During the Community Health Assessment process, data was reviewed for many health indicators. These are additional areas that will be watched over the next several years.

**Chronic Lower Respiratory Disease (CLRD)** - This group of diseases includes asthma, emphysema, chronic bronchitis, and chronic obstructive pulmonary disease (COPD). Cigarette smoking accounts for 80% of all cases of COPD. While Henderson County has had a higher rate of death from CLRD than the state since 1997, there was a decrease in 2003 to below the state rate. However, in 2005 there was a significant increase in CLRD deaths.

**Teenage Pregnancy** - After an increase in 2004 and 2005, the 2006 data reveal a decrease in the teen pregnancy rate for 15-17 year olds, 15-19 year olds, and Hispanic teens. Rates for 15-19 year olds and Hispanic teens are still slightly higher than the state rate.

**Asthma** - In the 2003 Community Health Assessment, asthma was identified as a top priority. At that time, asthma hospitalizations for the total population were above the state rate; however, since then, the rate has dropped. Today Henderson County’s rate is below the state’s rate on asthma hospitalizations for adults as well as 0-14 year olds.

**Illegal Drug Use** - Methamphetamine is a highly addictive drug that is a growing public health and safety issue. Today in Henderson County methamphetamine use is the number one reason children are removed from their homes by the courts. During 2006, 47% of Henderson County children taken into DSS custody were living in homes where methamphetamine sales or use was occurring.

The complete Community Health Assessment Report can be seen on the Department of Public Health and Partnership for Health websites.
A Community Health Assessment (CHA) is required every four years by the North Carolina Department of Health and Human Services. In Henderson County it is conducted by the Health Department and the Partnership for Health, along with members of the community.

The purpose of the Community Health Assessment is to identify and evaluate health issues by examining factors that affect the health of the population. Action plans are completed to address each priority that is identified.

A Community Health Assessment Team was formed which consisted of community residents and representatives from strategic organizations who represented the community as a whole including schools, hospitals, law enforcement, health and human services, as well as populations in the community such as children, the elderly, and Latinos.

As part of our Community Health Assessment, a health opinion survey was developed. The survey was printed in English and Spanish and was distributed to a range of people in our community targeting different income levels, the African-American community, and the Latino community. Over 1,100 surveys were returned. In addition, twenty-one key informant interviews were conducted with community leaders to learn their perspective on community health issues.

Data on mortality, morbidity, hospitalization rates, demographics, access to care, and trend data were analyzed from a variety of local, state, regional, and national sources.

The CHA Team reviewed the survey results and data and selected the following seven priorities.

What is a Community Health Assessment?

Health Concerns to be Addressed in 2008-2011

- **Childhood Obesity** – North Carolina has the 5th highest rate of overweight youths (ages 10-17) in the nation. Since 1995, the percent of children in Henderson County at risk for overweight has risen in each age group.

- **Adult Obesity** – Since 1990, the percentage of obese adults in North Carolina has steadily increased every year. North Carolina has the 17th highest rate of adult obesity in the nation. In addition, 25% of North Carolina adults report that they do not engage in any physical activity. The national average is 22 percent.

- **Access to Dental Health Care** - Finding dental care is especially difficult for low income families and adults. Few private dental providers accept Medicaid; however, the access issue has improved recently with the opening of several Medicaid-friendly offices. Blue Ridge Community Health Services - Stokes Dental Clinic also sees Medicaid adults and children and provides use of their clinic for an extraction clinic run by volunteer dentists through The Free Clinics. Despite these resources, many people are still unable to afford treatment and get the care they need.

- **Access to Mental Health Care** – Henderson County has not been immune to the current state mental health crisis. Mental health services are coordinated by Western Highlands Network. There are 24 agencies/providers for mental health services in the county along with a detox unit at Pardee Hospital. Access to mental health services for low income individuals is especially challenging.

- **Tobacco Use** – In Henderson County, 14.1% of women smoked during pregnancy which is higher than the state average. This is also higher than the national average and the US and NC 2010 targets. More middle and high school students in Western North Carolina report cigarette use than those in the central or eastern part of the state.

- **School Nurses** – For the 2006-07 school year, the Henderson County school nurse to student ratio was one nurse for every 1,886 students (1:1886). The state ratio during this time was 1:1340. The national recommendation is one nurse for every 750 students. Henderson County was ranked 103rd out of 115 school systems in North Carolina for nurse to student ratio.

- **Services for the Aging Population** - By 2010, more than 25% of the county’s population will be 65 and older. Henderson County has a disproportionate number of older residents when compared to the state and the nation. As this population grows, it will put a strain on community agencies that serve the elderly. The elderly have an increased risk for cardiovascular disease, arthritis, and dementia illnesses like Alzheimer’s disease. Currently 27% of those over 65 live below poverty. Even for those who are financially secure, many older people are vulnerable because of their health, social isolation, or other conditions.