

2016

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

The 2016 State of the County Health (SOTCH) Report contains a summary of the current health status of Pender County residents. The report supplements the 2014 Community Health Assessment (CHA), which is conducted every four years and includes a more comprehensive analysis of the overall health status of the county. This assessment identified three health priorities:

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

The 2016 SOTCH reviews the most recent health statistics, tracks progress made in the last year as it is related to the health priorities, and identifies new initiatives and emerging issues that may impact the health status of residents in Pender County. The 2014 CHA and previous SOTCH reports can be found at the county libraries, the health department or online at:

<http://health.pendercountync.gov>



PENDER COUNTY SNAPSHOT

Population (2015 est.)	57,611	Percent White	76.3%
Population Projection 2019	62,871	Percent African American	17.1%
Population Projection 2029	75,181	Percent Hispanic/Latino	6.3%
Percent Female	50%	Median Household Income	\$44,828
Percent Male	50%	Median Family Income	\$56,277
Percent Under 5 Years Old	5.1%	Per Capita Income	\$23,561
Percent Under 19 Years Old	24.8%	Population Living Below Poverty	18.5%
Percent 65 Years and Older	16.7%	Under Age 18 Below Poverty	24.9%
Median Age	41.2	Age 65 and Older Living Below Poverty	12.4%

U.S Census Bureau, 2015



MATERNAL AND CHILD HEALTH

The 2011-2015 Pender County trend data for the maternal and child health populations has remained steady. The county's teenage pregnancy and teenage birth rates are lower than the state rates. Approximately 15% of pregnant women have less than a high school education while 30% have a college or post-graduate degree. In addition, two-thirds of pregnant women were married; 12% smoked during pregnancy and 83% had chosen to breastfeed at the time of hospital discharge. Sixty-six percent of women sought prenatal care in the first trimester which is very important for the health of the mother and child. Only four percent of pregnant women received no prenatal care at all prior to delivery.

Infant and child mortality rates are lower than the state rates for 2011-2015. The Pender County infant mortality rate was 6.9 versus a state rate of 7.2. During this time period, Pender County lost two Hispanic, seven White, and twelve African American babies. Due to the small numbers, the NC State Center for Health Statistics did not calculate a rate for the disparities.

10 LEADING CAUSES OF DEATH IN PENDER COUNTY, 2011-2015 AGE-ADJUSTED DEATH RATES

	Cause of Death	Pender County Rate	N.C Rate
1	Cancer, All Sites	176.7	169.1
2	Heart Disease	146.7	163.7
3	Cerebrovascular Disease	48.0	43.1
4	Chronic Lower Respiratory	45.2	45.9
5	Other Unintentional Injuries	29.6	30.5
6	Nephritis and Renal Diseases	22.3	16.3
7	Motor Vehicle Injuries	19.8	13.6
8	Diabetes	18.8	22.8
9	Suicide	16.8	12.7
10	Alzheimer's Disease	15.7	30.2
	All Causes	765.5	783.1

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

The top four causes of death are also found in many rural counties across the country. Researchers from the Centers for Disease Control have noted that rates for these diseases are higher in rural areas as compared to urban. Such factors as limited physical activity outlets, provider shortages, transportation options, and a higher prevalence of smoking are common in rural communities. Health education and prevention efforts face many challenges when trying to improve the community's health.

CHANGES IN DATA FOR 2016

The top ten leading causes of death in Pender County from the time period of 2010-2014 compared to 2011-2015, revealed a few changes to note since the 2014 Community Health Assessment. Health data reflected lower death rates for Chronic Lower Respiratory Disease and for Diabetes. It is encouraging to see death rates for diabetes continue to decline as this chronic disease was selected as Priority #2 in the CHA.



Chronic lower respiratory diseases such as asthma and COPD moved into the 4th leading cause of death as Cerebrovascular Disease moved to the 3rd most frequent cause of death. Suicide remained the 9th leading cause of death. Alzheimer's Disease moved into the top ten causes of death in Pender County. As the county's population, not unlike the rest of America, continues to age this devastating illness will most likely remain within these rankings.

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. And as noted earlier, rural communities face a variety of challenges compared to urban areas. Health disparities also exist for residents with disabilities, low income and limited health care access, and those who have responsibilities to care for grandchildren. These individuals are more likely to need public services and support. Pender County has few transportation options, creating further disadvantages for those with low or fixed incomes.

Contrasting rates for infant mortality indicate a concern as related 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. From 2011-2015, Pender County lost two Hispanic babies, seven Caucasian babies, and twelve African American babies. The primary causes of death were connected to perinatal conditions and birth defects.

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 to address health behaviors, access to health care, and community outreach and health education with a focus on such disparate groups. Such disparities are taken into account as the 2014 Community Health Assessment priorities and health action plans are implemented.

Pender County 2011-2015 Age-Adjusted Death Rates, Race-Specific and Sex-Specific				
Cause of Death	White Rate	African American Rate	Male Rate	Female Rate
Cancer, All Sites	173.9	198.6	218.5	145.7
Heart Disease	149.3	150.6	179.1	119.0
Chronic Lower Respiratory Disease	46.5	41.3	45.3	44.4
Cerebrovascular Disease	42.7	71.7	50.9	44.3
Nephritis and Renal Diseases	16.6	50.1	26.9	18.2
Diabetes	14.6	36.6	24.7	13.9

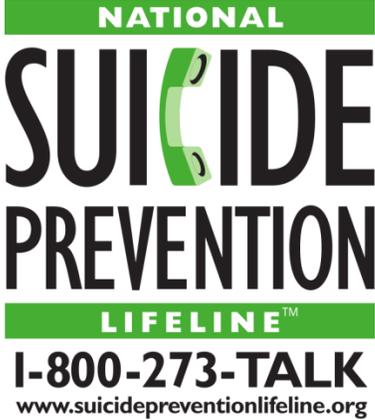
N.C. State Center for Health Statistics



TRACKING PROGRESS OF PENDER COUNTY HEALTH PRIORITIES

1. Mental Health and Substance Use	Progress
<p>Identify available resources for mental health and substance abuse prevention and increase awareness among Pender County residents.</p>	<ul style="list-style-type: none"> ✓ On-going promotion of QuitlineNC via community events, brochures, and social media ✓ Continued participation in state and regional activities for the promotion of smoke-free/tobacco-free policies. ✓ Participation in Dark Side of the Full Moon (SEAHEC) panel discussion on postpartum depression. ✓ On-going promotion of National Suicide Prevention Lifeline. ✓ Suicide Prevention forum for stakeholders to identify community strategies to reduce suicide deaths. ✓ Attended “Hope Squad Orientation Training” for suicide prevention at Pender High School. ✓ Maintains standing orders for Naloxone Kits and their distribution. ✓ Attended “Community in Crisis” Symposium and participated in Community Outreach Stakeholder workgroups as part of opioid epidemic initiative. ✓ Attended “Community Challenge Day Stakeholder Workgroup Meeting” at SEHEAC as part of opioid initiative. ✓ Participation in Six County Regional Prescription Drug Disposal Group ✓ Received 60 medication lock boxes from Coastal Horizons grant for use with Health Department CC4C program. ✓ Participation in Pender County Coalition to target mental health and substance abuse prevention needs for the County. Partnerships formed with Coastal Horizons,

	<p>PATH, Communities in Schools toward this goal.</p> <ul style="list-style-type: none"> ✓ On-going promotion of Coastal Horizon's programs via brochures, flyers, community events, social media and website. ✓ On-going referrals to Coastal Horizons ✓ Maintains up-to-date Resource Guide of Mental Health Providers in County for community members. ✓ Continued collaboration with school health nurses and counselors. ✓ Partnered with the Forensic Tests for Alcohol Branch to increase public awareness for DWI awareness and prevention and checking stations in the teenage population, "Pirates Promise" event held at Topsail High for students.
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TRACKING PROGRESS OF PENDER COUNTY HEALTH PRIORITIES

2. Diabetes	Progress
<p>Identify available resources for diabetes prevention and care and increase awareness among Pender County residents.</p> 	<ul style="list-style-type: none"> ✓ 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. ✓ Diabetes RN/Health educator attends YMCA DPP advisory board meetings regularly in Wilmington. ✓ On-going promotion of available diabetes services via community events, brochures, work-site wellness, and social media. ✓ Distribution of flyers promoting the Diabetes Prevention Program in the health department lobby and to doctors' offices and libraries in Pender County. ✓ Ongoing collaboration of Diabetes Health Educator with SENCRHC, Diabetes Networking event to implement programs in Southeastern NC. ✓ Diabetes Self-Management Classes at Pender Adult Services and Pender High School. ✓ Ongoing DSM classes in Spanish with Migrant Farmworker Outreach Program

TRACKING PROGRESS OF PENDER COUNTY HEALTH PRIORITIES

3. Increasing Access to Physical Activity	Progress
<p>Increase public awareness and promote opportunities for increasing physical activity.</p> 	<ul style="list-style-type: none"> ✓ On-going collaboration with Pender County Parks and Recreation to promote county parks and activities. ✓ “Kids In Parks” installation completed and open to community to promote activities for family and children. ✓ Ongoing collaborative efforts with the public schools to conduct National Walk to School events. ✓ Partnered with an elementary school to have weekly Walk to School events. ✓ Continued regional partnerships, including the public schools to promote Bike to School events. ✓ On-going participation in the Safe Routes to School programs. ✓ On-going promotion of programs, events and opportunities across the county, via brochures, local newspapers, and social media (Facebook, health department and county website). ✓ Ongoing classes for CDSMP benefits participants with the promotion of exercise. ✓ Collaboration with Town of Surf City for Heart Walk to promote physical activity and heart disease prevention.



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 three school based health centers. The third site located at Cape Fear Elementary/Middle Schools opened in the late Spring 2016. Tele-health is also offered at this new center when a provider is not present.

Spay/Neuter Program- Fundraising efforts by the Pender County Animal Shelter resulted in the establishment of an on-site spay/neuter program for shelter animals. A complete surgical room was added at the existing shelter in the Spring of 2016, with over 500 animals spayed/neutered prior to adoption. Before the program, only 20% of adopters were following through with spay/neuter for their pets. In addition, the shelter has performed several life-saving surgeries on shelter animals that may have otherwise been euthanized.

WIC Program- The Pender County Women's, Infants, and Children's Supplemental Nutrition Program has been chosen to pilot the North Carolina WIC EBT system also known as eWIC. The pilot will begin in October 2017. Automation will help the program become more efficient and consumer/retailer friendly. With the use of a mobile app, clients can complete required nutrition education sessions at their convenience.

Coastal Connect HIE (Health Information Exchange)- The HIE is a secure connection between health care providers and hospitals in southeastern North Carolina. This infrastructure allows for data sharing between providers and access to the patients' complete health record. Continuity of care is greatly improved utilizing the Exchange.

Patient Portal- The health department has implemented the Patient Portal via the agency's electronic health record system. The portal is web-based and ensures secure access to the patient's chart, lab results and radiology reports. Patients can access their medical record anytime, anywhere. Plans are to offer on-line appointments and medication refills in the near future.

Opioid Crisis- An epidemic of unintentional poisoning deaths is affecting southeastern North Carolina counties as well as much of the country. The vast number of these deaths are due to misuse/abuse of drugs like methadone, oxycodone, and hydrocodone. These opioid analgesics are involved in more deaths than cocaine and heroin. Health department staff is part of a regional effort involving numerous agencies working on ways to reduce untimely deaths and to identify evidence-based methods to prevent drug use and addiction.

EMERGING ISSUES

An Aging Population- Retirement of the Baby Boom Generation has begun and by 2030 this boomer retirement will nearly double the number of Social Security and Medicare recipients. Pender County will have more residents over the age of 65 years than under the age of 17. This change in demographics will present many challenges as well as opportunities. Health care practices and services will need to change and long-range planning should begin to prepare for new ways of caring for our residents.

Affordable Care Act- Changes to the ACA will likely occur in 2017. There is much uncertainty as to what those changes will be. Within the current ACA Bill lies public health funding for prevention and other programs. These funds are dispersed to the states and then to the counties.

Public Health 3.0- The newest initiative for local public health has been launched by the U.S. Department of Health and Human Services. Earlier versions focused on medical care and sanitation and agency capacity. The 3.0 version goes beyond traditional public health to engaging community partners and working to improve social determinants of health. Pender County Health Department staff has been working with community partners for many years. However, improving social determinants of health such as conditions in which people are born, grow, live, work and age will be challenging and require dedicated community support over a long period of time.



WANT TO DO SOMETHING? GET INVOLVED.

Community members can get involved by participating in Board of Health meetings, forums, community coalitions and outreach events. Get involved and help support your neighbor, family and friends with us in our mission of “Building a Healthier Tomorrow”.