



PUBLIC INFORMATION

ITEM NO. 4.

DATE OF MEETING: January 22, 2013

REQUESTED BY: Carolyn Moser, Health Director, Health Department

SHORT TITLE: Presentation of the 2012 State of the County Health Report (SOTCH)

BACKGROUND A hard copy of the 2012 State of the County Health Report has been provided to the Board for review. This report must be submitted to the Division of Public Health annually. It provides information of the health of our community, tracks progress of established health priorities and concerns and identifies new and emerging issues that affect the health status of Pender County residents.



PENDER COUNTY

2012

STATE OF THE COUNTY HEALTH REPORT

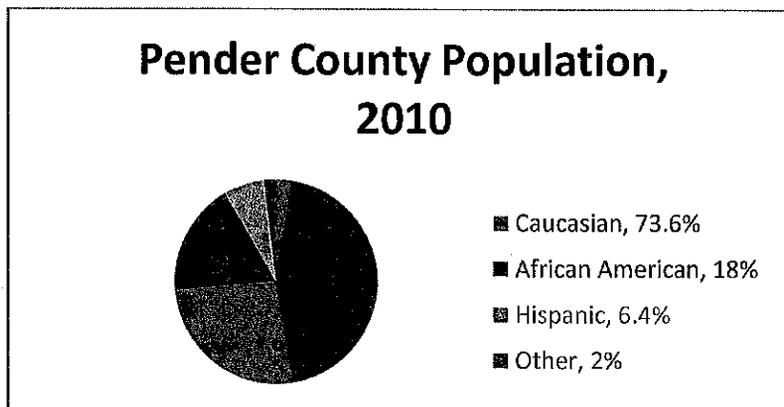
Life Expectancy Improves

Life expectancy is the average number of additional years that someone at a given age would be expected to live if current mortality conditions remained constant throughout their lifespan. Pender County children born from 1990-1992, have an average life expectancy of 75.2 years. In comparison, children born from 2008-2010, have a life expectancy of 78.1 years.

Life Expectancy Comparisons, Pender County					
	Average	Male	Female	Caucasian	African American
1990-1992	75.2	71.5	78.9	77.5	69.8
2008-2010	78.1	75.9	80.3	78.5	76.0

N.C. State Center for Health Statistics

Reductions in deaths and death rates are often used as an indicator of the success of public health initiatives to improve the health and well-being of the population. Anti-smoking campaigns, infant mortality reduction measures, and cancer screening promotions are three preventive measures that may be attributed to the decline in mortality. Unfortunately, heart disease, stroke and cancer continue as leading causes of death for Pender County, the state, and the nation.



U.S. Census Data, 2011

A message from the Health Director:

I am pleased to share the *2012 State of the County's Health Report*. This report provides an annual review of the health of our community, tracks progress regarding health priorities and concerns, and identifies new initiatives and emerging issues that affect the health status of Pender County residents. The information is designed to educate and update community members, community leaders, elected officials, and local agencies. Through partnerships, new policies and programs may be developed to address the leading health concerns in our community.

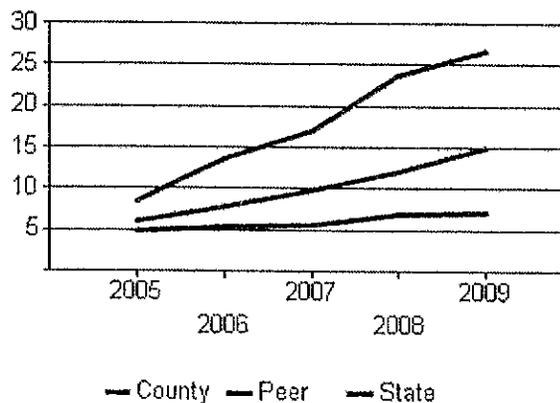
The length and quality of life for all residents in Pender County must be linked to the health of the communities in which we live, work and play. Good health is a gift we should not take for granted. I encourage you to think about the decisions you can make that will have a positive impact on your health, the health of your family and your community for years to come. Make health a priority!

Sincerely,
Carolyn Moser, BSN, MPA

Demographics

The population for Pender County in 2012 was 53,437 persons. Since 2000, there has been more than a 27% increase in population. Compared to the population growth of North Carolina and other counties of similar size, Pender County's growth exceeded the average rates.

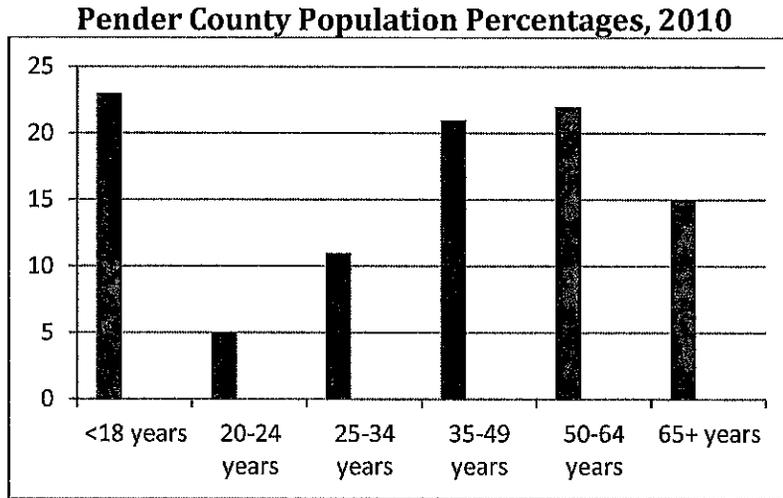
Percent of Population Change Since
Base Year 2000



CATCH-NC Portal: Pender County Health Profile

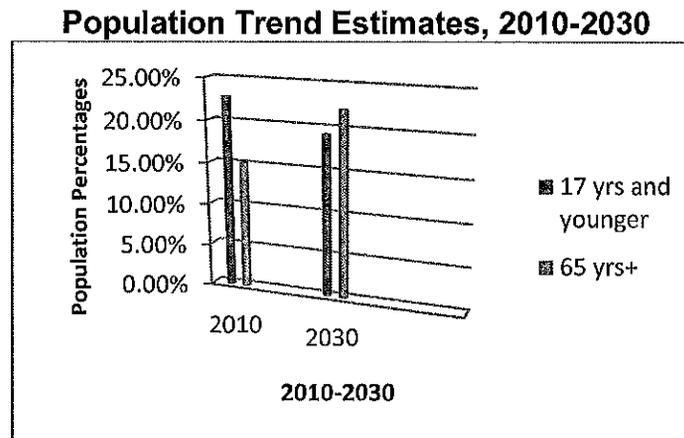
Demographics (cont)

According to the 2010 Census, 23% of the population was under the age of 18. Individuals ages 50-64 comprised 22% of the population and 21% were ages 35-49 years of age. Those adults, 65 years of age and older, made up 15% of the population. The median age for Pender County residents is 38.8 years.



U.S. Census, 2010

The North Carolina Division of Aging and Adult Services describes the fastest growing population over the next 20 years will be those 65 years of age and older. In 2030, this age group will double. Of North Carolina's 100 counties, 71 will have more people over age 60 than under 17 years of age. Pender County will be one of those counties. See the graph below. Of note, aging problems were the second leading issue of concern identified in the community assessment survey.



NC DHHS Division of Aging and Adult Services

Poverty in Pender County

Percent in Poverty, Estimates, 2011		
	All Ages	Under Age 18
Pender County	16.4%	25.9%
North Carolina	17.8%	25.4%
United States	15.9%	22.5%

US Census Bureau, Small Area Income and Poverty Estimates

Pender County Uninsured, Estimates, 2009			
	Under Age 19	18-64Years	Total Under Age 65
Pender County	10.9%	25.6%	21.5%
North Carolina	8.3%	23.5%	19.1%

US Census Bureau, Small Area Income and Poverty Estimates

County Health Rankings

Through the use of a standard way of measuring how healthy people are and how long they will live, Pender County was ranked overall as the 28th healthiest county in North Carolina for 2012. National measures to assess the overall health ranking for the county include: the rate of people dying before age 75; the percent of people who report being in fair or poor health; the number of days that people report being in poor physical or mental health; and the rate of low birth weight infants. New measures were added for 2012 that include the number of fast food restaurants in the county and the levels of inactivity among residents.

In addition, the county health rankings consider factors that affect people's health in four categories: Health Behavior; Clinical Care; Social and Economic Factors, and Physical Environment. This includes rates for adult smoking, adult obesity, excessive drinking among adults, teenage births, the number of uninsured under the age of 65, availability of primary care physicians, graduation rates, and children living in poverty.

Comparison of Pender County Health Rankings, 2010-2012

Year	Health Factors	Health Behaviors	Overall Health Outcomes
2010	40	43	38
2011	54	81	31
2012	44	78	28

www.countyhealthrankings.org

Leading Causes of Death for Pender County 2006-2010 Age-Adjusted Rates

Leading Causes	Pender County Rate	N.C. Rate
Diseases of Heart	160.3	184.9
Cancer	183.4	183.1
---Colon, Rectum, and Anus	12.5	16.0
---Pancreas	9.9	10.7
---Trachea, Bronchus, and Lung	56.5	55.9
---Breast	23.9	23.4
---Prostate	24.5	25.5
Diabetes Mellitus	32.1	22.5
Pneumonia and Influenza	15.2	18.6
Chronic Lower Respiratory Diseases	42.5	46.4
Chronic Liver Disease and Cirrhosis	7.1	9.1
Nephritis, Nephrotic Syndrome, and Nephrosis	21.3	18.9
Unintentional Motor Vehicle Injuries	26.3	16.7
Other Unintentional Injuries	31.2	28.6
Suicide	14.3	12.1
Alzheimer's Disease	15.2	28.5
All Causes	785.2	819.0

N.C. State Center for Health Statistics

10 Leading Causes of Death in Pender County, 2006-2010

1	Cancer- All Sites
2	Diseases of the Heart
3	Chronic Lower Respiratory Disease
4	Cerebrovascular Disease
5	Diabetes Mellitus
6	Other Unintentional Injuries
7	Unintentional Motor Vehicle Injuries
8	Nephritis, Nephrotic Syndrome, and Nephrosis
9	Pneumonia and Influenza
10	Alzheimer's Disease

County Health Data Book, N.C. State Center for Health Statistics

Health Disparities

Americans as a group are healthier and living longer, yet segments of the population continue to suffer poor health status. Differences in the incidence and prevalence of health conditions and health status between groups are referred to as health disparities. Pender County has such health disparate groups as the unemployed, the uninsured/underinsured, the graying population and those without a high school education. Transportation services are limited providing further disadvantage to lower income and fixed income families who are less likely to have access to transportation. While life expectancy gaps have decreased between Caucasians and African Americans, disparities related to cause of death are quite evident as listed below. Interventions must include activities that will address health behaviors, access to health care, and community outreach for such disparate groups and are considered in health action plans that are tracked annually.

Death Rate Comparisons, 2006-2010		
<i>Cause of Death</i>	<i>White Rate</i>	<i>African American Rate</i>
Heart Disease	154.4	205.3
Cancer	185.4	193.9
Diabetes	21.3	75.1
Cerebrovascular Disease	34.6	64.2

N.C. State Center for Health Statistics

Contributing Factors for Chronic Disease

In the 2010 publication, *Trust for America's Health*, North Carolina had the 10th highest adult obesity rate in the nation. Two-thirds (65%) of adults living in North Carolina are overweight or obese. This percentage has doubled in the last two decades. Being obese or overweight is a major factor in increasing one's risk for chronic diseases such as diabetes, hypertension, and cardiovascular disease.

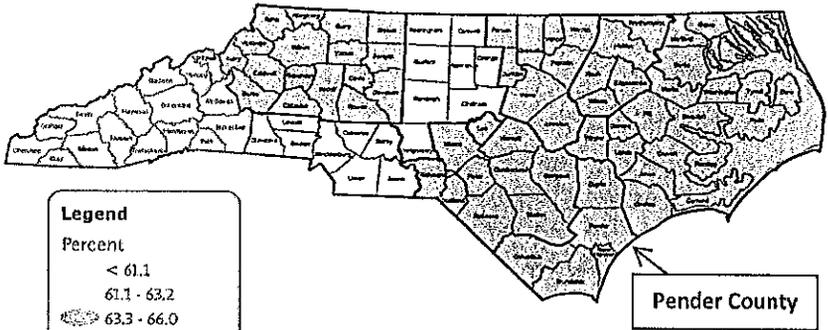
Childhood obesity is putting today's youth on a course to potentially be the first generation to live shorter, less healthy lives than their parents. North Carolina has the 11th highest childhood obesity rate in the nation. The North Carolina Center for Health Statistics estimates one out of every three children (32%) ages 10-17 are overweight or obese. Children ages 2-4 (31%) who participate in the Supplemental Nutrition Program for Women, Infants, and Children (WIC) in North Carolina are overweight or obese. Overweight and sedentary children are more likely to become overweight adults.

Overweight/obesity is an important public health concern in Pender County. There are many factors that contribute to obesity, most of which are preventable. The most common causes are correlated with poor eating habits: high fat and low fiber diets, high sugar foods and beverage consumption, eating more meals away from home, larger portions and eating few fruits and vegetables. A sedentary lifestyle is also to blame for the high obesity rates. Many Pender County residents are not getting enough exercise and spending too much time in front of the television or computer.

Answers to the overweight/obesity problem are not easy. This epidemic presents a challenge to all communities as we attempt to identify and implement successful evidence-based practices and to collaborate with various community agencies to address this concern.



Percentage of North Carolina Adults Who Are Overweight or Obese* by Area Health Education Center (AHEC) Regions



Legend

Percent

- < 61.1
- 61.1 - 63.2
- 63.3 - 66.0
- > 66.0

~ AHEC Regions

~ County Boundary

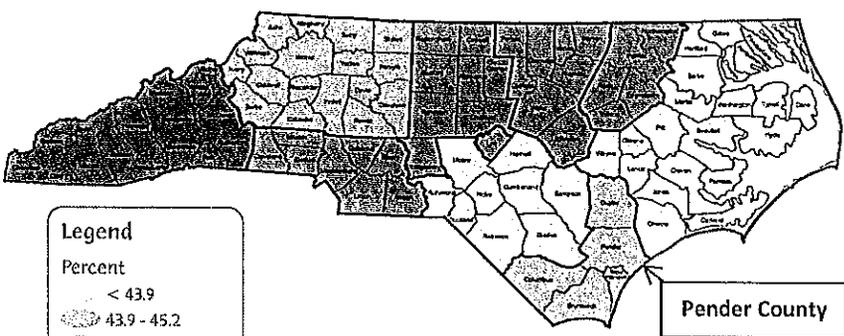
Pender County

Source: 2009 Behavioral Risk Factor Surveillance System (BRFSS)

*Body mass index is computed as weight in kilograms divided by height in meters squared (kg/m²). BMI is an intermediate variable used in defining overweight and obesity. Underweight = BMI less than 18.5, Recommended Range = BMI 18.5 to 24.9, Overweight = BMI 25.0 to 29.9 and Obese = BMI greater than 30.0



Percentage of North Carolina Adults Who Are Meeting Daily Physical Activity Requirements* by Area Health Education Center (AHEC) Regions



Legend

Percent

- < 43.9
- 43.9 - 45.2
- 45.3 - 48.4
- > 48.4

~ AHEC Regions

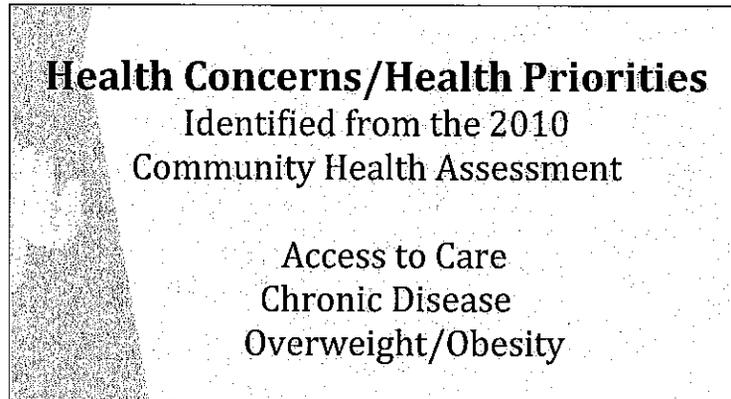
~ County Boundary

Pender County

Source: 2009 Behavioral Risk Factor Surveillance System (BRFSS)

*Moderate physical activity for 30 or more minutes per day, five or more days per week or vigorous physical activity for 20 or more minutes per day, three or more days per week.





Tracking Progress of Health Priorities

Three of the six community health concerns/priorities identified in the 2010 Community Health Assessment for Pender County were selected for tracking purposes. They are:

- Access to Care
- Chronic Disease
- Overweight/Obesity

<i>Priority-Access to Care</i>	<i>Progress</i>
Identify and promote medical and dental services for Pender County residents.	<ul style="list-style-type: none"> ✓ Continue collaborative efforts between the health department, Pender Memorial Hospital, and other community health agencies to identify available medical and dental resources in the community for referral purposes. ✓ Continue active dental program at the health department and on the mobile dental unit. ✓ Increase community education and outreach regarding all health department services. ✓ Continue collaboration with Cape Fear Health Net to identify resources for individuals without health insurance or Medicaid. ✓ Continue collaboration with Pender Adult Services regarding transportation options for medical and dental patients needing medical and dental care. ✓ RN health educators provide health education and health promotion activities that address health concerns and priorities identified. ✓ Eligibility specialist continues to work closely with medical and dental clients to complete Medicaid applications and identify programs available for uninsured clients.

Tracking Progress of Health Priorities (cont)

Priority- Overweight/Obesity	Progress
<p>Increase evidence-based programs to address physical fitness and nutrition.</p> <p><i>The Healthy North Carolina 2020 Objectives include: to increase the percentage of high school students who are neither overweight or obese to 79.2%; to increase the percentage of adults getting the recommended amount of physical activity to 60.6%; and to increase the percentage of adults who report they consume fruits and vegetables five or more times per day to 29.3%</i></p>	<ul style="list-style-type: none"> ✓ On-going collaboration with Pender County School nurses, the School Health Advisory Council, Parks and Recreation to identify programs and policies that address child obesity/overweight. ✓ RN health educators continue to collaborate regionally to identify programs and policies that address physical fitness and nutrition. ✓ On-going collaboration with Parks and Recreation and Pender County Planning Department to identify available resources and for future development plans for increased fitness opportunities. ✓ On-going collaboration with Cooperative Extension to explore access to healthy foods in the community such as farmer's markets and to promote such resources.

Tracking Progress of Health Priorities (cont)

<i>Priority-Chronic Disease</i>	<i>Progress</i>
<p>Decrease the number of hospitalizations related to chronic conditions such as diabetes, heart disease, and cerebrovascular disease.</p> <p><i>The Healthy North Carolina 2020 Objectives include: to reduce cardiovascular disease mortality rate to 161.5; to decrease the percentage of adults with diabetes to 8.6%; and to reduce colorectal cancer mortality rate to 10.1.</i></p>	<ul style="list-style-type: none"> ✓ Continue monthly meetings with the health department director, director of nursing and the Pender Memorial Hospital administrator to identify ways to partner to address community health issues and concerns. ✓ Expand the <i>Diabetes Self-Management Program</i> to various community settings. This program is certified through the American Diabetes Association. Referrals are received from a variety of sources and the majority of patients completing the program have shown a decrease in their A1C results. ✓ On-going collaboration with local providers and the community hospital to identify all diabetes programs and resources in the community to avoid duplication of service provision. ✓ On-going collaboration with Farm Worker Program employee to provide health screenings for chronic diseases to migrant and seasonal farmworkers. ✓ Increase outreach to communities, towns, schools and other agencies to provide flu shots as well as promoting flu immunizations for county employees. ✓ Continue outreach efforts through local media venues to increase community awareness of health issues. ✓ Health department employees to promote agency services that offer early screening and detection for cancer and other chronic diseases.

New Initiatives

Electronic Medical Records “Going paperless” will soon be the push for local health departments as information technology expands and the need for participation in health information systems that will connect with other health care providers and hospitals becomes a requirement. Statewide efforts are in progress and the health department must be ready to embrace and respond to new technology and the changes associated with it.

Chronic Diseases and Health Disparities County data presents clear evidence of the need to increase the focus of chronic disease prevention and intervention within the African American population. A strategic plan has been established that will target outreach efforts and education outside the four walls of the health department. Health educators will begin to identify new public health partners to develop action plans that will concentrate on heart disease, cancer, diabetes and obesity.

Graying Population

Fifteen percent of the Pender County population is over the age of 65 years. According to the North Carolina Division of Aging and Adult Services, the fastest growing population over the next 20 years will be those 65 years of age and older. In 2030, this age group will double and 71 of North Carolina’s 100 counties will have more people over the age of 60 years than under the age of 17 years. Pender County is one of those counties. Special consideration will need to be given to enhancing health promotion/disease prevention programs for this graying population.

Obesity/Overweight Overweight and obesity can lead to serious health issues for children and adults. Poor eating habits and lack of physical activity are major contributors to this epidemic. Heart disease, high blood pressure, stroke, diabetes, and certain forms of cancer can be attributed to overweight/obese conditions. In 2006, 57-61% of Pender County adults were overweight or obese. In 2009, 19.2% of children were overweight and 28.4% were obese. Community solutions are needed for this community problem and this data will be helpful in future program development and possible intervention strategies.

Emerging Issues

Public Health Funding State and federal budget shortfalls directly impact the delivery of local public health services. With an uncertain economy, funding for public health programs and services may decrease at the same time community needs for services increase.

Affordable Care Act/Medicaid Expansion State data originally suggested that 700,000 uninsured people could gain coverage in 2014. Because of the Supreme Court decision, Medicaid expansion is optional to the state. There will be many important factors to consider for state legislators such as the economic impact of increasing the number of persons eligible for Medicaid and the costs associated with uninsured care and the impact on the safety net system of providers. As a safety net provider, public health must be prepared to respond to the needs of our residents.

Social Media Revolution Many health departments and health care providers are beginning to use online tools to communicate with citizens. Websites, Facebook, Texts, Emails, Twitter, Blogs and many more tools are utilized to educate and inform patients. The public health message must continue while maintaining the integrity of those social media outlets that are selected.