

2013

Henderson County Community Health Improvement Plan



Public Health
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Henderson County, NC

2013 HENDERSON COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

August 2013

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Betsy Alexander, Henderson County Department of Public Health

Terri Arrington, Henderson County Department of Public Health

Tom Bridges, Henderson County Department of Public Health

Kaye Brownlee, Henderson County Department of Public Health

Milton Butterworth, Blue Ridge Community Health Services

Graham Fields, Park Ridge Health

Rhonda Helwig

Travis Herman, October Road Inc.

Kim Horton, Henderson County Department of Public Health

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Joanne O'Sullivan

Kris Peters, Pardee Hospital

Cyndi Pittman, Blue Ridge Community Health Services

Paige Prichard, Henderson County Department of Public Health

Jill Simmerman, Community Transformation Grant Project of North Carolina

Todd Singer, HopeRx

Tanya Stiers, Henderson County Department of Public Health

Stacy Taylor, Henderson County Department of Public Health

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EXECUTIVE SUMMARY

Overview of CHIP Purpose and Process

Community health assessment (CHA) is the foundation for improving and promoting the health of county residents. Community-health assessment is a key step in the continuous community health improvement process. Local health departments across North Carolina are required to conduct a comprehensive community health assessment at least every four years. Furthermore, it is required for local public health department accreditation through the NC Local Health Department Accreditation Board (G.S. § 130A-34.1). As part of the Affordable Care Act, non-profit hospitals are also now required to conduct a community health (needs) assessment at least every three years. In Western North Carolina, hospitals define their community as one or more counties for this process. Henderson County is included in Pardee Hospital's and Park Ridge Health's community for the purposes of community health improvement and investment, and as such, both hospitals were key partners in this local level assessment process.

WNC Healthy Impact is a partnership between hospitals and health departments in North Carolina to improve community health. As part of a larger and continuous community health improvement process, these partners collaborated to conduct community health (needs) assessments across Western North Carolina.

Henderson County conducted a Community Health Assessment in 2011 as required by the NC Department of Health and Human Services. Having met the state requirement, this 2012 Community Health Assessment was conducted to work with local hospitals on a Community Health Needs Assessment and to collaborate with Western North Carolina Healthy Impact's regional assessment initiative.

This Community Health Assessment report combines assessment activities and research from 2011 and 2012, and is based on both primary and secondary data sources. For the primary data collection phase of our regional efforts, a survey vendor, Professional Research Consultants, Inc., (PRC), was hired to administer a region-wide telephone survey. In the random-sample survey, 200 community members participated in a phone survey regarding their health status, health behaviors, interactions with clinical care services, support for certain health-related policies, and factors that impact their quality of life. In addition, eleven listening sessions were conducted in Henderson County in 2011 to identify the community's perceptions and concerns about community health and other issues important to residents. Questions were developed with the intent to discover the community's viewpoint and concerns about life in the community, health concerns, and other issues important to residents. Various partners and community members were also engaged at the local level. Secondary data was gathered from a wide range of sources.

List of Health Priorities

- ☑ *Obesity*
- ☑ *Substance Abuse/Prescription Drug Abuse*
- ☑ *Access to Mental Health Care*
- ☑ *Prenatal and Maternal Health*
- ☑ *Need for Disease Prevention, Screening, and Early Detection*

General Review of Data and Trends

Demographics

Henderson County has a large elderly population due to a favorable climate and regional location for retirees. Twenty-two percent of the population is in the 65-and-older age group, compared to 19.0% region-wide and 12.9% statewide. While Henderson County is a retirement mecca, the elderly, regardless of income, can be isolated and need mobile meals, services for independent living, nursing care, and socialization.

In terms of racial and ethnic diversity, Henderson County is slightly more diverse than WNC but less diverse than NC as a whole. In Henderson County the population is 88.9% white/Caucasian and 11.1% non-white. The proportion of the population that self-identifies as Hispanic or Latino of any race is 9.8% in Henderson County, 5.4% region-wide, and 8.4% statewide.

According to the US Census, between 2000 and 2010 the population of Henderson County grew by 16.5% and the population of Western North Carolina grew by 13.0%. The rate of growth in the county is projected to remain about the same over the next 10 years before slowing to 13.9% in the decade following that.

Health Rankings

In the county health rankings, the Robert Wood Johnson Foundation/University of Wisconsin Population Health Institute initiative, Henderson County ranked 12 out of 100 counties in North Carolina in 2013. Counties are ranked on both health outcomes (how healthy they are) and health factors (how healthy they can be). The county has moved up in the rankings from 28 in 2011 and 17 in 2012.

Mortality

Life expectancy overall in Henderson County (78.4 years) is 1.4 years longer than the life expectancy in WNC (77.0 years), where life expectancy is 0.3 years shorter than for the state as a whole (77.3 years).

The five leading causes of death by rank order in Henderson County are heart disease, total cancer, chronic lower respiratory disease, cerebrovascular disease, and Alzheimer's disease. These generally match the rank order for WNC and are lower than the comparable rates for the state.

Henderson County is a relatively healthy county and has death rates lower than the region and the state in the following areas: heart disease, cancer, lung cancer, breast cancer, prostate cancer, colorectal cancer, cerebrovascular disease, diabetes, pneumonia and influenza, unintentional motor vehicle deaths, kidney disease, and septicemia. In addition, lung cancer and colorectal incidence rates are also lower than the region and the state.

Health concerns where Henderson County is higher than the region and the state include Alzheimer's disease deaths, cancer incidence as a whole, and breast and prostate cancer incidence.

The infant mortality rate for Henderson County was lower than the comparable rate in WNC and NC, and improved overall from 6.4 in the 2002-2006 period to 5.7 in the 2006-2010 period, a decrease of 10.9%.

Morbidity

Morbidity refers generally to the current presence of injury, sickness or disease (and sometimes the symptoms and/or disability resulting from those conditions) in the living population. The parameter most frequently used to describe the current extent of any condition of morbidity in a population is *prevalence*.

The estimated prevalence of diagnosed obesity among adults in Henderson County rose from 24.1% in 2005 to a high of 26.6% in 2007 and dropped to 24.3% in 2009, with prevalence percentages in the 26% range in the three intervening years.

The prevalence of *overweight* among children ages 2-4 was higher in Henderson County (18.2%) than in WNC (17.2%) or NC as a whole (16.1%). The prevalence of *obesity* in Henderson County 2-4 year-olds (14.1%) was higher than the mean prevalence in WNC (13.6%) but lower than the prevalence in NC as a whole (15.6%).

The estimated prevalence of diagnosed diabetes among adults in Henderson County rose overall from 7.3% in 2005 to 7.9% in 2009, an increase of 8.2%. In WNC the estimated mean percent prevalence of diagnosed diabetes among adults rose from 8.5% in 2005 to 9.0% in 2009, an increase of 5.9%.

It is estimated that there are approximately 2.8 million new cases of chlamydia in the US each year. Chlamydia infection is far less prevalent in Henderson County than in NC, and slightly less prevalent than in WNC. In WNC, the mean chlamydia infection rate, which varied between 136.9 and 241.5, was 57% to 66% lower than the comparable rate for NC as a whole between 2007-11. Chlamydia rates in both NC and WNC increased overall between 2007 and 2011, as the NC rate rose 67.2% (from 337.7 to 564.8) and the WNC rate rose 76.4% (from 136.9 to 241.5). In Henderson County over the same period the chlamydia infection rate increased 24.9%, from 156.0 to 194.9.

Gonorrhea is the second most commonly reported bacterial sexually transmitted infections in the US. The gonorrhea incidence rate in Henderson County was much lower than the NC rate, but slightly higher than the mean WNC rate. In Henderson County the gonorrhea infection rate decreased 15.7% between 2002 and 2010, falling from 57.9 to 48.8.

Gonorrhea infection displays a strong racial disparity in Henderson County. In Henderson County between 2006-2010, the gonorrhea infection rate was highest among African American non-Hispanics (430.6) followed by Hispanics (85.7) and white non-Hispanics (30.0).

Pregnancy and Birth

In Henderson County the teen pregnancy rate is highest among Hispanic girls (81.0), followed by African-American non-Hispanic girls (73.3) and white, non-Hispanic girls (45.8).

The percentage frequency of smoking during pregnancy in Henderson County was lower than the comparable mean percentage for WNC, but higher than the percentage statewide. The frequency of smoking during pregnancy in Henderson County, WNC and NC all improved between 2001-09, decreasing by 16.3% in Henderson County, by 8.0% in WNC, and by 14.7% in NC.

Good pre-conception health and early prenatal care can help assure women the healthiest pregnancies and best birth outcomes possible. The percent of births in Henderson County that included early prenatal care was higher than the mean figure for WNC and higher than the total for NC as a whole. The prenatal care frequency in Henderson County has risen slightly over time, even as the frequencies in the other two jurisdictions have fallen. Overall, the Henderson County percentage rose from 92.6% in 2001-2005 to 93.2% in 2005-2009, an increase of 0.6%. Among Henderson County minority groups, African-Americans utilize early prenatal care at a frequency of 86.3%

Health Behaviors

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks. Phone survey results indicate that Henderson County residents are more physically active when compared to others in the region and the nation. On the down side, Henderson County survey respondents eat fewer fruits and vegetables when compared to WNC respondents.

Methamphetamines and prescription drugs are leading the area in addiction and abuse in the county. Methamphetamine is the leading illegal drug of choice for not only Henderson County but for Western North Carolina.

North Carolina has the 14th highest smoking prevalence in the nation. Tobacco use is the leading cause of preventable death in North Carolina. Approximately 30% of all cancer deaths and nearly 90% of lung cancer deaths – the leading cancer death among men and women – are caused by smoking. In addition, those who smoke have increased risks for heart attack and stroke.

Nearly twenty-one percent of adults in Western North Carolina report smoking in the Behavioral Risk Factor Surveillance System survey. The Healthy NC 2020 goal is 12%. Phone survey results show that there are fewer smokers and smokeless tobacco users in Henderson County than in the region but more when compared to the nation.

Access to Care

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.

There was a 21% increase in the percent of uninsured adults at the state level from 2006-2007 to 2009-2010. In Henderson County an increase in the 2008-2009 biennium was followed by a nearly equal decrease in the following biennium, so the net change was a 0.4% increase.

In Henderson County as well as in WNC and NC as a whole, insurance coverage is better for children, among whom the percentage uninsured is less than half the percentage uninsured among the 19-64 age group.

In Henderson County, the number and percent of Medicaid-eligible persons rose annually from FY2004 through FY2006 before falling each of the next two years. The annual percent of Medicaid-eligible Henderson County residents was lower than the comparable figures for WNC and NC for each year.

The Medicaid population under age 21 appears to be more likely to utilize dental services than the population age 21 and older. The under 21 age group is higher in Henderson County than in the region and the state.

The number of persons in Henderson County utilizing NC state psychiatric hospital services fell every year from 2007 to 2010, decreasing by 60% over that period. The number of persons in WNC receiving these services also fell. The decrease in persons receiving services likely is a reflection of a decreasing availability of state services, rather than a decreasing need for services.

Increasing numbers of persons in Henderson County and WNC have received services from NC state alcohol and drug treatment centers since 2007. At the regional level, there was a 23% increase in persons being served between 2009 and 2010. In Henderson County there was a net increase of 72% in the number of persons being served between 2007 and 2010.

Environmental Health

Over 4 billion pounds of toxic chemicals are released into the nation's environment each year. The US Toxic Releases Inventory (TRI) program, created in 1986 as part of the Emergency Planning and Community Right to Know Act, is the tool the EPA uses to track these releases. Henderson County ranks 28th among the state's 86 ranked counties in emitting toxic chemicals.

The TRI chemicals released in the greatest quantity in Henderson County include sulfuric acid, methanol, zinc compounds, chromium compounds, and ammonia.

Elevated levels of radon have been found in many counties in NC, but the highest levels have been detected primarily in the upper Piedmont and mountain areas of the state where the soils contain the types of rock (gneiss, schist and granite) that have naturally higher concentrations of uranium and radium (NC Department of Environment and Natural Resources). Henderson County is among eight counties in NC to historically have had the highest levels of radon, exceeding, on average, 4 pCi/L (pico curies per liter).

Summarized Action Plan

- Community action plans have been created to address each of the identified health priorities. Each action plan uses evidence-based strategies to address changes at various levels of the socio-ecological model, from the individual to policy-level changes. These strategies also target specific disparate groups within the Henderson County community.

Monitoring and Accountability

- Action Plans will be monitored by the committees which established them on a quarterly basis. Quarterly monitoring allows for timely observations and modifications to be made to plans as needed. If changes should need to be made to the Action Plans, the committee will notify the Health Education Director to make revisions accordingly. Shared responsibility of monitoring these plans will allow for greater accountability to the community.

CHAPTER 1: INTRODUCTION

What is a Community Health Improvement Plan (CHIP)?

A Community Health Improvement Plan, or CHIP, 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.

This 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. The goal is that through sustained, focused effort on this overarching framework, a wide range of public health partners and stakeholders engaged in assessment, planning, and action will be able to document measured improvement on these key health issues over the coming years.

The next phase will involve broad implementation of the action plan details included in this CHIP, and monitoring/evaluation of the CHIP's short-term and long-term outcomes and indicators.

This 2013 CHIP is focused on creating plans within a three year timeline. The community health improvement process is iterative and involves continuous monitoring; we plan to release an annual update of this document in December 2013, and again in December 2014. The next community health assessment will be conducted in 2015.

How to Use this CHIP

This CHIP is designed to be a broad, strategic framework for community health, and will be a "living" document that will be modified and adjusted as conditions, resources, and external environmental factors change. It has been developed and written in a way that engages multiple voices and multiple perspectives. We are working towards creating a unified effort that helps improve the health and quality of life for all people who live, work, and play in our county.

We encourage you to review the priorities and goals, reflect on the suggested intervention strategies, and consider how you can join this call to action: individually, within your organizations, and collectively as a community. **To get involved or for questions about the purpose of this document, please contact Tricia Stauffer at (828) 694-6065.**

Connection to the 2012 Community Health Assessment (CHA)

Community health assessment (CHA) is the foundation for improving and promoting the health of a community. Community health assessment, as a process and product, is a key step in the continuous community health improvement process. The role of CHA is to identify factors that affect the health of a population and determine the availability of resources within the county to adequately address these factors.

The 2012 Henderson County Community Health Assessment process and products were designed to provide a rich set of data for our county and its partners to use in identifying major health concerns and issues. The information collected through this process, and the priorities identified, were considered in setting the priorities for our county, which are included in this CHIP.

WNC Healthy Impact

WNC Healthy Impact is a partnership between hospitals and health departments, and their partners, in western North Carolina to improve community health. As part of a larger, and continuous, community health improvement process, these partners are collaborating to conduct community health (needs) assessments across western North Carolina. See www.WNCHealthyImpact.com for more details about the purpose and participants of this regional effort. The regional work of WNC Healthy Impact is supported by a steering committee, workgroups, local agency representatives, and a public health/data consulting team.

CHAPTER 2: COMMUNITY HEALTH ASSESSMENT PROCESS

Data Collection Process

Core Dataset Collection

As part of WNC Healthy Impact, a regional data workgroup of public health and hospital representatives and regional partners, with support from the consulting team, made recommendations to the steering committee on the data approach and content used to help inform regional data collection. The core regional dataset was determined by stakeholder data needs, guidelines, and requirements. From data collected as part of this core dataset, the consulting team compiled secondary (existing) data and new survey findings for each county in the 16-county region. This assessment includes data integrated from the secondary data efforts as well as the community health survey for our county.

Criteria for selecting “highlights”

The body of assessment data supporting this document is wide-ranging and complex. In order to develop a summary of major findings, the consultant team applied three key criteria to nominate data for inclusion in this report. The data described in this report was selected because:

- County statistics deviate in significant ways from WNC regional data or NC statistics;
- County trend data show significant change—positive or negative—over time; or
- County data demonstrate noteworthy age, gender, or racial disparities.

Supplementary to this report is the *WNC Healthy Impact Secondary Data Workbook (Data Workbook)* that contains complete county-level data as well as the state and regional averages and totals described here. Data contained in the *Data Workbook* is thoroughly referenced as to source. Readers should consult the *Data Workbook* to review all of the secondary data comprising the regional summaries.

Unless specifically noted otherwise, all tables, graphs and figures presented in this report were derived directly from spreadsheets in the *Data Workbook*, survey data reported by the survey vendor (PRC), or listening sessions conducted in Henderson County.

Listening Sessions

During July 2011, eleven listening sessions were conducted in Henderson County to identify the community’s perceptions and concerns about community health and other issues important to residents. Participant comments are noted and italicized throughout the report.

Health Resources Inventory

The Health Resource Inventory was developed as a catalog including a list of agencies, organizations, providers, and other entities that affect the health of our county. Agency and organization webpages were reviewed and calls were made to clarify and/or check accuracy. United Way's 2-1-1 Annual Report for Henderson County (2011) was also used to assess local resources and needs. 2-1-1 is an information and referral service that links people to community health and human services. Resources are available through phone (free, confidential, 24/7) and the web.

Definitions & Data Interpretation Guidance

Reports of this type customarily employ a range of technical terms, some of which may be unfamiliar to many readers. This report defines technical terms within the section where each term is first encountered.

Health data, which composes a large proportion of the information included in this report, employs a series of very specific terms which are important to interpreting the significance of the data. While these technical health data terms are defined in the report at the appropriate time, there are some data caveats that should be applied from the onset.

Community Engagement

In the random-sample survey that was administered in our county as part of this community health assessment, 200 community members participated in a phone survey regarding their health status, health behaviors, interactions with clinical care services, support for certain health-related policies, and factors that impact their quality of life. The Community Health Survey Instrument can be viewed in the Community Health Assessment.

The community was also involved as members of the Henderson County Community Health Assessment team. The Team consisted of a group of community residents and representatives from strategic organizations who represented the community as a whole. The composition of this team included representatives from the health and human services, non-profits, education, law enforcement, government, and community volunteers. Team members are listed in the Community Health Assessment.

A Masters in Public Health student from the University of North Carolina – Chapel Hill worked with the Department of Public Health during summer 2011 to gather primary data through eleven listening sessions and twenty key informant interviews.

Completing the Community Health Assessment and identifying priorities is just the first step. Educating the community about health issues and developing interventions and strategies to address the health problems will follow. Where we live, learn, work, and play influences how

healthy we are and how long we live. This is the true value of the Community Health Assessment; improving and promoting the health of Henderson County residents.

Prioritization Process & Criteria

Henderson County conducted a Community Health Assessment in 2011 as required by the NC Department of Health and Human Services. Having met the state requirement, this Community Health Assessment was conducted to work with local hospitals on a Community Health Needs Assessment and to collaborate with Western North Carolina Healthy Impact's regional assessment initiative. Since a forum was held on November 15, 2011 to present the data to the public and to the Community Health Assessment Team, another public meeting was not held in 2012. At the 2011 forum, findings were presented from the primary and secondary data and participants were asked to identify leading community health problems that should be addressed over the next four years. Participants ranked the ten major problems as high, medium, low, or not at all. See Appendix F of the Community Health Assessment for the Prioritization Form.

Criteria used to rate the issues included:

- The problem affects a lot of Henderson County residents – including low income and underserved residents.
- More resources are needed for this issue; it is not being sufficiently addressed by existing programs.
- There's a good chance that the problem could be reduced if local groups were dedicated to working on it.
- It will be beneficial to use a collaborative approach involving a variety of community stakeholders in addressing this issue.



The Department of Public Health also has a monthly column in the local newspaper. The November 2011 column included an invitation to the public forum and information about the online survey. In addition, the Henderson County Board of Health also heard the presentation on November 8, 2011 and provided input to the priorities.

The PowerPoint presentation was also posted on the Department of Public Health website and a survey was posted on Survey Monkey in English and Spanish to allow others not in attendance to have a voice in determining health priorities.

In November 2011, after reviewing the surveys and considering input from the Board of Health, the three top priorities for Henderson County for 2011-2015 were selected:

- Obesity*
- Substance Abuse/Prescription Drug Abuse*
- Access to Mental Health Care*

In October 2012, key leaders from the Department of Public Health, Pardee Hospital, and Park Ridge Health meet to review the new data and determine if new health priorities should be identified. New data supported the need for the three priorities to remain the focus in the new Community Health Assessment. In addition to the three priorities selected in 2011, two additional priorities were also identified:

- ☑ *Prenatal and Maternal Health*
- ☑ *Need for Disease Prevention, Screening, and Early Detection*

Health officials recognized the gains made over the past few years in reducing infant mortality, reducing the number of mothers who smoked during pregnancy, and the increase in mothers receiving prenatal care during the first trimester, and wanted to continue efforts to maintain and improve these areas. Early prenatal care helps assure the healthiest pregnancies and the best birth outcomes possible. Babies of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care.

There was also recognition that prevention, screening, and early detection are critical in improving morbidity and mortality. The four leading causes of death in Henderson County, heart disease, cancer, chronic lower respiratory disease, and cerebrovascular disease are related to lifestyle and behavior. Smoking, high blood pressure, and overweight-obesity are all preventable risk factors, and are responsible for the largest number of deaths in the US. Early detection of cancer greatly increases the chances for successful treatment. The breast cancer incidence rate in Henderson County rose 8.4% between 1999 and 2009 and the prostate cancer was the third leading cause of cancer deaths between 2006 and 2010. The prostate cancer incidence rate increased 45.3% from 1999 to 2009. Education and screening are the two major components of early detection.

CHAPTER 3 – PRIORITY #1: OBESITY

Situational Analysis

Home to the annual North Carolina Apple Festival, Henderson County is the largest apple-producing area in the state. With over 500 farms in the county generating over \$38 million in fruits, vegetables, and other crops each year as well as five weekly farmer's markets, there is no shortage of fresh food in Henderson. But despite this abundance of healthy options, just over 3 percent of Henderson County residents consume the recommended daily servings of fruits and vegetables (five one-cup servings per day).

Research provides strong links between nutrition and long-term health. A healthy diet has been proven to reduce the risk of health conditions ranging from overweight and obesity to heart disease, high blood pressure, and type 2 diabetes. In Henderson County, the estimated prevalence of diagnosed obesity among adults was at 24.3 percent in 2009. At 18.2 percent, the prevalence of overweight among children ages two to four was higher in Henderson County than in Western North Carolina or North Carolina as a whole. For children of the same age, obesity was measured at 14.1 percent: higher than that of Western North Carolina but lower than the state average. As of 2009, the estimated prevalence of diagnosed diabetes among adults in Henderson County was 7.9 percent—an increase over previous years.

What community members are saying...

"There are so many obese children, but you look around and it's not just the kids, it's the whole family."

"We live in an obese culture but people don't want to hear it. Something has to change."

"What can I say; we are Southerners, we like our food fried. I just grew a big beautiful yellow squash in my garden and what did I do, I pulled it out and put it in the frying pan. It probably would not have been as tasty boiled."

"People did not used to snack the way they do now. Portion sizes are huge now, such quantity - no wonder there is such high obesity."

"There are so many obese children but you look around and it's not just the kids, it's the whole family."

"Healthy food is much more expensive than buying a big bucket of fried chicken. Plus you need the pots, pans, and facilities to cook if you buy fresh food. It's much easier just to get something already prepared."

Spotlight on Success

By Joanne O'Sullivan

In addressing overweight and obesity and diabetes in Henderson County, one strategy adopted by the Health Department is to increase access to healthy foods. Partnering with diverse community organizations and individuals including the Boys and Girls Club of Henderson County, the Henderson County Department of Public Health has supported the development and ongoing growth of the 7th Avenue Community Organic Garden thanks to an Eat Smart Move More, NC grant.

Despite an abundance of healthy options, just over 3 percent of Henderson County residents consume the recommended daily servings of fruits and vegetables.

The 7th Avenue area is an urban neighborhood which has been home primarily to low-income people for several decades. Vacant lots and lack of sidewalks have fragmented the neighborhood, decreasing its pedestrian appeal. The presence of a steep rail bed and busy road further cuts off the area and hinders development. In recent years, community revitalization efforts have been focused on the neighborhood, which lacks grocery stores and services. In 2011, community members approached Hendersonville City Council about transforming an abandoned lot near Sullivan Park and the Boys and Girls Club into an organic community garden. The location has high visibility and its proximity to the park meant that it had potential to become a community gathering place.

With the help of volunteers, the group built 19 raised beds and planted them with what the senior residents of the neighborhood called the “three sisters”: corn, beans, and potatoes—vegetables they remembered planting in the area in their younger days when most homes had their own gardens. Volunteer farmers came in to plant high-yield crops such as kale, with the goal of feeding the largest number of people. Edible fruit trees and berry bushes were planted. Picnic tables were set up to encourage community members to eat at the garden. The Boys and Girls Club, located next to the garden, stepped in to offer their kitchen for cooking classes that teach both kids and other community members how to cook with vegetables from



the garden. The Health Department became a partner by funding waterlines and sidewalks, increasing both the sustainability of the garden and easy access to the garden. Membership in the garden costs \$5 a year in order to encourage investment in and value for the garden.

Now in its second growing season, the garden holds a workday every Monday, after which community

members can take home the produce they harvest or share it. The garden volunteers regularly host community picnics and fish fries in the garden and select a “showcase vegetable” each month. The garden has also become a safe place in a neighborhood that has struggled with safety concerns.



Terri Arrington, coordinator of Henderson County Health

Department’s special projects says that the garden has become an intergenerational gathering place for the community: young people playing basketball at the park will stop at the garden to see what is going on, opening dialogue with the volunteers which leads to learning about nutritious foods. The 7th Avenue Community Organic Garden has revived urban agriculture and helped older residents transfer their knowledge of traditional, healthier food. By promoting more nutritious diets among the whole population, from youth to the elderly, the Health Department is taking critical steps toward improving eating habits that will help decrease the county’s most prevalent chronic diseases.

Partners

Obesity poses significant health concerns for both children and adults. Addressing obesity will require multi-level interventions within the community and a strong collaboration among multiple partners. The following partner agencies and organizations are engaged in efforts to improve obesity in our community.

Organizations	Website or Contact Information
Appalachian Sustainable Agriculture Project (ASAP)	http://asapconnections.org/
Blue Ridge Community College	www.blueridge.edu
Blue Ridge Community Health Services	www.brchs.com
The Boys and Girls Club of Henderson County	http://www.bgchendersonco.org/
City of Hendersonville	http://www.cityofhendersonville.org/
Community Transformation Grant Project of NC (CTG)	http://www.cdc.gov/communitytransformation/
Henderson County Cooperative Extension	http://henderson.ces.ncsu.edu/
Henderson County Department of Public Health	www.hendersoncountync.org/health
Henderson County Family YMCA	http://www.ymcawnc.org/centers/hendersonville
Henderson County Planning Department	http://www.hendersoncountync.org/planning
Henderson County Public Schools	http://www.hendersoncountypublicschoolsnc.org/
NC Department of Transportation	http://www.ncdot.gov/download/programs/srts/SRTS.pdf
NC Division of Public Health	http://publichealth.nc.gov/
Pardee Hospital	http://www.pardeehospital.org/
Park Ridge Health/Kid Power	www.parkridgehealth.org
United Way	www.liveunitedhc.org
Western NC Healthy Kids/WNCHN	www.wnchealthykids.net
Western North Carolina Pediatric Care Collaborative	http://www.tac-consortium.org/western-north-carolina-pediatric-collaborative-an-organic-process/
Women, Infants, and Children (WIC)	www.hendersoncountync.org/health/web_pages/nutrition_services.html

Obesity Action Plan

Vision of Impact

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.



Community Objectives	Baseline/Indicator Source
1. By December 2015, increase percentage of adults engaging in recommended physical activity by 5% (from 60% to 63%).	WNC Healthy Impact Survey
Related Healthy NC 2020 Objective: Increase the percentage of adults getting recommended amount of physical activity [2020 Target: 60.6%] (30% improvement from 2009 baseline of 46.4%)	North Carolina Institute of Medicine. <i>Healthy North Carolina 2020: A Better State of Health</i> . Morrisville, NC: North Carolina Institute of Medicine; 2011.
Related Healthy People 2020 Objective: Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination [2020 Target: 47.9%] (10% improvement from baseline of 43.5%)	www.healthypeople.gov
2. By December 2015, increase percentage of adults consuming recommended daily servings of fruits and vegetables by 20% (from 3.3% to 4%)	WNC Healthy Impact Survey
Related Healthy NC 2020 Objective: Increase the percentage of adults who report they consume fruits and vegetables five or more times per day [2020 Target: 29.3%] (40% improvement from 2009 baseline of 20.6%)	North Carolina Institute of Medicine. <i>Healthy North Carolina 2020: A Better State of Health</i> . Morrisville, NC: North Carolina Institute of Medicine; 2011.
Related Healthy People 2020 Objective: Increase the contribution of total vegetables to the diets of the population aged 2 years and older (2020 Target: 1.1 cup equivalent per 1,000 calories]	www.healthypeople.gov
Related Healthy People 2020 Objective: Increase the contribution of fruits to the diets of the population aged 2 years and older (2020 Target: 0.9 cup equivalent per 1,000 calories]	www.healthypeople.gov
3. By December 2015, decrease the prevalence of obese 2 to 4 year olds by 5% (from 14.1% to 13.4%).	NC NPASS
Related Healthy NC 2020 Objective: N/A	

<p>Related Healthy People 2020 Objective: Reduce the prevalence of obesity among 2 to 5 year olds [2020 Target: 9.6%] <i>(10% improvement from baseline of 10.7%)</i></p>	<p>www.healthypeople.gov</p>
<p>Related Community Objective: By 2025, reduce the percentage of obese children (ages 2-17) to 21%</p>	<p>United Way of Henderson County</p>
<p>4. By December 2015, increase the percentage of adults who are neither overweight nor obese by 5% (from 34.7% to 36.4%).</p>	<p>WNC Healthy Impact Survey</p>
<p>Related Healthy NC 2020 Objective: Increase the percentage of adults who are neither overweight nor obese [2020 Target: 38.1%] <i>(10% improvement from 2009 baseline of 34.6%)</i></p>	<p>North Carolina Institute of Medicine. <i>Healthy North Carolina 2020: A Better State of Health</i>. Morrisville, NC: North Carolina Institute of Medicine; 2011.</p>
<p>Related Healthy People 2020 Objective: Increase the proportion of adults who are at a healthy weight [2002 Target: 33.9%] <i>(10% improvement from baseline of 30.8%)</i></p>	<p>www.healthypeople.gov</p>
<p>Related Community Objective: By 2025, reduce the percentage of obese adults to 19%.</p>	<p>United Way of Henderson County</p>



Strategy 1: Implement clinical recommendations for obesity prevention and screening

Goal: To increase the implementation of evidence-based guidelines for child obesity diagnosis, assessment and treatment

Strategy Background

Source: American Academy of Pediatrics

Evidence Base: “The U.S. Preventive Services Task Force recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.” For more information, see <http://pediatrics.aappublications.org/content/early/2010/01/18/peds.2009-2037>.

Type of Change: Individual, clinical, family

Partner Agencies

Lead: Henderson County Department of Public Health

Collaborating: Western North Carolina Pediatric Care Collaborative, Blue Ridge Community Health Services, Pardee Hospital, Park Ridge Hospital

Supporting: pediatric practices in Henderson County

Strategy Objective #1: By March 2014, child obesity tools will be used for education and treatment in the Henderson County Department of Public Health clinic.

Indicator: Number of practices using child obesity tools

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Meet with regional pediatricians	Meeting space, staff time	Increased knowledge of current practices	Meeting minutes	By August 2013
Create pediatric obesity screening tools	Staff time, tools	Increased awareness of pre-existing tools/what is needed	Samples of materials already in use	By September 2013
Create an obesity screening/prevention kit for use in each exam room at health department	Obesity tool materials, staff time, notebooks	Increased access to educational materials in the clinical setting	One notebook is available for each provider	March 2014

Strategy 2: Increase access to farmers markets

Goal: To increase the consumption of fresh fruits and vegetables by enabling EBT (Electronic Benefit Transfer) payments at farmers' markets.

Strategy Background

Source: County Health Rankings and Roadmaps

Evidence Base: "Enabling EBT payments at farmers' markets is a suggested strategy to promote access to fruits and vegetables. Available research describes the lack of EBT payment at farmers' markets as a barrier to fruit and vegetable consumption for low income consumers." For more information, see: <http://www.countyhealthrankings.org/policies/electronic-benefit-transfer-ebt-payment-farmers-markets>.

Type of Change: Environmental level of change, likely to decrease disparities

Partner Agencies

Lead: Henderson County Department of Public Health, WIC

Collaborating: Farmers' markets

Supporting: Community Transformation Grant Project

Strategy Objective #1: By September 2015, at least one additional farmers market will accept EBT payment.

Indicator: Number of markets accepting EBT payment

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Conduct a fruit and vegetable inventory	Survey, staff, time, funding	Complete state provided survey to determine location of farmers' markets/produce stands and acceptance of EBT	Survey completed	August 2013
Find out which markets/stands are interested in accepting EBT payment	Staff, time, training	Increase knowledge of market locations willing to accept EBT	List of markets	January 2014
Develop EBT acceptance mechanism; purchase necessary equipment	Funding, equipment, staff, time	Increase market's ability to accept EBT payment	Market has resources needed to accept EBT payment	December 2014

Strategy 3: Increase the number of community gardens

Goal: To increase the accessibility of fresh fruits and vegetables by creating a demonstration community garden

Strategy Background

Source: County Health Rankings and Roadmaps

Evidence Base: “There is some evidence that community gardens improve access to and consumption of fruit and vegetables and increase physical activity for gardeners. Community gardens are a suggested strategy to promote healthy eating, reduce obesity, and increase fruit and vegetables in food deserts.” For more information, see:

<http://www.countyhealthrankings.org/policies/community-gardens>.

Type of Change: Environmental level of change, likely to decrease disparities

Partner Agencies

Lead: Henderson County Department of Public Health, WIC

Collaborating: Cooperative Extension

Supporting: Community Transformation Grant Project

Strategy Objective #1: By September 2014, Henderson County will create 1 on-site demonstration community garden.

Indicator: Number of demonstration community gardens established

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Build garden	Equipment, seeds, staff time	A garden will be created	1 garden is built on-site at Henderson County Department of Public Health	June 2014
Education on preparing fresh produce	Staff time	Increased client education on food preparation	A brochure will be created on preparing fresh produce	June 2014

Strategy 4: Increase the number of safe places for people to be physically active

Goal: To increase the number of people getting the recommended daily amount of physical activity

Strategy Background

Source: County Health Rankings and Roadmaps

Evidence Base: "There is some evidence that joint use agreements increase opportunities for physical activity and recreational physical activity levels. Joint use agreements are a suggested strategy to increase physical activity." For more information, see:

<http://www.countyhealthrankings.org/policies/joint-use-agreements>.

Type of Change: *Environmental level of change, likely to decrease disparities*

Partner Agencies

Lead: Henderson County Department of Public Health

Collaborating: Henderson County Schools; Henderson County Planning Department

Supporting: Henderson County Sheriff's Office, Community Transformation Grant project

Strategy Objective #1: By September 2015, there will be at least one additional facility formally open for physical activity through establishment of a joint use agreement.

Indicator: Number of properties that are open to the public for community use for physical activity

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Inventory current locations/opportunities for physical activity in the county	Staff, time	Increased knowledge of places to be physically active	List of county schools with a current JUA provided by NC State survey	September 2013
Identify areas of need/opportunity	Staff, time, GIS	Increased knowledge of needs for physical activity sites	List of sites	March 2014
Develop partnerships with key decision makers	Staff, time	Increased partnerships; increased knowledge of community partners re: JUAs	Meetings/minutes	July 2014
Establish JUAs	Staff, time, JUA expertise, funding	Increased number of places to be physically active	Joint use agreement created	January 2015

Strategy 5: Safe Routes to School (SRTS)

Goal: To increase the number of children getting the recommended daily amount of physical activity

Strategy Background

Source: County Health Rankings and Roadmaps

Evidence Base: "There is strong evidence that SRTS increases the number of students walking or biking to school. Establishing SRTS is a recommended strategy to increase physical activity among students." For more information, see:

<http://www.countyhealthrankings.org/policies/safe-routes-schools-srts> and

<http://www.saferoutesinfo.org/>.

Type of Change: *Environmental/School Policy level of change*

Partner Agencies

Lead: Community Transformation Grant Project, NC Department of Transportation, NC Division of Public Health

Collaborating: Henderson County Schools, Henderson County Planning Department

Supporting: Henderson County Department of Public Health, Henderson County Sheriff's Office, City of Hendersonville

Strategy Objective #1: By June 2016, there will be at least one school participating in the state supported Active Routes to School project

Indicator: Number of schools participating in the Active Routes to School project

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Inventory current walking/biking policies for county schools	Staff, time	Increased knowledge of current policies	List of county schools with a current biking/walking policy	March 2014
Identify areas of need/opportunity	Staff, time, GIS	Increased knowledge of needs for project	List of potential sites	June 2014
Trainings/workshops on SRTS	Staff, time, trainings offered	increased knowledge of SRTS program	Training certificates	December 2014
Create a school-specific plan	Staff, time, funding	Increased number of opportunities for physical activity	Implementation plan	May 2015

CHAPTER 4 – PRIORITY #2: SUBSTANCE ABUSE/PRESCRIPTION DRUG ABUSE

Situational Analysis

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders. Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems (DHHS, 2010).

Methamphetamines and prescription drugs are leading the area in addiction and abuse in the county. Methamphetamine is the leading illegal drug of choice for not only Henderson County but for Western North Carolina.

Abuse of prescribed medicines often begins with legitimate use. Pain medication, prescribed for a variety of common reasons, including back pain or surgery, caesarian sections, or even dental procedures, carries the highest risk for dependence. Over-prescribing, doctor shopping, and kids having access to prescription drugs in their parent's and grandparent's medicine cabinets are all contributing to the problem.

In listening sessions, many Henderson County residents expressed concern about the misuse of prescription medications. Respondents perceived an increase in the availability of prescription medications and a concern that the medications did not always remain in the hands of the person to whom they were prescribed.

What community members are saying...

"I am really concerned about the diversion of controlled substances."

"Meds are being abused by the adults, they even sell them and then report that they have been stolen so they can get more...we need to regulate controlled substances more."

"Part of the problem is that we don't have the specialists we need to help people get better, instead we have people prescribing meds to cover up the pain instead of taking care of the underlying problem."

Partners

Addressing substance abuse and prescription drug abuse is complex and will require the collaborative planning, action, and coordination of multiple partners in our community. The following partner agencies and organizations are engaged in efforts to improve substance abuse in our community.

Organizations	Website or Contact Information
Addiction, Recovery, and Prevention (ARP)/Thrive!	www.arpnc.org
Blue Ridge Community College	www.blueridge.edu
Blue Ridge Community Health Services	www.brchs.com
City of Hendersonville	www.cityofhendersonville.org/
The Free Clinics	www.thefreeclinics.org
Henderson County Chamber of Commerce	www.hendersoncountychamber.org/
Henderson County Courts	http://www.nccourts.org/County/Henderson/Staff/Clerk.asp
Henderson County Department of Public Health	www.hendersoncountync.org/health
Henderson County Manager's Office	www.hendersoncountync.org/manager/index.html
Henderson County Public Schools	www.hendersoncountypublicschoolsnc.org/
Henderson County Sheriff's Office	www.hendersoncountync.org/sheriff/
HopeRx	
Mainstay	www.mainstayhelp.org
Mountain Area Health Education Center (MAHEC)	www.mahec.net
October Road, Inc.	www.octoberroadinc.com
Pardee Hospital	www.pardeehospital.org
Park Ridge Health	www.parkridgehealth.org
Partnership for Health	PO Box 2742, Hendersonville, NC 28793
Project Lazarus	www.projectlazarus.org
United Way	www.liveunitedhc.org/
Western Highlands	www.westernhighlands.org
Wingate University	www.wingate.edu/hendersonville

Substance Abuse/Prescription Drug Abuse Action Plan



Vision of Impact

To reduce death, disability, and crime in Henderson County by reducing substance abuse and improving access to services in the community.

Community Objectives	Baseline/Indicator Source
1. By December 2015, reduce the rate of deaths due to unintentional poisoning by 3% (from 11.7 to 11.35).	NC Injury and Violence Prevention Branch
Related Healthy NC 2020 Objective: Reduce the unintentional poisoning mortality rate (per 100,000 population) [2020 Target: 9.9] <i>(10% improvement from 2008 baseline of 11.0)</i>	NC Institute of Medicine. Healthy North Carolina: A Better State of Health. Morrisville, NC: North Carolina Institute of Medicine; 2011.
Related Healthy People 2020 Objective: Prevent an increase in poisoning deaths caused by unintentional or undetermined intent among all persons [2020 Target: 11.1 deaths per 100,000 population] <i>(Maintain baseline of 11.1 in 2007)</i>	www.healthypeople.gov
Related Healthy People 2020 Objective: Prevent an increase in poisoning deaths caused by unintentional or undetermined intent among persons aged 35 to 54 years [2020 Target: 21.6 deaths per 100,000 population] <i>(Maintain baseline of 21.6 in 2007)</i>	www.healthypeople.gov
Related Healthy People 2020 Objective: Reduce the past-year nonmedical use of any psychotherapeutic drug (including pain relievers, tranquilizers, stimulants, and sedatives) [2020 Target: 5.5%] <i>(10% improvement from 2008 baseline of 6.1%)</i>	www.healthypeople.gov
2. By December 2015, reduce the number of adolescents who have ever taken prescription drugs without a doctor's order [Regional data will be made available with publication of 2011 YRBS results]	Youth Risk Behavior Survey
Related Healthy NC 2020 Objective: N/A	
Related Healthy People 2020 Objective: N/A	
3. By December 2015, reduce the percentage of individuals aged 12 years and older reporting any illicit drug use in the past 30 days [Baseline data at county level not yet available]	National Surveys on Drug Use and Health; Substance Abuse and Mental Health Services Administration

	(SAMHSA)
Related Healthy NC 2020 Objective: Reduce the percentage of individuals aged 12 years and older reporting any illicit drug use in the past 30 days [2020 Target: 6.6%] (15% improvement from 2007-08 baseline of 7.8%)	NC Institute of Medicine. Healthy North Carolina: A Better State of Health. Morrisville, NC: North Carolina Institute of Medicine; 2011.
Related Healthy People 2020 Objective: Reduce the proportion of adults reporting use of any illicit drug during the past 30 days [2020 Target: 7.9%] (10% improvement from 2008 baseline of 7.9%)	www.healthypeople.gov
4. By December 2015, reduce the percentage of high school students who had alcohol on one or more days of the past 30 days by 5% (from 37% in 2009 to 35%)	Youth Risk Behavior Survey, Western Regional results
Related Healthy NC 2020 Objective: Reduce the percentage of high school students who had alcohol on one or more of the past 30 days [2020 Target: 26.4%] (24.5% improvement from 2009 baseline of 35.0%)	NC Institute of Medicine. Healthy North Carolina: A Better State of Health. Morrisville, NC: North Carolina Institute of Medicine; 2011.
Related Healthy People 2020 Objective: Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days [2020 Target: 16.6%] (10% improvement from 2008 baseline of 18.4%)	www.healthypeople.gov
5. By December 2015, increase the number of drug, driving while impaired (DWI), and other specialty courts in Henderson County.	Potential data source: National Association of Drug Court Professionals (NADCP) database
Related Healthy NC 2020 Objective: N/A	
Related Healthy People 2020 Objective: Increase the number of drug, driving while impaired (DWI), and other specialty courts in the United States.	www.healthypeople.gov

Strategy 1: Project Lazarus

Goal: To establish a community-based initiative to reduce substance abuse

Strategy Background

Source: Community Care of North Carolina (<http://www.p4communitycare.org/programs-initiatives/PL/>)

Evidence Base: Community Care of North Carolina has chosen to partner with Project Lazarus (www.projectlazarus.org) to address drug overdose death rates. A study published in the journal *Pain Medicine* reported that “while the results from this community-based program are preliminary, the number and nature of prescription opioid overdose deaths... changed during the intervention. Further evidence is required...” (Albert, S., Brason II, F. W., Sanford, C. K., Dasgupta, N., Graham, J. and Lovette, B. (2011), Project Lazarus: Community-Based Overdose Prevention in Rural North Carolina. *Pain Medicine*, 12: S77–S85. doi: 10.1111/j.1526-4637.2011.01128.x.

Type of Change: Individual, Family/Home, Clinical, Community

Partner Agencies

Lead: HopeRx, Partnership for Health

Collaborating: Henderson County Department of Public Health, Pardee Hospital, Park Ridge Health, Blue Ridge Community College, Blue Ridge Community Health Services, Mainstay

Supporting: Henderson County government

Strategy Objective #1: By January 2014, a Project Lazarus initiative will be established in Henderson County

Indicator: Group is established

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Attend Project Lazarus training meetings	Staff, Trainers	Increased knowledge on Project Lazarus model	Meetings attended	August 2013
Invite stakeholders to become members of group	Meeting space, staff time, participation from community	Increased members of group	HopeRx (a project based on Project Lazarus) is created	August 2013
Form HopeRx subcommittees	Staff, participation, meeting space, agendas	Increased community engagement in Project Lazarus activities	Subcommittee meeting minutes	September 2013
Town Hall to inform community of Substance Abuse problem	Staff, funding, meeting space, facilitator, attendees	Increased knowledge of substance abuse issue in Henderson County	Town Hall meeting held	December 2013
Subcommittees create action plans based on deliverables	Committee members, action plan, knowledge of Project Lazarus	Increased prevention related activities occurring at multiple intervention levels	Action Plans created by each subcommittee	December 2015

Strategy 2: Youth Empowerment Programs

Goal: To reduce substance abuse among young adults

Strategy Background

Source: County Health Rankings and Roadmaps

Evidence Base: "There is some evidence that youth empowerment programs improve academic performance and social skills, and reduce problem behaviors such as alcohol and drug use." For more information, see <http://www.countyhealthrankings.org/policies/youth-empowerment-programs>. For more information on Youth Empowerment Solutions (YES!), see www.youthempowermentsolutions.org.

Type of Change: Individual, Family/Home, Schools, Community, Likely to decrease disparities

Partner Agencies

Lead: HopeRx, Henderson County Schools

Collaborating: Henderson County Department of Public Health

Supporting: Park Ridge Health, Pardee Hospital

Strategy Objective #1: By December 2015, Henderson County will establish one youth-centered group on addressing substance abuse issues

Indicator: Number of groups

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Establish partnerships with health advocates	Meeting space, staff time, volunteers	Increased awareness and interest in youth-based substance abuse initiatives	Meetings held	December 2013
Identify youth interested in participating	Staff time, interested youth, information about YES!, funding	Increased interest from Henderson County youth	List of interested students	May 2014
Youths and adults receive training on YES!	Volunteer time, youth time, funding, trainings from YES!	Increased knowledge on implementing youth empowerment programs in the county	Trainings attended	December 2014
Create youth-oriented Action Plans for addressing substance abuse	Training, staff, student participation, funding	Increased knowledge among students of substance abuse issues	Action plan created	May 2015

Strategy 3: Explore establishing drug courts in Henderson County

Goal: To reduce illegal drug use and increase treatment for drug users

Strategy Background

Source: County Health Rankings and Roadmaps

Evidence Base: "There is strong evidence that drug courts reduce general and drug-related recidivism." For further information, see <http://www.countyhealthrankings.org/policies/drug-courts>.

Type of Change: Public policies

Partner Agencies

Lead: Henderson County Sherriff's Department, Henderson County Courts

Collaborating: HopeRx

Supporting: Partnership for Health, city agencies

Strategy Objective #1: By December 2014, establish a group of individuals to explore the possibility of a drug court in Henderson County

Indicator: A group is established and discussing the feasibility of a drug court

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Decide who would best represent collaborating groups	Staff time	Identification of individuals interested in drug courts	Group of interested members is created	December 2013
First meeting held	Staff time, travel, meeting space	Representatives of agencies will meet to discuss possibility of establishing a drug court in Henderson County	Meeting minutes	February 2014
A decision will be made on the feasibility of establishing a drug court	Staff time, education on drug courts	The establishment of a drug court will proceed or discussions will end	Meeting minutes	December 2014

CHAPTER 5 – PRIORITY #3: ACCESS TO MENTAL HEALTH CARE

Situational Analysis

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness.

Mental health and physical health are closely connected. Mental health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available (DHHS, 2010).

The unit of NC government responsible for overseeing mental health services is the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). The NC mental health system is built on a system of Local Management Entities (LMEs)—area authorities or county programs—responsible for managing, coordinating, facilitating and monitoring the provision of MH/DD/SAS services in the catchment area served. There are two LMEs serving the population in WNC: Smoky Mountain Center and Western Highlands Network (NC Division of Mental Health, August 2012). It should be noted that the mental health system in NC is in some disarray, as reform of the recent past is being reconsidered.

What community members are saying...

“We have a serious lack of mental health providers in this town and a lot of people with bipolar and schizophrenia that need help and have nowhere to go for it (care)”.

“State legislators closed the facility (Trend Mental Health) when they tried to privatize mental health. It (Trend) was a stellar operation. Now people have nowhere to go. It’s a tragedy.”

“Stress levels are increasing and people need support. There need to be more mental health options in this community.”

Partners

Improving access to mental health care will be a large and complex issue, requiring the collaborative planning, action, and coordination of multiple partners in our community as well as the region. The following partner agencies and organizations are engaged in efforts to improve access to mental health care in our community.

Organizations	Website or Contact Information
Addiction, Recovery, and Prevention (ARP)	www.arpnc.org
Blue Ridge Community Health Services	www.brchs.com/
Children and Family Resource Center	www.childrenandfamily.org/
The Free Clinics	www.thefreeclinics.org
Henderson County Department of Public Health	www.hendersoncountync.org/health
Mainstay	www.mainstayhelp.org/
October Road	www.octoberroadinc.com
Smart Start of Henderson County	www.smartstarhc.org/
Trauma Resource Institute	traumaresourceinstitute.com/
United Way	www.liveunitedhc.org
Western Highlands	www.westernhighlands.org

Access to Mental Health Care Action Plan



Vision of Impact

To improve mental health including stress, depression, and other emotional problems by improving access to appropriate services.

Community Objectives	Baseline/Indicator Source
1. By December 2015, decrease the average number of poor mental health days among adults in the past 30 days by 11% (from 3.6 to 3.2).	WNC Healthy Impact Survey
Related Healthy NC 2020 Objective: Decrease the average number of poor mental health days among adults in the past 30 days [2020 Target: 2.8] (17.6% improvement from 2008 baseline of 3.4)	NC Institute of Medicine. <i>Healthy North Carolina: A Better State of Health</i> . Morrisville, NC: North Carolina Institute of Medicine; 2011.
Related Healthy People 2020 Objective: Increase the proportion of adults aged 18 years and older with serious mental illness (SMI) who receive treatment [2020 Target: 64.6%] (10% improvement from 2008 baseline of 58.7%)	www.healthypeople.gov
Related Healthy People 2020 Objective: Reduce the proportion of adults aged 18 years and older who experience major depressive episodes [2020 Target: 5.8%] (10% improvement from 2008 baseline of 6.4%)	www.healthypeople.gov
Related Healthy People 2020 Objective: Increase the proportion of children with mental health problems who receive treatment [2020 Target: 75.8%] (10% improvement from 2008 baseline of 68.9%)	www.healthypeople.gov
2. By December 2015, reduce the rate of mental health-related visits to Emergency Departments (per 10,000 population) by 5%.	N/A
Related Healthy NC 2020 Objective: Reduce the rate of mental health-related visits to Emergency Departments (per 10,000 population) [2020 Target: 82.8] (10% improvement from 2008 baseline of 92.0)	NC Institute of Medicine. <i>Healthy North Carolina: A Better State of Health</i> . Morrisville, NC: North Carolina Institute of Medicine; 2011.

Strategy 1: Mental Health Awareness Campaign

Goal: To improve awareness of mental health issues within Henderson County.

Strategy Background

Source: North Carolina Institute of Medicine. *Healthy North Carolina 2020: A Better State of Health*. Morrisville, NC: North Carolina Institute of Medicine; 2011.

Evidence Base: NCIOM's Strategies to Improve Mental Health include seeking help for mental health problems and responding sensitively to family members with mental health conditions. Data show that females report more poor mental health days in the previous 30 days than men.

Type of Change: Individual, Family/Home, Disparities

Partner Agencies

Lead: Henderson County Department of Public Health

Collaborating: October Road, Inc.; The Free Clinics, local media

Supporting: Pardee Hospital, Park Ridge Health

Strategy Objective #1: By December 2015, Henderson County will create and implement a Mental Health Awareness campaign.

Indicator: Number of media activities (traditional media and social media) occurring in the county

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Meet with community mental health agencies to develop messages	Time, mental health expertise	A mental health task force will meet monthly to discuss various topics	Meeting minutes and/or sign-in sheets	May 2014
Articles/messages written for publishing/posting in various media outlets	Time, partnerships with media outlets	Increased knowledge of general and specific mental health issues in the county.	Number of articles published/posted	December 2015

Strategy 2: Mental Health Resource List for Henderson County

Goal: To increase awareness of proper use of mental health resources in Henderson County

Strategy Background

Source: North Carolina Institute of Medicine. *Healthy North Carolina 2020: A Better State of Health*. Morrisville, NC: North Carolina Institute of Medicine; 2011.

Evidence Base: NCIOM's Strategies to Improve Mental Health include knowing what community resources exist and helping family members make contact with appropriate services. seeking help for mental health problems and responding sensitively to family members with mental health conditions. Data show that females report more poor mental health days in the previous 30 days than men.

Type of Change: Individual, Family/Home, Disparities

Partner Agencies

Lead: Henderson County Department of Public Health

Collaborating: October Road, Inc.; The Free Clinics, local media

Supporting: Pardee Hospital, Park Ridge Health

Strategy Objective #1: By December 2015, a resource list for community members describing how to access appropriate mental health care will be created and distributed

Indicator: A mental health resource guide will be published.

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Create a resource list of all Mental Health Services in the community	Staff to compile list, time to edit and revise	Community programs will be surveyed and reviewed for inclusion on the resource list	A finalized list of resources is created	June 2014
Distribute resource list in community	Staff/organizations to distribute guide	Community will be made aware of ways to access mental health services	At least 250 hard copies will be distributed; list will be posted on Henderson County Department of Public Health website	December 2015

Strategy 3: Community Resiliency Model

Goal: To improve mental health by reducing symptoms related to stressful/traumatic experiences

Strategy Background

Source: Community Preventive Services Task Force, Trauma Resource Institute

Evidence Base: “The Community Preventive Services Task Force recommends individual cognitive behavior therapy and group cognitive behavior therapy to reduce psychological harm to youth who show psychological symptoms following exposure to traumatic events.” For more information on this recommendation, see:

<http://www.thecommunityguide.org/violence/traumaticevents/behaviortherapy.html>. One example of this type of intervention is the Trauma Resource Institute’s Community Resiliency Model, deemed a promising practice. For more information, see:

<http://traumaresourceinstitute.com/>.

Type of Change: Clinical, Community

Partner Agencies

Lead: Henderson County Department of Public Health

Collaborating: Trauma Resource Institute, Blue Ridge Community Health Center

Supporting: County mental health providers

Strategy Objective #1: By December 2014, at least one training on the Community Resiliency Model will be held in Henderson County.

Indicator: Number of trainings held

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Schedule a training date with a facilitator	Trained facilitator, meeting space	Date will be set for training	Training scheduled	January 2014
Community members invited to attend training	Flyers, staff time	Information disseminated to relevant community members	Attendees made aware of training date/time	February 2014

Strategy 4: The Incredible Years

Goal: To strengthen parenting skills and promote effective strategies for managing children's challenging behaviors

Strategy Background

Source: The Incredible Years (www.incredibleyears.com)

Evidence Base: Incredible Years is included in The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices. For more information, see: <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=311>.

Type of Change: Clinical, Family/Home, Address Disparities

Partner Agencies

Lead: Children and Family Resource Center

Collaborating: Henderson County Department of Public Health

Supporting: Mainstay, county pediatrician offices, Smart Start of Henderson County

Strategy Objective #1: By December 2015, offer at least one session of The Incredible Years Parent Program in Henderson County.

Indicator: Number of sessions offered

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Survey of preexisting parenting programs currently available	Staff time	Increased knowledge of current community resources	List of resources	September 2013
Secure funding source for program	Grant/financial resources	Secure funding to implement program	Funding received to begin implementation	October 2013
Begin offering the Incredible Years Parent Program in Henderson County	Funding, meeting space, trained facilitator	Increased resource for parents/caregivers to receive quality parenting information	Flyers/sign in sheets for sessions	December 2014

What community members are saying...

"The cost of care these days is stretching so many of us too thin. Cost continues to escalate nearly to a point of being prohibitive. We are just paying more and more and receiving less and less services."

"Medicaid is the best health insurance policy available."

"People who are 'underemployed' often can't access services during the work day because they are working and they can't take time off from work to go see a doctor. They have to balance the need for care against the need for money and work. It's hard to have to make that kind of decision about your health."

"We need to have a better way of notifying people in the community about what's going on. There are so many great facilities here but most people don't know about them."

"More information is needed because there is a lack of general understanding."

CHAPTER 6 – PRIORITY #4: PRENATAL AND MATERNAL HEALTH

Situational Analysis

Health officials recognized the gains made over the past few years in reducing infant mortality, reducing the number of mothers who smoked during pregnancy, and the increase in mothers receiving prenatal care during the first trimester, and wanted to continue efforts to maintain and improve these areas. Early prenatal care helps assure the healthiest pregnancies and the best birth outcomes possible. Babies of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care.

Low Birth Weight

Low birth weight can result in serious health problems in newborns (e.g., respiratory distress, bleeding in the brain, and heart, intestinal and eye problems), and cause lasting disabilities (mental retardation, cerebral palsy, and vision and hearing loss) or even death (March of Dimes, 2012).

Table 29 summarizes data on the number and percent of low birth weight (\leq 2500 grams or 5.5 pounds) births. (Note that NC State Center for Health Statistics also maintains data on very low birth weight [\leq 1500 grams or 3.3 pounds] births. There are so few very low birth weight births in WNC that county rates are too unstable to calculate a stable regional mean.) In WNC, the percentage of low-birth weight births was lower than the comparable percentage for NC as a whole in each of the aggregate periods cited in the table. Further, the percentages were relatively static in both jurisdictions during the entire period.

In Henderson County over the time span 2002-2006 through 2006-2010, the percentage of low birth weight births declined overall from 8.1 to 7.4 (a total of 8.6%). The county low birth weight percentage was lower than the comparable figure for the region and state for every aggregate period cited.

The highest percentage of low birth weight births in Henderson County occurred among black non-Hispanic women (14.7%), followed by white women (7.9%) and Hispanic women (4.8%). Rates for women of other minority groups were unstable based on small numbers of low birth weight births (*Data Workbook*).

Infant Mortality

Infant mortality is the number of deaths of infants under one year of age per 1,000 live births. Figure 3 presents infant mortality data for WNC and the state. When interpreting this data it is important to remember that the infant mortality rate for NC as a whole is among the highest (i.e., worst) in the US, ranking 46th out of 50 according to the 2011 *America's Health Rankings*, cited previously.

The state's infant mortality rate recently has begun to decrease; after hovering near 8.5 for several years, it was 7.9 in the most recent aggregate period (2006-2010). The mean infant mortality rate for WNC has been lower than the state rate, and appears to be trending in the right direction; the mean WNC infant mortality rate was 7.0 in the 2006-2010 aggregate period. The infant mortality rate for Henderson County was lower than the comparable mean WNC and NC rates throughout the period cited, and improved overall from 6.4 in the 2002-2006 period to 5.7 in the 2006-2010 period, a decrease of 10.9%.

There is a strong racial component to infant mortality in NC. Statewide in 2006-2010, the infant mortality rate among non-Hispanic African Americans (14.7) was *two and one-half times* the comparable rate among non-Hispanic whites (5.9). Statewide in 2006-2010 the infant mortality rate among non-Hispanic other races was 6.3, and the rate among Hispanics was 5.8 (*Data Workbook*). In Henderson County the numbers of infant deaths among minority groups were below the threshold for calculating stable racially-stratified infant mortality rates.

Smoking During Pregnancy

Smoking during pregnancy is an unhealthy behavior that may have negative effects on both the mother and the fetus. Smoking can lead to fetal and newborn death, and contribute to low birth weight and pre-term delivery. In pregnant women, smoking can increase the rate of placental problems, and contribute to premature rupture of membranes and heavy bleeding during delivery (March of Dimes, 2010).

Table 27 presents data on the number and percent of births resulting from pregnancies in which the mother smoked during the prenatal period. The percentage frequency of smoking during pregnancy in Henderson County was lower than the comparable mean percentage for WNC, but higher than the percentage statewide in all of the time periods cited in the table. Note that the WNC means were significantly higher than the comparable percentages statewide in all of the time periods cited in the table. The frequency of smoking during pregnancy in Henderson County, WNC and NC all improved over the period cited, by 16.3% in Henderson County, by 8.0% in WNC, and by 14.7% in NC.

Partners

Addressing prenatal and maternal health in Henderson County will involve collaboration among multiple partners. The following partner agencies and organizations are engaged in efforts to improve maternal and prenatal health in our community.

Organizations:	Website or Contact Information
Blue Ridge Community Health Services	www.brchs.com
Children and Family Resource Center	www.childrenandfamily.org
Community Transformation Project of NC	www.cdc.gov/communitytransformation
The Free Clinics	www.thefreeclinics.org
Henderson County Department of Public Health	www.hendersoncountync.org/health
Hendersonville Family Medicine	www.mahec.net/resident/fhch.aspx
Hendersonville OBGYN	www.hvilleobgyn.com
Pardee Hospital	www.pardeehospital.org
Park Ridge Health	www.parkridgehealth.org
Smart Start of Henderson County	www.smartstarthc.org

Prenatal and Maternal Health Action Plan



Vision of Impact

To improve birth outcomes in Henderson County by improving access to prenatal care and ensuring that Henderson County parents and caregivers are prepared to provide a healthy and happy start for their newborn's life.

Community Objectives	Baseline/Indicator Source
1. By December 2015, reduce the infant mortality rate in Henderson County by 3% (from 5.2 in 2007-2011 to 5.0).	WNC Healthy Impact Survey
Related Healthy NC 2020 Objective: Reduce the infant mortality rate (per 1,000 live births) [2020 Target: 6.3] (23% improvement from 2008 baseline of 8.2)	NC Institute of Medicine. <i>Healthy North Carolina: A Better State of Health.</i> Morrisville, NC: North Carolina Institute of Medicine; 2011.
Related Healthy People 2020 Objective: Reduce the rate of all infant deaths (within 1 year) [2020 Target: 6.0] (10% improvement from 2006 baseline of 6.7)	www.healthypeople.gov
2. By December 2015, reduce the percentage of women in Henderson County who smoke during pregnancy from 11.8% to 9.0%	WNC Healthy Impact Survey
Related Healthy NC 2020 Objective: Reduce the percentage of women who smoke during pregnancy [2020 Target: 6.8%] (35% improvement from 2008 baseline of 10.4%)	NC Institute of Medicine. <i>Healthy North Carolina: A Better State of Health.</i> Morrisville, NC: North Carolina Institute of Medicine; 2011.
Related Healthy People 2020 Objective: Increase abstinence from cigarette smoking among pregnant women [2020 Target: 98.6%] (10% improvement from 2007 baseline of 89.6%)	www.healthypeople.gov
3. By December 2015, reduce low birth weights from 6.9% to 6.6% (improvement based on trend analysis)	WNC Healthy Impact Survey
Related Healthy NC 2020 Objective: N/A	
Related Healthy People 2020 Objective: Reduce low birth weight (LBW) [2020 Target: 7.8%] (trend analysis based on 2007 baseline of 8.2%)	www.healthypeople.gov
4. By December 2015, increase the percentage of first trimester entry into prenatal care from 76.5% in 2006-08 to 77%.	NC PRAMS Survey (P.C. Region 1 Western Counties)

Related Healthy NC 2020 Objective: N/A	
Related Healthy People 2020 Objective: Increase the proportion of pregnant woman who receive prenatal care beginning in first trimester [2020 Target: 77.9%] (10% improvement based on 2007 baseline of 70.8%)	www.healthypeople.gov
5. By December 2015, increase the proportion of infants who are put to sleep on their backs by 10% (from 2006-08 baseline of 66.8% to 70%)	NC PRAMS Survey (P.C. Region 1 Western Counties)
Related Healthy NC 2020 Objective: N/A	
Related Healthy People 2020 Objective: Increase the proportion of infants who are put to sleep on their backs [2020 Target: 75.9%] (10% improvement from 2007 baseline of 69.0%)	www.healthypeople.gov

Strategy 1: Tobacco cessation

Goal: Improve infant mortality by reducing tobacco use among pregnant women and women of childbearing age

Strategy Background

Source: The Community Guide

Evidence Base: The Community Preventive Services Task Force recommends quitline interventions based on strong evidence of effectiveness in increasing tobacco cessation among clients interested in quitting. For more information, see:

<http://www.thecommunityguide.org/tobacco/quitlines.html>. The Community Preventive Task Force recommends provider reminder systems based on sufficient evidence of effectiveness in increasing provider delivery of advice to quit. For more information, see:

http://www.thecommunityguide.org/tobacco/providerreminders_inactive.html. The U.S. Department of Health and Human Services' Clinical Practice Guideline "Treating Tobacco Use and Dependence" concludes that the counseling of tobacco users using the 5 As is effective; for the full report, see http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/treating_tobacco_use08.pdf. The Community Preventive Services Task Force recommends policies and programs to reduce tobacco users' out-of-pocket costs for evidence-based cessation treatments based on strong evidence of effectiveness in increasing the number of tobacco users who quit. For more information, see <http://www.thecommunityguide.org/tobacco/outofpocketcosts.html>. Evidence-based cessation treatments include the American Lung Association's Freedom From Smoking (<http://www.lung.org/stop-smoking/how-to-quit/freedom-from-smoking/>) and the American Cancer Society's Freshstart (<http://www.acsworkplacesolutions.com/freshstart.asp>). The Community Preventive Services Task Force recommends mass-reach health communication interventions based on strong evidence of effectiveness. For additional information, see <http://www.thecommunityguide.org/tobacco/massreach.html>.

Type of Change: Individual, Clinical, Community, Addresses Health Disparities

Partner Agencies

Lead: Henderson County Department of Public Health

Collaborating: Community Transformation Grant program, The Free Clinics, Park Ridge Health

Supporting: local media outlets, local medical providers

Strategy Objective #1: By December 2014, at least one 5 As training will be held in Henderson County

Indicator: Number of training sessions held

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Schedule a training date	5 As trainer, facility, funding	Increased availability of training for providers	One class scheduled	August 2014
Promote training to community	Flyers, staff time	Increased awareness of training opportunity	Providers register to attend class	September 2014
A session of Freedom From Smoking classes is established	Meeting space, provider referrals, class facilitator, funding for materials	Increased availability of low to no cost cessation opportunities	At least one FFS session is held	September 2014
Cessation class is promoted in community	Flyers, promotional materials, staff time	Increased awareness of smoking cessation resources	Number of people registered to attend class	September 2014

Strategy Objective #2: By January 2014, QuitlineNC is promoted throughout the county
Indicator: Number of flyers, promotional materials distributed

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Order Quitline materials	Funding, staff	Increased availability of promotional materials for distribution	Materials ordered	September 2013
Distribute Quitline materials	Materials, staff	Increased awareness of Quitline	Increased use of Quitline by Henderson County residents	January 2014
Promote Quitline in local media	Staff time, articles, funding	Increased awareness of Quitline	Increased use of Quitline by Henderson County residents	January 2014

Strategy 2: Access to Prenatal Care

Goal: To improve access and remove potential barriers to quality, timely prenatal care

Strategy Background

Source: North Carolina Institute of Medicine. *Healthy North Carolina 2020: A Better State of Health*. Morrisville, NC: North Carolina Institute of Medicine; 2011.

Evidence Base: NCIOM's Strategies to Improve Maternal and Infant Health include accessing pre- and postnatal care. Data indicate a disparity in infant mortality rates among whites and all minorities.

Type of Change: Individual, Addresses Health Disparities

Partner Agencies

Lead: Park Ridge Women's Services

Collaborating: Mainstay

Supporting: Henderson County Department of Public Health

Strategy Objective #1: By December 2014, Park Ridge Health will expand its partnerships to ensure disadvantaged women receive timely, accessible prenatal care.

Indicator: Number of partnerships established

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Park Ridge will develop partnerships with local support agencies	Time, staff, funding	Increased partnerships to promote prenatal care	Meetings	January 2014
Park Ridge will provide free ultrasound services and immediate access to women's health providers as needed	Appointment availability, funding, staff, time	Increased availability of prenatal medical services	Services offered to women in need	September 2014
Park Ridge will expand outreach to Hispanic patients	Spanish-speaking staff, time	Increased availability of services for Spanish speaking population	Services offered	September 2014

Strategy 3: Safe to Sleep Campaign

Goal: To reduce SIDS related deaths by increasing the number of children put on their backs to sleep

Strategy Background

Source: The AAP Task Force on SIDS

Evidence Base: Information on the Safe to Sleep (formerly Back to Sleep) Campaign can be found on the National Institutes of Health website at

<http://www.nichd.nih.gov/news/resources/spotlight/Pages/101811-safe-sleep-for-all-babies.aspx>.

Type of Change: Individual, Family/Home, Child Care, Community, Addresses Health Disparities

Partner Agencies

Lead: Henderson County Department of Public Health

Collaborating: Park Ridge Health, Pardee Hospital, child care organizations in Henderson County, Smart Start of Henderson County, Children and Family Resource Center

Supporting: county pediatric offices

Strategy Objective #1: By December 2015, the Western Region PRAMS data will show a 5% increase in people reporting putting babies on their backs to sleep (from 63.6% to 66.8%)

Indicator: NC PRAMS data

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Promote community-wide educational campaign	Funding, staff, time, messages	Increased awareness of Safe to Sleep messages	Number of media outlets promoting the message	December 2015

What community members are saying...

"More and more people are coming here to be 'outdoorsy.' They want to bike, hike and walk. But our roads are not safe. The roads are too narrow and there are ditches next to them. It's dangerous for them and for us."

"This is only a walk friendly town where there are sidewalks and that is NOT everywhere. There are also great hiking opportunities but they are not accessible to everyone."

"There are a lot of places to do yoga and zumba and a lot of gyms in town. But they are not accessible to everyone."

"Latinos need information (about chronic diseases) in Spanish and can't get it. It's important to have the information available to you in a way you understand it."

"I still see people lighting up and smoking all over town around here."

"Smoking is a silent killer and it increases in hard times, like now. When situations get more stressful, people light up. I see more young people smoking these days."

CHAPTER 7 – PRIORITY #5: DISEASE PREVENTION, SCREENING, AND EARLY DETECTION

Situational Analysis

Prevention, screening, and early detection are critical in improving morbidity and mortality. The four leading causes of death in Henderson County, heart disease, cancer, chronic lower respiratory disease, and cerebrovascular disease are related to lifestyle and behavior. Smoking, high blood pressure, and overweight-obesity are all preventable risk factors, and are responsible for the largest number of deaths in the US. Early detection of cancer greatly increases the chances for successful treatment. The breast cancer incidence rate in Henderson County rose 8.4% between 1999 and 2009, and the prostate cancer incidence rate increased 45.3% from 1999 to 2009. Prostate cancer was the third leading cause of cancer deaths between 2006 and 2010. Education and screening are the two major components of early detection.

Spotlight on Success

Henderson County citizens no longer have to battle a busy highway with limited sidewalk access to reach the Henderson County Human Services building. A Childhood Obesity Prevention Demonstration Project helped fund the completion of sidewalks on both sides of Highway 176 (Spartanburg Highway). The sidewalks connect downtown Hendersonville with the Human Services Building which houses the Henderson County Department of Public Health, the Department of Social Services, and the Veterans' Administration office. Approximately 1,334 residential properties and 335 commercial properties are located within ½ mile of this sidewalk project. Apple Country Transit also provides bus service along the sidewalks with six designated stops. The new sidewalks enable residents to walk from the Human Services Building to downtown and continue on to Jackson Park.

Partners

Addressing chronic disease will require the collaboration of multiple partners in our community. The following partner agencies and organizations are engaged in efforts to improve chronic disease in our community.

Organizations:	Website or Contact Information
Blue Ridge Community Health Services	www.brchs.com
Charles George VA Medical Center	www.asheville.va.gov/
City of Hendersonville	www.cityofhendersonville.org
Community Transformation Grant Project of NC	www.cdc.gov/communitytransformation/
The Free Clinics	www.thefreeclinics.org
Henderson County Department of Public Health	www.hendersoncountync.org/health
Henderson County Parks and Recreation Department	www.hendersoncountync.org/recreation
Henderson County Planning Department	www.hendersoncountync.org/planning/
Henderson County Public Schools	www.hendersoncountypublicschoolsnc.org/
Interfaith Assistance Ministries	www.iamhendersoncounty.org/
Park Ridge Health	www.parkridgehealth.org
Pardee Hospital	www.pardeehospital.org
United Way	www.liveunitedhc.org

Disease Prevention, Screening, and Early Detection Action Plan

Vision of Impact

To reduce barriers to making healthy decisions by improving access to resources for prevention, screening and early detection of chronic disease.



Community Objectives	Baseline/Indicator Source
1. By December 2015, decrease the percentage of adults who are current smokers by 16% (from 19.2% to 16%)	WNC Healthy Impact Survey
Related Healthy NC 2020 Objective: Decrease the percentage of adults who are current smokers [2020 Target: 13%] (36% improvement from 2009 baseline of 20.3%)	North Carolina Institute of Medicine. <i>Healthy North Carolina 2020: A Better State of Health</i> . Morrisville, NC: North Carolina Institute of Medicine; 2011.
Related Healthy People 2020 Objective: Reduce cigarette smoking by adults [2020 Target: 12%] (kept 2010 Target)	www.healthypeople.gov
2. By December 2015, increase percentage of adults engaging in recommended physical activity by 5% (from 60% to 63%)	WNC Healthy Impact Survey
Related Healthy NC 2020 Objective: Increase the percentage of adults getting the recommended amount of physical activity [2020 Target: 60.6%] (30% improvement from 2009 baseline of 46.4%)	North Carolina Institute of Medicine. <i>Healthy North Carolina 2020: A Better State of Health</i> . Morrisville, NC: North Carolina Institute of Medicine; 2011.
Related Healthy People 2020 Objective: Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination [2020 Target: 47.9%] (10% improvement from baseline of 43.5%)	www.healthypeople.gov
3. By December 2015, decrease the percentage of adults with diabetes by 5% (from 2009 baseline of 7.9% to 7.4%)	WNC Healthy Impact Survey
Related Healthy NC 2020 Objective: Decrease the percentage of adults with diabetes [2020 Target: 8.6%] (10% improvement from 2009 baseline of 9.6%)	North Carolina Institute of Medicine. <i>Healthy North Carolina 2020: A Better State of Health</i> . Morrisville, NC:

	North Carolina Institute of Medicine; 2011.
Related Healthy People 2020 Objective: Reduce the annual number of new cases of diagnosed diabetes in the population [2020 Target: 7.2 new cases per 1,000 population aged 18-84 years] (10% improvement from 2006-08 baseline of 8.0)	www.healthypeople.gov
4. By December 2015, reduce the cancer death rate to 157.5 per 100,000 population (2% improvement)	State Center for Health Statistics, County Health Data Book
Related Healthy NC 2020 Objective: Reduce the colorectal cancer mortality rate (per 100,000 population) [2020 Target: 10.1] (35.6% improvement from 2008 rate of 15.7) <i>Note: Healthy NC 2020's only cancer-related goal is for colorectal cancer mortality rates.</i>	North Carolina Institute of Medicine. <i>Healthy North Carolina 2020: A Better State of Health</i> . Morrisville, NC: North Carolina Institute of Medicine; 2011.
Related Healthy People 2020 Objective: Reduce the overall cancer death rate [2020 Target: 160.6 per 100,000 population] (10% improvement from 2007 baseline of 178.4)	www.healthypeople.gov
5. By December 2015, reduce the cardiovascular disease mortality rate to 160.0 (2.5% change based on trend analysis)	State Center for Health Statistics, County Health Data Book
Related Healthy NC 2020 Objective: Reduce the cardiovascular disease mortality rate (per 100,000 population) [2020 Target: 161.5] (37% improvement based on 2008 baseline of 256.6)	North Carolina Institute of Medicine. <i>Healthy North Carolina 2020: A Better State of Health</i> . Morrisville, NC: North Carolina Institute of Medicine; 2011.
Related Healthy People 2020 Objective: Reduce coronary heart disease deaths [2020 Target: 100.8 per 100,000 population] (based on trend analysis from 2007 baseline of 126.0)	www.healthypeople.gov

Strategy 1: Tobacco cessation

Goal: To improve chronic disease rates by reducing current tobacco use

Strategy Background

Source: *The Community Guide*

Evidence Base: *The Guide to Community Preventive Services recommends quitline interventions, reducing out-of-pocket costs for evidence-based cessation treatments, and mass-reach health communication interventions to reduce tobacco use. For more information on these recommendations, see <http://www.thecommunityguide.org/tobacco/index.html>. Evidence-based cessation treatments include the American Lung Association's Freedom From Smoking (<http://www.lung.org/stop-smoking/how-to-quit/freedom-from-smoking/>) and the American Cancer Society's Freshstart (<http://www.acsworkplacesolutions.com/freshstart.asp>).*

Type of Change: Individual, clinical, worksites, addresses health disparities

Partner Agencies

Lead: Henderson County Department of Public Health, The Free Clinics

Collaborating: Blue Ridge Community Health Services, Interfaith Assistance Ministries, Charles George VA Medical Center

Supporting: local medical providers

Strategy Objective #1: By December 2014, at least one 5 As training will be held in Henderson County

Indicator: Number of training sessions held

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Schedule a training date	5 As trainer, facility, funding	Increased availability of training for providers	One class scheduled	August 2014
Promote training to community	Flyers, staff time	Increased awareness of training opportunity	Providers register to attend class	September 2014
A session of Freedom From Smoking or Freshstart classes is established	Meeting space, provider referrals, class facilitator, funding for materials	Increased availability of low to no cost cessation opportunities	At least one session is held	September 2014
Cessation class is promoted in community	Flyers, promotional materials, staff time	Increased awareness of smoking cessation resources	Number of people registered to attend class	September 2014

Strategy Objective #2: By January 2014, QuitlineNC is promoted throughout the county
Indicator: Number of flyers, promotional materials distributed

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Order Quitline materials	Funding, staff	Increased availability of promotional materials for distribution	Materials ordered	September 2013
Distribute Quitline materials	Materials, staff	Increased awareness of Quitline	Increased use of Quitline by Henderson County residents	January 2014
Promote Quitline in local media	Staff time, articles, funding	Increased awareness of Quitline	Increased use of Quitline by Henderson County residents	January 2014

Strategy 2: Health considerations in land use planning

Goal: To reduce chronic disease by increasing the number of Henderson County residents meeting the CDC's recommendations for daily physical activity

Strategy Background

Source: County Health Rankings and Roadmaps

Evidence Base: "There is strong evidence that land use policies and zoning regulations support physical activity and increase walking and bicycling." For more information see <http://www.countyhealthrankings.org/policies/zoning-regulations-land-use-policy>.

Type of Change: Community, Public Policies, Likely to decrease disparities

Partner Agencies

Lead: Henderson County Planning Department, Hendersonville Planning Department

Collaborating: Henderson County Department of Public Health, Community Transformation Grant project

Supporting: Henderson County Parks and Recreation

Strategy Objective #1: By December 2015, Henderson County will increase the number of considerations for healthy living by three in their comprehensive plans and/or other ordinances

Indicator: Changes made to comprehensive plans and zoning ordinances

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Analyze current county and municipality's comprehensive plans and zoning regulations	Comprehensive plans, Planner's time, research on best practices	Baseline measure of number of health considerations in plans and ordinances.	List of current health considerations	September 2013
Educate stakeholders about planning and health	Planner's time, health educators' time, education materials	Increased knowledge of potential plan/ordinance improvements.	List of trainings attended, list of improvements	February 2014
Trained champions advocate for adding health considerations to community planning practices/documents	Health advocate's time, health educator's time, education materials	Increased knowledge of recommendations for Henderson County	Documentation of meetings	September 2014
Community plans are adapted/created to include health considerations	Model policies/language, staff time	Increased number of health considerations included in documents	Documentation of changes made	December 2015

Strategy 3: Mobile bus to reduce screening/education barriers for chronic diseases

Goal: To increase cancer screening among for underserved populations by reducing structural barriers

Strategy Background

Source: The Community Guide

Evidence Base: The Community Preventive Task Force recommends disease management programs and self-management education for diabetes prevention and control. For more information on these two strategies, see <http://www.thecommunityguide.org/diabetes/index.html>. The Community Preventive Task Force recommends interventions to reduce structural barriers for clients to increase cancer screenings. For additional information, see <http://www.thecommunityguide.org/cancer/index.html>.

Type of Change: Individual, addresses health disparities

Partner Agencies

Lead: Park Ridge Health

Collaborating: Henderson County Department of Public Health

Supporting: Interfaith Assistance Ministries, local churches, United Way, community agencies

Strategy Objective #1: By October 2014, Park Ridge's Wellness on Wheels (WOW) van will schedule at least three screening events in an underserved community

Indicator: Number of screening events held

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Identify communities with large at-risk populations for chronic disease	GIS, staff time	Increased knowledge of medically underserved communities	List of communities	February 2014
Partner with community agencies to build relationships with community members	Hospital staff, agency staff, community members time	Increased trust of agencies providing screening services	Meetings/increased communication	May 2014
Wellness on Wheels (WOW) van schedules visits in underserved communities	Hospital staff, van/staff availability, location, promotional materials	Community members aware of screening events to be held in community	Attendance at screening events	October 2014

Strategy 4: Eat Smart Move More campaign

Goal: To increase knowledge among residents of healthy behaviors

Strategy Background

Source: County Health Rankings and Roadmaps

Evidence Base: "There is some evidence that community-wide campaigns increase physical activity and physical fitness among children and adults." For more information, see <http://www.countyhealthrankings.org/policies/community-wide-campaigns>.

Type of Change: Community

Partner Agencies

Lead: Henderson County Department of Public Health

Collaborating: Park Ridge Health, Pardee Hospital

Supporting: Henderson County Public Schools, local media, Eat Smart Move More NC

Strategy Objective #1: By December 2015, at least five Eat Smart Move More messages will be promoted in the county

Indicator: Number of messages promoted in media outlets

Action Plan

Activity	Resources Needed	Anticipated Result	Result Verification	Target Date
Identify media-ready materials created by ESMM-NC	Staff time, internet access	Increased promotional materials ready to be used	List of materials	December 2013
Identify media outlets able to promote messaging	Staff time, Public Information Officer	Increased knowledge of media outlets and contacts	List of media contacts	May 2014
Media promotes healthy messaging	Funding, donated media (billboards, newspaper, radio, newsletters, etc.)	Increased knowledge of healthy health activities	Copy/number of materials printed/published/promoted	December 2015

CHAPTER 8 – NEXT STEPS

We will continue to work with a wide range of community partners to modify this Community Health Improvement Plan (CHIP) in the months and years ahead in Henderson County. This CHIP will be used by partner organizations to complete agency specific reporting of roles and responsibilities (e.g., our health department and local hospitals), as well as informing agency strategic plans across the county where appropriate.

This CHIP will be widely disseminated electronically to partner organizations and used as a community roadmap to monitor and evaluate our collective efforts.

Dissemination of this CHIP will also include making it publicly available on the Henderson County Department of Public Health's website (www.hendersoncountync.org/health), the WNC Healthy Impact website (www.WNCHealthyImpact.com) and local libraries.

Moving forward, the CHIP report will be updated to provide the framework for the annual State of the County's Health Report, which will be submitted and made publicly available in December 2013.

REFERENCES

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<http://www.thecommunityguide.org/index.html>.

Kane County CHIP <http://kanehealth.com/chip.htm>

NACCHO's CHA/CHIP Resource Center
<http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm>

NC Division of Public Health Community Health Assessment Resource Site
<http://publichealth.nc.gov/lhd/cha/resources.htm>

NC DPH Community Health Assessment Guide Book
<http://publichealth.nc.gov/lhd/cha/docs/guidebook/CHA-GuideBookUpdatedDecember15-2011.pdf>

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http://www.sedgwickcounty.org/healthdept/communityhealthpriorities_2010.pdf

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<http://www.samhsa.gov/>.

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<http://www.walhdab.org/NewCHIPResources.htm>

GLOSSARY OF TERMS

Vision of Impact	Describe the impact that the work of the CHIP will have in the identified health priorities in your county at the end of three years. In other words, what does success look like in 2016?
Community Objective	Description of what the collaborative action team wants to accomplish by addressing the specific health priority.
Strategy	Also known as interventions or approaches that will address priority health issues.
Goal	The impact of the work you anticipate for a specific strategy
Strategy Objectives	Description of what is to be achieved or the specific change expected to occur within a specific time frame. Objectives should be SMART (Specific, Measurable, Achievable, Realistic, & Time Specific). Can have more than one objective for each strategy and related goal.
Indicators	Measurements used to determine whether the objectives were met. They answer the question: how will I know if the objective was accomplished?
Activities	Key components of the strategy needed to achieve the objective for the strategy.
Resources Needed	Description of what your community will need (staff time, materials, resources, etc.) to implement the specific activity.
Results	Also 'impacts, outputs, and outcomes'. It's what happens as a result of the completion of specific activities.
Result Verification	How you will know that results have been achieved for specific activities.
Target Date	The date results will be verified.
Lead	An organization in this role commits to seeing that the issue is addressed. It would take responsibility for developing the resources needed to advance the issue such as a detailed plan. It would focus on the day-to-day and long-range tasks of moving the goal forward. Organizations in a lead role would ask others to assist with specific tasks.
Collaborating	An organization in this role commits to significant help in advancing the issue. For example, it might assist with planning, assembling data, or developing policy options. It would participate regularly in developing strategy to advance the goal.
Supporting	An organization in this role commits to help with specific circumscribed tasks when asked. These tasks might include attending meetings or writing letters of support to move the goal forward.

