

**PUBLIC INFORMATION**

ITEM NO. 2.

**DATE OF MEETING:** January 6, 2014

**REQUESTED BY:** Carolyn Moser, Health and Human Services Director

**SHORT TITLE:** Presentation of the 2013 State of the County Health Report

**BACKGROUND** A hard copy of the 2013 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.



# 2013 STATE OF THE COUNTY HEALTH REPORT

## PENDER COUNTY, NC

### **A message from the Health and Human Services Director:**

Make Health a Priority!

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.

The *2013 State of the County Health 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. Working with our stakeholders, new policies and programs can be developed that will have a positive impact on the leading health concerns in our community.

*Sincerely,*  
*Carolyn Moser, BSN, MPA*

## Demographics (cont)

### Life Expectancy Continues to Improve

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 2009-2011, have a life expectancy of 78.3 years.

Life Expectancy Comparisons, Pender County					
	Average	Male	Female	Caucasian	African American
1990-1992	75.2	71.5	78.9	77.5	69.8
2009-2011	78.3	75.8	80.8	78.7	76.1

*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, cancer, heart disease, and stroke remain leading causes of death for Pender County, the state, and the nation.

### Poverty in Pender County

Percent in Poverty, 2007-2011, County Comparisons	
All Ages	
Pender County	15.9%
Duplin County	22.7%
North Carolina	16.1%
New Hanover County	15.9%
Brunswick County	15.0%
Onslow County	13.8%

*US Census Bureau, Quikfacts*

Pender County Uninsured, Estimates, 2011			
	Under Age 19	18-64Years	Total Under Age 65
Pender County	8.0%	22.6%	18.2%
North Carolina	9.4%	23.0%	18.9%

*KIDS COUNT Data Center*

2011 Median Household Income	
Pender County	\$ 44,171
North Carolina	\$ 44,028

*US Census Bureau, Small Area Income and Poverty Estimates*

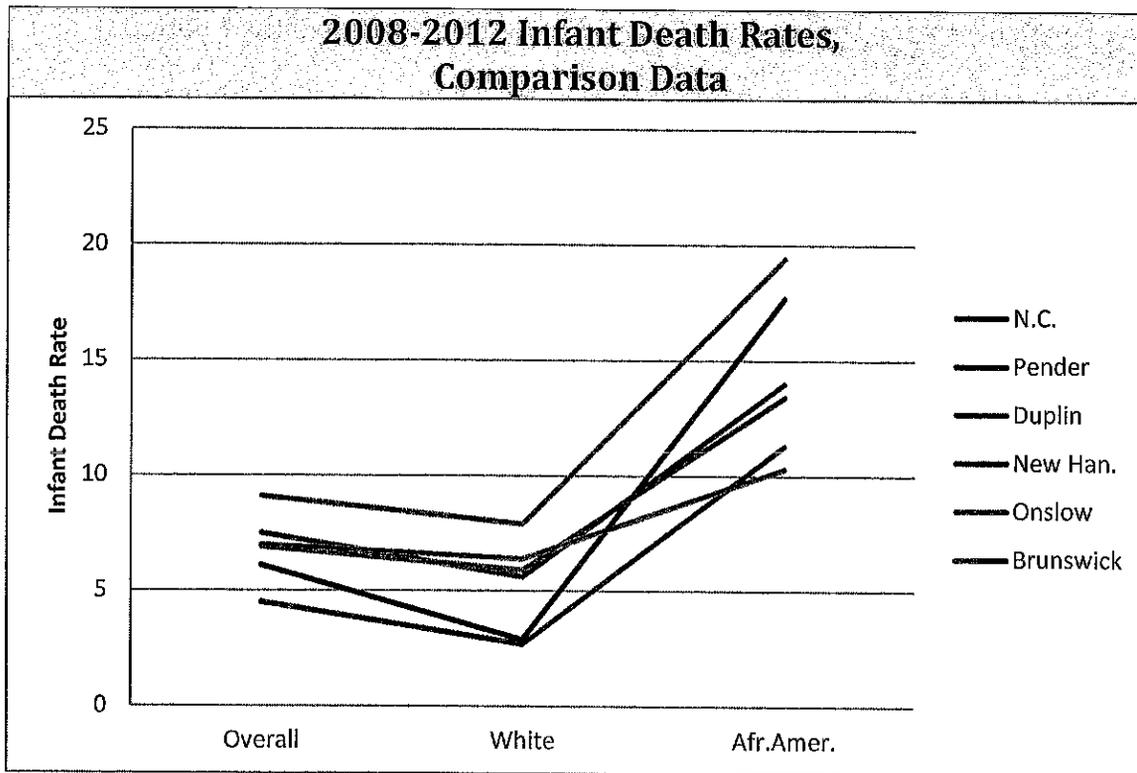
## Leading Causes of Death for Pender County 2008-2012 Age-Adjusted Rates

Leading Causes	Pender County Rate	N.C. Rate
Diseases of Heart	147.3	174.4
Cerebrovascular Disease	42.3	45.1
Cancer	180.7	175.9
---Colon, Rectum, and Anus	15.5	14.9
---Pancreas	11.3	10.4
---Trachea, Bronchus, and Lung	57.5	52.8
---Breast	18.1	22.2
---Prostate	23.0	23.4
Diabetes Mellitus	26.8	21.8
Pneumonia and Influenza	15.5	18.0
Chronic Lower Respiratory Diseases	41.4	46.6
Chronic Liver Disease and Cirrhosis	6.9	9.3
Nephritis, Nephrotic Syndrome, and Nephrosis	20.5	18.0
Unintentional Motor Vehicle Injuries	23.4	14.3
Other Unintentional Injuries	30.7	29.4
Suicide	15.1	12.2
Alzheimer's Disease	13.9	29.3
All Causes	770.7	800.6

*N.C. State Center for Health Statistics*

## Health Disparities (Cont)

Addressing women's health is key to healthy birth outcomes. Factors that impact outcomes include access to appropriate care, socioeconomic status, and the woman's health behavior. Infant mortality rates indicate one of the greatest racial disparity concerns. Across North Carolina, whites have the lowest infant death rates compared to African American rates. In Pender County, the overall infant death rate for 2008-2012 is 6.1 versus the state rate of 7.9. In Pender County, the White infant death rate for this time period was 2.9 while the African American rate was over six times more at 17.7.



*N.C. State Center for Health Statistics*

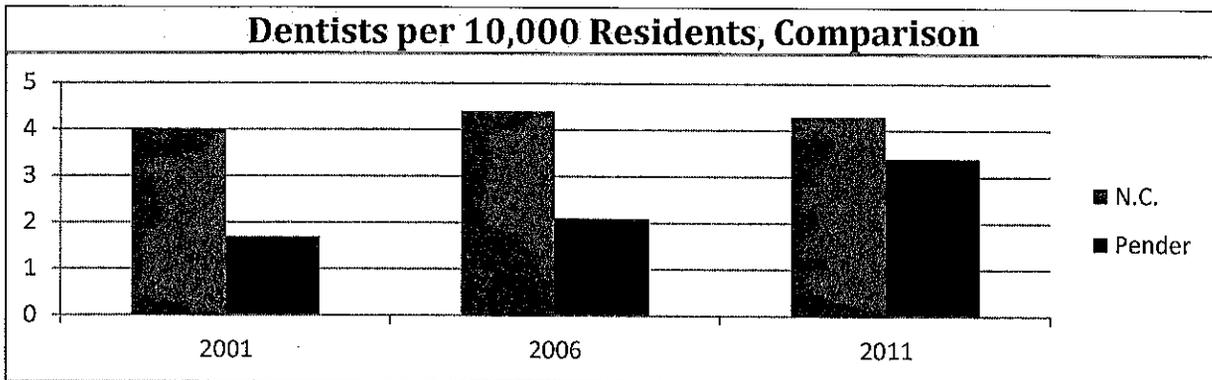
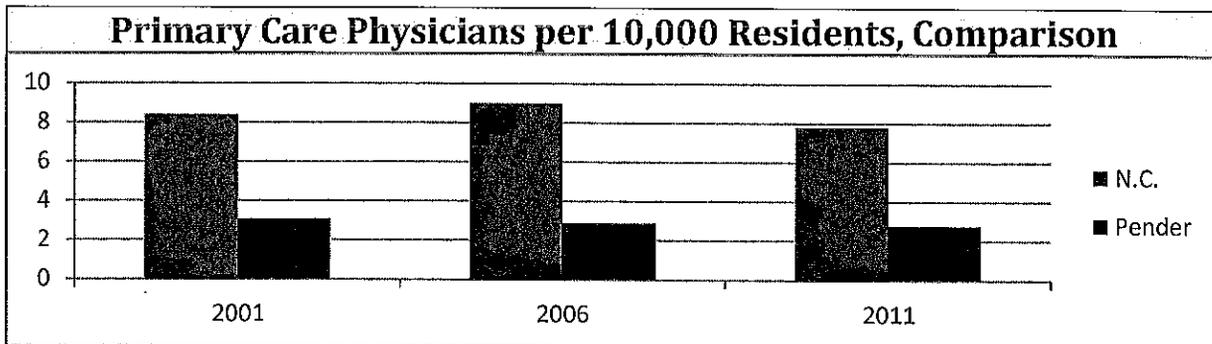
## Trends in Key Health Indicators

Access to health services means the timely use of personal health services to achieve the best health outcomes. Timely use of personal health services to achieve the best health outcomes requires: (1) gaining entry into the health care system; (2) accessing a health care location where needed services are provided; and (3) finding a health care provider the patient can communicate with and trusts.

Access to health care impacts:

- \*overall physical, social and mental health status
- \*prevention of disease and disability
- \*detection and treatment of health conditions
- \*preventable death
- \*life expectancy
- \*quality of life

Since 2001, Pender County has seen an increase in the number of dentists per 10,000 population. Unfortunately, this has not been the result for the number of primary care physicians in the county, thus impacting access to health care for residents.



## Tracking Progress of Health Priorities (cont)

<b>Priority-Access to Care</b>	<b>Progress</b>
<p>Identify and promote medical and dental services for Pender County residents.</p>	<ul style="list-style-type: none"> <li>✓ 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.</li> <li>✓ Continue active dental program at the health department and on the mobile dental unit.</li> <li>✓ Increase community education and outreach regarding all health department services.</li> <li>✓ Continue collaboration with Cape Fear Health Net to identify resources for individuals without health insurance or Medicaid.</li> <li>✓ RN health educators provide health education and health promotion activities that address health concerns and priorities identified.</li> <li>✓ Continue to work closely with medical and dental clients to complete Medicaid applications and identify programs available for uninsured clients.</li> <li>✓ Expand staff knowledge of the Affordable Care Act and its impact on access to care.</li> <li>✓ Increase collaborative efforts with DSS to increase awareness of health department services.</li> <li>✓ Work closely with the migrant Farmworker Program to identify potential access to care concerns.</li> </ul>

## Tracking Progress of Health Priorities (cont)

<b>Priority- Overweight/Obesity</b>	<b>Progress</b>
<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"> <li>✓ Continued collaboration with Pender County School nurses, the School Health Advisory Council, Parks and Recreation to identify programs and policies that address child obesity/overweight.</li> <li>✓ RN health educators continue to collaborate regionally to identify programs and policies that address physical fitness and nutrition.</li> <li>✓ 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.</li> <li>✓ 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.</li> <li>✓ Partnered with Parks and Recreation to construct walking trail in the community of Maple Hill.</li> <li>✓ Actively participate in the Community Transformation Program and regional <i>Feast Down East</i> activities.</li> <li>✓ Continue to collaborate with the Migrant Farmworker program as workers measure BMIs and offer education to workers.</li> <li>✓ Continue to actively participate on the Pender County Wellness Program for county employees.</li> <li>✓ Continue to participate in educational activities for faith-based organizations.</li> <li>✓ Continue to monitor BMI status for health department clients and provide educational information as needed.</li> </ul>

## **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-** The ACA was designed to reduce overall health care costs by making services available to the 32 million people who currently do not have or cannot get health insurance. One of the major issues with the ACA is the group of people who, because the State of North Carolina voted not to expand Medicaid, will not qualify for the premium tax credits and will continue to be unable to afford insurance. This particular group of individuals may elect to take the tax penalties than to purchase the high premium insurance. Many will seek income-based health care at local health departments and community health centers. Local health departments may find it necessary to expand services to include primary care and disease management.

**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.