

2016 State of the County's Health Report

HENDERSON COUNTY



Public Health
Prevent. Promote. Protect.

Henderson County, NC

Results Scorecard Terminology



Results Scorecard

A strategy and performance management software that is accessible through a web browser and designed to support collaboration both inside and outside organizations. It focuses on defining results you want to accomplish, indicators to determine if those results are being improved and defining programs or agencies that can help you achieve your goals through tracking their performance measures. All of this is done with powerful tools and methodology techniques to support your work.

Scorecard

A scorecard is a canvas that other scorecard objects (Results, Indicators, Programs, and Performance Measures) are placed onto. Scorecards allow you to create collections of similar information for reporting and presentations.

Result R

A condition of well-being for children, adults, families, or communities (stated in plain language).

Indicator I

A measure that helps quantify the achievement of a result.

Strategy/Intervention S

A strategy or intervention chosen to help reach the stated Results.

Tags Tag

In various lists and reports you can use tags as a filter for finding the scorecard objects you want. Tags also help you keep track of scorecard objects that have the same name but belong to different geographical regions, departments, etc.

2016 Henderson County SOTCH Scorecard



Public Health
Prevent. Promote. Protect.

Henderson County, NC

The following SOTCH Scorecard was created and submitted **March 6, 2017** in order to meet the requirements for the Henderson County annual State of the County's Health (SOTCH) Report.

The 2015 Community Health Assessment priority areas are:

- Health Priority 1: Access/Quality of Mental Health Services
- Health Priority 2: Substance Abuse
- Health Priority 3: Obesity
- Health Priority 4: Safe and Affordable Housing

The following resources were used/reviewed in order to complete the SOTCH:

- [2017 County Health Data Book](#)
- [NC Disease Event Tracking and Epidemiologic Collection Tool \(NC DETECT\)](#)
- [2015 Henderson County CHA - PRC Community Health Survey](#)
- [NC DHHS Prescription Rates by County](#)
- [CDC Behavioral Risk Factor Surveillance System \(BRFSS\)](#)

Health Priority # 1 - Access/Quality of Mental Health Services

R	MH	Resilient, supported, healthy and productive people in Henderson County	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
---	----	---	-------------	--------------	--------------	---------------	-------------------

Why It Matters?

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

Mental illness can affect anyone, of any age, at any time in their lives. Even youth are not immune. There is often co-occurrence with drugs, homelessness and mental illness.

The North Carolina mental health system is built on a system of Local Management Entities (LMEs) - area authorities or county programs - responsible for managing, coordinating, facilitating, and monitoring the provision of mental health, developmental disabilities, and substance abuse services in the catchment area served. Vaya Health, formerly known as Smoky Mountain Center, serves as the LME for Henderson County and reports there is much greater need than what they have the capacity to serve. Organizations across the board, from the county jail to the Council on Aging, have reported increased rates of clients with mental illness needs.

When asked, survey and focus group participants most often reported a greater need for services provided in Henderson County. Services for the uninsured and under-insured populations, as well as services provided in Spanish, are especially difficult to come by. And the need to travel to Buncombe County or elsewhere in the state to receive services

also makes access a problem. For those who have insurance, co-pays were listed most frequently as a barrier to care (Professional Research Consultants, 2015).

Many individuals in needs are turning to other places to look for help:

- Blue Ridge Community Health Services
- Margaret R Pardee Memorial Hospital Emergency Department
- Safelight
- The Free Clinic
- Park Ridge Health Emergency Department

□


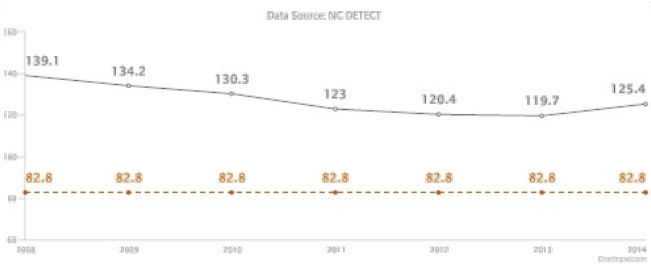

The Healthy NC 2020 focus areas that closely align with Henderson County's Mental Health priority are:

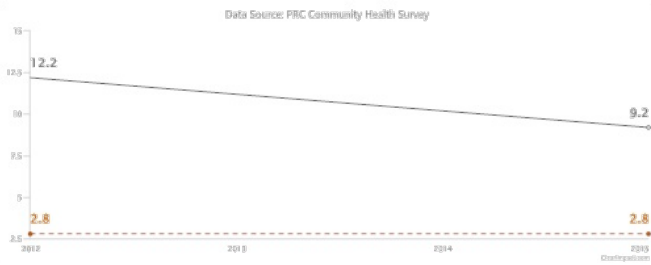
- The reduction of the rate of mental health-related visits to Emergency Departments (per 10,000 population), and
- The reduction of the average number of poor mental health days among adults in the past 30 days.

Progress Made in Last Year

The following progress was made in 2016 on Access/Quality of Mental Health in Henderson County:

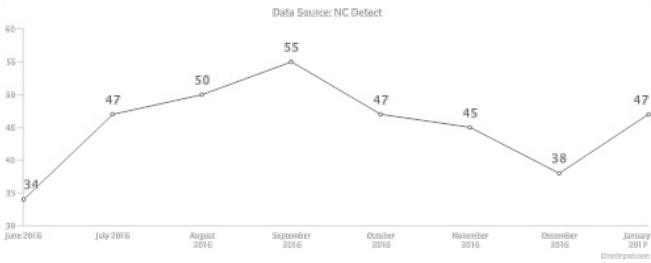
- After the 2015 Community Health Assessment, the Henderson County Partnership for Health decided that it was important to develop a framework for future efforts related to the CHA. Multiple **Results Based Accountability (RBA)** trainings and a workshop were held in 2016 for the Partnership stakeholders as well as for community facilitators - to help us understand how to apply this evidence-based framework in planning, monitoring, evaluation and continuous improvement to focus on results for our community.
- The first meeting of the Mental Health Action Team (MHAT) occurred on August 24, 2016 (see file attachments). An **RBA** exercise called the "Whole Distance Exercise" was used to walk stakeholders from talk to action and to identify strategies that collectively, could effect a positive change in Henderson County. In this meeting, the group focused on laying the foundation for working together - using "common language" to talk about the issues, identifying the results we would like to achieve as well as reviewing indicators and program measures for evaluation. One of the challenges identified in this first meeting was a lack of local data that could "tell the whole story" about Mental Health in Henderson County. Stakeholders decided that to move forward, they also needed to be purposeful in the collection of better data measures that might better tell the story of Mental Health need and action in our community. The MHAT continues to meet every other month, with subgroups (focused on data development and algorithm development) scheduled to begin after the first of the year.
- Work began on developing the Henderson County Health **Results Scorecard**, a web-based software program for internal and external data collection and viewing of population health improvement and program performance accountability reports.

Indicator	2014	2013	2012	2011	2010	2009	2008
 Mental Health-Related Visits to Emergency Departments per 10,000 population	125.4	119.7	120.4	123.0	130.3	134.2	139.1
	82.8	82.8	82.8	82.8	82.8	82.8	82.8
	↑ 1	↓ 5	↓ 4	↓ 3	↓ 2	↓ 1	→ 0
	-10%	-14%	-13%	-12%	-6%	-4%	0%
	↓	↓	↓	↓	↓	↓	→
 Percent of Adults Reporting > 7 Days of Poor Mental Health in the Past Month	2015	2015	2015	2015	2015	2015	2015
	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%
	↓ 1	↓ 1	↓ 1	↓ 1	↓ 1	↓ 1	↓ 1
	-25%	-25%	-25%	-25%	-25%	-25%	-25%
	↓	↓	↓	↓	↓	↓	↓



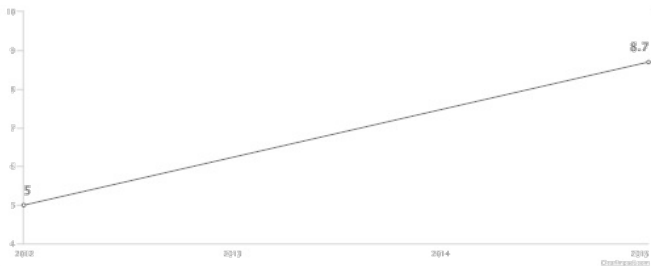
2012 12.2% 2.8% → 0 0% →

I Count of Patients Reporting Suicidal Thoughts at ED visit



Month	Count	Target	Trend	Count	% Change	Direction
Jan 2017	47	—	↗	1	18%	↑
Dec 2016	38	—	↘	3	-5%	↓
Nov 2016	45	—	↘	2	13%	↑
Oct 2016	47	—	↘	1	18%	↑
Sep 2016	55	—	↗	3	38%	↑
Aug 2016	50	—	↗	2	25%	↑
Jul 2016	47	—	↗	1	18%	↑
Jun 2016	34	—	↘	1	-15%	↓
May 2016	48	—	↗	1	20%	↑
Apr 2016	38	—	↘	1	-5%	↓

I Percent of Adults Reporting an Inability to Get Needed Mental Health Care or Counseling



2015 8.7% — ↗ 1 74% ↑
2012 5.0% — → 0 0% →

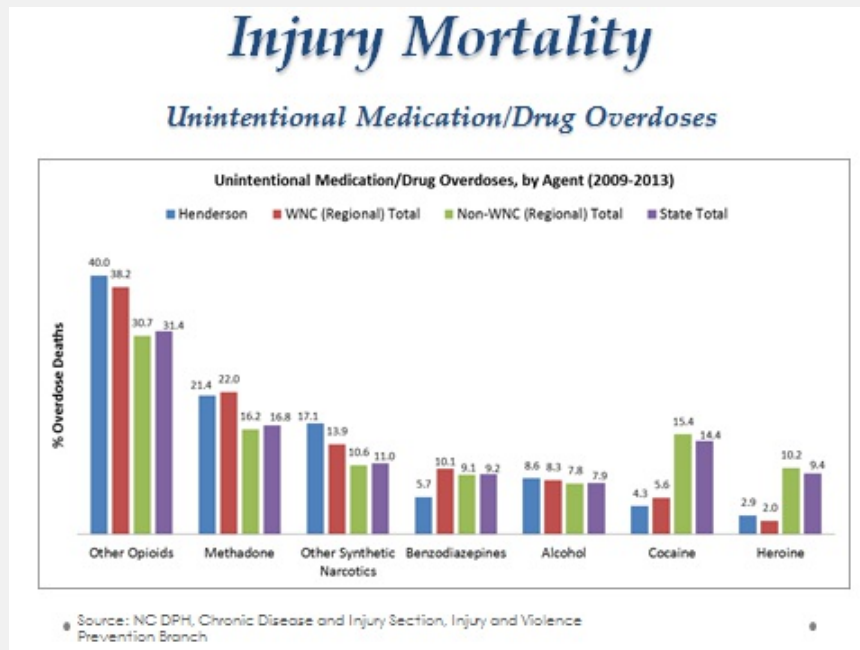
S Mental Health Algorithm for Community Providers	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
S Mental Health Awareness Campaign	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
S Results-Based Accountability™ Public Health Improvement Initiative	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change

Health Priority # 2 - Substance Abuse

R SA Residents of Henderson County are Free from Prescription Drug Abuse	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
--	-------------	--------------	--------------	---------------	-------------------

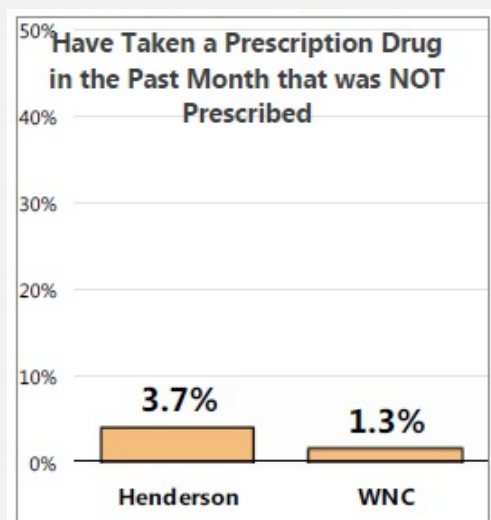
Why It Matters?

Opioids caused the highest proportion of drug overdose deaths in Henderson County and in the State. This category includes Hydrocodone, Oxycodone, Morphine, Codeine, and related drugs. Henderson County's rates are higher than the State's for these overdoses. Abuse of prescribed medicines often begins with legitimate use. Pain medication, prescribed for a variety of common reasons including back pain or surgery, caesarean sections, or even dental procedures, carries the highest risk for dependence. 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 number of Community Survey participants that indicated they had taken a prescription drug that was not theirs was higher in Henderson County than the regional average. In listening sessions, many Henderson County residents expressed concern about the misuse of prescription medications. Participants 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. According to the Henderson County Sheriff's Office:

- As many as 3-4 deaths per month are attributed to overdose
- 7-10 overdoses weekly are treated by first responders (Source: 2015 PRC Community Health Survey, Professional Research Consultants, Inc.)
- 80-85% of all crimes in Henderson County are linked to substance abuse



Henderson County has a large elderly population due to a favorable climate and regional location for retirees. Individuals age 65 and older make up 24.5% of the population, compared to 14.7% statewide. The county also has a very low non-white population. According to the 2014 US Census, the estimated population has grown to 111,149; 93% of the population is white and 3.4% is African-American. In 2014, Hispanics (of any race) made up 9.9% of the county population.

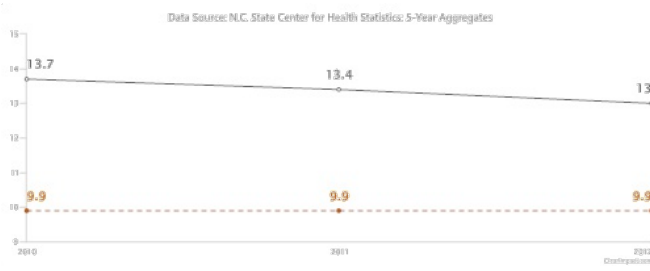
Older adults in our community are often at higher risk of substance abuse due to taking multiple medications for multiple illnesses. Unfortunately, they are also frequently victims of crimes associated with the theft of those drugs. In addition, those who have had a history of substance abuse, chronic pain or are living with mental health problems are also at-risk populations. Low-income, uneducated and unemployed individuals are frequently at risk for developing substance use issues, and there is often co-occurrence with homelessness.

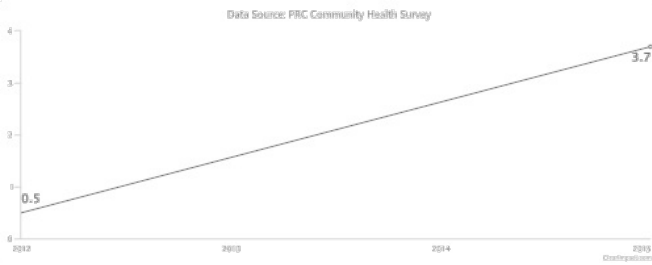
The Healthy NC 2020 focus area that closely aligns with Henderson County's Substance Abuse priority is the reduction of the percentage of individuals aged 12 years and older reporting any illicit drug use in the past 30 days.

Progress Made in Last Year

The following progress was made in 2016 on Substance Abuse in Henderson County:

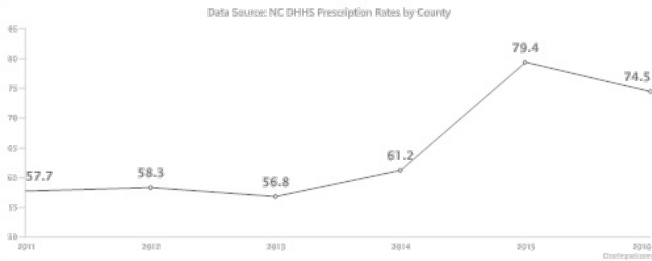
- After the 2015 Community Health Assessment, the Henderson County Partnership for Health decided that it was important to develop a framework for future efforts related to the CHA. Multiple **Results Based Accountability (RBA)** trainings and a workshop were held in 2016 for the Partnership stakeholders as well as for community facilitators - to help us understand how to apply this evidence-based framework in planning, monitoring, evaluation and continuous improvement to focus on results for our community.
- The first meeting of the Substance Abuse Action Team (SAAT) occurred in conjunction with the HopeRX meeting on August 24, 2016 (see file attachments). An **RBA** exercise called the "Whole Distance Exercise" was used to walk stakeholders from talk to action and to identify strategies that collectively, could effect a positive change in Henderson County. In this meeting, the group focused on laying the foundation for working together - using "common language" to talk about the issues, identifying the results we would like to achieve as well as reviewing indicators and program measures for evaluation. One of the challenges identified in this first meeting was a lack of local data that could "tell the whole story" about Substance Abuse in Henderson County. Stakeholders decided that to move forward, they also needed to be purposeful in the collection of better data measures that might better tell the story of Substance Abuse need and action in our community. HopeRX now serves as the Substance Abuse Action Team continues to meet every month, with subgroups breaking out as needed to focus on specific actions (like planning for We Are Hope week in the school system, and developing an awareness campaign). A joint MH/SA "Data Team" meeting will begin taking a closer look at available data in 2017.
- Work began on developing the Henderson County Health **Results Scorecard**, a web-based software program for internal and external data collection and viewing of population health improvement and program performance accountability reports.

 Rate of death due to unintentional poisoning in Henderson County	2012	13.0%	9.9%	↘	2	-5%	↓
	2011	13.4%	9.9%	↘	1	-2%	↓
	2010	13.7%	9.9%	→	0	0%	→
							
 % of individuals reporting having taken a prescription drug in the past month that was not prescribed to them in Henderson County	2015	3.7%	—	↗	1	640%	↑



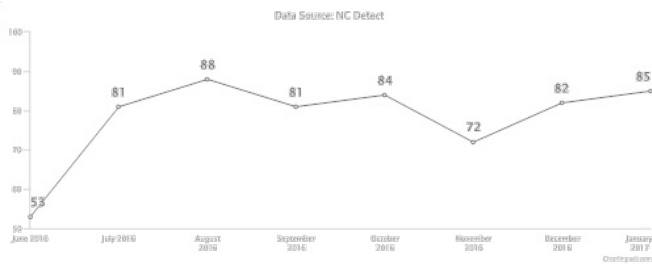
2012 0.5% - → 0 0% →

I Henderson County Prescription Rate Trend, Opioid Pills Per Resident



2016	74.5	-	↘ 1	29%	↑
2015	79.4	-	↗ 2	38%	↑
2014	61.2	-	↗ 1	6%	↑
2013	56.8	-	↘ 1	-2%	↓
2012	58.3	-	↗ 1	1%	↑
2011	57.7	-	→ 0	0%	→

I Count of visits to ED involving Drugs or Alcohol



Jan 2017	85	-	↗ 2	33%	↑
Dec 2016	82	-	↗ 1	28%	↑
Nov 2016	72	-	↘ 1	13%	↑
Oct 2016	84	-	↗ 1	31%	↑
Sep 2016	81	-	↘ 1	27%	↑
Aug 2016	88	-	↗ 2	38%	↑
Jul 2016	81	-	↗ 1	27%	↑
Jun 2016	53	-	↘ 1	-17%	↓
May 2016	95	-	↗ 1	48%	↑
Apr 2016	64	-	↘ 1	0%	→

S Naloxone Initiative	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
S Substance Abuse Awareness Campaign	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
S Results-Based Accountability™ Public Health Improvement Initiative	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change

Health Priority # 3 - Obesity

R Ob Healthy Eating & Safe Active Living are the Norm for Everyone in Henderson County	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
--	-------------	--------------	--------------	---------------	-------------------

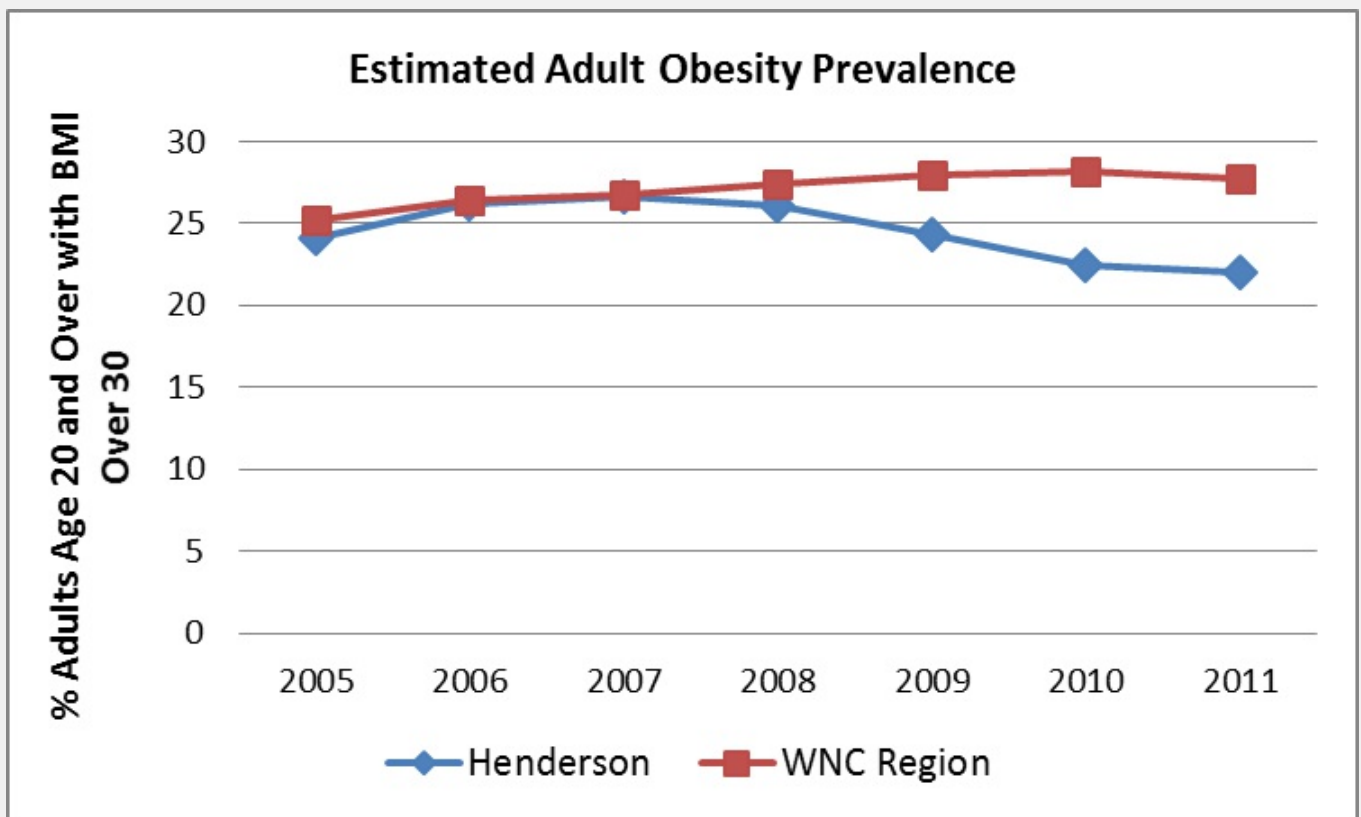
Why It Matters?

A number of factors affect a person's ability to eat a healthful diet, stay physically active, and achieve or maintain a healthy weight. The built environment has a critical impact on behaviors that influence health. For example, in many communities, there is nowhere to buy fresh fruit and vegetables, and no safe or appealing place to play or be active. These environmental factors are compounded by social and individual factors that influence nutrition, physical activity, and obesity. Addressing these factors is critically important to improving the nutrition and activity levels of all Americans.

Overweight and obesity affects nearly every part of our community; however, children and young adults may be impacted the most. These generations have grown up with less play and physical activity in schools and at home, increased access to sedentary forms of entertainment (like computers and televisions), and increased access to unhealthy foods. The future health may look dim for many in our community if better choices cannot be made.

According to the most recent North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS) data, 18.2% of the participating children in Henderson County age 2-4 were deemed "overweight," and an additional 14.1% were deemed "obese."

The average self-reported prevalence of Henderson County adults considered "obese" on the basis of height and weight (a BMI >30) was 24.5% in the period from 2005-2011. This is lower than the WNC average of 27.1% (CDC/BRFSS, 2015). Currently, the trend may be decreasing for Henderson County and will be watched over the next several years.



The Healthy NC 2020 focus areas that closely align with Henderson County's obesity priority are:

- Increase the percentage of adults getting the recommended amount of physical activity.
- Increase the percentage of adults who consume fruits and vegetables five or more times per day.






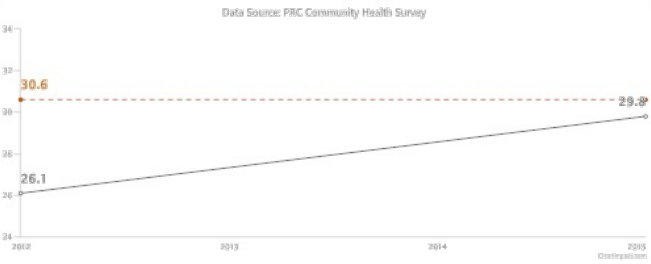





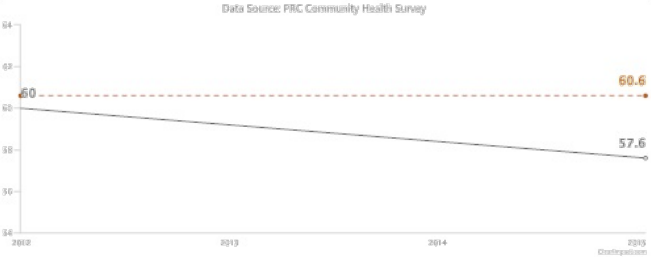





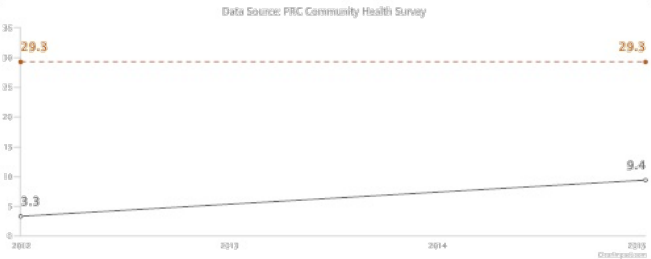
Progress Made in Last Year




The following progress was made in 2016 on Obesity in Henderson County:

- After the 2015 Community Health Assessment, the Henderson County Partnership for Health decided that it was important to develop a framework for future efforts related to the CHA. Multiple **Results Based Accountability (RBA)** trainings and a workshop were held in 2016 for the Partnership stakeholders as well as for community

facilitators - to help us understand how to apply this evidence-based framework in planning, monitoring, evaluation and continuous improvement to focus on results for our community.

- The first meeting of the Obesity Action Team (OAT) occurred on August 18, 2016 (see file attachments). An **RBA** exercise called the "Whole Distance Exercise" was used to walk stakeholders from talk to action and to identify strategies that collectively, could effect a positive change in Henderson County. In this meeting, the group focused on laying the foundation for working together - using "common language" to talk about the issues, identifying the results we would like to achieve as well as reviewing indicators and program measures for evaluation.
- During the Action Planning process, it was decided to focus efforts on the National Diabetes Prevention Program and Eat Smart, Move More, Weigh Less. However, in subsequent meetings, the group also decided to focus efforts on increasing SNAP/EBT access to farmer's markets and on developing a web-based resource for Healthy Eating and Active Living. The OAT continues to meet every month, with breakout subgroups meeting as necessary.
- Work began on developing the Henderson County Health **Results Scorecard**, a web-based software program for internal and external data collection and viewing of population health improvement and program performance accountability reports.

 Prevalence of Obesity in Henderson County	2015	29.8%	30.6%	 1	14% 
	2012	26.1%	30.6%	 0	0% 
					
 % of adults getting the recommended amount of physical activity in Henderson County	2015	57.6%	60.6%	 1	-4% 
	2012	60.0%	60.6%	 0	0% 
					
 % of adults who consume fruits and vegetables five or more times per day in Henderson County	2015	9.4%	29.3%	 1	185% 
	2012	3.3%	29.3%	 0	0% 
					

 National Diabetes Prevention Program	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
 Eat Smart, Move More, Weigh Less	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
 SNAP/EBT access to Farmers Markets	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change

New and Emerging Issue & Initiatives

R Monitor New and Emerging Issues

Notes

New and Emerging Issues & Latest Health Data Trends

In 2016, historic wildfires in and around Henderson County affected many citizens. Long-term exposure to smoke posed a danger to many with chronic diseases. The Henderson County Department of Public Health worked closely with local Emergency Management, fire departments, first responders, U.S. Forest Service, county schools and media to get the word out about sheltering options as well as to educate the public about how the secondary effects of wildfires, including changes in air and water quality, sometimes can be just as damaging to health as the fire itself.

WILDFIRE SMOKE FACT SHEET

The Henderson County Department of Public Health is advising residents and visitors to be aware of the possibility of smoke from fires in our mountain region.


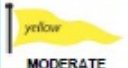

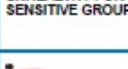

SOME PEOPLE ARE MORE SUSCEPTIBLE THAN OTHERS:

Most healthy adults and children will not experience ill effects from smoke exposure. Certain sensitive populations may experience more symptoms from smoke exposure. Sensitive populations may include:

- Individuals with asthma or other respiratory disease
- Individuals with chronic obstructive pulmonary disease (COPD)
- Individuals with airway hyper-responsiveness
- Individuals with cardiovascular disease
- Elderly
- Children
- Pregnant Women
- Smokers

WHEN SMOKE IS PRESENT TO THE POINT OF LIMITING VISIBILITY:

- Pay attention to local weather and news reports. Information can be found at: ncweb.nwsp.gov/
- Try to stay inside with windows and doors shut.
- Use the recycle or re-circulate mode on the air conditioner in your home or car.
- Limit physical exertion outdoors.
- Asthmatics should follow their asthma management plan.
- Keep at least a five-day supply of medication on hand.
- Contact your doctor if you have symptoms such as chest pain, chest tightness, shortness of breath, or severe fatigue.
- Keep airways moist by drinking lots of water.
- The effects of smoke are similar for pets and outside animals.

Air Quality Index	Outdoor Activity Guidance
 GOOD	Great day to be active outside!
 MODERATE	Good day to be active outside! Students who are unusually sensitive to air pollution could have symptoms.
 UNHEALTHY FOR SENSITIVE GROUPS	It's OK to be active outside, especially for short activities such as recess and physical education (PE). For longer activities such as athletic practice, take more breaks and do less intense activities. Watch for symptoms and take action as needed. Students with asthma should follow their asthma action plans and keep their quick-relief medicine handy.
 UNHEALTHY	For all outdoor activities , take more breaks and do less intense activities. Consider moving longer or more intense activities indoors or rescheduling them to another day or time. Watch for symptoms and take action as needed. Students with asthma should follow their asthma action plans and keep their quick-relief medicine handy.
 VERY UNHEALTHY	Move all activities indoors or reschedule them to another day.

North Carolina Air Quality Forecasts and Information can be found at: ncair.org



Department of Public Health
1200 Spartanburg Hwy., Suite 100, Hendersonville, NC 28792
(828) 692-4223 | hendersoncountync.org/health

In reviewing the latest health data trends, it is clear that Henderson County is a relatively healthy county with few major health concerns. The leading causes of death are:

Fifteen Leading Causes of Death
Age-Adjusted Death Rates per 100,000 Population
Standard Year = Year 2000 U.S. Population
Single 5-Year Aggregate, 2010-2014

Rank	Cause of Death	Henderson	
		# Deaths	Death Rate
1	Cancer	1,413	153.6
2	Diseases of Heart	1,379	143.7
3	Chronic Lower Respiratory Diseases	372	39.1
4	Cerebrovascular Disease	353	35.6
5	Alzheimer's disease	316	29.8
6	All Other Unintentional Injuries	301	40.2
7	Pneumonia and Influenza	158	16.5
8	Suicide	109	18.1
9	Diabetes Mellitus	106	12.2
10	Nephritis, Nephrotic Syndrome, and Nephrosis	103	10.3
11	Chronic Liver Disease and Cirrhosis	84	12.2
12	Unintentional Motor Vehicle Injuries	71	13.1
13	Septicemia	56	6.1
14	Homicide	13	2.4
15	Acquired Immune Deficiency Syndrome	5	0.6
All Causes (some not listed)		6,499	711.8

Note: Rates based on fewer than 20 cases (indicated by N/A) are unstable and have been presented in bold.

Note: Death rates are age-adjusted

1 - 2010-2014 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B). Retrieved on April 1, 2016, from North Carolina State Center for Health Statistics (NC SCHS), 2016 County Health Data Book website: <http://www.schs.state.nc.us/data/databook/>

2 - Source for unstable rates: 2014 North Carolina Vital Statistics, Volume 2: Leading Causes of Death. Retrieved April 1, 2016 from North Carolina Center for Health Statistics Vital Statistics website: <http://www.schs.state.nc.us/data/vital/lod/2014/>

In April 2016, 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 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.

R	Keep Track of New Initiatives & Community Changes	Time	Actual	Target	Current	Baseline
		Period	Value	Value	Trend	% Change

Notes

New Initiatives & Community Changes:

- In 2016, the collaborating partner stakeholders that make up the Partnership for Health were awarded a \$450,000 Duke Endowment Healthy People, Healthy Carolinas grant to expand community coalition capacity to improve health outcomes.
- In 2016, the Henderson County Board of Commissioners added a school nurse position to the School Health program and is looking at possibly adding more in the future to reach a goal of 1 nurse : 750 students.