



HENDERSON COUNTY

STATE OF THE COUNTY HEALTH REPORT

2017

WHAT IS A SOTCH REPORT?

The state of North Carolina requires that local health departments conduct a **Community Health Assessment (CHA)** at least every four years. During the years between health assessments, health departments submit an abbreviated **State of the County Health (SOTCH) report**.

The most recent CHA, which identified Access/Quality of Mental Health Services, Substance Abuse, Obesity, and Safe and Affordable Housing as health priorities, was published in 2015. The 2015 CHA and related SOTCH reports can be viewed online at www.hendersoncountync.org/health.

This report provides a brief overview of changes in trends related to our health priorities, updates on community initiatives and details behind emerging trends that may impact the health of Henderson County.

Each North Carolina county must conduct a Community Health Assessment (CHA) and identify health priorities every four years. The most recent Community Health Assessment was conducted in 2015.

Data sources used to complete this SOTCH include: 2017 SCHS County Health Data Book, US Census Bureau, NC Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), 2015 Henderson County CHA, CDC Behavioral Risk Factor Surveillance System (BRFSS), NC-PedNESS and WNC Healthy Impact.

DATA SNAPSHOT

When the *County Health Rankings* were released in March 2017, Henderson County ranked 13th 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.

About 24% of our population is 65 years of age and older, compared with only 14% state-wide. About 55% of our population is age 20-64, while youth age 0-19 make up 21%.

The county also has a very low non-white population. According to the 2015 U.S. Census estimate, the population has grown to 109,719. Ninety-one percent of the population is white and 3% is African-American. In 2015, Hispanics (of any race) made up 10% of the county population.

In reviewing the latest health data trends, it is clear Henderson County is a relatively

healthy county with few major health concerns. Most key health indicators are below the state rate including deaths from cancer, heart disease, chronic lower respiratory

Rank	Cause of Death	Henderson	
		# Deaths	Death Rate
1	Cancer	1,478	157.1
2	Diseases of Heart	1,427	145.5
3	All Other Unintentional Injuries	313	41.2
4	Chronic Lower Respiratory Diseases	374	38.3
5	Cerebrovascular Disease	354	35.0
6	Alzheimer's disease	317	29.4
7	Suicide	122	19.8
8	Pneumonia and Influenza	168	16.8
9	Unintentional Motor Vehicle Injuries	77	13.5
10	Chronic Liver Disease and Cirrhosis	93	13.1
	All Causes (some not listed)	6,716	720.7

diseases (including emphysema, chronic bronchitis, and chronic obstructive pulmonary disease), cerebrovascular disease, and Alzheimer's disease. Unintentional injuries (including drug overdoses, motor vehicle crashes, and unintentional falls) and suicide rates have increased in Henderson County and are higher than the state levels.

Cancer (all types together) continues to be the top killer in the state and in Henderson county. Other leading causes of death in Henderson County include: diseases of the heart, unintentional injuries, chronic lower respiratory diseases, and cerebrovascular disease.

Henderson County's infant mortality rate is relatively unchanged at 5.1 (5-year aggregate 2011-2015), which is significantly lower than the state rate of 7.2 (per 1,000 live births).

The teen pregnancy rate in NC is at an all-time low. In Henderson County, the teen pregnancy rate of 29.5 has been steadily declining over time and is currently slightly lower than the state rate of 30.2 per 1,000 women ages 15-19.

HEALTH PRIORITIES

Health priorities from the 2015 Community Health Assessment included: Access/Quality of Mental Health Services, Substance Abuse, Obesity and Safe and Affordable Housing. Using the Community Health Action Plans as a guide and building on efforts from 2016, the most recent data and local interventions indicate the following progress on these priorities in 2017.

PRIORITY 1: ACCESS/QUALITY OF MENTAL HEALTH SERVICES

After working on the original action plan for a few months, our community stakeholders asked for a complete reboot of the process. There was strong recognition about how complex the issues were – including the linkages between Mental Health and Substance Abuse in our area. At the same time, county leadership signaled concerns about the possibility of regional LME/MCOs losing funding and what we were going to do if these organizations were no longer able to provide services for mental health and substance abuse.

The Partnership for Health with support from the Henderson County Department of Public Health took on the task, and an independent facilitator was contracted to walk a group of community organizations, high-level leaders, and stakeholders through a year's

worth of planning efforts. A new Behavioral Health Comprehensive Plan was developed, combining vision and efforts from the Mental Health Action Team and the Substance Abuse Action Team. The strategic directions identified by this group included four categories:

1. Providing needed services at the right place and time
2. Connecting people and providers to resources and education
3. Enhancing community-based system to fully support relationship-based, personalized care
4. Collaborating and advocating across organizational boundaries.

The group then created a dashboard to track the impact of the work. The group tracks results for:

1. Hospitals: the number of people presenting to both emergency departments with mental health and/or substance abuse needs
2. Judicial System: recidivism in the jail – especially for those receiving behavioral health services and/or medications
3. DSS: the number and percentage of children in foster care due to mental health and/or substance abuse issues
4. School System: the level of knowledge/awareness of school staff of appropriate behavioral health resources to assist at-risk children and their families. Because students impacted by behavioral health issues require recognition that such issues begin early in life, students and families must be closely linked with appropriate services.

And finally, the group crafted a memorandum of understanding to demonstrate commitment to a community-wide system of care and to guide its collective work. In addition, they identified four actions for the first 12-18 months of this new effort:

1. Enable and support comprehensive, appropriate behavioral health services for inmates within the detention center and upon release.
2. Create a comprehensive “living road map” that connects community members to behavioral health services.
3. Explore the addition of after-hours, especially evening services and care
4. Expand the availability of MAT (medication assisted therapy) services.

After work on the plan was complete, this group was invited to speak with the county commissioners during budget talks to consider funding for efforts.

Important indicators for mental health include:

Indicators	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
MH Suicide Mortality - Henderson County (age-adjusted rates per 100,000 population)	2015	19.8	—	↗ 2	77% ↑
MH Patients Reporting Suicidal Thoughts at ED Visit	2017	528	—	↘ 1	42% ↑
MH Mental Health-Related Visits to Emergency Departments (per 10,000 population)	2014	125.4	82.8	↗ 1	-10% ↓
MH Percent of Adults Reporting > 7 Days of Poor Mental Health in the Past Month	2015	9.2%	2.8%	↘ 1	-25% ↓
MH Percent of Adults Reporting an Inability to Get Needed Mental Health Care or Counseling	2015	8.7%	—	↗ 1	74% ↑

PRIORITY 2: SUBSTANCE ABUSE

In 2017, many organizations stepped forward to work collectively to impact substance abuse in Henderson County. Efforts in education, drug diversion, policy work, and tobacco have all had significant effects in our community.

EDUCATION

HopeRX and Henderson County Public Schools again coordinated the annual “We Are Hope” campaign. Held the week of April 3rd, this event reached more than 9,000 students with all four middle and six high schools taking a public stand against substance abuse. The week of events included assemblies and daily awareness activities at each school. Giant banners, signed by students, were hung on the front pillars of the historic courthouse. The Henderson County Commissioners adopted a resolution, formally recognizing the event and the students who were leading the efforts. New in 2017 was a student



billboard contest, with the winning artwork placed on a billboard on major highway in the county for a month.

In addition to the “We Are Hope” campaign, a separate media campaign was launched to increase awareness of Naloxone in prevention of overdose deaths. The campaign utilized billboard advertising as well as targeted digital advertising.



Also in 2017, the Henderson County Sheriff’s Office implemented a Sheriffs Teaching Abuse Resistance (STAR) program for 5th graders.

HOPE packets were created to be left behind by EMS and Law Enforcement when they respond to overdose calls. These packets include a resource guide of available services and contact card for friends and family. More than 200 packets were given out in 2017.

The Boys and Girls Club provided Smart Moves curriculum for its students over the summer. The SMART Moves (Skills Mastery and Resilience Training) prevention and education program addresses problems such as drug and alcohol use and premature sexual activity.

DIVERSION

Ten Drug Take Back events in various locations throughout the community took place in 2017.

POLICY WORK

Vaya Health (a public managed care organization [MCO] that oversees Medicaid, federal, state and local funding for services and supports related to mental health, substance use and intellectual/developmental disability [IDD] needs) reported that they developed and implemented new Benzodiazepine prescription guidelines. Vaya reported that prescriptions dropped by 25% one month after guidelines were distributed to their clinicians and prescribers.

Park Ridge Health, Pardee Hospital, and Blue Ridge Community Health Services worked to modify prescribing policies of opioids to help make a positive impact on the opioid issues in our community.

OTHER

Also in 2017, the First Contact Thrift Shop opened in September to support clients attending rehabilitation facilities and create funds for a safe house and eventual treatment facility. The resale store is performing beyond expectations. A goal of the store is to fund a safe house for those leaving jail until a long-term location is available.

Blue Ridge Health added new counselors to the school based health centers.

TOBACCO

A You Quit Two Quit training was held in August, 2017 for all 16 school nurses in the School Nurse Program. Additional trainings were held in November for health department staff and those from other organizations. A total of 33 individuals were trained. This is an evidence-based Brief Cessation Counseling method for tobacco and nicotine products and includes information about e-cigarettes.

Health Department staff continued to promote and refer patients to QuitlineNC and offered free smoking cessation classes using the Freedom From Smoking model

throughout the year.

In late 2016, UNCA students partnered with the Henderson County Department of Public Health to implement a Point of Sale survey of local retail stores that sell tobacco. The students presented their findings in early 2017 to the Board of Health and the Henderson County Public School's Student Health Advisory Council. The BOH passed a resolution in support of rescinding preemption of tobacco regulation and restoring local control over tobacco policies. The SHAC voted to provide a letter of support for the same.

Important indicators for substance use include:

Indicators	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
SA Rate of death due to unintentional poisoning in Henderson County	2015	15.5%	9.9%	↗ 3	13% ↑
SA % 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% ↑
SA PreMIS - Count of Responses to Overdose/Poisoning/Ingestion	Dec 2017	2	—	→ 1	-88% ↓
SA PreMIS - Count of Naloxone Administered	Dec 2017	5	—	↘ 2	-76% ↓
SA Heroin Overdose - Henderson County (ED Count by Year)	2017	31	—	↗ 3	3000% ↑
SA Medication or Drug Overdose - Henderson County (ED Count by Year)	2017	459	—	↗ 2	21% ↑
SA Opioid Overdose - Henderson County (ED Count by Year)	2017	50	—	↗ 1	61% ↑
SA Benzodiazepine Overdose - Henderson County (ED Count by Year)	2017	25	—	↗ 2	150% ↑
SA Henderson County Prescription Rate Trend, Opioid Pills Per Resident	2016	74.5	—	↘ 1	29% ↑

PRIORITY 3: OBESITY

Obesity is a complex issue with many causes. However, evidence shows that physical activity and making good nutritional choices can have a positive impact on obesity and on many of the chronic diseases that obesity contributes to. The Obesity Action Team (OAT) was created to allow community partners and stakeholders an opportunity to work together to positively impact issues leading to obesity. Efforts to increase physical activity and access to healthy foods were major focus areas in 2017.

PHYSICAL ACTIVITY

Each year for the last 10 years, the Henderson County Department of Public Health has hosted Be Active Day at the Blue Ridge Mall. The event held in January 2017, was the largest in recent memory with more than 1,000 participants. Twenty-four vendors provided lots of fun activities, demonstrations and prizes, and area media like WLOS, Times-News and Hendersonville Lightening provided impactful coverage—all to get area residents up and moving and thinking about ways to keep active throughout the year.

In addition, Joe Sanders from the Blue Ridge Bicycle Club once again led easy, guided bike rides throughout the spring along the Oklawaha Trail greenway in 2017. These rides offered opportunities for residents to be physically active and promoted increased access to our amazing greenway system!



Because transportation is a major barrier for many of their clients, The Free Clinics developed a Bikes for Life bike rehabilitation program. With the help of volunteers, bike shops like The Hub and The Bicycle Company, and a bicycle mechanics class at Blue Ridge Community College, work to refurbish donated bikes and get them road-ready was underway. With the help of the Blue Ridge Bicycle Club, individuals were sized for the right bike, given a helmet and lock, and lessons on safety and basic skills.

TFC gave away more than 50 bikes to the most vulnerable in our community in 2017.

Safe Routes to School partnered with Mills River Farmers' Market in May to offer a Bicycle Rodeo for children. The event was a huge success, and organizers are looking to duplicate the event again in 2018.

Mountain Community School partnered with Safe Routes to School for a Walk to School Day in May 2017. The school won a national drawing for the spring event and was awarded several bicycles.

The United Way held a ribbon cutting in July 2017 for The Learning Trail. This is a new section of the Oklawaha Trail that begins near the United Way office and has 9 activity areas that teach pre-literacy skills for young children.

HEALTHY FOODS

The Henderson County Public School's Summer Food Service Program made a big impact, combating summer hunger for youth in Henderson County. With the addition of the Meals on the Bus program in 2017, meals were served directly to local communities where transportation to a nearby feeding site may not be available. The Meals on the Bus program utilized a former school bus that had been refurbished with counter space and stools inside. The bus delivered approximately 113 hot meals each day to 6 locations, through 20-minute "bus stops". The MOB program operated between June 19 and August 11 and served a total of 4,547 meals over the summer. In addition, the entire Summer Food Service Program served 47,482 meals and more than 12,500 snacks in 2017!



Henderson County Schools also updated the Wellness Policy in 2017 to include “Smart Snacks.” Parents may now order a “healthy food” snack for birthdays and other celebrations through school cafeterias.

The Free Clinics’ Community Garden grew from 3 beds in 2016 to 10 beds in 2017. Twenty beds are planned for 2018. Patients and others are gardening, gleaning, and sharing produce.

Sponsored by the Cooperative Extension office, the Learn, Grow, Eat & Go program was held in the spring to encourage 4th graders at Dana Elementary to try new foods. *Learn, Grow, Eat & GO!* (LGEG) is the new research-based, evidence-based curriculum project of the International Junior Master Gardener® Program.

The Women, Infants and Children (WIC) program at the Henderson County Department of Public Health and the Mills River Farmers’ Market collaborated on several events in 2017. WIC staff visited the market on two Saturdays – with presentations focusing on healthy eating and recipes with local produce. In addition, WIC staff along with MRFM staff attended area daycare centers to give information about the market, benefits of their Double Bucks Program (with SNAP usage), healthy eating, and WIC services.

The Obesity Action Team continued to work to increase the number of Farmers’ Markets that accept SNAP/EBT. In addition to the Mills River market, a second market is scheduled to begin accepting SNAP in 2018. Action Team member organizations worked to secure funding and technical assistance for the new market in preparation for the market’s opening in the spring.

OTHER

The Obesity Action Team (OAT) has been working to create a web resource designed for locals to facilitate increased access to physical activity and healthy foods in a way that encourages “play” and “fun” instead of “exercise” and “diet.” The intent is to change the conversation about what makes us healthy and to assist in



making the healthiest choices the easiest ones. ‘GoHendo.org is your go-to for finding all the fun in Henderson County—hiking trails, playgrounds, biking paths, farmers’ markets, apple orchards, historic sites, rainy day activities, and more!

Whether you're with family and friends, or enjoying some free time to yourself, there's so much to do in Henderson County, and we're here to give you all the information needed to find your next adventure.’ The website became active in December of 2017.

The Free Clinics received a grant to train and provide the HealthWays Program (Microclinic International), which uses positive peer pressure to help adults improve their eating and physical activity. The program is building momentum. Twelve facilitators from multiple organizations were trained in 2017. Twelve groups (with an average of 10 participants per group for a total of 113 participants) enrolled. Eighty-two percent of the

enrolled participants completed the multi-week program, and 81% of those who completed the program had an improvement on at least one clinical measure (waist circumference, BMI, HbA1c, blood pressure, or weight).

Grant funding was secured by the Henderson County Department of Public Health to offer the Eat Smart Move More Weigh Less program to a limited number of county employees, free of charge. In addition, all county employees were encouraged to participate in the Eat Smart Move More Holiday Challenge.

Important indicators for obesity include:

Indicators	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
Ob % of adults getting the recommended amount of physical activity in Henderson County	2015	57.6%	60.6%	↘ 1	-4% ↓
Ob % of adults who consume fruits and vegetables five or more times per day in Henderson County	2015	9.4%	29.3%	↗ 1	185% ↑
Ob Adult Obesity in Henderson County	2015	29.8%	30.6%	↗ 1	14% ↑
Ob Child Obesity in Henderson County (Age 2-18)	2015	12.6%	—	→ 0	0% →
Ob Child Overweight Prevalence in Henderson County (Age 2-18)	2015	12.5%	—	→ 0	0% →

PRIORITY 4: SAFE AND AFFORDABLE HOUSING

Everyone needs a place to live, regardless of age, job, race, disability, income or position in life. But not everyone’s home is affordable. The Department of Housing and Urban Development (HUD) defines “affordable housing” as consuming no more than 30% of a household’s monthly income, including utilities. This is the maximum level a family should spend. Generally, when families or individuals spend more than 30% of their income on housing, they do not have enough income to withstand financial setbacks or meet other basic needs such as food, clothing and medical insurance.

Affordable Housing continues to be a problem in Henderson County. Causes for the issue are complex and the Affordable Housing Action Team has been investigating initiatives that could help ease the burdens caused by costly housing in the community. The action team has brought together community partners and stakeholders that have not traditionally worked together in the past, advancing advocacy for underlying issues like expanding water and sewer infrastructure.

In the fall of 2016, the Henderson County Chamber of Commerce and Vision Henderson County hosted an event at the Highland Lake Inn. Hendersonville City Manager John Connet and other community leaders led the discussion about the cost of living in Hendersonville and Henderson County and explored ideas to improve affordability. This meeting was followed up by another event hosted by the League of Women Voters on Affordable Housing in 2017. Presenters from Housing Assistance Corporation, Henderson County Planning Department, and the City of Hendersonville provided a

snapshot on the many aspects of this issue. The public event was designed to showcase current efforts to provide safe and affordable housing for persons of limited income; the status of county housing efforts including an update on action items in the Henderson County 2020 Comprehensive Plan, successes in development efforts and challenges, infrastructure and density issues in the City and the County.

Another piece of the affordable housing conversation includes efforts to help the community's most vulnerable. Thrive hosts a Housing First program, and housing case management services that connect homeless individuals and families to permanent housing quickly, encourages housing stability, and works to prevent returns to homelessness. In addition, Thrive worked in 2017 to improve localized efforts of accessing and assessing the homeless population, and connecting them to needed services.

New homes are on the way! Cedar Terrace Apartments opened in 2017, offering 80 new affordable homes in Hendersonville. The city anticipates another 80-unit project, Signal Ridge Apartments, to begin construction in 2018.

In 2017, the City of Hendersonville also partnered with Housing Assistance Corporation to construct the Oklawaha Village (an 84-unit affordable housing community), providing water and sewer infrastructure for the project.

Important indicators for affordable housing include:

Indicators	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
AH % of RENTERS spending more than 30% of their income on housing in Henderson County	2015	47.4%	—	↓ 1	10% ↑
AH % of MORTGAGE OWNERS spending more than 30% of their income on housing in Henderson County	2015	29.7%	—	↓ 3	-7% ↓

NEW INITIATIVES & EMERGING ISSUES

In 2017, more than 200 participants in the Health Department's WIC program were surveyed to determine dietary intake and barriers to eating healthy. More than half of the families reported not eating enough fruits and vegetables. In addition, almost half reported that eating healthy was too expensive. As a result, staff from the department, along with several other organizations, have been seeking grant funding to create a comprehensive, local and sustainable community response to food insecurity and local food access. The proposed plan includes providing incentives to low income households to purchase fresh fruits and vegetables, increasing the number of farmers' markets that accept SNAP, offering transportation to markets and grocers, and more.

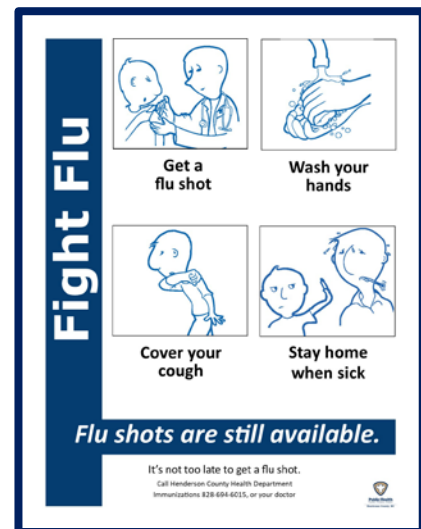
The Mills River Farmers' Market has secured funding for a mobile demonstration kitchen. The market plans to work with the Health Department's WIC program and others to provide educational food demonstrations. In addition, the market is planning to expand its "Double Bucks" program for SNAP users, as well as hosting a lending library and children's events throughout the market season.

In 2017, the Henderson County Board of Commissioners added two new school nurse positions to the School Health program. The program continues to grow towards the goal of 1 nurse for every 750 students. It is anticipated that 2 additional nurses will be added in 2018.

The Believe Child Advocacy Center continues to evolve and serve greater numbers than expected. The center provides services to children for interpersonal violence, sexual assault, and adverse childhood experiences. Staff work with medical providers, law enforcement, Department of Social Services, the District Attorney's office, and additional partners to provide crisis intervention, conduct forensic interviews, medical exams, and offer emotional support and counseling.

In 2017, Pertussis (Whooping Cough) hit Henderson County. Young children and other youth were hit the hardest with more than 90 cases – the most of any county in the state. Officials and staff from Henderson County's Public Schools, Public Health, and others worked for several weeks to minimize the spread of the outbreak.

On the heels of the Pertussis outbreak in Henderson County was the beginning of flu season. Experts predict that the 2017-2018 flu season will be a difficult one; however Public Health officials and medical providers across the state remind individuals that getting a flu shot is still the best protection against the flu. In addition, washing hands, covering your cough, and staying home if you are sick are also vital to minimizing the spread of the virus.



Other emerging issues in Henderson County include funding gaps. Federal funding decisions are a major concern for our community. Incremental budget approvals for CHIP and FQHCs make planning for the future difficult, and lawmakers wrangling with what they want to do with the Affordable Care Act makes service-delivery uncertain. Medicaid reform at the state level also has major implications for moving the needle forward for health locally.

When reviewing health data for Henderson county, a few trends have emerged that have caused some concern. Rates for suicide and heroin overdose are increasing in Henderson County. Suicide rates are already higher than state levels, and are still growing. Hepatitis C rates are also increasing across the state. Government officials and community stakeholders are looking at ways to reverse these trends.

GET INVOLVED!

This report will be disseminated to key stakeholders and community partners through a variety of avenues including the Henderson County Board of Health, Henderson County Partnership for Health, Health Department website (www.hendersoncountync.org/health) and Henderson County Public Library. In addition, this report is available as hard copy in limited quantities.

Please contact Kim Horton at 828-694-6064.

Each of the health priorities identified in this report is addressed by various committees and coalitions within Henderson County. Many of these committees are supported by the Henderson County Department of Public Health. For more information, please contact Beverly Clark, Health Promotion Coordinator at 828-694-6065.

Efforts have been made to summarize the major activities occurring within Henderson County to address each of the priority health areas but some programs may not be represented in this report. Please contact Stacy Taylor at the Henderson County Department of Public Health (staylor@hendersoncountync.org) to ensure information regarding your program, as it relates to one of the outlined priority areas for Henderson County, is included in future reports.