



Cherokee County 2016 *State of the County Health Report*

TO ASSESS, ADDRESS AND ASSURE THE HEALTH AND ENVIRONMENTAL NEEDS OF CHEROKEE COUNTY.

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The Cherokee County Health Department is pleased to present the 2016 State of the County Health Report (SOTCH), with the focus on Cherokee County's top health issues. Cherokee County completed their most recent Community Health Assessment (CHA) in 2015. Chronic Disease Control and Prevention was determined to be the first priority as the number one cause of death in Cherokee County among both men and women. In Cherokee County obesity and disease rates are on the rise with inadequate nutrition and physical activity practices being two of the most common contributing factors. Cancer Control and Prevention was chosen as the second priority and Access to Healthcare was chosen to be the third. This SOTCH report will give an update on how we are working to address these issues, and will also serve to educate Cherokee County residents about the health issues in their community. There have been no new emerging issues affecting the communities health since the 2015 CHA was completed in December 2015.

Top Health Concerns Based on Primary and Secondary Data

▶ ACCESS TO HEALTHCARE

▶ CANCER CONTROL & PREVENTION

▶ CHRONIC DISEASE CONTROL & PREVENTION

**Unless otherwise, all data is from the State Center for Health Statistics*

Chronic Disease Control & Prevention

During the 2014 SOTCH and the 2015 CHA the number one cause of death in Cherokee County was Chronic Disease. Chronic Disease causes a heavy burden on our citizens in not just Cherokee County but in the Western North Carolina Region, and our state as a whole. Cigarette smoking damages almost every organ of the body. As a community there have been many efforts surrounding the need to education and support surrounding not only managing the many chronic diseases plaguing Cherokee County but to also to begin to focus more efforts toward preventing these diseases. By reducing the number of people affected by these diseases it will in turn decreasing the number of people dying from these diseases.

Tobacco use is the leading cause of preventable deaths in North Carolina and in Cherokee County alone approximately 34% of all cancer deaths are due to lung/bronchus cancer. According to research it is estimated that smoking contributes to more than 80% of all lung cancer deaths while those who are nonsmokers but are exposed to second hand smoke at work or home have a 20-30% percent greater chance of developing lung cancer. Second hand smoke exposure also causes serious health problems such as heart disease, and stroke. Addressing tobacco use is complex and will require the collaborative, planning, action, and coordination of multiple partners in our community. According to the PRC Survey results from the 2015 CHA 24% of respondents said that they were exposed to secondhand smoke at work within the past week. This is increased from 16% in the 2012 CHA. Currently, Cherokee County Health Department is working with the local Coalition for a Safe and Drug Free Cherokee County to promote the adoption of tobacco free policies throughout the county as well as raising awareness of the dangers surrounding E-Cigarettes. Many local businesses have chosen to adopt Vape Free Restaurant policies in order to reduce the harm caused to customers. Tobacco and Vape Free environments will promote healthy social norms as well as keep employees and visitors away from the dangers of second hand smoke.



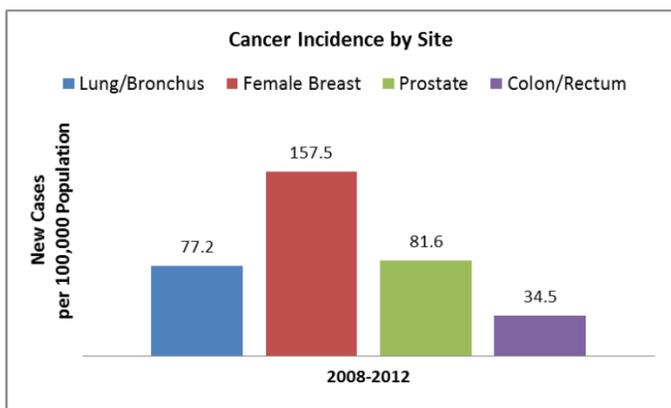
In 2016 the Cherokee County Health Department (CCHD) began to use a program from the North Carolina Tobacco Prevention and Control Branch program called You Quit Two Quit. The goal of You Quit Two Quit is to ensure that there is a comprehensive system in place to screen and treat tobacco use in women of child bearing age and pregnant and postpartum mothers.

Through this program it is our goal is that less women and pregnant women will use tobacco products during pregnancy and through emphasis on post partum relapse prevent second-hand smoke exposure to the children in the home as well. CCHD provides much needed access to prenatal care to low-income women through our Prenatal Clinic at our Murphy Clinic. Using this program it ensures a consistent message and presence throughout the entirety of the patients pregnancy as well as even post-partum through our Family Planning Clinic. The positive impacts will also hopefully help lower the number of low birthweight babies born in Cherokee County as well.

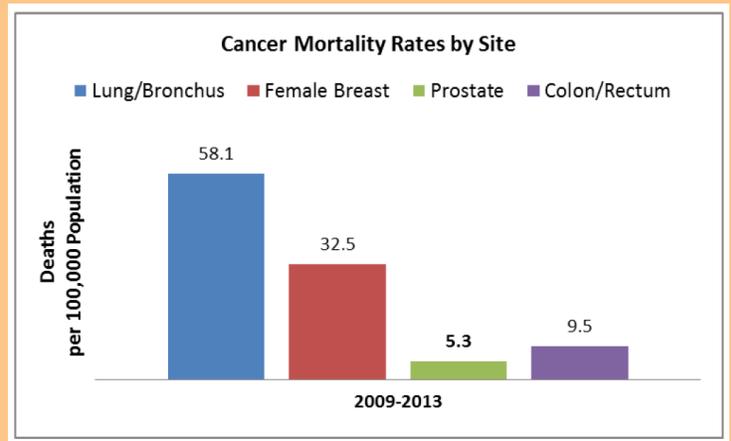
Cancer Control & Prevention

Cancer was found to be the second leading cause of death in Cherokee County during the 2015 CHA. Every year in the United States, more than 1.5 million people are diagnosed with cancer and research shows that over half of those could have been prevented through healthy lifestyle choices, screenings, and vaccinations. In Cherokee County we see many opportunities for education, counseling, and screening resources.

While cancer incidence rates have continued to rise especially among breast cancer the actual number of people dying from this type of cancer is beginning to decrease.



Source: http://www.schs.state.nc.us/data/cancer/incidence_rates.htm



Source: <http://www.schs.state.nc.us/data/vital.cfm>

The North Carolina Department of Health and Human Services in conjunction with the Cherokee County Health Department through the North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) have provided hundreds of screening services at no-cost or low-cost to eligible women. BCCCP provides much needed screening services such as breast exams, screening mammograms, pap tests, diagnostic procedures and medical consults. This program focuses on providing access to women who are uninsured, underinsured, and below 250% of the federal poverty level. In Cherokee County it is estimated that 3 out of 10 women would qualify for this program. CCHD is reaching out to our hospital partners and working to engage our faith based community to educate and recruit patients for this lifesaving program. Within these faith based communities we are engaging and educating our at risk populations with information about health issues, lifestyle change, and prevention.

Internally within the health department we are also working with our clinical staff on the screening and referral processes within all of our clinics to the NC Quit Line. More specific targeting will include county employees who use tobacco products. Decreasing the number of county employees who use tobacco products will decrease costs to county insurance, lost productivity, and even help reduce the exposure to secondhand smoke by other county employees. We will be working with county Human Resources and Insurer to promote the use of available cessation resources to give them the best possible shot at quitting.

Access to Healthcare

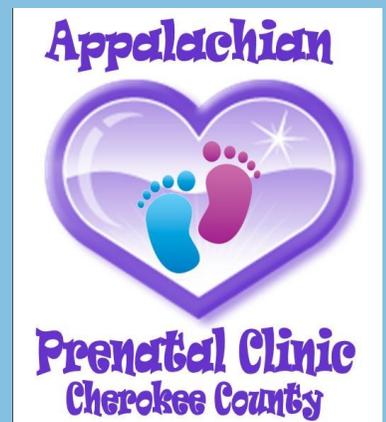
Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy. Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) gaining entry into the health care system; 2) accessing a health care location where needed services are provided; and 3) finding a health care provider with whom the patient can communicate and trust (DHHS, 2010). When conducting the survey for the 2015 CHA we found that the reason most people are not receiving medical care was due to cost/no insurance. Within the past year we have seen a continued increase in the need for free and reduced cost Primary Care here in Cherokee County and throughout the western region. There is a huge need for regular, continuous primary and preventative care.

Through the PRC Survey results from the 2015 CHA only 2 out of 10 residents surveys said that their healthcare provider helped connect them with a community resource to educate them about their condition and 1 out of 4 said they still lacked healthcare insurance. This uninsured rate was unchanged from the 2012 CHA.



CCHD is using a targeted marketing and promotion to increase the number of immunized children and adults. By reducing out-of-pocket costs for clients more people will be more motivated to receive recommended vaccines for themselves and their children. CCHD has been working to increase insurance acceptance by contracting with numerous health insurers. There will also be additional promotion via social media around the Vaccines for Children (VFC) that is available for children who might not otherwise be vaccinated because of inability to pay. VFC will provide FREE lifesaving vaccines for children through age 18 if they meet the criteria of being Medicaid eligible, uninsured, American Indian or Alaska Native, or Underinsured.

CCHD has also began to address the need for increased access to Prenatal Care. According to 2015 CHA 3 out of 10 women said they did not receive prenatal care during the first trimester. Through the Prenatal Clinic clients can receive prenatal services for free or at a reduced rate based on a sliding fee scale. This program is providing vital access to prenatal care for mothers during a critical time during their pregnancy therefor hopefully reducing low birth weight deliveries as well. Mothers can also receive access to family planning resources after delivery as well in hopes of increasing birth spacing.



What's New?

Within the past year Cherokee County has began to grow in many ways. In our last SOTCH we addressed the possible impacts of the new Cherokee Valley River Casino coming to Cherokee County with respects to job creation, tourism, and economic development. The casino employs hundreds of residents and has been involved in many community events in efforts of giving back. Their presence has had an overall positive impact on Cherokee County and we are hopeful of opportunities to partner in the future.

In looking at 2016 and the healthcare landscape, one of the major changes that will be coming to our county very soon is the sale and transition of our only county hospital Murphy Medical Center. In 2016 Murphy Medical issued a Request for Proposals for the sale of the hospital and nursing home. This transition could have a significant impact on our community as a whole and the other partner health care organizations as well. At this point in time there has not been a final agreement reached with those who are bidding on both facilities. It is expected that there will be final negotiations and hearing held in the middle of March with the final decisions being rendered sometime after. We are hopeful that a new and fresh perspective and management of the hospital will have a positive impact on our county and the services we will be able to provide. Current hospital administration spoke recently of their hope that the new ownership would attract more doctors and much needed specialist to our area to provide services that haven't been possible before. As partners of the hospitals in efforts to improve our communities population health we are excited for the opportunity to work with a new organization in improving and furthering our efforts to create a healthier community for all Cherokee County residents.

Morbidity & Mortality

In 2015 the leading causes of death in Cherokee County were heart disease, cancer, and chronic lower respiratory disease. These three conditions made up almost 56% of all county deaths. They were also the leading causes of death in 2013 and 2014.

**Rank of Cause-Specific Mortality
Numbers of the Top 5 Leading
Causes of Death
(Five-Year Aggregate, 2009-2013)**

Leading Cause of Death	Rank	Deaths
Heart Disease	1	426
Total Cancer	2	413
Chronic Lower Respiratory Disease	3	121
All Other Unintentional Injuries	4	84
Cerebrovascular Disease	5	84

1 - Source: 2013 North Carolina Vital Statistics, Volume 2: Leading Causes of Death. North Carolina Center for Health Statistics (NC SCHS), Vital Statistics. <http://www.schs.state.nc.us/data/vital/lcd/2013/>

New and Immerging Issues

Hepatitis C

Hepatitis C is a contagious liver disease that ranges in severity from a mild illness lasting a few weeks to a serious, lifelong illness that attacks the liver. It results from infection with the Hepatitis C virus (HCV), which is spread primarily through contact with the blood of an infected person. Hepatitis C can be either “acute” or “chronic.” Acute Hepatitis C virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the Hepatitis C virus. For most people, acute infection leads to chronic infection. Chronic Hepatitis C virus infection is a long-term illness that occurs when the Hepatitis C virus remains in a person’s body. Hepatitis C virus infection can last a lifetime and lead to serious liver problems, including cirrhosis (scarring of the liver) or liver cancer.

According to the NC Department of Health and Human Services from 2010-2014 the number of reported cases of Acute Hepatitis C in NC tripled and these estimates are believed to be underreported and underestimated. Additionally the number of those who are infected with Chronic Hepatitis C are over 110,000, and roughly 75% of those are unaware that they are even infected. The burden of Acute Hep C seems to be evenly distributed between males and females however, 85% of cases are White/Caucasians. According to the CDC 75-85% of Acute Hep C cases will then will develop into chronic illness and 60-70% will develop chronic liver disease.

In 2016 the Centers for Disease Control and Prevention (CDC) identified Cherokee County as one of five North Carolina counties identifies as most vulnerable to rapid dissemination of HIV and Hepatitis C infection among people who are intravenous drug users. According to the NC Department of Health and Human Services, the level of vulnerability is based on emergency department visits for opioid and prescription pain medication overdoses, reported cases of acute hepatitis C, chronic hepatitis C data from Medicaid records, percentage of white population and unemployment data. This statistic has increased the concern for many public health agencies.

Hepatitis C treatment has improved dramatically in the past few years. More than ever before, eliminating the Hepatitis C virus from the bloodstream is now accompanied by favorable odds. Efforts to eradicate this virus have been steadily gaining momentum, as the pharmaceutical industry has made Hepatitis C drug development a priority. Unfortunately, all of the medications that constitute the standard of care in 2015 are prohibitively priced in the U.S. A three-month course of Hepatitis C treatment typically runs between \$80,000 and \$120,000.

To help decrease the spread of disease, Cherokee County Health Department and local Coalitions are partnering together to focus on capacity building for mental health services, community education, HCV media and messaging, addiction treatment, lab testing, medical care, and harm reduction.

*All data and information sourced from Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov>

This SOTCH report will be available to the community partners and the general population of the Cherokee County website, at the Nantahala Regional Library and Cherokee County Chamber of Commerce. The Cherokee County Board of Health will be presented with this information and the Cherokee County Commissioners will also receive this report through direct mailing.

To help us work toward a healthier Cherokee County or for more information on projects mentioned in this document please contact 828-837-1212

February 10, 2017