PUBLIC INFORMATION

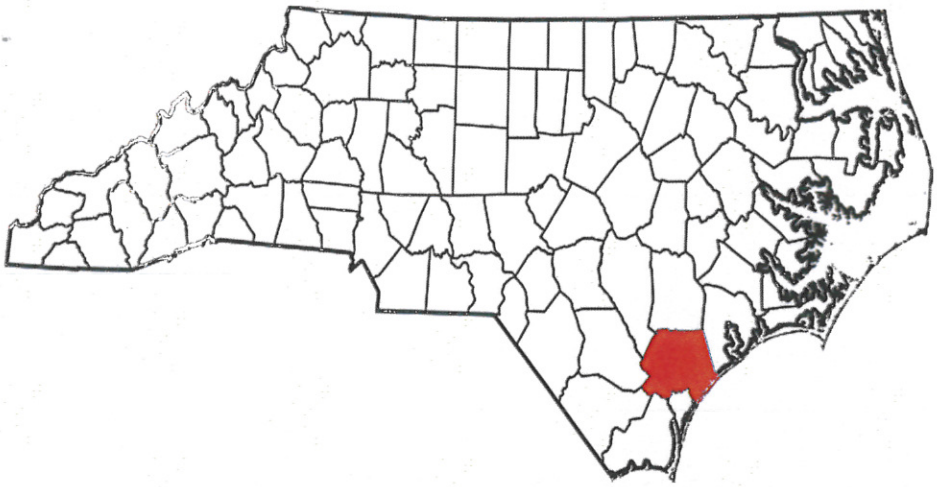
ITEM NO. _2_

DATE OF MEETING: April 4, 2016

REQUESTED BY: Carolyn Moser, Health and Human Services Director

SHORT TITLE: Presentation of the 2015 State of the County Health Report.

BACKGROUND: A hard copy of the 2015 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.



2015

State of the County Health (SOTCH) Report
Pender County, North Carolina

The 2015 State of the County Health (SOTCH) Report is a summary of the current health status of Pender County. The report is a supplement to the 2014 Community Health Assessment (CHA), which is a more comprehensive analysis of the county's health. Within this assessment, three health priorities were identified:

1- **Mental Health and Substance Use**
2- **Diabetes**
3- **Increasing Access to Physical Activity**

The 2015 SOTCH reviews recent data, tracks progress related to the health priorities, and identifies new initiatives and emerging issues that may affect the health status of Pender County residents. The 2014 CHA and previous SOTCH reports are available at the health department or online at: http://health.pendercountync.gov

Highlights from the National County Health Rankings 2010-2015
Pender County Rankings

Year	Quality of Life	Health Behaviors	Overall Health Outcomes
2010	45	43	38
2011	33	81	31
2012	9	78	28
2013	3	82	20
2014	6	67	25
2015	4	60	20

www.countyhealthrankings.org

The County Health Rankings are released annually for all counties in the United States. For 2015, Pender County ranked 20th in the state (out of 100) in Overall Health Outcomes and 4th best for Quality of Life. Health Behaviors rankings have improved over the past five years, but there is plenty of work to be done. Health Behavior rankings consider lifestyle choices such as smoking, excessive drinking, lack of physical activity access, and adult obesity.

Several health measures are collected to determine county rankings. This report offers community leaders the chance to see that where we live, learn, work, and play influences how healthy we are and how long we live.

Pender County Snapshot

Population (2014 est.)	56,250	Percent White	76.1%
Population Projection 2019	62,229	Percent African American	17.8%
Population Projection 2029	73,586	Percent Hispanic/Latino	6.1%
Percent Female	50%	Median Household Income	$44,526
Percent Male	50%	Median Family Income	$55,345
Percent Under 5 Years Old	6%	Per Capita Income	$23,383
Percent Under 19 Years Old	25%	Population Living Below Poverty	18%
Percent 65 Years and Older	16%	Under Age 18 Below Poverty	24.6%
Median Age	41.2	Age 65 and Older Living Below Poverty	11.8%

U.S Census Bureau, 2014

10 Leading Causes of Death in Pender County, 2010-2014 Age-Adjusted Rates

	Cause of Death	Pender County Rate	N.C Rate
1	Cancer, All Sites	170.3	171.8
2	Heart Disease	150.4	165.9
3	Chronic Lower Respiratory	45.9	46.0
4	Cerebrovascular Disease	44.2	43.0
5	Other Unintentional Injuries	26.8	30.4
6	Nephritis and Renal Diseases	22.7	17.0
7	Diabetes	22.3	22.1
8	Motor Vehicle Injuries	19.3	13.5
9	Suicide	15.8	12.4
10	Pneumonia and Influenza	15.7	17.6

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

A comparison of the top ten leading causes of death in Pender County from 2008-2012 to 2010-2014 reveals a few changes to note:

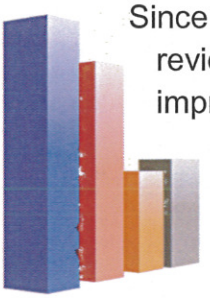
Moving Up in Rankings

Chronic Lower Respiratory Diseases- 4th to 3rd
Nephritis and Renal Diseases- 8th to 6th
Suicide- 10th to 9th

Moving Down in Rankings (Improvements)

Cerebrovascular Disease- 3rd to 4th
Diabetes- 6th to 7th
Motor Vehicle Injuries- 7th to 8th
Pneumonia and Influenza- 9th to 10th

Changes in Data for 2015



Since the 2014 Community Health Assessment, new data has become available for review. On page two, a comparison of leading causes of death demonstrated improvements for cerebrovascular disease, diabetes, motor vehicle injuries and pneumonia/influenza. Improvements in the death rates for diabetes are encouraging as this disease is one of the health priorities from the CHA. Several evidence-based practices have begun and will be described in detail later in this report.

Chronic lower respiratory diseases such as asthma and COPD moved into the 3rd leading cause of death; nephritis and renal disease deaths increased; and suicide moved to the 9th leading cause of death. Increases in the suicide rate have occurred across the nation as well as in Pender County. In 2015, North Carolina Injury and Violence Prevention Branch released the *North Carolina Suicide Prevention Plan.* This document will be a valuable resource as strategies are considered in the health priority, Mental Health and Substance Use.

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 elderly population and those without a high school education. We must also be aware of those residents facing disabilities, disparities in income and health care access, and the responsibilities of caring for grandchildren. These individuals are more likely to need public services and support. Transportation services are very limited in Pender County, causing further disadvantages for those with low income and fixed income.

Contrasting rates for infant mortality indicate a major concern as it pertains to racial disparity. Factors that impact birth outcomes include limited access to appropriate care, socioeconomic status, and the woman's health behaviors. Across North Carolina, whites have the lowest infant death rates compared to African American rates. In Pender County, the overall infant death rate for 2010-2014 was 7.3 versus the state rate of 7.1. According to the N.C. State Center for Health Statistics, Pender County lost six Caucasian babies and 13 African American babies during this five year period (numbers were too small to determine rates for either race). Primary causes of death were connected to perinatal conditions and birth defects.

Health Disparities (cont.)

As noted in the table below, disparities continue between Caucasians and African Americans. In addition, disparities also exist between males and females. Interventions must include actions that will address health behaviors, access to health care, and community outreach and education for such disparate groups. Health disparities are taken into account as the 2014 Community Health Assessment priorities and health action plans are implemented.

Pender County 2010-2014 Age-Adjusted Death Rates, Race-Specific and Sex-Specific

Cause of Death	White Rate	African American Rate	Male Rate	Female Rate
Cancer, All Sites	167.4	193.2	210.3	141.4
Heart Disease	155.0	148.6	182.0	124.6
Chronic Lower Respiratory Disease	48.5	35.4	45.8	45.5
Cerebrovascular Disease	39.4	65.9	45.4	42.2
Diabetes	17.0	47.2	27.6	18.2

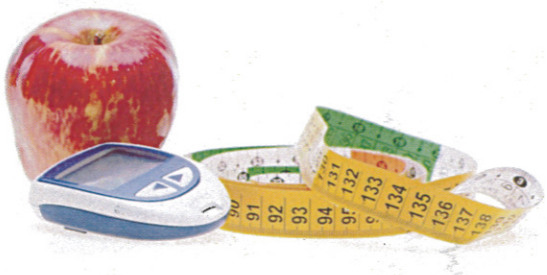
N.C. State Center for Health Statistics

Tracking Progress of Pender County Health Priorities

1. Mental Health and Substance Use	Progress
Identify available resources for mental health and substance abuse prevention and increase awareness among Pender County residents.	✓ On-going promotion of QuitlineNC via community events, brochures, and social media ✓ Educate health care providers of the QuitlineNC services and encourage referrals. ✓ Continued participation in state and regional activities for the promotion of smoke-free/tobacco-free policies. ✓ Distributed "No Vaping" clings and educational information about vaping to all county restaurants. Restaurant owners were asked to voluntarily consider going "Vapor Free" ✓ Distributed "No Vaping" clings to local motels desiring to go "Vapor Free". ✓ Training for health department nurses about Project Lazarus/Naloxone to prevent deaths for individuals that may overdose on opioids or are at risk for overdosing. ✓ Health department established standing orders for Naloxone Kits and their distribution. ✓ Public Health nurses were trained in Mental Health First Aid. ✓ Area mental health providers to train in "The Seven Challenges"-an evidence-based approach to decreasing substance use and improving mental health symptoms. ✓ Continued collaboration with school health nurses and counselors. ✓ Suicide Prevention forum for stakeholders to identify community strategies to reduce suicide deaths.

Tracking Progress of Pender County Health Priorities

2. Diabetes	***Progress***
Identify available resources for diabetes prevention and care and increase awareness among Pender County residents.	✓ Health department nurse has received national certification as a Diabetes Educator. ✓ On-going Diabetes Self-Management educational classes for county residents. ✓ Continued collaboration with health care providers to refer patients to the Diabetes Self-Management classes. ✓ On-going community classes on Chronic Disease Self-Management. ✓ Active participation in regional diabetes awareness campaigns. ✓ On-going promotion of available diabetes services via community events, brochures, work-site wellness, and social media. ✓ Active participation in regional activities to promote access to healthier foods in small retail venues.



TOGETHER WE CAN
STOP
DIABETES.

Tracking Progress of Pender County Health Priorities

3. Increasing Access to Physical Activity	***Progress***
Increase public awareness and promote opportunities for increasing physical activity.	✓ On-going collaboration with Pender County Parks and Recreation to promote county parks and activities. ✓ Continued participation in "Kids In Parks" program to promote activities for family and children. ✓ Maintain collaborative efforts with the public schools to conduct National Walk to School events. ✓ Partnered with an elementary and middle school to have weekly Walk to School events. ✓ Continued regional partnerships, including the public schools to promote Bike to School events. ✓ Conduct a bike rodeo with Cape Fear Cyclist. ✓ On-going participation in the Safe Routes to School programs. ✓ On-going promotion of programs, events and opportunities across the county, brochures, local newspapers, and social media (FaceBook, health department and county website)

New Initiatives

School Based Health Center (SBHC) - According to the National School-Based Health Alliance, SBHCs exist at the intersection of education and health. They are the safety net that prevents children and adolescents from falling through the cracks. SBHCs provide primary and preventive care and mental health services. The health department currently provides medical management for two school based health centers. A third site is scheduled to open Spring, 2016.

Child Birth Classes - Pender County residents have driven to New Hanover County for this service in the past making it a much needed service in our County . These sessions help expectant parents learn about and prepare for labor and the birth of their baby. A Certified Child Birth Educator leads these classes, teaching women how to cope with the labor and delivery process and encourage the women's partners to be active participants in the birthing process. Other topics include breastfeeding, postpartum and newborn care.

Vapor-Free Restaurants - Restaurant owners across Pender County were given educational information about the harmful effects from the vapor of electronic cigarettes. Businesses are encouraged to go "Vapor-Free" on a voluntary basis. The outreach campaign has been a great success and owners of area lodging venues have also opted to become vapor-free as well.

NC HepC TLC (Test, Link, Cure) - A new state program has been established in an effort to address the growing epidemic of Hepatitis C in the western and eastern sections of North Carolina. A marked increase in injection drug use is one factor in the rise of this disease. Although Pender County has not seen a dramatic increase in Hepatitis C, staff will participate in regional efforts to develop HepC prevention messaging, outreach, testing and linkage to care.

Emerging Issues

Evolving Infectious Diseases - Communicable disease and public health preparedness staff participate in on-going education and training in order to monitor and conduct surveillance across the county as new infectious diseases appear globally, nationally, and locally. Currently, the Zika Virus, a mosquito borne virus, has been connected to birth defects and microcephaly in babies as well as other neurological disorders. Staff help to assure local health care providers are aware of the latest treatment protocols. Ebola Virus outbreaks have decreased around the globe but staff continues to maintain close communication with hospital epidemiologists and the state communicable disease branch in an effort to be prepared in the case of any event.

Suicide Awareness and Prevention - Trends across the United States indicate that suicide rates are increasing in small towns and rural areas. In 2014, suicide became the leading cause of injury death for North Carolina residents. Pender County lists suicide as the 9th leading cause of death, with a rate that is 28% higher than the state. Depression is the number one risk factor for suicide and prescription pain killers is the third leading risk factor. The health department is leading efforts to build relationships with community stakeholders to promote community awareness and to identify strategies to prevent these unnecessary deaths.

Medicaid Reform - The North Carolina Division of Medicaid is developing a proposal to make changes to the state Medicaid program. Some of this intent includes improving rural health access, outcomes and equity along with strengthening the health care safety net. Local public health departments are essential providers for the safety net. Cost containment is a major reason for the reform effort and how payment system processes will align is uncertain. Health department staff must remain aware of future changes as programs and budgets are developed.