State of the County Health Report -

Henderson County

December 2, 2013

(extension granted until March 31, 2014)
Review of Current Data
Key Mortality and Morbidity Data for Henderson County
### Henderson County Census Data

#### People Quick Facts

<table>
<thead>
<tr>
<th></th>
<th>Henderson County</th>
<th>North Carolina</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2012 estimate</td>
<td>108,266</td>
<td>9,748,364</td>
</tr>
<tr>
<td>Population percent change, April 1, 2010 to July 1, 2012</td>
<td>1.4 %</td>
<td>2.2 %</td>
</tr>
<tr>
<td>Persons under 5 years, 2012</td>
<td>5.3 %</td>
<td>6.4 %</td>
</tr>
<tr>
<td>Persons under 18 years, 2012</td>
<td>20.1 %</td>
<td>23.4 %</td>
</tr>
<tr>
<td>Persons 65 years and over, 2012</td>
<td>23.4 %</td>
<td>13.8 %</td>
</tr>
<tr>
<td>White, not Hispanic or Latino, 2012</td>
<td>84.0 %</td>
<td>64.7 %</td>
</tr>
<tr>
<td>Hispanic or Latino, 2012</td>
<td>10.0 %</td>
<td>8.7 %</td>
</tr>
<tr>
<td>Black or African American, 2012</td>
<td>3.2 %</td>
<td>22.0 %</td>
</tr>
<tr>
<td>Two or more races, 2012</td>
<td>1.6 %</td>
<td>2.0 %</td>
</tr>
<tr>
<td>Asian, 2012</td>
<td>1.1 %</td>
<td>2.5 %</td>
</tr>
<tr>
<td>American Indian and Alaska Native, 2012</td>
<td>0.6 %</td>
<td>1.5 %</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander, 2012</td>
<td>0.2 %</td>
<td>0.1 %</td>
</tr>
<tr>
<td>Foreign born persons, 2008-2012</td>
<td>8.0 %</td>
<td>7.5 %</td>
</tr>
<tr>
<td>Language other than English spoken at home (percent of persons age 5+) 2008-2012</td>
<td>10.6 %</td>
<td>10.8 %</td>
</tr>
<tr>
<td>High school graduate or higher (percent of persons age 25+) 2008-2012</td>
<td>87.0 %</td>
<td>84.5 %</td>
</tr>
<tr>
<td>Median household income, 2008-2012</td>
<td>$46,503</td>
<td>$46,450</td>
</tr>
<tr>
<td>Persons below poverty level, 2008-2012</td>
<td>13.5 %</td>
<td>16.8 %</td>
</tr>
</tbody>
</table>

## Leading Causes of Death

(Age-Adjusted Death Rates per 100,000 Population Five-Year Aggregate, 2007-2011)

<table>
<thead>
<tr>
<th>Leading Cause of Death</th>
<th>Henderson County</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rank</td>
<td>Rate</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>1</td>
<td>164.1</td>
</tr>
<tr>
<td>Total Cancer</td>
<td>2</td>
<td>160.5</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease</td>
<td>3</td>
<td>46.7</td>
</tr>
<tr>
<td>Cerebrovascular Disease</td>
<td>4</td>
<td>37.8</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>5</td>
<td>34.4</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>6</td>
<td>32.1</td>
</tr>
</tbody>
</table>

Source: 2007-2011 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B). NC State Center for Health Statistics (NC SCHS), 2013 County Health Data Book website: [http://www.schs.state.nc.us/schs/data/databook](http://www.schs.state.nc.us/schs/data/databook)
Mortality Trends of Top 6 Causes of Death
Age-Adjusted Rates per 100,000 Population

Source: Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B). NC State Center for Health Statistics (NC SCHS), County Health Data Book website: http://www.schs.state.nc.us/schs/data/databook
Teen Pregnancy

Source: Pregnancy, Fertility, and Abortion Rates per 1,000 Population, by Race/Ethnicity for Females 15-19. NC State Center for Health Statistics (NC SCHS), County Health Data Book website: http://www.schs.state.nc.us/schs/data/databook
## Inpatient Hospital Utilization by Diagnosis (Excluding Newborns, 2011)

<table>
<thead>
<tr>
<th>Diagnostic Category</th>
<th>Total # Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infectious &amp; Parasitic Diseases</td>
<td>518</td>
</tr>
<tr>
<td>Malignant Neoplasms</td>
<td>336</td>
</tr>
<tr>
<td>Benign, Uncertain &amp; Other Neoplasms</td>
<td>82</td>
</tr>
<tr>
<td>Endocrine, Metabolic &amp; Nutritional Diseases</td>
<td>367</td>
</tr>
<tr>
<td>Blood &amp; Hemopoetic Tissue Diseases</td>
<td>105</td>
</tr>
<tr>
<td>Nervous System &amp; Sense Organ Diseases</td>
<td>274</td>
</tr>
<tr>
<td>Cardiovascular &amp; Circulatory Diseases</td>
<td>2021</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>1113</td>
</tr>
<tr>
<td>Digestive System Diseases</td>
<td>1133</td>
</tr>
<tr>
<td>Genitourinary Diseases</td>
<td>578</td>
</tr>
<tr>
<td>Pregnancy &amp; Childbirth</td>
<td>1171</td>
</tr>
<tr>
<td>Skin &amp; Subcutaneous Tissue Diseases</td>
<td>172</td>
</tr>
<tr>
<td>Musculoskeletal System Diseases</td>
<td>986</td>
</tr>
<tr>
<td>Congenital Malformations</td>
<td>37</td>
</tr>
<tr>
<td>Perinatal Complications</td>
<td>32</td>
</tr>
<tr>
<td>Symptoms, Signs &amp; Ill-Defined Conditions</td>
<td>286</td>
</tr>
<tr>
<td>Injuries &amp; Poisoning</td>
<td>1174</td>
</tr>
<tr>
<td>Other Diagnoses (including Mental Disorders)</td>
<td>1231</td>
</tr>
<tr>
<td>All Conditions</td>
<td>11648</td>
</tr>
</tbody>
</table>

Source: Inpatient Hospital Utilization and Charges by Principal Diagnosis, North Carolina State Center for Health Statistics (NC SCHS), 2013 County Health Data Book website: [http://www.schs.state.nc.us/schs/data/databook](http://www.schs.state.nc.us/schs/data/databook)
## 2013 County Health Rankings

<table>
<thead>
<tr>
<th>Location</th>
<th>County Rank (Out of 100)</th>
<th>Health Outcomes</th>
<th>Health Factors</th>
<th>Overall Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mortality</td>
<td>Morbidity</td>
<td>Health Behaviors</td>
</tr>
<tr>
<td>Henderson</td>
<td>14</td>
<td>13</td>
<td>6</td>
<td>29</td>
</tr>
<tr>
<td>Transylvania</td>
<td>24</td>
<td>7</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Buncombe</td>
<td>18</td>
<td>17</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Polk</td>
<td>30</td>
<td>25</td>
<td>12</td>
<td>52</td>
</tr>
</tbody>
</table>

Community Health Priorities & Improvement
Our Health Priorities

Selected as a result of the most recent community health assessment


- Obesity
- Access to Mental Health Care
- Substance Abuse/Prescription Drug Abuse
Priority 1: Obesity

Goal: To make healthy choices easier by improving access to physical activity and healthy food options where Henderson County community members live, learn, work and play.
Strategies to address Obesity

- **Strategy 1**: Implement Clinical recommendations for obesity prevention and screening.
- **Strategy 2**: Increase access to farmers markets.
- **Strategy 3**: Increase the number of community gardens.
- **Strategy 4**: Increase the number of safe places for people to be physically active.
- **Strategy 5**: Safe Routes to School (SRTS)
Strategic Partners to Address Obesity

- Henderson County Department of Public Health
- WNC Pediatric Care Collaborative
- Blue Ridge Community Health Services
- Pardee Hospital
- Park Ridge Health
- Pediatric Practices in Henderson County
Prevalence of Obesity & Overweight in Adults

Prevalence of Obesity, Overweight, Healthy Weight & Underweight
Children 2 through 4 years

Physical Activity & Healthy Food Choices

- According to phone survey results, 60% of Henderson County residents feel like they meet recommendations of 2.5 hours of moderate-intensity, or 1.25 hours of vigorous-intensity physical activity a week. This is greater than the average for WNC (58.2%) and the US (42.7%).

- In addition, 3.3% of Henderson County residents reported consuming 5 or more servings of fruit and vegetables per day in the past week. This is less than the average response in WNC of (8.0%).

Progress

- A group of physicians in the region called the WNC Pediatric Care Collaborative have been meeting and working on joint plans to address childhood obesity in the clinical setting.

- The Obesity Action Team - a group of representatives from several local agencies working to decrease the obesity rate in our county - started an initiative to assist Mills River Farmers Market in obtaining and promoting SNAP capability. This technology would allow low income community members to use their SNAP benefits to access healthier foods. Currently, there are no farmers markets in the area set up to process SNAP benefits.

- The Health Department began building raised vegetable bed gardens on site to demonstrate to clients how they can grow their own vegetables and fruits in a small space. This initiative called the Tom Bridges Demonstration Gardens encourages families to participate in and seek out opportunities for consuming more fresh fruits and vegetables. The gardens will be used for WIC and nutrition services client education.
Priority 2: Substance Abuse/Prescription Drug Abuse

**Goal:** To reduce death, disability and crime in Henderson County by reducing substance abuse and improving access to services in the community.
Strategies to Address Substance Abuse/Prescription Drug Abuse

- **Strategy 1:** Project Lazarus / HopeRX
- **Strategy 2:** Youth Empowerment Programs
- **Strategy 3:** Explore establishing drug courts in Henderson County.
Strategic Partners to Address Substance Abuse

- Addiction, Recovery and Prevention (ARP)/Thrive!
- Blue Ridge Community College
- Blue Ridge Community Health Services
- City of Hendersonville
- The Free Clinics
- Henderson County Chamber of Commerce
- Henderson County Courts
- Henderson County Department of Public Health
- Henderson County Manager’s Office
- Henderson County Public Schools
- Henderson County Office of the Sheriff
- HopeRX
- Mainstay
- Mountain Area Health Education Center (MAHEC)
- October Road, Inc.
- Pardee Hospital
- Park Ridge Health
- Partnership for Health
- Project Lazarus
- United Way
- Western Highlands
- Wingate University
“80-85% of crime in our county is directly related to opioid abuse or meth. Breaking and entering, burglary, domestic violence, assaults, fraud, and identity theft are just a few crimes that we see regularly related to this.” –Major Frank Stout

“The medicine cabinet is a loaded gun.” –Sheriff Charles McDonald.

Source: Henderson County Office of the Sheriff.
Henderson County Drug Seizures, 2010

Source: Henderson County Office of the Sheriff.
Unintentional Poisonings (including overdose)
Age-adjusted rate per 100,000

Source: Unintentional Poisoning Mortality Rate by County, North Carolina Center for Health Statistics, HealthStats website: http://healthstats.publichealth.nc.gov/indicator/index/Alphabetical.html
Tobacco, Alcohol and Other Drug Use Among NC High School Students, Grades 9-12

- Smoked cigarettes in the last 30 days
- Drank alcohol in the last 30 days
- Ever Used Marijuana
- Ever Used Cocaine
- Ever Sniffed Glue or inhaled paints or sprays to get high
- Ever used heroin
- Ever used methamphetamine
- Ever used ecstasy
- Ever took Steroid pills or shots without doctor's prescription
- Ever used a needle to inject illegal drug

Source: Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey FactSheets website: http://www.cdc.gov/healthyyouth/yrbs/factsheets/index.htm
Progress

- HopeRX held its first Community Conversation. The event was attended by more than 200 community leaders and stakeholders and kicked off planning efforts for a follow-up meeting with medical providers to discuss county-wide treatment processes.

- The HopeRX Education Committee began implementation of 2 campaigns: 1. Pharmacy Campaign - partnering with local pharmacies to distribute educational materials on the proper disposal of medications with every prescription filled. 2. Pulpit Campaign - partnering with local churches and the Sheriff’s Office to provide education about the prescription substance abuse problem in this county and to provide an on-site, secure drop off opportunity for members of the community to bring their medications for disposal.

- The Sheriff’s Office reports that over 1,088 lbs. of pills have been disposed of during the first year of its Pill Drop Program.
Priority 3: Access to Mental Health Care

**Goal:** To improve mental health including stress, depression, and other emotional problems by improving access to appropriate services.
Strategies to Address Access to Mental Health Care

- **Strategy 1**: Mental Health Awareness Campaign
- **Strategy 2**: Mental Health Resource List for Henderson County
- **Strategy 3**: Community Resiliency Model
- **Strategy 4**: The Incredible Years
Strategic Partners to Address Access to Mental Health Care

- Addiction, Recovery, and Prevention (ARP)
- Blue Ridge Community Health Services
- Children and Family Resource Center
- The Free Clinics
- Henderson County Department of Public Health
- Mainstay
- October Road
- Smart Start of Henderson County
- Trauma Resource Institute
- United Way
- Western Highlands Network / Smoky Mountain Center
Primary Reason for inability to Access Mental Health Services

- No Insurance/Cost, 31.40%
- Don't Know, 13.70%
- Apprehension or Embarrassment, 10.70%
- Didn't Get Around To It, 10.10%
- Didn't Know Where to Go, 6.40%
- Inconvenient Hours, 6.30%
- Trouble Getting Appointment, 6.00%
- No Transportation, 3.10%
- No Counselor, 3.40%
- Other, 8.90%

Lack of Healthcare Insurance Coverage (Age 19-64)

Source: North Carolina County-Level Estimates of Non-Elderly Uninsured, North Carolina Institute of Medicine (NCIOM website: http://www.nciom.org/nc-health-data/uninsured-snapshots/)
Progress

- Collaborative work was begun to create a resource list of all Mental Health Services in the community. This list will be printed and distributed throughout the community.
- A special county fund, Maintenance of Effort, assists a growing list of agencies in the community to enable them to provide services for the uninsured.
- All clinical staff and select administrative staff of the Health Department attended a training on the Community Resiliency Model.
- The first session of The Incredible Years Parent Program in Henderson County was held by the Children and Family Resource Center.
Emerging Issues & Local Changes
New Initiatives & Emerging Issues

- Affordable Care Act / Health Care Reform – enrollment began for health plans as trouble with the website and limited resources to assist community members proved to be a challenge. In addition, the NC General Assembly voted not to expand Medicaid, which left many of the most financially-vulnerable folks still not able to afford insurance, and having no coverage at all.
- Economy – Unemployment in February of 2013 was 7.4%, down from the worst numbers of 9% in 2009, but still a long way from pre-recession numbers of 3.5% in 2007.
- State Budget Cuts, Restructuring and Rule Changes made access to Medicaid more difficult and increased uncompensated care in Public Health.
- Implementation of NCTRAKKS resulted in loss of Medicaid revenue.
- Change in Mental Health Local Management Entity (LME) from Western Highlands Network to Smoky Mountain Center.
- Retirement of Health Director, search for new Health Director begun.
- Henderson County purchased and opened an Athletics and Activity Center in May, 2013 – allowing public use for basketball, volleyball, soccer and sports camps, as well as aerobics, dance, karate, arts and music instruction. Plans are in place to allow Henderson County Employees to use facility - free of charge as part of the County Wellness Policy as well.
Collaborative work will continue on each of the priorities, using the CHIP as a “roadmap”.

The next SOTCH is due Dec 1, 2014.

What Next?
Continued attention to collective action and monitoring impact.