



2013 State of the County Health Report

Special points of interest:

- The cost of managing chronic diseases in North Carolina is \$6 billion and rising – and that only accounts for the three risk factors of tobacco use, physical inactivity and poor nutrition
- In 2012, there were 897 people living with diabetes in Clay County which make up 13.8% of the population.

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BACKGROUND

In NC, the state requires each local health department to conduct a Community Health Assessment (CHA) every three years for accreditation and part of its consolidated contract.

During the years between health assessments, health directors have agreed to submit an abbreviated State of the County Health Report (SOTCH). Unlike the full CHA report which has specific criteria, this report consists of an overview of selected health indicators presented in tables and charts.

Sections include information of demographics, social determinants of health, maternal, child and infant health and leading causes of morbidity and mortality. The report is available on the health de-

partment website www.clayhdnc.us

The SOTCH is intended as a quick overview of community health indicators. A Community Health Improvement Plan, or CHIP, was also completed in 2013.

It is an action-oriented strategic plan outlining the priority health issues for a defined community, and how these issues will be addressed, including strategies and measures, to ultimately improve the health of the community.

CHIPs are created through a community-wide, collaborative action planning process that engages partners and organizations to develop, support, and implement the plan. A CHIP is intended to

serve as a vision for the health of the community and a framework for organizations to use in leveraging resources, engaging partners, and identifying their own priorities and strategies for community health improvement.

The CHIP is intended to help focus and solidify each of our key partner agency's commitment to improving the health of the community in specific areas.



PRIORITY HEALTH NEEDS

After working with community partners and staff to review Clay County's health data and discussing the needs and re-

sources in our community, we decided on a list of three priorities for the 2012-2015 Community Health Assess-

ment Cycle. The Clay County 2012-2015 SOTCH Priorities are:

1. INCREASE ACCESS TO HEALTHIER FOOD OPTIONS
2. CHRONIC DISEASE CONTROL AND PREVENTION
3. DECREASE ALL FORMS OF TOBACCO USE

#1 INCREASE ACCESS TO HEALTHIER FOOD OPTIONS

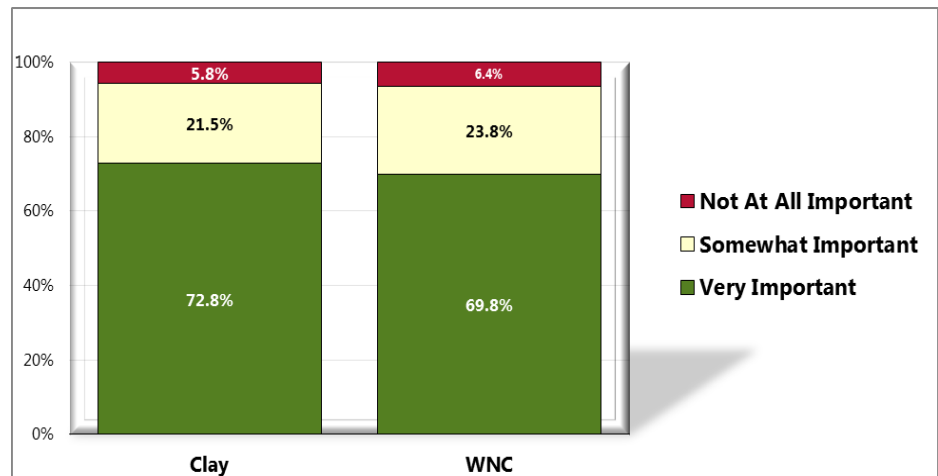
As a community, we must commit to creating an environment that helps residents make the healthy choices and take responsibility for decisions that support good health in our homes, neighborhoods, schools, and workplaces. One way to achieve this goal is by establishing local farmers markets. (1)

Farmers markets are important for many reasons. Foremost, they are important because they are the critical component in rebuilding local food economies. By providing a cost-effective, retail sales opportunity for local food producers, farmers markets help make farming profitable. By making farming profitable, we preserve farmland and farmers and have encouraged a new generation to take-up farming. (2)



Importance of Communities Making It Easier to Access Farmer's Markets, Including Mobile/Tailgate Markets (WNC Healthy Impact Survey)

- ⇒ Evening Harvest
- ⇒ Cooking with Clyde
- ⇒ Master's Gardeners and WIC Program
- ⇒ Articles/ Health Education



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

#2 CHRONIC DISEASE CONTROL AND PREVENTION

In 2012, there were 897 people living with diabetes in Clay County which made up 13.8% of the total population.

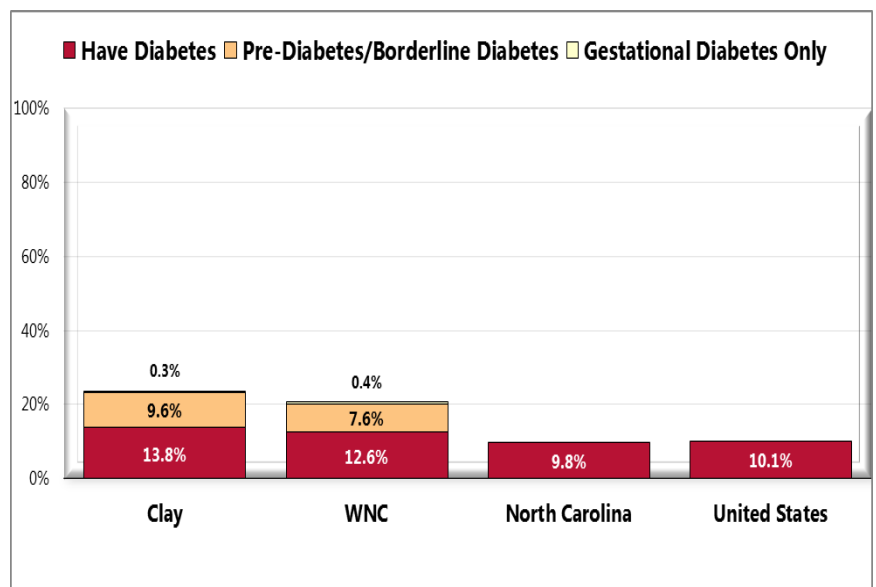
Diabetes Education Program

Susi Brown RN, CDE started in December

The Diabetes Clinic has had 56 Diabetic referrals since January 2013

Patients are taught:

- ⇒ Diabetes disease process—signs and symptoms
- ⇒ How to monitor blood sugars
- ⇒ Carbohydrate counting, meal planning, label reading and portion control



#2 CHRONIC DISEASE CONTROL AND PREVENTION

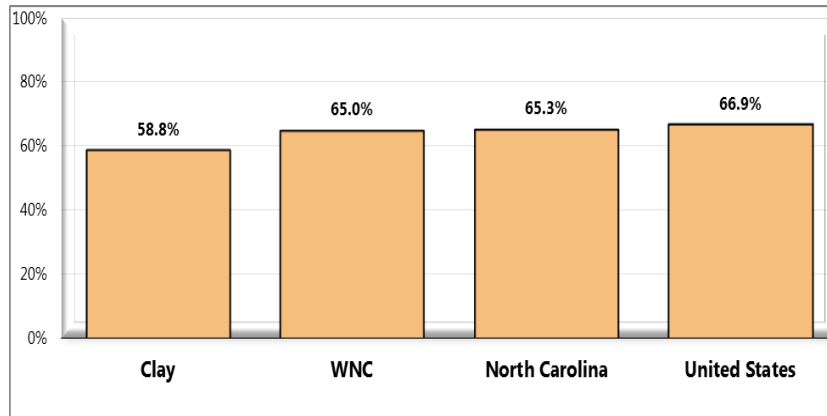
Obesity is a problem throughout the population. However, among adults in the U.S., vast disparities in obesity exist. Within the U.S., the prevalence of obesity is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity. Social and physical factors affecting diet and physical activity have an impact on weight. (DHHS, 2010).

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content.

Overweight is defined as having a Body Mass Index (BMI) of 25 or

more and is associated with coronary heart disease, type 2 diabetes, cancer, hypertension, stroke, liver disease, sleep apnea, respiratory problems, osteoarthritis, gynecological problems, and poor health status.

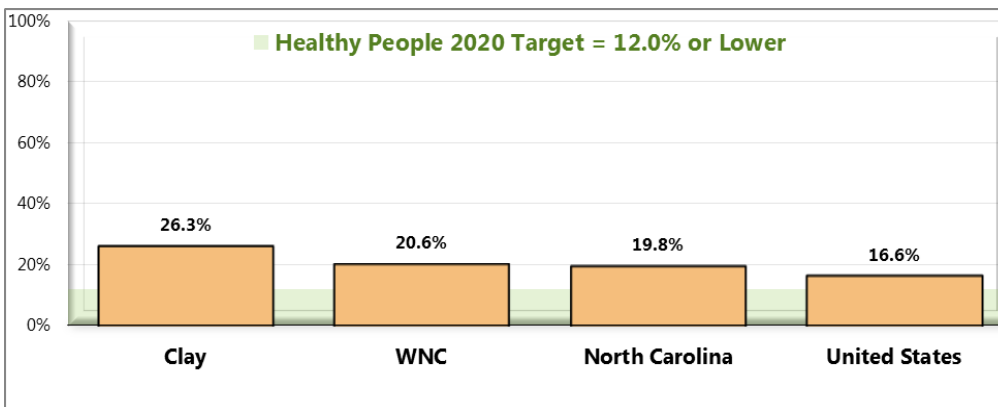
Prevalence of Total Overweight (WNC Healthy Impact Survey)
(Percent of Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)



- ⇒ Diabetes Education Classes
- ⇒ Weight loss Program – ESMM
- ⇒ Healthy Habits Schools
- ⇒ Worksite Wellness-County Employees
- ⇒ Exercise Classes at Fitness Center

#3 DECREASE ALL FORMS OF TOBACCO USE

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US \$193 billion annually in direct medical expenses and lost productivity. (3) Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age. (4) Smokeless tobacco use is at 7.7%.



- ⇒ Tobacco Free Parks / CCTAG students
- ⇒ Ladies Night Out
- ⇒ Evening Harvest
- ⇒ Articles/ Health Education
- ⇒ Promote Quitline

Top Five Leading Causes of Death In Clay County Over the last five years

Clay County Percents					
	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
Cancer	21.3	18	27.6	23.3	17.2
Diseases of heart	24.1	27.1	26.7	24.2	25.8
All other unintentional injuries	4.3	4.5	7.6		
Chronic lower respiratory disease	5.7	7.5	4.8	5.8	
Alzheimer's disease	8.5	4.5	3.8		5.5
Cerebrovascular disease	5.7	6		8.3	4.7
Nephritis, nephrotic syndrome and nephrosis	2.1	3.8		4.2	
Diabetes Mellitus	2.8	2.3			4.7
All other causes	<u>25.5</u>	<u>20.3</u>	<u>29.5</u>	<u>34.2</u>	<u>37.4</u>
Total	100	100	100	100	100

North Carolina Percents				
	2009	2008	<u>2007</u>	<u>2006</u>
Cancer	27.7	22.6	23.0	23.2
Diseases of heart	22.3	22.6	23.1	23.1
All other unintentional injuries	3.6	3.5	3.4	
Chronic lower respiratory	5.6	5.9	5.6	5.4
Alzheimer's disease	3.4	3.4	3.2	
Cerebrovascular Disease	5.7	5.8		6.1
Nephritis, nephrotic syndrome and nephrosis	2.4	2.2		2.2
Diabetes Mellitus	2.7	2.8		
All other causes	<u>26.6</u>	<u>31.2</u>	<u>41.7</u>	<u>40</u>
Total	100	100	100	100

**Percentages are found by dividing the number of deaths in the cause of death by the total number of deaths for the year.

Source: State Center for Health Statistics, North Carolina

Emerging Issues & New Initiatives



1. Clay County will have a new health department within 18 months. Clay County health department staff are excited about the new building and believe it will improve health care access for Clay County residents. The new facility is a result of many years of planning and saving by the Clay County health department, Board of Health and commissioners.

2. Hayesville is participating in the Small Town Main Street (STMS) Program. Participants in the community will set priorities for revitalization, promotional activities and projects to draw more people into Hayesville. This program comes from the N.C. Department of Commerce Office of Urban Development. A cross-section of business owners, community activist, health officials, political and civic leaders and volunteers are working on the project. Hayesville was named as one of six communities chosen by the N.C. Department of Commerce to take part in the 2013 Small Town Main Streets Program. The program provides two years of concentrated on-site technical assistance.

3. Health officials in Clay County experienced an out break of scabies. The health department took the lead and sent out health information to all schools and health organizations in multiple counties and across state lines. The Clay County health department provided assistance with medication cost to those who were uninsured.

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Sources

1. Bexar County Community Health Improvement Plan/ Healthy Eating and Active Living, 2012
2. Farmers Market Coalition, 2012
3. Tobacco Use Healthy People 2020 Objectives
4. www.healthypeople.gov