

## New and Emerging Issues

**Teenage Pregnancy:** For the third consecutive year, the teenage pregnancy rate for girls 15-19 years old increased. The rate jumped from 56 in 2004 to 75.5 in 2005. The state rate dropped from 62.4 in 2004 to 61.7 in 2005. Of concern is the increasing rate of pregnancy in 15-17 year olds. During the last six 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 43.1 in 2005. The state rate in 2005 was 35.6.

**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.

**Infant Mortality:** Twelve infants died in Henderson County during 2005. This is a 100% increase over 2004. The 2004 infant mortality rate was 5.4 compared to 10.1 in 2005. The state rate in 2005 was 8.8. The Henderson County Child Fatality Prevention Team reviews cases and makes suggestions to prevent deaths to children. Ten deaths in 2005 were related to conditions such as prematurity. Early prenatal care with education and referral to additional services remains important to infant death prevention.



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The complete 2003 Community Assessment Report and the 2006 State of the County's Health Report can be seen on the Health Department website.

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## Henderson County

### State of the County's Health Report 2006

#### 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** – In September 2006, 26.2% of 2-5 year old children in the WIC program had a body mass index (BMI) above the 85th percentile. This is down from 2005 when the rate was 36.9%. 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 by targeting at-risk children referred by physician offices or through the WIC program. A registered dietitian offers weight management counseling for students at Apple Valley Middle School. Our department also worked with 10 of 12 elementary schools to implement the Energizers Program, a classroom-based physical activity program for kindergarten to fifth grade students.
- ❖ **Dental Health** - In 2005-06, 18% of kindergarteners had untreated dental decay. This has declined 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 2005, 83 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 48.9. Plans for 2007, include addressing tobacco use by working with local businesses to adopt smoke-free policies.
- ❖ **Shortage of Nurses in Schools** – The 2006 school nurse to student ratio of 1:2115 has improved since 2003 when it was 1:3000. However, it is still the fifth 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 less than 1:2000. A school nurse was added at Bruce Drysdale Elementary School in 2003 and has continued with grant funding.
- ❖ **Asthma** - In 2005 asthma hospitalizations in 0-14 year olds in Henderson County were 65.2, down from 149.6 in 2003. The North Carolina rate was 164.4. 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. School nurses complete Emergency Action Plans on students who experience asthma episodes or are on asthma medication in school. A shortage of school nurses prevents them from teaching the Open Airways Asthma Education program in all elementary schools. The asthma hospitalization rate for all ages decreased from 164 in 2003 to 121.7 in 2005. The 2005 rate is slightly lower than the state rate during this time.
- ❖ **Cancer (Colorectal)** – The five-year age-adjusted colorectal cancer incidence rates in Henderson County have decreased slightly from 48.1 (1997-01) to 44.4 (1999-03) while the NC rate has remained constant at 48. Age-adjusted death rates for colon/rectum cancer in 2001-2005 are lower (15.2) than the state rate (18.6). During 2004 we successfully implemented colon cancer screening into our Breast and Cervical Cancer Control Program (BCCCP) with support from Pardee Hospital. Grant funds that the hospital used for hemocult cards have been depleted and we have not been able to continue this program during the past year.