically active.

Priority 2: Substance Abuse / Prescription Drug Abuse

HopeRx, Henderson County's Project Lazarus initiative, increased its education efforts in 2014 by hosting several speaking engagements with community organizations and churches.

In addition, they have been working to increase awareness of the proper handling and disposal of medications through community-wide billboards, banners, and pharmacy inserts. HopeRx continues to work with the Sheriff's Office on the pulpit campaign—which aims to increase awareness about the prescription substance abuse problem in

Henderson County while providing an on-site, secure drop off opportunity for members of the community to dispose of their medications.



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



HopeRx Steering Committee members and community stakeholders participated in strategic plan-

ning to further define future steps for the organization. As a result, the group is currently exploring possibilities for working with local public schools. In addition, work is still being done to assess the feasibility of creating a drug court.

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 continues in creating a complete resource list of all local and

regional mental health services. It is intended for this list to be printed and distributed throughout the community. Some community organizations, like HopeRx, have also voiced an interest in including a link to this list on their websites.

A special county fund, Maintenance of Effort, continues to assist a growing list of agencies in the community to provide services for the uninsured.

New Initiatives / Emerging Issues

Economy — Unemployment in 2013 had dropped to 6.2 percent and has continued to drop in 2014. As of September 2014, it was 4.5 percent. While this is down from the worst level of 9 percent in 2009, it is still not back to 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.

Leadership Change — Henderson County's Health Director, Mr. Tom Bridges, retired in 2013 and Mr. Steve Smith was hired as the new Health Director for the county in 2014.

Policy Changes—the County Commissioners and each of the county departments have been looking at Tobacco Policy changes. The Commissioners passed an ordinance to limit smoking to designated areas on all county properties.

Flu Vaccine Clinics—Henderson County Public Schools and Henderson County Department of Public Health worked together in 2014 to expand the flu vaccine clinics offered in the elementary

schools. Flu shots and nasal mist were available at all thirteen elementary schools to all students, resulting in a 66 percent increase in number of VFC children (Medicaid and uninsured) receiving the protective vaccine. Plans are in place to expand the clinics even further in 2015 by holding events in every public school.

Collaborations—the Council on Aging of Henderson County and the Henderson County Department of Public Health are working together to develop and deliver preparedness kits to the elderly through Meals On Wheels deliveries. Collaborative efforts from Henderson County Parks and Recreation, the YMCA of Henderson County, and Henderson County Department of Public Health around unified Health Messaging are taking place. 5-2-1 Almost None is a simple way to think about the choices we can make to live healthy. 5 Servings of Fruits and Vegetables/day, 2 Hours or Less of Screen Time/day, 1 Hour of Physical Activity/day, Almost None Sugared Beverages/day.



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almost none**

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