

## New and Emerging Issues

**Teenage Pregnancy:** For the first time in 6 years, the teenage pregnancy rate for girls 15-19 years old rose in 2003 from 51.7 to 55.9. During 2004, the rate rose slightly to 56.0. The state rate in 2004 was 62.4. Of concern is the increasing rate of pregnancy in 15-17 year olds. During the last five years, the state rate has declined steadily. In Henderson County, the rate had been declining until 2003. However, for the past two years, the rate has increased from 26.0 in 2002 to 34.8 in 2004.

**Hispanic/Latino Population:** The growing Hispanic/Latino population is another issue that continues to affect our ability to serve our community. Henderson County's growth in the Hispanic/Latino population is the fastest in the region; 477% increase since the 1990 census was taken. With it comes an increased need for bilingual staff to serve these clients, as well as Spanish interpreters and educational materials in Spanish. Many of these clients have no payment source, which creates additional problems in trying to meet the needs of our clients with current resources.

**Bioterrorism** has been a focal point for our county for several years and will continue to gain more attention in the future. In October 2005, the health department collaborated with Pardee and Park Ridge Hospitals to administer flu vaccine to provide training and practice for staff in mass vaccination clinics. Staff are completing National Incident Management System (NIMS) and Incident Command System (ICS) training. We are also working on Preparedness Plans and Emergency Communication Plans.



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The complete 2003 Community Assessment Report and the 2005 State of the County's Health Report can be seen on the Health Department website.

## Henderson County

### State of the County's Health Report 2005

#### Includes:

- ❖ Review of county statistical data
- ❖ Progress-to-date on plans and interventions to address health concerns
- ❖ New and emerging issues

# Review of Health Priorities and Progress-to-Date

- ❖ **Obesity** – Body Mass Index (BMI) data from the WIC Program in 2005 indicated that 36.8 percent of women prior to pregnancy were overweight or obese. This is down from 48.3 percent in 2001. Plans for 2004 - 2007, include establishing four programs to address the issue of childhood obesity using a multi-agency approach. Several programs have already been established. The Health Department continues to offer the Kid Fit program to address youth obesity. This program targets at-risk children referred by physician offices or through the WIC program. Future plans include providing a registered dietitian in local provider offices to offer weight management counseling for children.
- ❖ **Dental Health** - In 2004-05, 16% of kindergarteners had untreated dental decay. This has declined steadily since 2000-01 when the untreated dental decay rate was 23%. We have met our 2007 goal of 19% or less. Access to dental care is another critical concern. One of the dental health goals is to increase dental health services for low-income adults and children. In January 2005, a patient navigator began working to assist Medicaid and Health Choice children needing dental treatment. In six months, this position assisted 92 additional children in receiving dental treatment. Many of these children would not have been able to receive any dental follow-up or treatment due to the limited dental access for Medicaid and Health Choice covered children.
- ❖ **Mental Health** – Hospitalization rates for mental disorders, alcohol, and drug related diagnoses during 1996-1998 were above the state average (of 260.0) at 355.8. Our goal for 2007 is to increase mental health service opportunities in primary care offices and increase mental health service opportunities in the public school system. With the awarding of the Healthy Communities Access Program (HCAP) grant in September 2004 to Partnership for Health, mental health issues are being addressed in an enhanced collaboration. A depression protocol has been developed to help providers assess whether a patient is depressed and needs counseling services. Through this grant, three therapists have been hired to work in three medical offices.
- ❖ **Tobacco Use** – In 2004, 72 people died in Henderson County due to cancer of the lung, trachea, and bronchus. The age-adjusted death rate in 2000-2004 for cancer of the lung, trachea, and bronchus was 49.2. Plans for 2007, include addressing tobacco use by working with local businesses to adopt smoke-free policies. Seven new restaurants opened smoke-free in 2005.
- ❖ **Shortage of Nurses in Schools** – The 2005 school nurse to student ratio of 1:2560 has improved since 2003 when it was 1:3000. However, it is still the third worst in the state. The state average is 1:1580, and the recommended ratio is 1:750. Our 2007 Plan is to decrease the nurse to student ratio to <1:2000. A school nurse was added at Bruce Drysdale Elementary School in 2003 and has continued with grant funding.
- ❖ **Asthma** - In 2003 asthma hospitalizations in 0-14 year olds in Henderson County were 146.9, down from 290.4 in 2000. The North Carolina rate was 207.9. This is a significant improvement, bringing us well below the state average and below the Local Community Objective in our Action Plan of 200 asthma hospitalizations. Of concern is the asthma hospitalization rate for all ages. In this category, Henderson County's rate is 164, which is above the state rate of 143.2. Plans include interventions to increase asthma management and continue to decrease asthma hospitalizations to less than 200 by 2007.
- ❖ **Cancer (Colorectal)** – The five-year age-adjusted colorectal cancer incidence rates in Henderson County have decreased slightly from 48.1 (1997-01) to 47.2 (1998-02) while the NC rate has remained constant at 48.3. Age-adjusted death rates for colon/rectum cancer in 1998-2002 are slightly higher (20.9) than the state rate (19.7). Our goal is to continue cancer screening initiatives through collaboration with community partners and to screen 50% or more women for colon cancer seen through the Breast and Cervical Cancer Control Program (BCCCP).