Henderson County Community Health Assessment

2015

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HENDERSON COUNTY COMMUNITY HEALTH ASSESSMENT

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HENDERSON COUNTY 2015 CHA EXECUTIVE SUMMARY

Purpose and Process

A Community Health Assessment (CHA) identifies factors that affect the health of a population and determines the resources within the community to address these factors. Through collaboration among community leaders, public health agencies, businesses, hospitals, private practitioners and academic centers, a CHA Team identifies, collects, analyzes and disseminates information on community assets, strengths, resources and needs. The CHA is the foundation for discussion and action to improve and promote the health of community members.

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 (WNC).

This CHA report combines assessment activities and research and is based on both primary and secondary data sources. For the primary data, a survey vendor, Professional Research Consultants, Inc., was hired to administer a region-wide telephone-based Community Health Survey as well as an Online Key Informant Survey. In the random-sample Community Health Survey, 200 community members gave input 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 the Online Key Informant Survey, 29 community leaders, physicians, public health representatives, social service providers and other health professionals shared their opinions and perceptions of the health of area residents. Through this process, input was gathered from individuals whose organizations work with low-income, minority populations or other medically underserved populations. In addition, 21 focus groups, listening sessions and client interviews were conducted in Henderson County that included 169 participants ages 12-85. Questions were intended to discover the community's viewpoint and concerns about life, health matters and other issues important to residents. Secondary data was gathered from a wide range of sources accessible in the public domain including (but not limited to) the US Census Bureau, the NC State Center for Health Statistics and the NC Division of Medical Assistance.

Data Summary

Community

Henderson County has a large elderly population due to a favorable climate and regional location for retirees. Individuals age 65 and older make up 24.5% of the population, compared to 14.7% statewide. The county also has a very low non-white population. According to the 2014 US Census, the estimated population has grown to 111,149; 93% of the population is white and

3.4% is African-American. In 2014, Hispanics (of any race) made up 9.9% of the county population.

Henderson County has experienced steady population growth for over four decades, and is projected to continue a similar trend for at least the next fifteen years, despite declining birth rates. It is estimated that the elderly population will continue to grow as well, with the highest percentage of growth to occur in the age group of 85 and older. Though unemployment rates in the county have been decreasing and are lower than the state, total poverty has increased overall. More children than adults live in poverty in Henderson County. Economic burden is often measured by how many households spend 30% or more in housing. Renters in Henderson County on average are spending more of their income on housing compared to those in the region and state, and those rates have been steadily rising. Mortgage holders are spending closer to the state rates, though many are still spending more than 30%.

Health Outcomes

When compared with peer counties and the state, Henderson County is a relatively healthy county. According to the Robert Wood Johnson Foundation's 2015 County Health Rankings, Henderson County ranks 13th overall out of 100 counties in North Carolina. The leading causes of death in Henderson County are cancer, heart disease, chronic lower respiratory disease, unintentional injuries (including drug overdose), cerebrovascular disease, Alzheimer's disease, suicide, pneumonia and influenza, chronic liver disease and unintentional motor vehicle injuries. Mortality rate trends in Henderson County have decreased (or stabilized) over time for all leading causes of death except suicide and chronic liver disease. Henderson County mortality rates for unintentional injuries, Alzheimer's disease, suicide and chronic liver disease are higher than comparable state mortality rates.

Other health indicators show infant mortality and low birth weight rates have been steadily decreasing overall since the 2002-2006 reporting period. Both rates are lower than the WNC regional average and the state average. The teen pregnancy rate has been steadily decreasing overall since the 2002-2006 reporting period and continues to be slightly lower than the state rate. Rates for chlamydia, gonorrhea and HIV have been consistently lower than state averages.

According to the most recent NC-NPASS data, 18.2% of the participating children in Henderson County age 2-4 were deemed "overweight," and an additional 14.1% were deemed "obese." Being overweight or obese is a major factor in increasing one's risk for chronic diseases such as diabetes and hypertension. Sedentary lifestyle, the high cost of nutritious foods and the lack of safe walking and biking areas in some areas of the county make it difficult for people to make healthy choices.

Opioids caused the highest proportion of drug overdose deaths in Henderson County and in the state. This category includes hydrocodone, oxycodone, morphine, codeine and related drugs. Henderson County's rates are higher than the state's for these overdoses. The numbers of residents being served by mental health programs has been decreasing. However, decreased access does not mean decreased need. Due to funding cuts and organizational changes, many patients are left to seek services from hospital emergency rooms and many more are left with no services at all. Blue Ridge Community Health Services currently reports more than 10,000 patients with a behavioral health diagnosis, The Free Clinics reported 436 unduplicated mental health patients in 2015 and Pardee Hospital reported an average of 250 mental health visits a month in 2015 – up from an average of 170 in 2014.

Populations at Risk

The elderly, regardless of income, can be isolated and need mobile meals, independent living services, nursing care and socialization. Minorities and undocumented residents often have difficulty obtaining health and dental care. Poverty has increased and those living in poverty often face barriers to accessing affordable housing, transportation, healthy food and health care.

Health Priorities

After a thorough review of the primary and secondary data, a CHA Data Team recommended eight key health issues in Henderson County. An overview of key data and these key issues were presented at a community forum attended by almost 100 community leaders, elected officials, stakeholders, residents and media for ranking. Findings were presented to the Henderson County Board of Health and to the Partnership for Health. The top priorities were identified as:

- **Health Priority 1:** Access/Quality of Mental Health Services
- **Health Priority 2:** Substance Abuse
- **Health Priority 3:** Obesity
- **Health Priority 4:** Safe and Affordable Housing

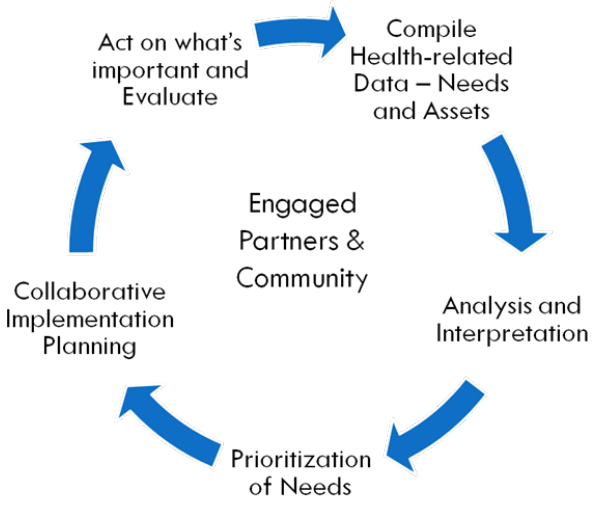
Next Steps

CHA findings will be disseminated to stakeholders and community members. These findings however are just the first steps in understanding and addressing priority health needs in a community. Local hospitals and community partners will collaborate to create Community Health Assessment Action Teams to develop action plans and related strategies for addressing the four health priorities over the next three years. If you have questions about this report, or if you would like more information on becoming involved with new projects or serving on the Community Health Assessment Action Teams, please contact Stacy Taylor at the Henderson County Department of Public Health at 828-694-6063.

CHAPTER 1 – COMMUNITY HEALTH ASSESSMENT PROCESS

Purpose

The Community health assessment (CHA) is an important part of improving and promoting the health of county residents. **The CHA is a key step in the ongoing community health improvement process**. It is both a process and a product; and it investigates and describes the current health indicators and status of the community, what has changed and what still needs to change to reach a community's desired health-related results.



Definition of Community

Community is defined as "county" for the purposes of the North Carolina Community Health Assessment Process. Henderson County is included in Park Ridge Health and Margaret R. Pardee Hospital's community for the purposes of community health improvement, and as such, they were key partners in this local level assessment.

WNC Healthy Impact

WNC Healthy Impact is a partnership between hospitals and health departments 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 (www.WNCHealthyImpact.com). Our county and partner hospitals are involved in this regional/local vision and collaboration. Participating counties include: Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania and Yancey.

Data Collection

The set of data reviewed for our community health assessment process is comprehensive, though not all of it is presented in this document. Within this community health assessment product we share a general overview of health and influencing factors, and then focus more on priority health issues identified through this collaborative process. Our assessment also highlights some of our community strengths and resources available to help address our most pressing issues.

Core Dataset Collection

The data reviewed as part of our community's health assessment came from the WNC Healthy Impact regional core set of data and additional local data compiled and reviewed by our local CHA team. WNC Healthy Impact's core regional dataset includes secondary (existing) and primary (newly collected) data compiled to reflect a comprehensive look at health. The following dataset elements and collection are supported by WNC Healthy Impact data consulting team, a survey vendor and partner data needs and input:

- A comprehensive set of publically available secondary data metrics with our county compared to the sixteen county WNC region as "peer"
- Set of maps accessed from Community Commons and NC Center for Health Statistics
- Telephone survey of a random sample of adults in the county
- Key informant email survey

See Appendix A for details on the regional data collection methodology.

Additional Community-Level Data

Additional data for Henderson County was collected from:

- Local Youth Risk Behavior Survey (YRBS) conducted in 2015 – Henderson County Schools
- Henderson County Economic Assessment conducted in 2015 – Henderson County Commissioners
- Local focus groups, listening sessions and client interviews conducted in 2015 – Henderson County Department of Public Health.

Health Resources Inventory

An inventory of available resources of our community was conducted through reviewing a subset of existing resources currently listed in the 2-1-1 database for our county as well as working with partners to fill in additional information. Where gaps were identified, we partnered with 2-1-1 to fill in or update this information when applicable. See Chapter 7 for more details related to this process.

Community Input & Engagement

Including input from the community is an important element of the community health assessment process. Our county included community input and engagement in a number a ways:

- Partnership on conducting the health assessment process
- Primary data collection efforts (survey and key informant interviews)
- The identification and prioritization of health issues

In addition, community engagement is an ongoing focus for our community and partners as we move forward to the collaborative action planning phase of the community health improvement process. Partners and stakeholders with current efforts or interest related to priority health issues will continue to be engaged. We also plan to work together with our partners to help assure programs and strategies in our community are developed and implemented with community members and partners.

At-Risk & Vulnerable Populations

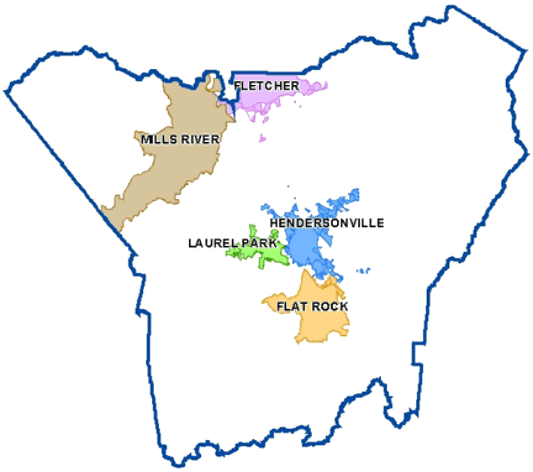
Throughout our CHA process and product, our team was focused on understanding general health status and related factors for the entire population of our county as well as the groups particularly at risk for health disparities or adverse health outcomes. For the purposes of the CHA, we aimed to understand variability in health outcomes of medically underserved, low-income, minority, and others experiencing health disparities. Analysis of the CHA data has provided insight into populations who may be particularly "at risk":

- Henderson County's large Hispanic population may be especially at risk due to documentation issues and language barriers. Minority residents often have difficulty obtaining health and dental care.
- While Henderson County is a preferred retirement destination, the elderly, regardless of income, can be isolated and need mobile meals, independent living services, nursing care and socialization. In addition, the considerably large senior population may provide unique challenges during an emergency depending on transportation issues and hearing/visual impairments
- More children than adults live in poverty in Henderson County and total poverty has increased despite decreasing unemployment rates. Those living in poverty often face barriers to accessing affordable housing, transportation, healthy food and health care.

CHAPTER 2 – HENDERSON COUNTY

Location and Geography

Henderson County is in the western section of the state and is bordered by the state of South Carolina and Transylvania, Haywood, Buncombe, Rutherford and Polk counties. The present land area is just over 373 square miles. Henderson County is considered a "typical" mountain county because it is comprised of mountain ranges, isolated peaks, a rolling plateau and level valley areas. Elevations range from 1,400 feet near Bat Cave at the foot of the Blue Ridge Mountains to 5,000 feet on Little Pisgah Mountain. Interstate 26 runs through Henderson County. Hendersonville is the county seat and is 120 miles to the nearest major city, which is Charlotte. Henderson County also includes the municipalities of Flat Rock, Mills River, Laurel Park and Fletcher. Towns in the county include Bat Cave, Balfour, East Flat Rock, Edneyville, Etowah, Dana, Gerton, Horse Shoe, Mountain Home, Naples, Tuxedo and Zirconia. The nearest commercial airport is Asheville Regional Airport, which is located on the Henderson/Buncombe county line off Interstate 26.



History

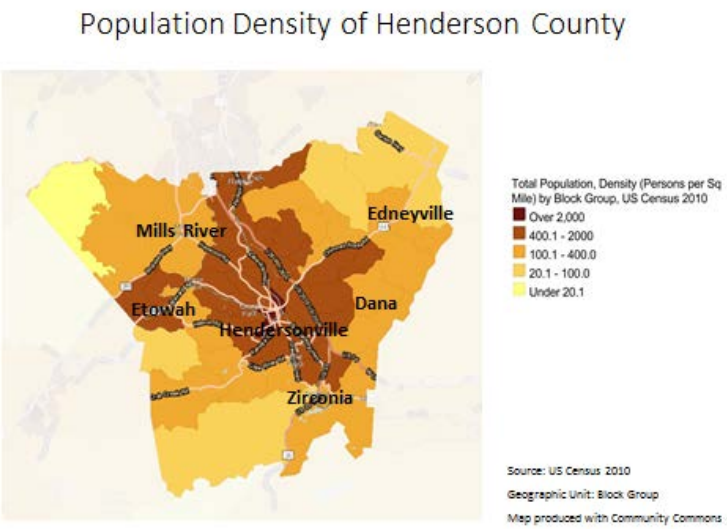
The Henderson County area was a rich, rolling uninhabited Cherokee hunting ground before Revolutionary War soldier William Mills "discovered" it in the late 1780s. Mr. Mills and his wife Eleanor made their home in the Fruitland area, where they raised their family of seven children. Each year, Mr. Mills planted hundreds of fruit trees, and seeing them thrive, his neighbors began imitating him. Thus William Mills became the father of the county's apple industry, the forerunner of the multi-million dollar production of today. As in many other areas of Western North Carolina, the county's history has close ties to agriculture. In fact, agriculture was the primary livelihood of most of Henderson County's residents during that time. Their major crops were corn, wheat, rye, grass, potatoes, cabbage and of course apples. Another source of revenue for many settlers came from early tourism. Prior to its incorporation in the early 1800s, the Hendersonville-Flat Rock area became a popular summer resort for wealthy South Carolina planters and dwellers who wished to escape the intense heat, insects and diseases of the Low Country.

Henderson County Government had its official beginning in 1838 when it was formed from Buncombe County. It was named in honor of Judge Leonard Henderson, Chief Justice of the

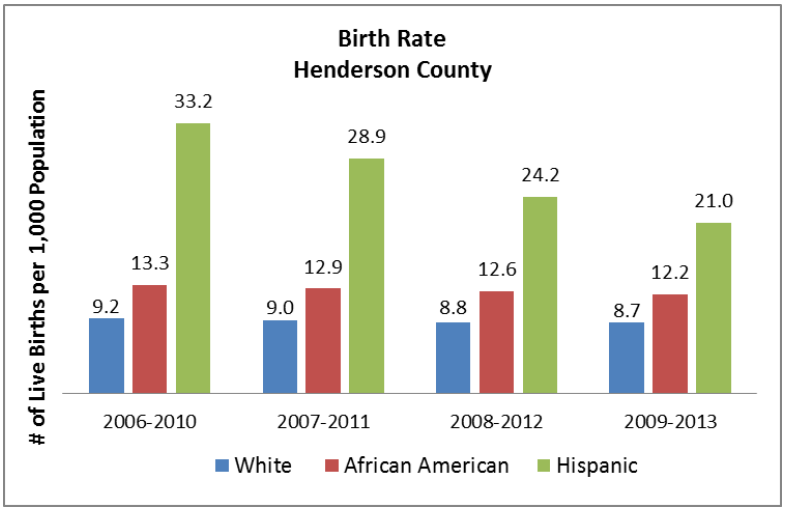
Supreme Court of North Carolina. Judge Mitchell King donated fifty acres of land from his summer estate for the county seat, Hendersonville, in 1841. Hendersonville was incorporated six years later. The county's close ties to agriculture have also supported its prosperity. Henderson County continues to be North Carolina's largest apple producer and is the home of the North Carolina Apple Festival each year. Many of the county's landowners are committed to continuing agriculture both because of its tradition and because of its importance to economic diversity of the community.

Population

Henderson County has a large elderly population due to a favorable climate and regional location for retirees. Individuals age 65 and older make up 24.5% of the population, compared to 14.7% statewide. The county also has a very low non-white population. According to the 2014 U.S. Census, the estimated population has grown to 111,149. Ninety-three percent of the population is white and 3.4% is African-American. In 2014, Hispanics (of any race) made up 9.9% of the county population.



Henderson County has experienced steady population growth for over four decades, and is projected to continue a similar trend for at least the next fifteen years – despite declining birth rates. It is estimated that the elderly population will continue to grow as well, with the highest percentage of growth to occur in the age group of 85 and older. The birth rate among Hispanics in Henderson County has been significantly higher than the comparable rates among other racial groups, but birth rates in all racial/ethnic groups in the county appear to be falling. Though unemployment rates in the county have been decreasing and are lower than the state, total poverty has increased overall. More children than adults live in poverty in Henderson County.



Chapter 3 – A Healthy Henderson

Elements of a Healthy Community

When key informants were asked to describe what elements they felt contributed to a healthy community in our county, they most frequently reported:

- Access to Quality and Affordable Health Care
- Affordable and Clean Housing
- Employment Opportunities
- Encouraging Physical Activity

"(We have a) beautiful natural environment and strong economy. Great health care providers and an excellent group of social service organizations that provide an effective safety net for those in need."

Requirements for Quality of Life

When asked, key informants most often described the following as issues that must be addressed in order to improve the quality of life in Henderson County:

- Affordable Housing
- Education
- Employment
- Mental Health
- Transportation

Community Assets

We also asked key informants to share some of the assets or "gems" they thought were important in our community. They most frequently characterized the following ideas:

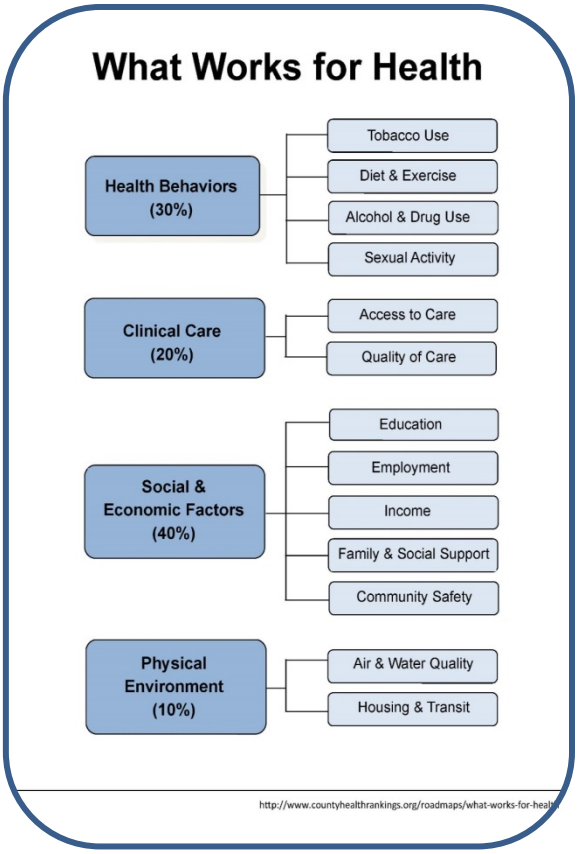
- Henderson County's Natural Environment
- Local Agencies
- Sense of Community
- People

During our collaborative action planning efforts and next steps, we will further explore these concepts and the results our community has in mind.

CHAPTER 4 – SOCIAL & ECONOMIC FACTORS

Knowing What Affects Health

Our health and well-being are due not only to the health care we receive and the choices we make, but also to the places where we live, learn, work and play. Years ago, it was thought that if we just increased access to care, it would lead to improved health outcomes. However, we now see that social and economic factors (like education, employment and family and social support) actually contribute the most.



Employment

"Employment provides income and, often, benefits that can support healthy lifestyle choices. Unemployment and under employment limit these choices, and negatively affect both quality of life and health overall. The economic condition of a community and an individual's level of educational attainment both play important roles in shaping employment opportunities." (RWJF, 2016)

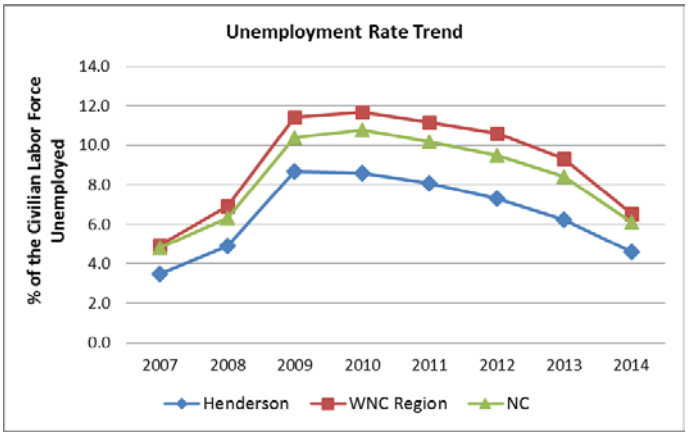
As of 2013, more of Henderson County's resident workers out-commuted for employment than worked in the County. Additionally, nonresident in-commuting workers outnumbered resident workers employed in the County. The largest employment sectors are Health Care and Social Assistance, Manufacturing and Retail Trade. The average weekly wages for these employees were:

- Health Care and Social Assistance: 18.62% of workforce ($783)
- Manufacturing: 15.05% of workforce ($955)
- Retail Trade: 13.28% of workforce ($485)

Region-wide in 2013 the largest employment sector was Health Care and Social Assistance (18.37%) at an average weekly wage of $655 per employee. Statewide the largest employment sector also was Health Care and Social Assistance (14.48%) at an average weekly wage of $859.

Notice the gap in average weekly wages between the Health Care and Social Assistance and Manufacturing sectors and the Retail Trade sector. Persons working in the Retail Trade sector

tend to lack employment benefits such as health insurance and retirement programs; many work part-time, sometimes at multiple jobs. This is a sector whose relative poverty leaves them vulnerable to emotional stress and poor health outcomes.



The unemployment rate in Henderson County has been decreasing and is lower than the comparable rates for WNC and the state. In addition, when asked, those who participated in the Community Phone Survey reported that the Economy or Unemployment was the top county issue perceived as in most need of improvement.

Income

"Income provides economic resources that shape choices about housing, education, child care, food, medical care, and more."
(RWJF, 2016)

As of 2013, Henderson's County's average annual wage (AAW) equaled $35,929; the figure is 24 percent below the state and 39 percent below the nation. After adjusting for inflation, the County's AWW has decreased by $764 or 2.6 percent over the last ten years. Over the same period the statewide AAW increased by 3.8 percent and nationally by 4.7 percent. (2015 Henderson County Economic Assessment)

Income

In Henderson County:

- 2009-2013 Median Household Income = $44,815
  - ▲ $1,631 since 2006-2010
  - $5,928 **above** WNC average
  - $1,519 **below** NC average
- 2009-2013 Median Family Income = $57,062
  - ▼ $1,319 since 2006-2010
  - $8,511 **above** WNC average
  - $134 **above** NC average

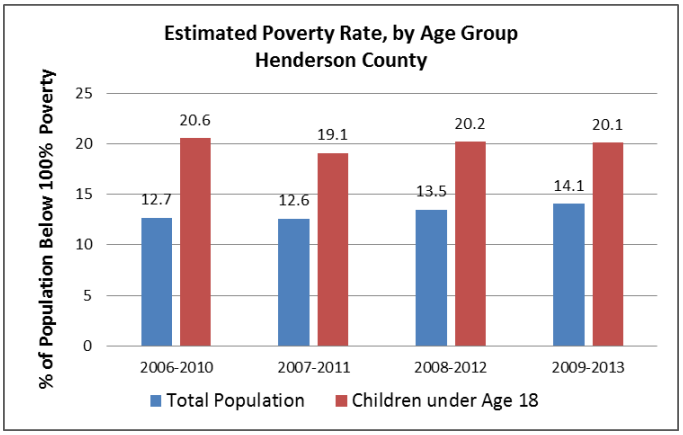
Household: all people in a housing unit sharing living arrangements; may or may not be related
Family: householder and people living in household related by birth, marriage or adoption.
All families are also households; not all households are families.

Source: US Census Bureau

In Henderson County, the median household income (referring to people sharing a home, whether related or not) has increased, but is still below the state average. The median family income (referring to people sharing a home who are related by birth, marriage or adoption) has decreased, but is still above the state average.

County	Percent Total Population Below 100% Poverty Level			
	2006-2010	2007-2011	2008-2012	2009-2013
Henderson County	12.7	12.6	13.5	14.1
WNC Region	**15.7**	**16.1**	**16.9**	**18.0**
State of NC	15.5	**16.1**	16.8	17.5

In spite of unemployment rates falling, total poverty in Henderson County increased overall. In Henderson County, WNC and NC the total poverty rate increased overall throughout the period cited, and the total poverty rate in Henderson County was lower than the comparable regional rate and state rate (Bureau, 2006-2010).



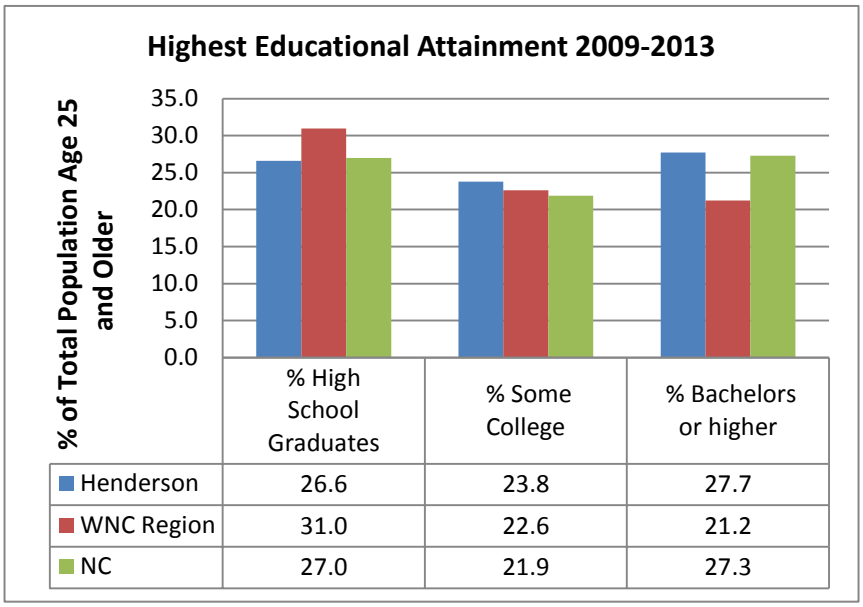
In Henderson County, as elsewhere, children suffer disproportionately from poverty. In Henderson County in each period cited the estimated poverty rate among children under age 18 was from 43% to 62% higher than the overall poverty rate.

According to an annual point-in-time census of the homeless population in Henderson County, the total number of homeless persons peaked in 2013 and an average of 19% were deemed "chronically homeless" which means they have a disability AND have been homeless for at least 1 year, or have had 4 episodes in 3 years. Throughout the period cited most of the county's homeless were adults and approximately 5% were military veterans. (NC Coalition to End Homelessness, 2015)

Education

"Better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive." (RWJF, 2016)

Henderson County residents are relatively well-educated.

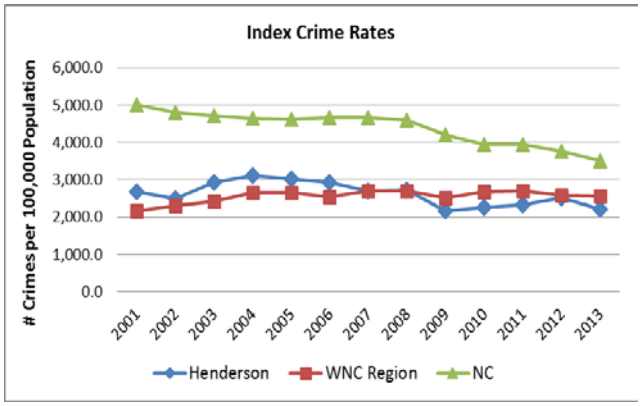


Compared to the **WNC Region average**, Henderson County has:

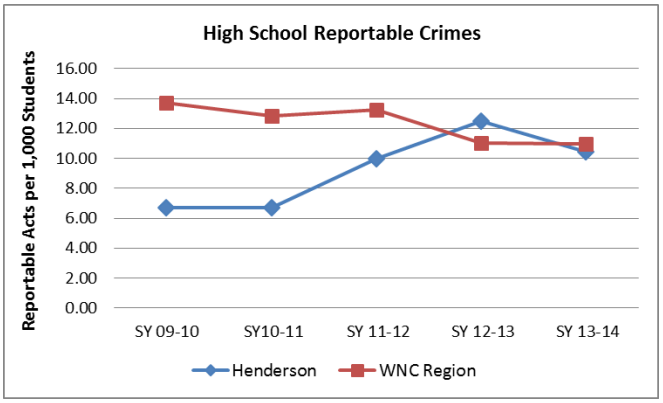
- **14% *lower*** percentage of persons in the population over age 25 having only a high school diploma or equivalent (2009-2013 Estimate)
- **31% *higher*** percentage of persons in the population over age 25 having a Bachelor's degree or higher (2009-2013 Estimate)
- **6% *higher*** overall HS graduation rate (for 4-year cohort of 9th graders entering school in SY 2010-2011 and graduating in SY 2013-2014 or earlier)

Community Safety

"Injuries through accidents or violence are the third leading cause of death in the United States, and the leading cause for those between the ages of one and 44. Accidents and violence affect health and quality of life in the short and long-term, for those directly and indirectly affected." (RWJF, 2016)



Index crime is the sum of all violent and property crime. The index crime rate in Henderson County was lower than the comparable NC average in every year cited. Henderson County exceeded the regional rate from 2001-2006 but was lower than the regional rate from 2009-2013. The number of domestic violence calls in Henderson County has been steadily increasing overall since 2007. In FY 2013-2014, 232 persons in Henderson County were identified as victims of sexual assault.



The most frequently reported specific type of sexual assault in Henderson County during the period was adult survivor of child sexual assault (33%). Regionally, the most frequently reported type was adult survivor of child sexual assault (23%); statewide the most frequently reported type was child sexual offense (26%).

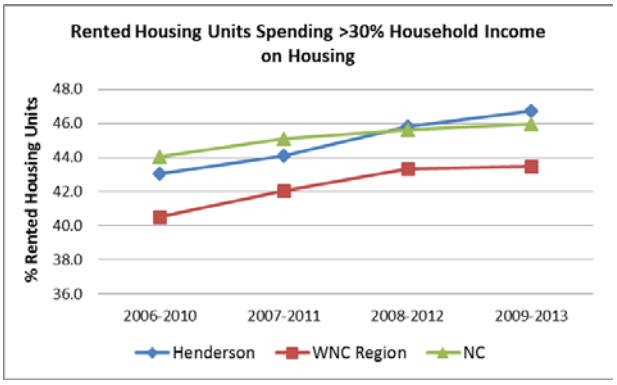
State-wide and region-wide the most commonly reported offender was a relative. In Henderson County the most common offender also was a relative. Substantiated reports of child abuse in Henderson County fluctuated between 2006 and 2010, but averaged 193 per year.

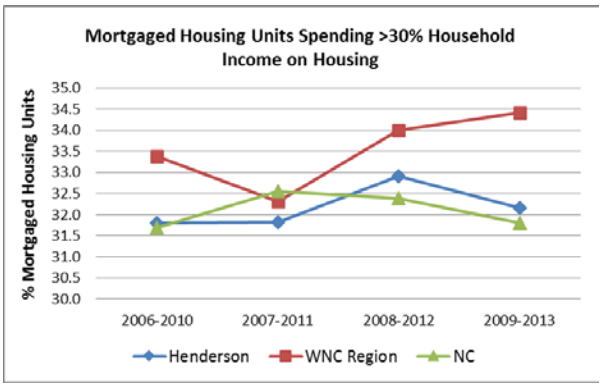
Between 2006 and 2012 there was one child abuse homicide in the county. While the regional high school crime rate appeared relatively stable over the period cited, the rate of reportable crimes in Henderson County Schools rose from SY 2010-2011 through SY 2012-2013 before decreasing again in SY2013-2014.

Housing

"The housing options and transit systems that shape our communities' built environment affect where we live and how we get from place to place. The choices we make about housing and transportation, and the opportunities underlying these choices, also affect our health." (RWJF, 2016)

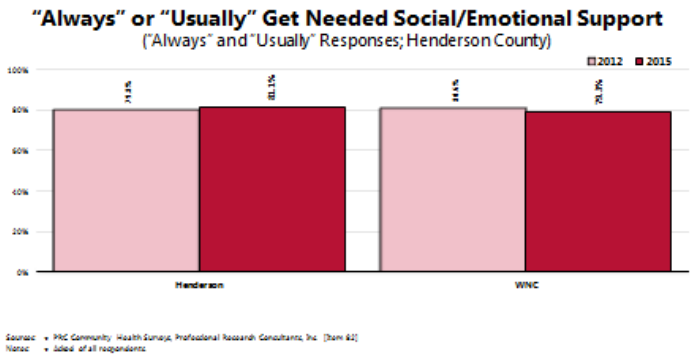
One measure of economic burden in a community is the percent of housing units spending more than 30% of household income on housing. In 2009-2013, a higher proportion of Henderson County renters but a lower proportion of county mortgage holders spent >30% of household income on housing than the WNC average. The proportion of Henderson County renters spending more than 30% of household income on rent increased steadily between 2006-2010 and 2009-2013.





Family & Social Support

"People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Neighborhoods richer in social capital provide residents with greater access to support and resources than those with less social capital." (RWJF, 2016)



Though 81.1% of survey responders reported getting the social and

emotional support they needed, Henderson County is home to a large number of retirees. The elderly, regardless of income, can be isolated and need mobile meals, independent living services, nursing care and socialization.

CHAPTER 5 – HEALTH DATA FINDINGS SUMMARY

Mortality

Residents of Henderson County can expect to live longer than those living in the rest of the region or the state. The overall life expectancy for residents is 79.3 years.

Life Expectancy at Birth for Persons Born in 2011-2013

County	Overall	Sex		Race	
		Male	Female	White	African-American
Henderson	79.3	77.0	81.6	79.4	74.4
WNC (Regional) Arithmetic Mean	77.7	75.3	80.2	77.9	75.2
State Total	78.2	75.7	80.6	78.8	75.9

Source: NC State Center for Health Statistics

The leading causes of death are depicted in the table below. According to the data, people in Henderson County have lower mortality than the population statewide for nine of the fifteen leading causes of death. However, it is important to note that our mortality rates are higher than the state's average for Unintentional Injuries (including overdose), Alzheimer's Disease, Suicide and Chronic Liver Disease. In addition, our rates for Suicide and Chronic Liver Disease have been increasing over time as mortality rates for all other causes have decreased or stayed the same.

Age-Adjusted Rates (2009-2013)	Henderson No. of Deaths	Henderson Mortality Rate	Rate Difference from NC	Henderson Trend over Time
1. Total Cancer	1372	152.6	-12%	▼
2. Diseases of the Heart	1388	148.6	-13%	▼
3. Chronic Lower Respiratory Disease	405	43.7	-5%	▼
4. All Other Unintentional Injuries (including overdose)	281	37.7	+29%	No change
5. Cerebrovascular Disease	343	35.6	-19%	▼
6. Alzheimer's Disease	318	31.1	+8%	▼
7. Suicide	93	15.6	+28%	▲
8. Pneumonia and Influenza	141	14.8	-17%	▼
9. Chronic Liver Disease and Cirrhosis	88	12.2	+28%	▲
10. Unintentional Motor Vehicle Injuries	68	12.1	-12%	▼
11. Diabetes Mellitus	97	11.3	-48%	▼
12. Nephritis, Nephrotic Syndrome, Nephrosis	96	9.9	-44%	▼
13. Septicemia	57	6.4	-54%	▼
14. Homicide*	14	2.8	-52%	▼
15. AIDS*	5	0.8	-69%	▼

*: Rate unstable

Source: NC State Center for Health Statistics

Males in Henderson County generally fare poorly compared to females in terms of mortality. This is not a new trend; it is a long-standing and wide-spread problem. There are only two stable racially-stratified mortality rates in Henderson County (Total Cancer and Diseases of the Heart), but in both cases mortality is higher among African Americans than among whites. While racially and ethnically stratified mortality data for Henderson County for 2009-2013 isolates the Hispanic population, there were too few deaths among Hispanics to yield stable mortality rates. The overall death rate among Hispanics (248.9) is far lower than the comparable rate among non-Hispanic whites (727.3) or non-Hispanic African-Americans (1,216.6).

Health Status & Behaviors

Overall Health Status

Each year, America's Health Rankings™ has tracked the health of the nation and provided a comprehensive perspective on how the nation – and each state – measures up. According to the 2015 America's Health Rankings, the state of NC ranked 35th overall in the country. According to the 2015 County Health Rankings, Henderson County was ranked 13th overall among the 100 North Carolina counties. Henderson County also ranked:

- 18th in length of life
- 13th for quality of life

And when looking at health factors, Henderson County ranked

- 3rd for health behaviors
- 17th for clinical care
- 9th for social and economic factors
- 31st for physical environment

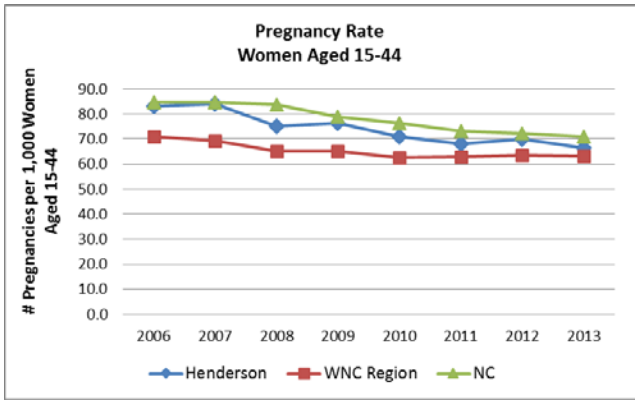
In addition, when asked, only 2.8% of Community Phone Survey participants indicated that they felt Henderson County was just a fair or a poor place to live. Only 13.8% of residents stated that they experience "fair" or "poor" overall health. Finally, of those who reported that they were limited in activity in some way due to physical, mental or emotional problems, most listed back/neck problems or difficulty walking as the types of problems that limit activity. (Professional Research Consultants, 2015)

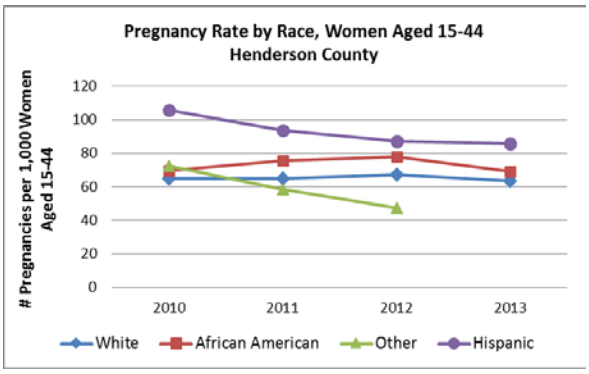
Maternal & Infant Health

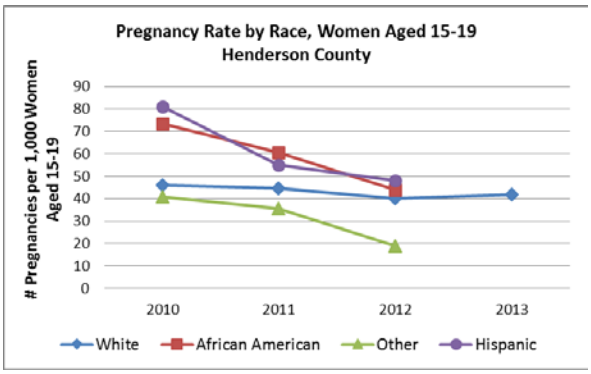
The total pregnancy rates in Henderson County, WNC region and the state of North Carolina have all fallen overall since 2006, but appear to have stabilized recently. Throughout the period cited, the total pregnancy rate in Henderson County was between that of the region and the

state. In addition, the teen pregnancy rates (women age 15-19) have fallen significantly overall since 2006.

Among Henderson County women age 15-44, the highest pregnancy rates appear to occur among Hispanics. Among teens age 15-19, many of the racially stratified pregnancy rates over the period cited were unstable, except for the rates for whites.

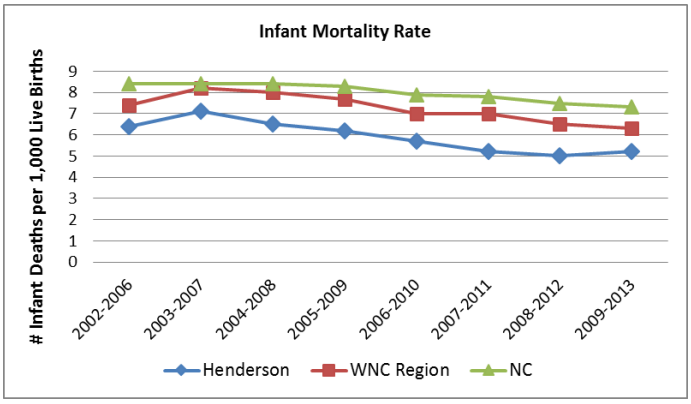






Source: NC State Center for Health Statistics

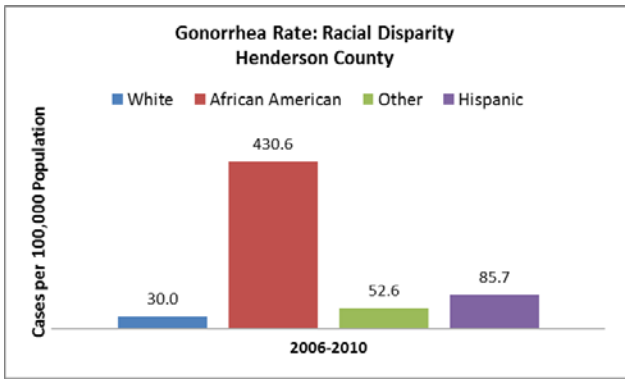
When looking at pregnancy risk factors, the percentage of Henderson County women who smoked during pregnancy fluctuated but decreased overall between 2008 and 2013, while comparable percentages for the region and the state did not change significantly over the same period. Also, Henderson County had the highest percentages of early prenatal care among its comparators at the region and the state throughout the period cited.



Source: NC State Center for Health Statistics

When reviewing pregnancy outcomes, the percentages of Henderson County women experiencing low birth-weight (<5.5 lbs.) and very-low birth-weight (<3.3 lbs.) births have decreased since the 2002-2006 reporting period. The infant mortality rate fell gradually but steadily after the 2003-2007 reporting period. Infant mortality was lower in Henderson County than in both the WNC region and NC as a whole over the span of time cited. And except for whites, all racially and ethnically stratified infant mortality rates in Henderson County were unstable between 2002-2006 and 2008-2012.

In other notes, the percentage of pregnancies per 1,000 Henderson County women age 15-44 that ended in abortion fell overall from 9.3 in 2006 to 5.6 in 2013. The percentage of pregnancies per 1,000 Henderson County women age 15-19 (teens) that ended in abortion also fell overall from 11.0 in 2006 to 6.7 in 2012, before being supressed due to below-threshold numbers of events.



Source: NC DPH, Communicable Disease Branch, Epidemiology Section

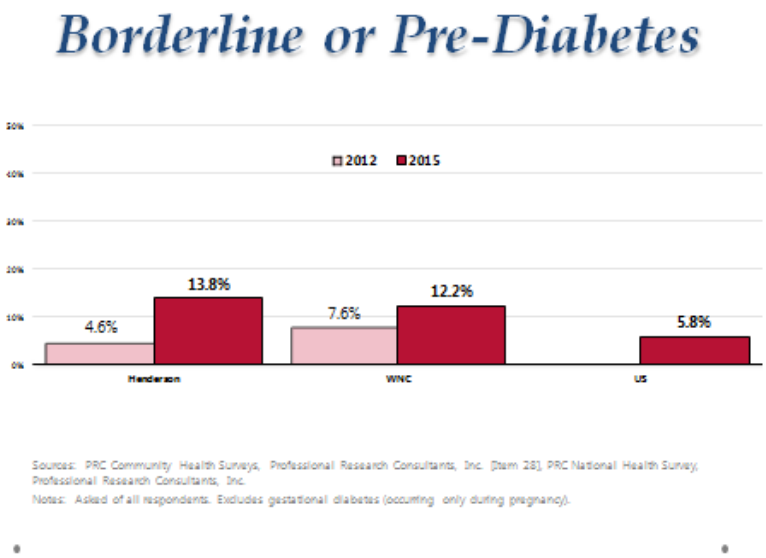
Sexually Transmitted Infections

The chlamydia infection rate in Henderson County was lower than the WNC regional rate and the NC rate from 2007-2013. The gonorrhea rate has consistently been higher than the regional rate, but lower than that of the state. In the period 2006-2010, the gonorrhea infection rate among African-Americans in Henderson County was over 7 times the combined average rate (56.1) for the other racial groups shown. The HIV incidence rate in NC has been decreasing steadily since 2005-2007. The rates in WNC and Henderson County were consistently lower than the state rate and have changed little since then.

Chronic Disease

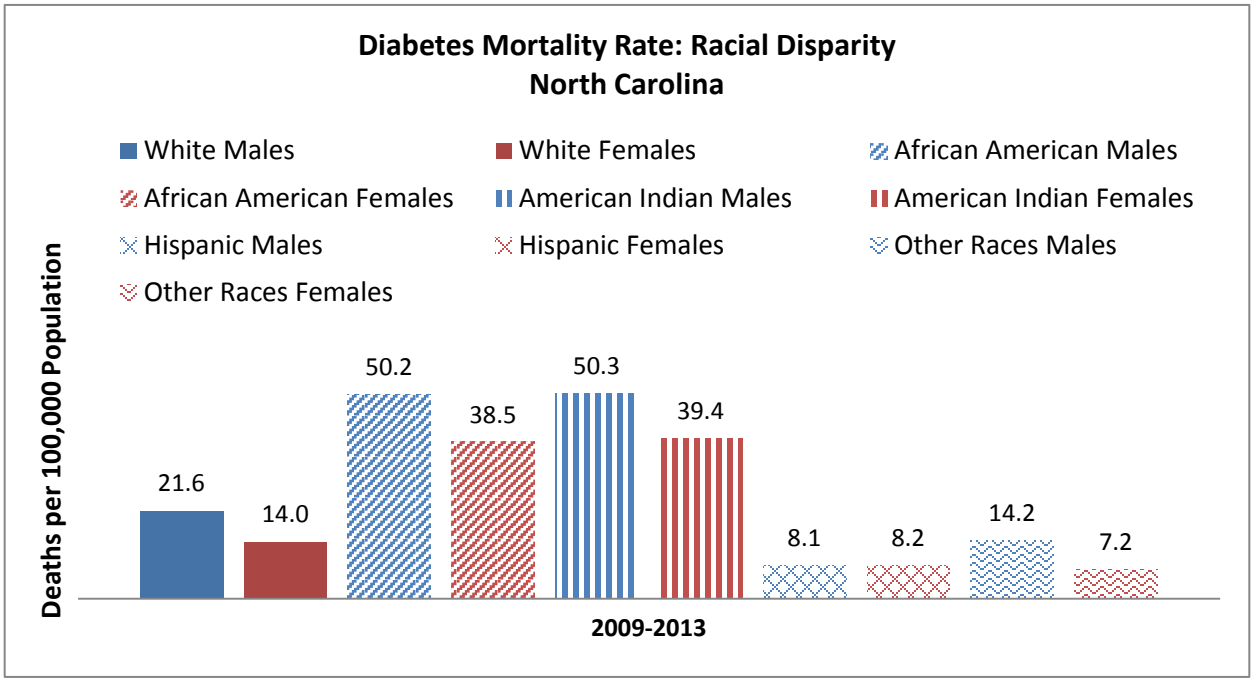
Chronic diseases including diabetes, cancer and heart disease are major issues in Henderson County. While strides in modern medicine allow us to live longer with chronic illnesses, quality of life is often affected in a negative way.

Diabetes is the eleventh leading cause of death in Henderson County. The average self-reported prevalence of adults in Henderson County with diabetes was 7.7%, compared with 9.0% across WNC in the period from 2005-2011. Prevalence of self-reported adult diabetes has been rising since 2005 (CDC/BRFSS, 2015). In addition, self-reported prevalence of borderline or pre-diabetes has also increased.



There are significant racial disparities when it comes to Diabetes Mortality Rates. Rates

for African-Americans and American Indians in North Carolina are disproportionately higher than other races.



Source: NC State Center for Health Statistics

Cancer is the leading cause of death in Henderson County and most Key Informants list it as a "moderate problem" for us (Professional Research Consultants, Inc., 2015). Lung, prostate, breast and colorectal cancers all lead in terms of site-specific cancers. Mortality rates have declined for all of them, but incidence rates have increased for prostate and breast cancer.

Site-Specific Cancer Trends
Henderson County
Incidence: 1999-2003 to 2008-2012
Mortality: 2002-2006 to 2009-2013

Cancer Site	Parameter	Overall Trend Direction
Lung Cancer	Incidence Mortality	n/c ▼
Prostate Cancer	Incidence Mortality	▲ ▼
Breast Cancer	Incidence Mortality	▲ ▼
ColorectalCancer	Incidence Mortality	▼ ▼

Source: Sheila Pfaender, Public Health Consultant; based on data from NC State Center for Health Statistics

Cardiovascular disease is the second leading cause of death in Henderson County. 7.1 percent of Community Survey participants reported having heart disease. This is greater than the WNC region (6.5%) and the state average (6.1%). In addition, 3.4% of Community Survey participants report having had a stroke – only slightly lower than the regional (3.9%) and the state (3.7%). (Professional Research Consultants, 2015)

Injury & Violence

From 2011 through 2013, 102 Henderson County residents died as a result of an unintentional fall (NC State Center for Health Statistics, 2015). In addition, the number of seniors responding

to the Community Survey that indicated they have fallen in the past year has increased in Henderson County and in the region (Professional Research Consultants, 2015).

A general characteristic of the WNC region is high mortality rates due to unintentional poisoning, especially by medication and drug overdose. Henderson County is one of the WNC counties with higher-than-state-average poisoning and drug overdose mortality rates.

County	Unintentional Poisoning Deaths for Select Locations and Percent that are Medication/Drug Overdoses (2009-2013)*			Rate of Unintentional Medication/Drug Overdose Deaths (2009-2013)**	
	#	Rate per 100,000 NC Residents	% that are Medication/Drug Overdoses	#	Rate per 100,000 NC Residents
Henderson	69	12.9	94.2	65	12.1
WNC (Regional) Total	560	14.8	90.0	506	13.3
Non-WNC (Regional) Total	4,749	10.7	91.0	4,320	9.7
State Total	5,309	11.0	90.9	4,826	10.0

Sources: NC State Center for Health Statistics and NC DPH, Chronic Disease and Injury Section, Injury and Violence Prevention Branch

Mental Health & Substance Abuse

Access to mental health services and substance abuse treatment for low income clients became more difficult in 1999 when the state implemented mental health reform. Between 2006 and 2013, the number of Henderson County residents served by the Area Mental Health Program decreased 15%, from 3,014 to 2,559. Over the same 8-year period, the number of Henderson County residents served in State Psychiatric Hospitals decreased 98% (from 128 to 3). During the same period, a total of 464 Henderson County residents were served in NC State Alcohol and Drug Abuse Treatment Centers (ADATC's), with the number varying considerably but averaging 58 persons annually (NC OSBM, 2015). It's not likely that the decrease in utilization of state psychiatric hospitals means decreased need for psychiatric services for the most severely impaired mental health patients. In many cases, patients dealing with mental illness and substance abuse are left to seek services from hospital emergency rooms and many more are left with no services at all. In 2012, the highest proportions of hospital discharges in Henderson County were for:

- Cardiovascular and circulatory diseases - 18%
- **"Other" diagnoses (including mental disorders) – 11%**
- **Injuries and poisoning – 10%**
- Pregnancy and childbirth – 10%
- Digestive system diseases – 10%
- Respiratory diseases (including pneumonia, influenza, COPD and asthma) – 9%

Source: NC State Center for Health Statistics

Oral Health

When asked, 78.9% of Community Survey participants reported having visited a dentist or dental clinic within the past year. This is significantly greater than the WNC region (63.7%) and the state (64.9%) (Professional Research Consultants, 2015). While access to dental services for low-income and Medicaid children have improved over the years, access to dental services for low-income adults can still be challenging. There are few resources in the county for low-income adults who need restorative care.

In 2014, a program for a preventive dental care ended. This program had operated for almost 15 years and annually screened over 700 children, and had provided dental fluoride varnish to over 400 of them. The program also worked to identify children who did not have a dentist and assist them in getting a permanent dental home.

Clinical Care & Access

Henderson County has two major hospitals, a federally qualified health center, a free clinic, a hospice and palliative care agency, a public health department and numerous health care providers of various specialties. In 2012, Henderson County had the highest ratio of active physicians, primary care physicians and dentists among the NC jurisdictions.

Number of Active Health Professionals per 10,000 Population

County	2012				
	Physicians	Primary Care Physicians*	Dentists	Registered Nurses	Pharmacists
Henderson	23.39	8.69	4.71	94.56	8.32
WNC (Regional) Arithmetic Mean	14.29	6.84	3.61	76.94	7.97
State Total	22.31	7.58	4.51	99.56	10.06
National Ratio (date)	23.0 (2011)	8.1 (2011)	5.3 (2012)	91.6 (2012)	9.1 (2012)

Sources: Cecil G. Sheps Center for Health Services Research, US Census Bureau and US Bureau of Labor Statistics

"We are the ones that fall between the cracks, the middle-low income, working hard but still unable to afford services."

The Affordable Care Act was passed in 2010. Many looked forward to the opportunity of increased coverage by health insurance, however a few factors made this increased coverage less accessible. Chiefly, North Carolina did not expand Medicaid as many other states did, leaving many "in the gap" – making too much money to qualify for Medicaid under the current guidelines, but not enough to afford private insurance. Though many insurance navigators work to assist those seeking insurance through the exchange to help them qualify for subsidies, many are still unable to afford policies. The percent of uninsured adults age 18-64 in Henderson County, WNC and NC increased overall

between 2009 and 2012 but have decreased slightly since. In 2013, almost 25% of adults in Henderson County still had no insurance coverage. This rate is higher than the state average of 22.5%.

Percent of Population *Without* Health Insurance, by Age Group

County	2009		2010		2011		2012		2013	
	0-18	18-64	0-18	18-64	0-18	18-64	0-18	18-64	0-18	18-64
Henderson County	**10.4**	23.8	**10.0**	21.6	**9.2**	25.1	**9.7**	26.1	8.2	24.6
WNC Region	9.9	**24.2**	9.7	**26.0**	9.1	**25.2**	9.3	**25.4**	**8.6**	**25.0**
State of NC	8.7	21.9	8.3	23.5	7.9	23.0	7.9	23.4	6.9	22.5

Source: US Census Bureau

At-Risk Populations

While Henderson County is a relatively healthy county, segments of the population continue to suffer poor health status:

- Henderson County's large Hispanic population may be especially at risk due to documentation issues and language barriers. Minority residents often have difficulty obtaining health and dental care.
- While Henderson County is a preferred retirement location, the elderly, regardless of income, can be isolated and need mobile meals, independent living services, nursing care and socialization. In addition, the considerably large senior population may provide unique challenges during an emergency depending on transportation issues and hearing/visual impairments
- More children than adults live in poverty in Henderson County, and total poverty has increased despite decreasing unemployment rates. Those living in poverty often face barriers to accessing affordable housing, transportation, healthy food and health care.

CHAPTER 6 – PHYSICAL ENVIRONMENT

Air Quality

Clean air is a prerequisite for health. Air pollution is associated with increased asthma rates and can aggravate asthma, emphysema, chronic bronchitis and other lung diseases, damage airways and lungs and increase the risk of premature death from heart or lung disease. Air pollutants such as fine particulate matter, ground-level ozone, sulfur oxides, nitrogen oxides and more can be harmful (CDC, 2015).

In 2013, Henderson County ranked 25th among the 86 NC counties reporting Toxic Release Inventory (TRI) releases. 552,093 pounds of TRI releases were reported for Henderson County. (For comparison, New Hanover County had the highest level of releases in the state: 5.2 million pounds.) The TRI releases in Henderson County, in decreasing order by volume, were:

- Sulfuric acid
- Methanol
- Ammonia
- Phenol
- Formaldehyde

Several manufacturing facilities (located in Hendersonville, Fletcher and Mills River) were responsible for the primary TRI chemicals / chemical compounds released in the highest amounts in Henderson County in 2013 (USEPA, 2015).

Radon is a naturally-occurring, invisible, odorless gas that comes from soil, rock and water. Radon usually is harmlessly dispersed in outdoor air, but when trapped in buildings can be harmful. Most radon enters homes and other buildings through cracks in the foundation, floors, hollow-block walls and openings around floor drains, ductwork and pipes. The primary risk of exposure to radon is an increased risk of lung cancer (after an estimated 5-25 years of exposure). Smokers are at a higher risk of developing radon-induced lung cancer than non-smokers (NCDENR, 2015). Western North Carolina has the highest radon levels in the state, and Henderson County has one of the highest levels in WNC. The current average indoor radon level in Henderson County is 5.5 pCi/L - more than four times the national average. A screening level over 4 pCi/L is the EPA's recommended action level for radon exposure.

Water

Clean water is also important for good health. Water from all municipal and most community water systems is treated to remove harmful microbes and many polluting chemicals, and is generally considered to be "safe" from the standpoint of public health because it is subject to required water quality standards. Municipal drinking water systems are those operated and maintained by local governments (usually at the city or county level). Community water systems are systems that serve at least 15 service connections used by year-round residents or regularly serves 25 year-round residents. This category includes municipalities, but also subdivisions and mobile home parks. Community water systems in Henderson County serve an estimated 62,597 people, or 59% of the 2010 county population. The fraction of the Henderson County population served by a community water system is 7% higher than the average for the WNC region and NC as a whole. Note that populations NOT connected to a community water system likely would get their drinking water from a well, directly from a body of surface water or would use bottled water.

According to the National Pollutant Discharge Elimination System (NPDES) Permits in Henderson County (2015), there are at present 34 permits issued in Henderson County that allow municipal, domestic or commercial facilities to discharge products of water/wastewater treatment and manufacturing into waterways.

- 2 are water treatment plants
- 1 is an industrial/commercial enterprise
- 2 are municipal wastewater treatment facilities
- 29 are domestic wastewater producers

Solid Waste

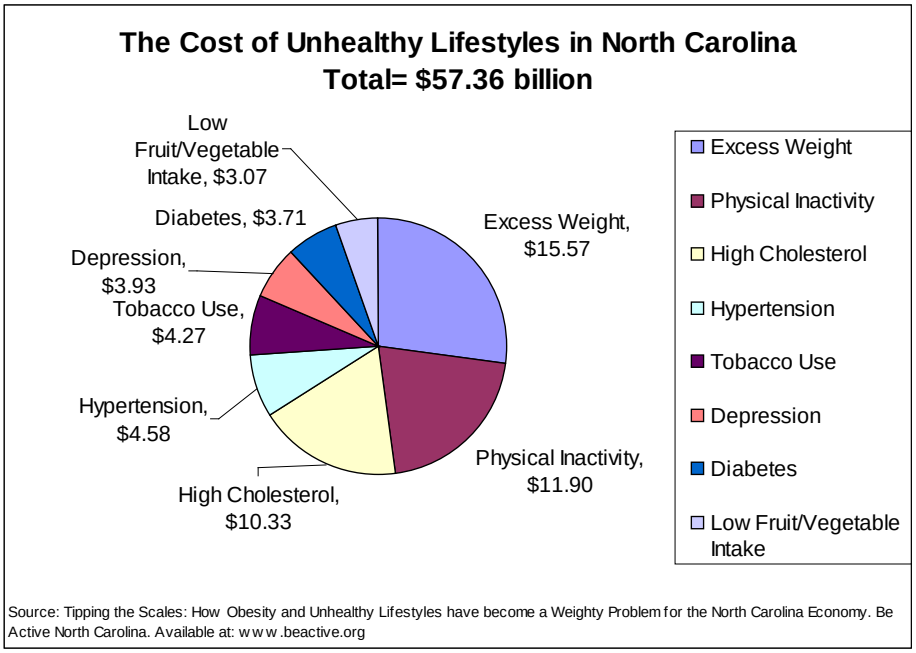
Henderson County's municipal solid waste and construction and demolition waste are transported out of the county. The data indicates a steady decrease since the 1991-1992 reporting period. 2013-14 Per-Capita Disposal Rates:

- Henderson County = 0.77 tons (▼ 37% since 1991-1992)
- NC = 0.93 tons (▼ 13% since 1991-1992)

Access to Healthy Food & Places

Good nutrition and physical activity are essential to good health. Not having access to one or both can be detrimental. More than two-thirds of all American adults and approximately 32% of

children and adolescents are overweight or obese. Obesity is one of the biggest drivers of preventable chronic diseases in the United States. Being overweight or obese increases the risk for many health conditions including type 2 diabetes, heart disease, stroke, hypertension, cancer, Alzheimer's disease, dementia, liver disease, kidney disease, osteoarthritis and respiratory problems.



A 2008 study estimated the total direct and indirect costs of eight risk factors (including excess weight, physical inactivity, type 2 diabetes, low fruit/vegetable intake, hypertension, high cholesterol, depression and tobacco use) for North Carolina adults was $57.36 billion. The most expensive risk factor was excess weight—at $15.57 billion. To put these figures in perspective, the entire annual budget for North Carolina in 2008 was over $20 billion. Of the $57.36 billion, $42.62 billion of expenses were accrued in lost productivity, $10.52 billion in direct and indirect medical care, and $4.22 in prescription costs. The study found that costs for youth total approximately $105.13 million for the three risk factors of physical inactivity ($41.million), excess weight ($33.32 million) and type 2 diabetes ($30.43 million).

"We need more sidewalks; the ones we have need repair. Many are sloped, ragged and littered with things in the way."

When asked, 32.2% of Community Survey participants reported finding it somewhat or very difficult to access fresh produce at an affordable price. This number is greater than the WNC region (30.6%) and the state (24.4%), and is interesting because of the agricultural background of the county. In addition, only 57.6% of participants reported getting the recommended amount of physical activity each week [moderate physical activity at least 5 times a week for 30 minutes at a time and/or vigorous physical activity at least 3 times a week for 20 minutes at a time] (Professional Research Consultants, 2015). In 2011, there were 4 farmers markets, 22 grocery stores and 11 recreational facilities to serve the residents of Henderson County. There were also 62 fast food restaurants (USDA Economic Research Service, 2014).

CHAPTER 7- HEALTH RESOURCES

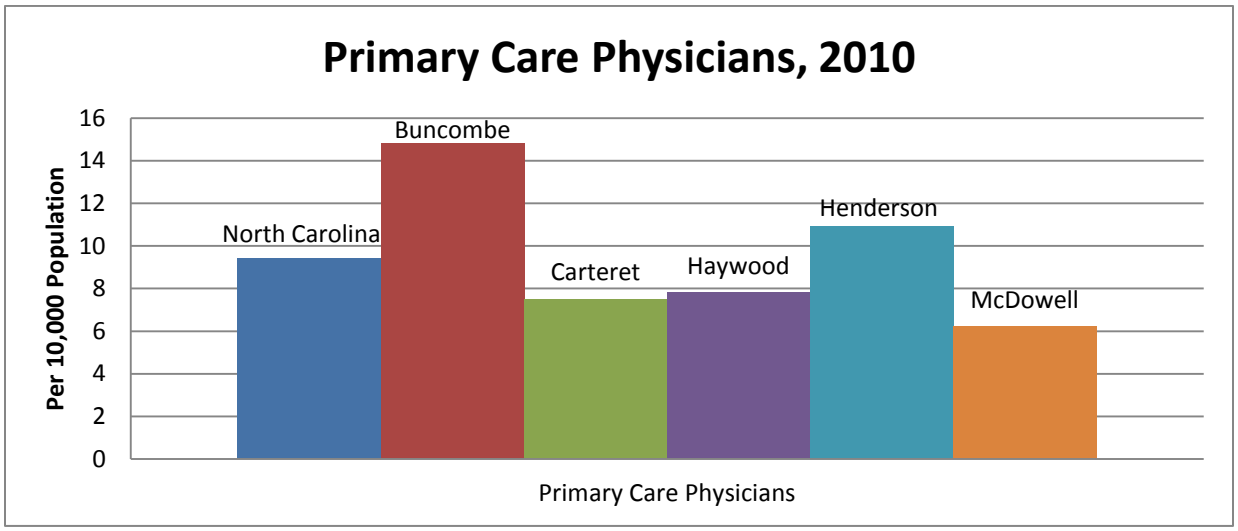
Health Resources

Process

An inventory of available resources of our community was conducted through reviewing existing resources currently listed in United Way's 2-1-1 database for Henderson County. This resource list was provided by WNC Healthy Impact and was reviewed for any needed changes. Where gaps were identified, we partnered with 2-1-1 to fill in or update this information when applicable. 2-1-1 is a free, confidential service available 24 hours a day. It can be accessed online at www.nc211.org or by calling 2-1-1 from any home, office or cell phone.

Findings

Henderson County has two major hospitals, a federally qualified health center, a free clinic, a hospice and palliative care agency, a public health department and numerous health care providers of various specialties. The NC Health Professions Data System reports that in 2010 there were 10.9 primary care physicians per 10,000 population in Henderson County, more than the state average of 9.4 per 10,000 and more than all peer counties. Many Henderson County residents are patients of primary care physicians in neighboring Buncombe County, where there are 14.8 primary care physicians per 10,000 people. In listening sessions conducted in July 2011, county residents recognized that the county and neighboring Buncombe County offer a wide variety of health care opportunities but identified gaps in dental care for low income groups, access to care for the working poor and lack of interpreters.



source: Cecil G. Sheps Center

Resource Gaps

Henderson County has a wealth of health resources available, however there are still gaps that need to be addressed. The following is a list of gaps identified through community and stakeholder surveys, focus groups, listening sessions and patient interviews:

- Safe and affordable housing
- Public transportation options
- Bike paths/sidewalks
- Public services (trash pick-up, public sewer)
- Mental health providers, particularly those that speak Spanish
- Access to health care including mental health and dental for uninsured and underinsured
- Jobs that pay living wage so that residents who work in Henderson County can also live in Henderson County

CHAPTER 8 – IDENTIFICATION OF HEALTH PRIORITIES

Phase 1 Process and Health *Issue* Identification

To identify the significant health issues in our community, the Community Health Assessment Team collected and reviewed data and discussed the facts and circumstances of our community. Thousands of health-related data points were collected from dozens of data sources including the NC State Center for Health Statistics, the CDC and the Census Bureau as well as from local sources such as Henderson County Public Schools and the Henderson County Board of Commissioners. In addition, we collected insights from individuals in Henderson County. A phone survey conducted in the summer included a random sample of 200 adults in our community. Eleven local focus groups and 10 client interviews of 169 participants ages 12-85 were conducted in the fall. A key informant survey of 29 service providers and community leaders was also conducted in the fall. We asked, and the people generously shared their experiences.

A Data Team was created to help navigate all this information and to identify key health issues. This team included representatives from many local organizations including Park Ridge Health, Pardee Hospital, Blue Ridge Community Health Services, Homeward Bound, the Children and Family Resource Center, The Free Clinics, the Department of Public Health, Thrive, Mainstay, Council on Aging and YMCA. These thousands of data points were ultimately used to identify 8 health issue categories based on these criteria:

- Henderson County statistics that deviate from North Carolina or regional statistics, or some other "norm."
- Trend data that shows significant changes over time.
- Or significant age, gender, or racial disparities.

After a thorough review of the primary and secondary data, on December 14, 2015, the CHA Data Team recommended eight ***key health issues*** in Henderson County:

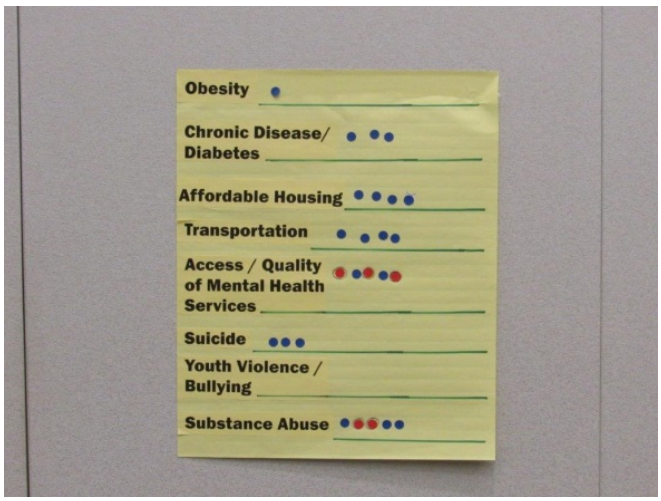
Obesity	**Chronic Disease / Diabetes**
Safe and Affordable Housing	**Transportation**
Youth Violence / Bullying	**Access / Quality of Mental Health Services**
Suicide	**Substance Abuse**

Phase 2 Process and Health *Priority* Identification

After the CHA Data Team made their recommendations, a forum was held on February 5, 2016, to present the data to the public. The Community Forum was attended by almost 100 community leaders, elected officials, stakeholders, residents and media. Findings were presented from the primary and secondary data, and participants were asked to rank the leading community health problems that should be addressed over the next three years. Participants first rated the issues based on:

- *Relevancy* – Size, severity, urgency of the problem – how "important" it is.
- *Impact* – Will there be significant consequences if we don't address it now? Is this linked to other issues that will also be positively affected if we work on this one?
- *Feasibility* – Are resources available to work on this issue? Does political and community support exist? Can we adequately address it?

(See Appendix F)



After the health issues were rated, the total rating scores were tallied to give a ranking order. Participants were asked to use "dot voting" to visually identify their top five priorities based on their ratings. Each number one vote was represented with a red dot (the remaining four votes were represented by blue dots). In the final tally, the red dots were weighted double to achieve final results. After reviewing the final results and considering input from the Henderson County Partnership for Health and the Board of Health, the ***four top health priorities*** for Henderson County for 2015-2018 are:

- **Access / Quality of Mental Health Services**
- **Substance Abuse**
- **Obesity**
- **Safe and Affordable Housing**

PRIORITY ISSUE #1: ACCESS/QUALITY OF MENTAL HEALTH SERVICES

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. According to the National Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults 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.

Access to mental health services and substance abuse treatment for low-income clients became more difficult in 1999, when the state implemented mental health reform. 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 mental health, developmental disabilities and substance abuse services in the catchment area served. Smoky Mountain Center, who recently merged with Western Highlands Network, currently serves as the LME for Henderson County. Services have been hampered for several years now due to insufficient funding and capacity. Organizations across the board, from the county jail to the Council on Aging have reported increased rates of clients with mental illness needs. Access to mental health services was identified as one of the top priorities in the last Community Health Assessment (2012).

Data Highlights

Health Indicators

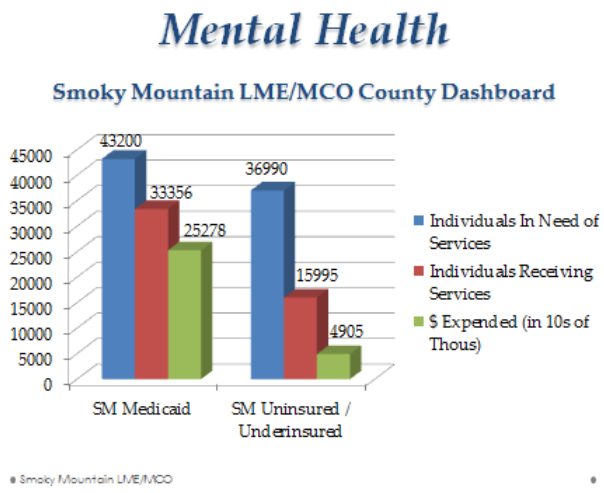
The numbers of residents being served by mental health programs has been decreasing.

Mental Health

- Between 2006 and 2013, the number of Henderson County residents served by the **Area Mental Health Program** *decreased* from 3,014 to 2,559 (▼ 15%).
- Over the same 8-year period the number of Henderson County residents served in **State Psychiatric Hospitals** *decreased* from 128 to 3 (▼ 98%).
- During the same 8-year period, a total of **464** Henderson County residents were served in **NC State Alcohol and Drug Abuse Treatment Centers (ADATCs)**, with the number varying considerably but averaging **58** persons annually.

Source: NC Office of State Budget and Management, State Data Center, Log Into North Carolina (LINC)

However, decreased access does not mean decreased need. In fact, 8.7% of Community Survey participants reported an inability to get needed mental health care or counseling in 2015. This is an increase from the 5% that reported the same in 2012 (Professional Research Consultants, 2015). Due to funding cuts and organizational changes, many patients are left to seek services from Emergency Rooms and many more are left with no services at all.



Understanding the Issue

Smoky Mountain LME reports there is much greater need than what they have the capacity to serve. Many of these individuals in need are turning to other places to look for help:

Blue Ridge Community Health Services reports

- 5,328 active Behavioral Health (BH) patients (only 200 having been referred by Smoky Mountain LME)
- If defining BH patient as any patient (including primarily medical) that has a BH diagnosis, the total number of active BH patients doubles to more than 10,000.
- 36% of BH patients were uninsured last year and another 25% were Medicaid.

The Free Clinic reports

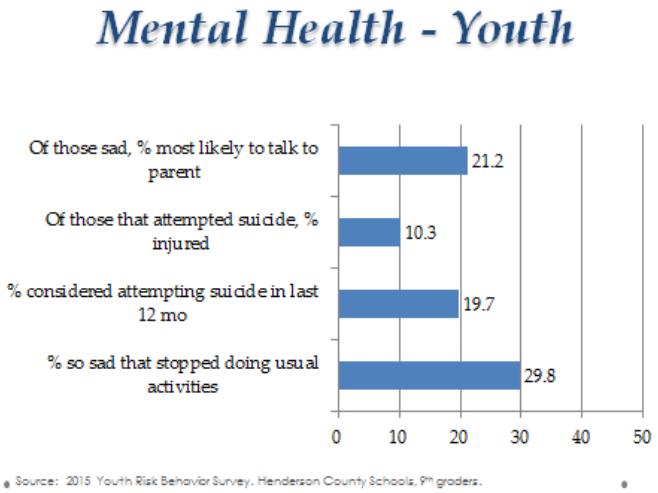
- 436 unduplicated mental health patients. Approximately 2/3 of which (292 patients) were cared for entirely outside the Smoky system – either through private care (volunteers), BRCHS, Bridges to Health, etc.

Safelight reports

- Provided 123 adults and children mental health services in the last quarter of 2015 alone.

Pardee Hospital reports

- The Pardee Emergency Department saw an average of 250 mental health visits a month in 2015, up from an average of 170 in 2014. The Behavioral Health Unit admitted an average of 20 clients a day in 2015.



Specific Populations At Risk

Mental illness can affect anyone, of any age, at any time in their lives. Even youth are not immune. There is often co-occurrence with drugs, homelessness and mental illness.

"Drugs, alcohol and homelessness often times are signs of mental illness. Homeless rate are high and local shelters see mental illness at high numbers. (Mental illness) often goes untreated for reasons of no health care or family support, or unwilling to seek treatment."

Health Resources Needed

When asked, survey and focus group participants most often reported a greater need for services provided in Henderson County. Services for the uninsured and underinsured populations, as well as services provided in Spanish, are especially difficult to come by. And the need to travel to Buncombe County or elsewhere in the state to receive services also makes access a problem. For those who have insurance, copays were listed most frequently as a barrier to care (Professional Research Consultants, 2015).

"There is a wide gap between diagnosis and treatment support for individuals and their families diagnosed with mental illness, which in turn puts a burden on the tax payers, local health care and community programs."

"The state of NC has completely dismantled the mental health system and left behind shards of abysmal care that are so disjointed no one (even those without mental health challenges) can navigate."

"Access to mental health services is constantly evolving and difficult especially for school age children, families and for substance abuse treatment and prevention. Suicide among school age children is not being addressed."

"There are insufficient services in the quantity and quality available to meet the needs of the low-income community members. The services available are also not provided. Timely psychiatric services can take months to get scheduled."

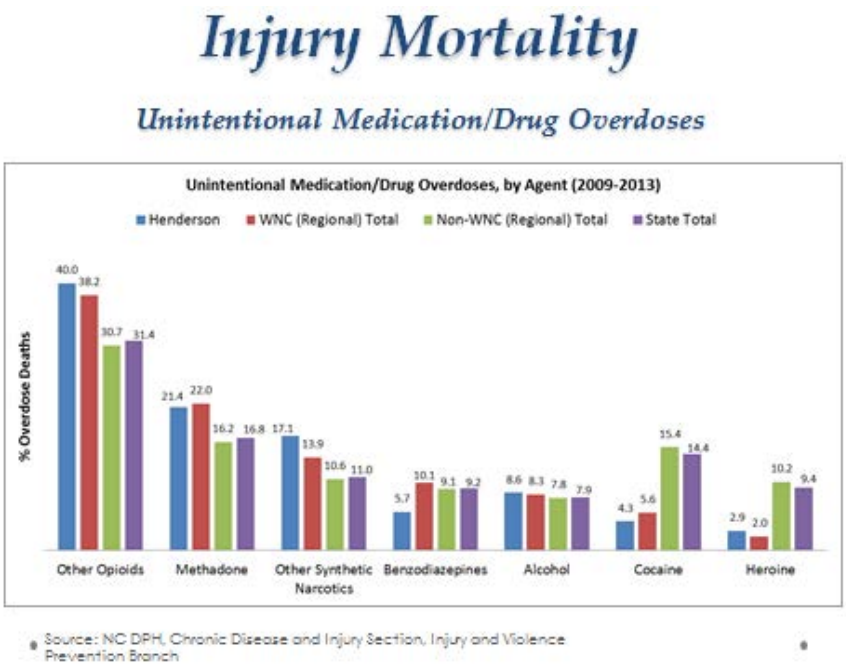
PRIORITY ISSUE #2: SUBSTANCE ABUSE

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. Substance abuse/prescription drug abuse was identified as a top priority in the last Community Health Assessment (2012).

Data Highlights

Health Indicators

Opioids caused the highest proportion of drug overdose deaths in Henderson County and in the state. This category includes hydrocodone, oxycodone, morphine, codeine and related drugs. Henderson County's rates are higher than the state's for these overdoses. 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.

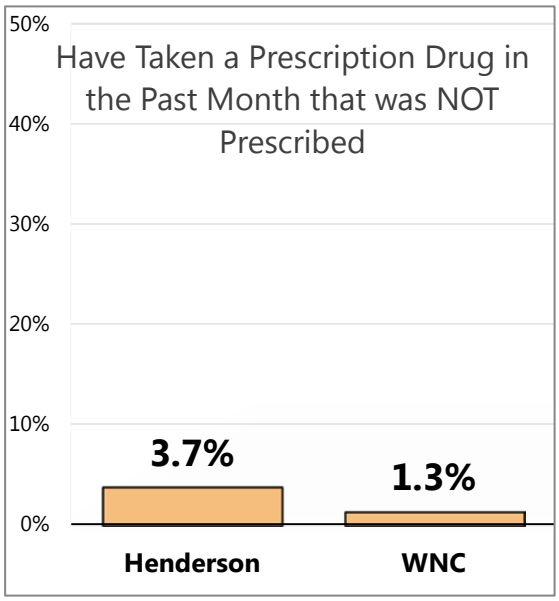


Understanding the Issue

The number of Community Survey participants that indicated they had taken a prescription drug that was not theirs was higher in Henderson County than the regional average. In listening sessions, many Henderson County residents expressed concern about the misuse of prescription

medications. Participants 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. According to the Henderson County Sheriff's Office:

- As many as *3-4* deaths per month are attributed to overdose
- *7-10* overdoses weekly are treated by first responders
- *80-85%* of all crimes in Henderson County are linked to substance abuse



Specific Populations At-Risk

Older adults in our community are often at higher risk of substance abuse due to taking multiple medications for multiple illnesses. Unfortunately, they are also frequently victims of crimes associated with the theft of those drugs. In addition, those who have had a history of substance abuse, chronic pain or are living with mental health problems are also at-risk populations. Low-income, uneducated and unemployed individuals are frequently at risk for developing substance use issues, and there is often co-occurrence with homelessness.

Health Resources Needed

In the 2013 Community Health Improvement Plan (the action plan related to the 2012 Community Health Assessment), the stakeholders involved in focusing on this topic decided to work on establishing a community-based initiative linked with the evidence-based "Project Lazarus" model. The Partnership for Health worked together in planning and grant-writing to support the effort, and HopeRx was created. HopeRx is a community-based prescription drug abuse initiative centered on education, prevention and treatment. It works to:

- Raise public awareness of the problem of overdose from prescription drugs.
- Educate the community to recognize and avoid the dangers of misuse/abuse of prescription drugs.
- Provide diversion control opportunities to reduce the presence of unused medications in society and keep needed prescribed drugs in the proper hands.
- Encourage hospital emergency department policies to encourage safe prescribing of controlled substances and provide meaningful referrals for chronic pain and addiction.
- Find effective treatment options.

- Find solutions for harm reduction, including access to the antidote Naloxone, used to prevent opiate overdose deaths (HopeRx, 2015).

While HopeRx has been working diligently in the community, there are still gaps that need to be addressed. Many Community Survey participants reported more need for quality treatment services and education (Professional Research Consultants, 2015).

Many community leaders and professionals who participated in the Key Informant Interview also indicated a lack of treatment options available and many point to the linkages with mental health services (Professional Research Consultants, Inc., 2015).

"There aren't enough programs that help people get off drugs and not enough action toward drugs. There are places all over the county that you can go any time of day and find whatever you want drug-wise."

"People are self-medicating. They need resources and education."

"I don't know of a drug rehab or methadone clinic in Henderson County."

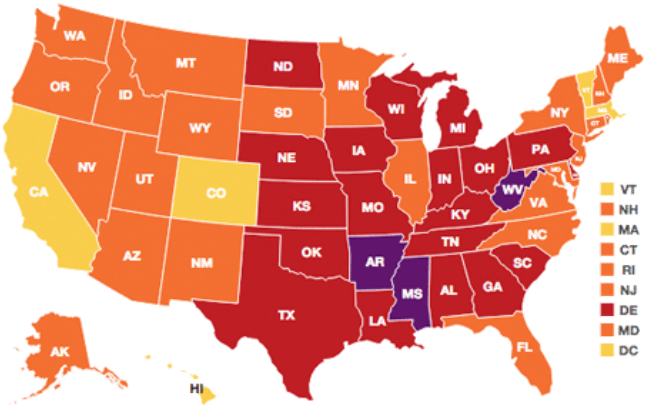
PRIORITY ISSUE #3: OBESITY

Obesity was the number 1 health priority identified in the 2012 Community Health Assessment. Being overweight or obese is a major risk factor for many chronic diseases including heart disease, type 2 diabetes, hypertension and cancer. In our culture, the car has replaced walking and biking, video games have replaced outside activities and fast food has replaced healthy meals at home. There has been a major shift in lifestyles for our culture over the past 50 years for adults as well as children.

Data Highlights

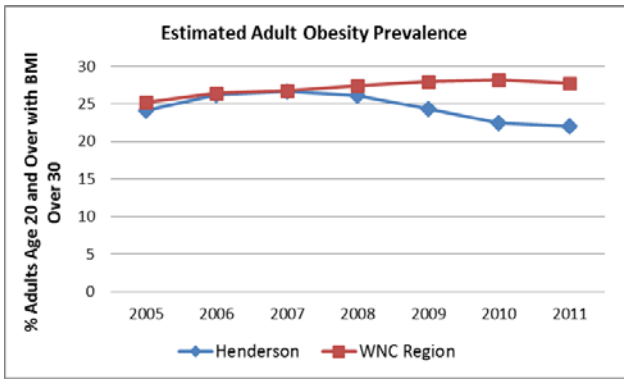
Health Indicators

In 2014, the adult obesity rate in North Carolina was 29.7%. The rate was 12.3% in 1990 and 20.9% in 2000. Rates by race were: white 26.8%, black 40%, Latino 29.7%. In 2014, the adult diabetes rate was 10.8%. The 2013 adult hypertension rate was 35.5%. According to the most recent NC-NPASS data, 18.2% of the participating children in Henderson County age 2-4 were deemed "overweight," and an additional 14.1% were deemed "obese."



Adult Obesity Rates (2014)
NC = 29.7%

The average self-reported prevalence of Henderson County adults considered "obese" on the basis of height and weight (a BMI >30) was 24.5% in the period from 2005-2011. This is lower than the WNC average of 27.1% (CDC/BRFSS, 2015). Currently, the trend may be decreasing for Henderson County and will be watched over the next several years.



Understanding the Issue

Much of the overweight and obesity rates that we see as a society today are linked with lifestyle choices. Sedentary lifestyle, the high

cost of nutritious foods and the lack of safe walking and biking areas in the county make it difficult for people to make healthy behavioral choices. Having access to healthy foods and safe places to be physically active are very important. Those who participated in the focus groups and interviews frequently reported difficulties accessing these resources and fear for the future health of our community's youth.

"There is a tremendous problem in this community. Those of us who have come from other parts of the country are surprised by the rates of obesity here; it has a great deal to do with the diet."

"Overweight, inactive kids lead to self-esteem issues."

"Eating healthy on a limited budget isn't always easy. You have to be creative and include some fresh vegetables where you can."

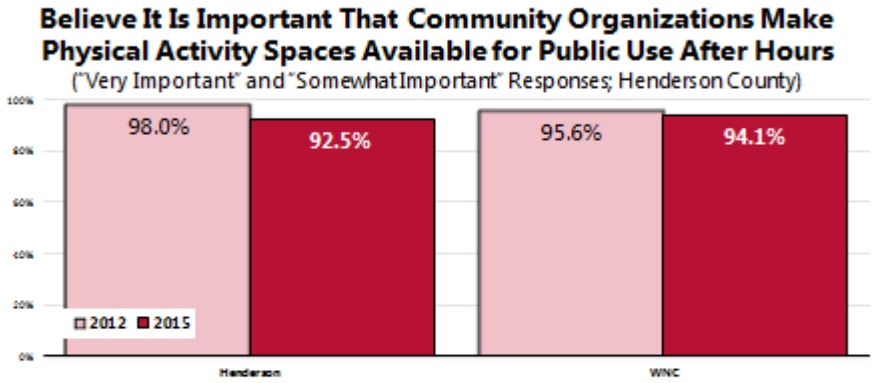
"Kids eat what their whole family eats – parental influence is the strongest."

Specific Populations At Risk

Overweight and obesity affects nearly every part of our community; however, children and young adults may be impacted the most. These generations have grown up with less play and physical activity in schools and at home, increased access to sedentary forms of entertainment (like computers and televisions) and increased access to unhealthy foods. The future health may look dim for many in our community if better choices cannot be made.

Health Resources Needed

In the 2013 Community Health Improvement Plan (the action plan related to the 2012 Community Health Assessment), the stakeholders involved in focusing on this topic decided to work on increasing access to healthy foods for low-income residents. They looked to develop EBT/SNAP (food stamp) access to farmers markets and to increase the number of community gardens that existed in our community. Since then, Mills River Farmers' Market has



Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 77]
Notes: Asked of all respondents.

begun to accept EBT/SNAP, and a 19-bed community garden was developed in the urban 7th Avenue neighborhood, which has been home to primarily low-income residents in Hendersonville for several decades.

More work needs to be done. There is great support from the community that community organizations should make physical activity spaces (like playgrounds, tracks and fields) available for public use after hours (Professional Research Consultants, 2015).

Currently bicycle and pedestrian plans are being looked at by municipalities with the hope of increasing physical activity opportunities. The Appalachian Sustainable Agriculture Project (ASAP) is looking to increase the number of farmers' markets that accept SNAP/EBT. And hospitals, the YMCA and other local agencies are working through programs to educate and empower members of our community to make healthy lifestyle choices.

PRIORITY ISSUE #4: SAFE AND AFFORDABLE HOUSING

Safe and affordable housing was the topic most frequently discussed during the Community Health Assessment process in 2015. Everyone from community leaders to participants in the focus groups and client interviews talked about this need in our community. This was not included as a top priority in the last CHA process, but was clearly important to many in 2015.

Data Highlights

Health Indicators

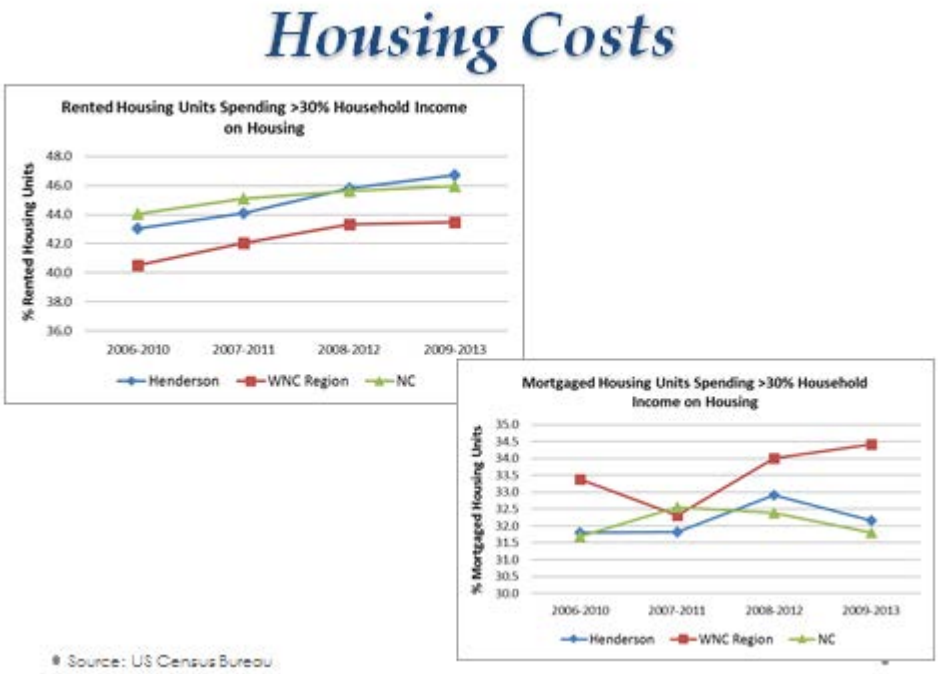
We often look at economic burden in terms of the percentage of household income spent on housing. Henderson County's Planning Department recognizes housing as one of our most basic human needs. Everyone needs a place to live, regardless of age, job, race, disability, income or position in life. But not everyone's home is affordable. The Department of Housing and Urban Development (HUD) defines "affordable housing" as consuming no more than 30% of a household's monthly income, including utilities. This is the maximum level a family should spend. Generally, when families or individuals spend more than 30% of their income on housing, they do not have enough income to withstand financial setbacks or meet other basic needs such as food, clothing and medical insurance.

In 2008, the area median income for a household of 4 in Henderson County was $52,500. The table below illustrates HUD's definition of income levels. HUD also outlines fair market rent for an area. The fair market rent for Henderson County is $695 for a two-bedroom unit. A low-income family would have to spend 66% of their monthly income for housing, instead of the suggested 30%, to be able to afford a two-bedroom unit in Henderson County.

Income Definition	Percent (%) of Area Median Income ($52,500)	Annual Income ($)	Monthly Income ($)	30 Percent of Monthly Income ($)	Fair Market Rent as a Percent (%) of Maximum Affordable Rent
Low	>50 to 80	26,251 to 42,000	2,188 to 3,500	656 to 1,050	106% to 66%
Very low	>30 to 50	15,751 to 26,250	1,320 to 2,188	394 to 656	176% to 106%
Extremely low	<30	0 to 15,750	0 to 1,320	0 to 394	176% or more

(Henderson County Planning Department: Housing Division, 2016)

When we look at trends over the past several years, we see that renters are spending more of their income on housing in Henderson County compared to the region and the state, and that the rates are steadily rising. We see that mortgage holders seem to be in a better position, though many are still spending more than 30%.



Understanding the Issue

Henderson County residents are leaving the county for work. Most of those who work here do not live here. We have fewer residents employed than the state and nation, AND those who are working make less than the state and national average (Syneva Economics for Henderson County Board of Commissioners, 2015). All of these factors are tied to affordable housing.

Specific Populations At Risk

This is a cross-cutting social determinant of health for all populations and demographics.

Health Resources Needed

Participants in the focus groups and key informant surveys identified the following needs:

- "We need better jobs, better paying jobs - with benefits that equal the cost of living in Henderson County."
- "There are a lot of low-wage jobs here; people don't have time to cook meals and play with their kids; they are in 'survival' mode."
- "There needs to be more affordable housing here. If a place is less than $600 a month here, it's usually a rat hole."

CHAPTER 9 - NEXT STEPS

Sharing Findings

The Henderson County Department of Public Health will disseminate the 2015 Community Health Assessment throughout the community. A press release will be sent to media contacts in the community, and a representative from the health department will be available to present findings from this report as requested by community groups and organizations. A public health column is submitted monthly to the local newspaper, and the April column will discuss the Community Health Assessment. A user-friendly brochure summarizing the Community Health Assessment report will be developed and made available at community sites and on the Department of Public Health website. The complete report will be accessible for download on the Department's website at www.hendersoncountync.org/health, as well as printed copies in each public library in the county.

Collaborative Action Planning

Community Health Assessment Action Plan Teams will develop plans of action for addressing each of the health priorities. This includes tools for developing intervention and prevention activities. Action Plans will be completed by September 2016.

An important use of the CHA findings and document is to develop effective community health strategies. Plans will be developed with measurable objectives to address these priorities, evidence-based interventions and realistic evaluation methods. Each plan will align with the Healthy North Carolina 2020 Objectives.

Work groups will be formed to address each health priority. For each issue, the assigned work group will look at the county data, think through the factors that contribute to the issue, identify factors that could perpetuate it and identify barriers to reducing each issue. Groups can then develop:

- A hypothesis about why the issue exists
- Research and select evidence-based interventions to address the issue
- Identify needed resources

Work groups will consist of county residents and representatives of agencies/organizations with special expertise or interest in the issue and/or those who are affected by the issue.

If you have questions about this report, or if you would like more information on becoming involved with new projects or serving on the Community Health Assessment Action Teams, please contact Stacy Taylor at the Henderson County Department of Public Health at 828-694-6063.

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APPENDICES

Appendix A – Data Collection Methods & Limitations

Appendix B – Secondary Data Profile

Appendix C – County Maps

Appendix D – Survey Findings

- WNC Healthy Impact Survey Instrument
- Community Health Survey Results

Appendix E – Key-Informant Survey Findings

Appendix F – CHA Focus Groups/Listening Sessions/Client Interviews Group Descriptions

Appendix G – Questions used for CHA Focus Groups/Listening Sessions/Client Interviews

Appendix H – Henderson County Rating & Prioritizing Key Health Issues Worksheet

APPENDIX A - DATA COLLECTION METHODS & LIMITATIONS

Secondary Data from Regional Core

Secondary Data Methodology

In order to learn about the specific factors affecting the health and quality of life of residents of WNC, the WNC Healthy Impact data workgroup and consulting team identified and tapped numerous secondary data sources accessible in the public domain. For data on the demographic, economic and social characteristics of the region sources included: the US Census Bureau; Log Into North Carolina (LINC); NC Office of State Budget and Management; NC Department of Commerce; Employment Security Commission of NC; NC Department of Public Instruction; NC Department of Justice; NC Division of Medical Assistance; and the Cecil B. Sheps Center for Health Services Research. The WNC Healthy Impact consultant team made every effort to obtain the most current data available *at the time the report was prepared*. It was not possible to continually update the data past a certain date; in most cases that end-point was August 2015.

The principal source of secondary health data for this report was the NC State Center for Health Statistics (NC SCHS), including its County Health Data Books, Behavioral Risk Factor Surveillance System, Vital Statistics unit, and Cancer Registry. Other health data sources included: NC Division of Public Health (DPH) Epidemiology Section; NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services; National Center for Health Statistics; NC DPH Nutrition Services Branch; UNC Highway Safety Research Center; and NC DETECT. Because in any CHA it is instructive to relate local data to similar data in other jurisdictions, throughout this report representative county data is compared to like data describing the 16-county region and the state of NC as a whole. The WNC regional comparison is used as "peer" for the purposes of this assessment. Where appropriate and available, trend data has been used to show changes in indicators over time.

Environmental data was gathered from sources including: US Environmental Protection Agency; US Department of Agriculture, and NC Radon Program.

It is important to note that this report contains data retrieved **directly** from sources in the public domain. In some cases the data is very current; in other cases, while it may be the most current available, it may be several years old. Note also that the names of organizations, facilities, geographic places, etc. presented in the tables and graphs in this report are quoted exactly as they appear in the source data. In some cases these names may **not** be those in current or local usage; nevertheless they are used so readers may track a particular piece of information directly back to the source.

Data Definitions

Reports of this type customarily employ a range of technical terms, some of which may be unfamiliar to many readers. 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.

Error

First, readers should note that there is some error associated with every health data source. Surveillance systems for communicable diseases and cancer diagnoses, for instance, rely on reports submitted by health care facilities across the state and are likely to miss a small number of cases, and mortality statistics are dependent on the primary cause of death listed on death certificates without consideration of co-occurring conditions.

Age-adjusting

Secondly, since much of the information included in this report relies on *mortality* data, it is important to recognize that many factors can affect the risk of death, including race, gender, occupation, education and income. The most significant factor is age, because an individual's risk of death inevitably increases with age. As a population ages, its collective risk of death increases; therefore, an older population will automatically have a higher overall death rate just because of its age distribution. At any one time some communities have higher proportions of "young" people, and other communities have a higher proportion of "old" people. In order to compare mortality data from one community with the same kind of data from another, it is necessary first to control for differences in the age composition of the communities being compared. This is accomplished by *age-adjusting* the data. Age-adjustment is a statistical manipulation usually performed by the professionals responsible for collecting and cataloging health data, such as the staff of the NC State Center for Health Statistics (NC SCHS). It is not necessary to understand the nuances of age-adjustment to use this report. Suffice it to know that age-adjusted data are preferred for comparing most health data from one population or community to another and have been used in this report whenever available.

Rates

Thirdly, it is most useful to use *rates* of occurrence to compare data. A rate converts a raw count of events (deaths, births, disease or accident occurrences, etc.) in a target population to a ratio representing the number of same events in a standard population, which removes the variability associated with the size of the sample. Each rate has its own standard denominator that must be specified (e.g., 1,000 women, 100,000 persons, 10,000 people in a particular age group, etc.) for that rate.

While rates help make data comparable, it should be noted that small numbers of events tend to yield rates that are highly unstable, since a small change in the raw count may translate to a large change in rate. To overcome rate instability, another convention typically used in the presentation of health statistics is *data aggregation*, which involves combining like data gathered over a multi-year period, usually three or five years. The practice of presenting data that are aggregated avoids the instability typically associated with using highly variable year-by-year data, especially for measures consisting of relatively few cases or events. The calculation is

performed by dividing the sum number of cases or deaths in a population due to a particular cause over a period of years by the sum of the population size for each of the years in the same period. Health data for multiple years or multiple aggregate periods is included in this report wherever possible. Sometimes, however, even aggregating data is not sufficient, so the NC SCHS recommends that rates based on fewer than 20 events—whether covering an aggregate period or not—be considered *unstable*. In fact, in some of its data sets the NC SCHS no longer calculates rates based on fewer than 20 events. To be sure that unstable data do not become the basis for local decision-making, this report will highlight and discuss primarily rates based on 20 or more events in a five-year aggregate period, or 10 or more events in a single year. Where exceptions occur, the text will highlight the potential instability of the rate being discussed.

Regional arithmetic mean

Fourthly, sometimes in order to develop a representative regional composite figure from 16 separate county measures the consultants calculated a *regional arithmetic mean* by summing the available individual county measures and dividing by the number of counties providing those measures. It must be noted that when regional arithmetic means are calculated from *rates* the mean is not the same as a true average rate but rather an approximation of it. This is because most rates used in this report are age adjusted, and the regional mean cannot be properly age-adjusted.

Describing difference and change

Fifthly, in describing differences in data of the same type from two populations or locations, or changes over time in the same kind of data from one population or location—both of which appear frequently in this report—it is useful to apply the concept of *percent* difference or change. While it is always possible to describe difference or change by the simple subtraction of a smaller number from a larger number, the result often is inadequate for describing and understanding the *scope* or *significance* of the difference or change. Converting the amount of difference or change to a percent takes into account the relative size of the numbers that are changing in a way that simple subtraction does not, and makes it easier to grasp the meaning of the change. For example, there may be a rate of for a type of event (e.g., death) that is one number one year and another number five years later. Suppose the earlier figure is 12.0 and the latter figure is 18.0. The simple mathematical difference between these rates is 6.0. Suppose also there is another set of rates that are 212.0 in one year and 218.0 five years later. The simple mathematical difference between these rates also is 6.0. But are these same simple numerical differences really of the same significance in both instances? In the first example, converting the 6 point difference to a percent yields a relative change factor of 50%; that is, the smaller number increased by half, a large fraction. In the second example, converting the 6 point difference to a percent yields a relative change factor of 2.8%; that is, the smaller number increased by a relatively small fraction. In these examples the application of percent makes it very clear that the difference in the first example is of far greater degree than the difference in the second example. This document uses percentage almost exclusively to describe and highlight degrees of difference and change, both positive (e.g., increase, larger than, etc.) and negative (e.g., decrease, smaller than, etc.)

Data limitations

Some data that is used in this report may have inherent limitations, due to the sample size, its geographic focus, or its being out-of-date, for example, but it is used nevertheless because there is no better alternative. Whenever this kind of data is used, it will be accompanied by a warning about its limitations.

Gaps in Available Information

Some data that is used in this report may have inherent limitations, due to the sample size, its geographic focus, or its being out-of-date, for example, but it is used nevertheless because there is no better alternative.

WNC Healthy Impact Survey (Primary Data)

Survey Methodology

Survey Instrument

To supplement the secondary core dataset, meet additional stakeholder data needs, and hear from community members about their concerns and priorities, a community survey, *2015 WNC Healthy Impact Survey* (a.k.a. 2015 PRC Community Health Survey), was developed and implemented in 16 counties across western North Carolina. The survey instrument was developed by WNC Healthy Impact's data workgroup, consulting team, and local partners, with assistance from Professional Research Consultants, Inc. (PRC). Many of the questions are derived from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as other public health surveys; other questions were developed specifically for WNC Healthy Impact to address particular issues of interest to communities in western North Carolina. Each county was given the opportunity to include three additional questions of particular interest to their county, which were asked of their county's residents.

Professional Research Consultants, Inc.

The geographic area for the regional survey effort included 16 counties: Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania and Yancey counties.

Sample Approach & Design

To ensure the best representation of the population surveyed, a telephone interview methodology (one that incorporates both landline and cell phone interviews) was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

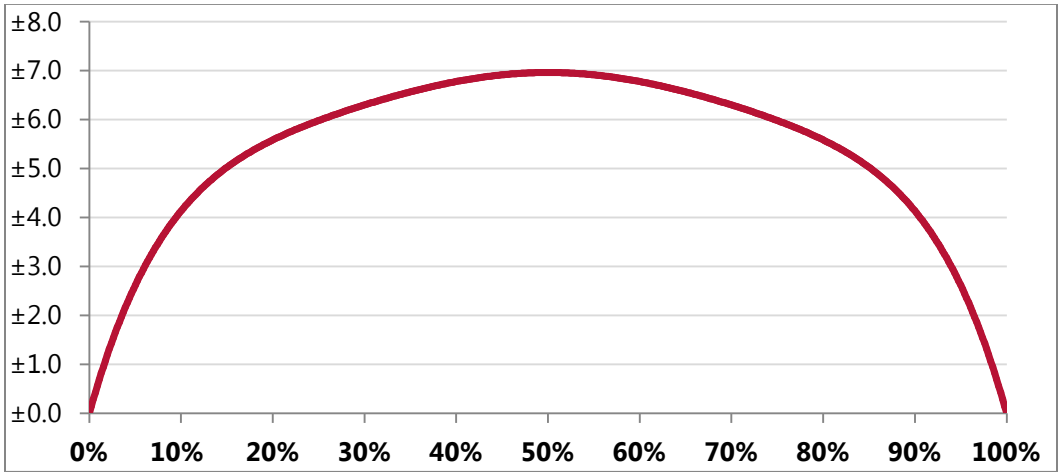
The sample design used for this regional effort consisted of a stratified random sample of 3,300 individuals age 18 and older in Western North Carolina, with 200 from our county. All administration of the surveys, data collection and data analysis was conducted by Professional

Research Consultants, Inc. (PRC). The interviews were conducted in either English or Spanish, as preferred by respondents.

Sampling Error

For our county-level findings, the maximum error rate at the 95% confidence level is ±6.9%).

Expected Error Ranges for a Sample of 200 Respondents at the 95 Percent Level of Confidence



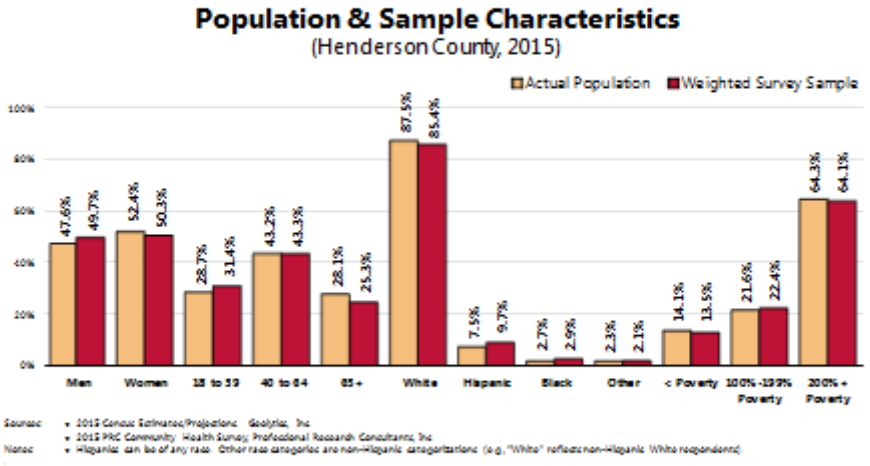
Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 200 respondents answered a certain question with a "yes," it can be asserted that between 5.8% and 14.2% (10% ± 4.2%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 43.1% and 56.9% (50% ± 6.9%) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC worked to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to apply post-stratification weights to the raw data to improve this representativeness even further. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents. In order to determine WNC regional estimates, county responses were weighted in proportion to the actual population distribution so as to appropriately represent Western North Carolina as a whole.

The following chart outlines the characteristics of the survey sample for our county by key demographic variables, compared to actual population characteristics revealed in census data. Note that the sample consisted solely of area residents age 18 and older.



Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2015 guidelines place the poverty threshold for a family of four at $23,050 annual household income or lower)*. In sample segmentation: "very low income" refers to community members living in a household with defined poverty status; "low income" refers to households with incomes just above the poverty level, earning up to twice the poverty threshold; and "mid/high income" refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Benchmark Data

North Carolina Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts where available, are taken from the *2013 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Survey Administration

With more than 700 full- and part-time interviewers who work exclusively with healthcare and health assessment projects, PRC uses a state-of-the-art, automated CATI interviewing system that assures consistency in the research process. Furthermore, PRC maintains the resources to conduct all aspects of this project in-house from its headquarters in Omaha, Nebraska, assuring the highest level of quality control.

Interviewing Protocols and Quality Assurance

PRC's methods and survey administration comply with current research methods and industry standards. To maximize the reliability of research results and to minimize bias, PRC follows a number of clearly defined quality control protocols. PRC uses a telephone methodology for its community interviews, in which the respondent completes the questionnaire with a trained interviewer, not through an automated touch-tone process.

Before going into the field in the latter half of February, PRC piloted 30 interviews across the region with the finalized survey instrument. After this phase, PRC corrected any process errors that were found, and discussed with the consulting team any substantive issues that needed to be resolved before full implementation.

PRC employs the latest CATI (computer-aided telephone interviewing) system technology in its interviewing facilities. The CATI system automatically generates the daily sample for data collection, retaining each telephone number until the Rules of Replacement are met. Replacement means that no further attempts are made to connect to a particular number, and that a replacement number is drawn from the sample. To retain the randomness of the sample, telephone numbers drawn for the sample are not discarded and replaced except under very specific conditions.

Interviewing for this study took place primarily during evening and weekend hours (Eastern Time: Monday-Friday 5pm-9pm; Saturday 10am-4pm; Sunday 2pm-9pm). Some daytime weekday attempts were also made to accommodate those for whom these times might be more convenient. Up to five call attempts were made on different days and at different times to reach telephone numbers for which there is no answer. Systematic, unobtrusive electronic monitoring is conducted regularly by supervisors throughout the data collection phase of the project.

Cell Phones

Cell phone numbers were integrated into the sampling frame developed for the interviewing system for this project. Special protocols were followed if a cell phone number was drawn for the sample to ensure that the respondent lives in the area targeted and that (s)he is in a safe place to talk (e.g., not while driving). Using this dual-mode approach yielded a sample comprised of 6% cell phone numbers and 94% landline numbers. While this proportion is lower than actual cell phone penetration, it is sufficient in supplementing demographic segments that might otherwise be under sampled in a landline-only model, without greatly increasing the cost of administration.

Minimizing Potential Error

In any survey, there exists some degree of potential error. This may be characterized as sampling error (because the survey results are not based on a complete census of all potential respondents within the population) or non-sampling error (e.g., question wording, question sequencing, or through errors in data processing). Throughout the research effort, Professional Research Consultants makes every effort to minimize both sampling and non-sampling errors in order to assure the accuracy and generalizability of the results reported.

Noncoverage Error. One way to minimize any effects of underrepresentation of persons without telephones is through poststratification. In poststratification, the survey findings are weighted to key demographic characteristics, including gender, age, race/ethnicity and income (see above for more detailed description).

Sampling Error. Sampling error occurs because estimates are based on only a sample of the population rather than on the entire population. Generating a random sample that is representative and of adequate size can help minimize sampling error. Sampling error, in this instance, is further minimized through the strict application of administration protocols. Poststratification, as mentioned above, is another means of minimizing sampling error.

Measurement Error. Measurement error occurs when responses to questions are unduly influenced by one or more factors. These may include question wording or order, or the interviewer's tone of voice or objectivity. Using a tested survey instrument minimizes errors associated with the questionnaire. Thorough and specific interviews also reduce possible errors. The automated CATI system is designed to lessen the risk of human error in the coding and data entry of responses.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups (such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish) are not represented in the survey data. Other population groups (for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups) might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Online Key Informant Survey (Primary Data)

Online Survey Methodology

Purpose and Survey Administration

To solicit input from key informants (i.e., those individuals who have a broad interest in the health of the community) an Online Key Informant Survey was implemented. A list of recommended participants from our county was provided to PRC by WNC Healthy Impact along with those of other participating counties; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation.

Online Survey instrument

In the online survey, respondents had the chance to explain what view as most needed to create a healthy community, and how they feel that environment and social determinants impact health. Key informants were also asked to specifically rate the degree to which various health issues are a problem in our county; follow-up questions asked them to describe why they identify problem areas as such, and how these might be better addressed.

Participation

In all, 29 community stakeholders took part in the Online Key Informant Survey for our county, as outlined below:

Key Informant Type	Number Invited	Number Participating
Community/Business Leader	17	7
Other Health Provider	7	6
Physician	7	5
Public Health Representative	5	5
Social Service Provider	13	6

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Online Survey Limitations

The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

To collect this data, purposive sampling (i.e., a type of non-probability sampling which targets a specific group of people) was used. Unlike the random sampling technique employed in the telephone survey, the purpose is not to make generalizations or statistical inferences from the sample to the entire population, but to gather in-depth insights into health issues from a group of individuals with a specific perspective.

Focus Groups / Listening Sessions and Client Interviews

During August, September and October, 2015, eleven focus groups/listening sessions and 10 client interviews were conducted in Henderson County that included 169 participants ages 12-85. Questions were intended to discover the community's viewpoint and concerns about life, health matters and other issues important to residents. Groups were of various sizes and spanned multiple ages. Groups are listed in Appendix C. The groups were selected in order to gain information from or about segments of the community with a focus on demographics: race, ethnicity and age: disparate populations: including lower-income adults, elderly, ethnic populations; and professionals and service providers who work with these populations.

Goals of the listening sessions were to:

- Gain an understanding of the health concerns within the community (concerns)
- Gain an understanding of the health care systems within the community (services and resources)
- Identify the factors that affect the health of the community (determinants) and
- Determine the availability of health resources within the community (services and resources)

Participants were asked how they define a "healthy community", how people stay healthy, what they thought were the most serious health problems in the community, challenges to meet health care needs and ways to improve the health of county residents. Questions are listed in Appendix G.

Appendix B - Secondary Data Profile

2015 Henderson County Community Health Assessment

Summary of Secondary Data

August 25, 2015

Purpose of the Community Health Assessment

- Describe the health status of the community.
- Create a report that will serve as a resource for the Henderson County Health Department, local hospitals, and other community organizations.
- Provide direction for the planning of disease prevention and health promotion services and activities.

Contributing Viewpoints

Secondary Data	**Citizen and Stakeholder Opinion**
-Demographic -Socioeconomic -Health -Environmental	-Community health survey

We Take Special Notice When…

- Henderson County statistics deviate from North Carolina or regional statistics, or some other "norm".
- Trend data show significant changes over time.
- There are significant age, gender, or racial disparities.

Definitions and Symbols

- **Arrows**
  - Arrow up (▲) indicates an increase.
  - Arrow down (▼) indicates a decrease.
- **Color**
  - **Red** indicates a "worse than" or negative difference
  - **Green** indicates a "better than" or positive difference
  - **Blue** indicates a likely unstable rate or difference based on a small number of events; figures in blue should be used with great caution.
- **Bold** Type
  - Indicates the higher value of a pair, or the highest value among several.

Data Caveats

- Data citations presented among these slides are basic and rudimentary. Complete citations are available in the associated WNC Healthy Impact Data Workbook from which this data was derived.
- Most secondary data in this presentation originated from authoritative sources in the public domain (e.g., US Census Bureau, US EPA, NC State Center for Health Statistics).
- All secondary data was mined at a point in time in the recent past, and may not represent present conditions. Numbers, entity names, program titles, etc. that appear in the data may no longer be current.

Demographic Data

General Population Characteristics

- The Henderson County population has a slightly higher proportion of females than males.
- The median age of the Henderson County population (45.4 years) is 0.7 years "older" than WNC regional average and 8.0 years "older" than the NC average.
- Henderson County has lower proportions of "younger persons" and higher proportions of the "older persons" than NC as a whole.

General Population Characteristics
2010 US Census

County	Total Population (2010)	% Males	% Females	Median Age*	% Under 5 Years Old	% 5-19 Years Old	% 20 - 64 Years Old	% 65 Years and Older
Henderson	106,740	48.3	51.7	45.4	5.6	16.8	55.2	22.4
WNC (Regional) Total	759,727	48.5	51.5	44.7	n/a	n/a	n/a	n/a
State Total	9,535,483	48.7	51.3	37.4	6.6	20.2	60.2	12.9

Source: US Census Bureau

Minority Populations

- Henderson County has significantly lower proportions of African Americans and American Indians, but slightly higher proportions of other minority groups, than the WNC Region or NC as a whole. Among comparators, the highest proportion of Hispanics (≈10%) reside in Henderson County.

Population Distribution by Race/Ethnicity
2010 US Census

County	Total Population (2010)	White	Black or African American	American Indian, Alaskan Native	Asian	Native Hawaiian, Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)
		%	%	%	%	%	%	%	%
Henderson	106,740	88.9	3.0	0.4	1.0	0.2	4.6	1.9	9.8
WNC (Regional) Total	759,727	89.3	4.2	1.5	0.7	0.1	2.5	1.8	5.4
State Total	9,535,483	68.5	21.5	1.3	2.2	0.1	4.3	2.2	8.4

Source: US Census Bureau

Population Growth

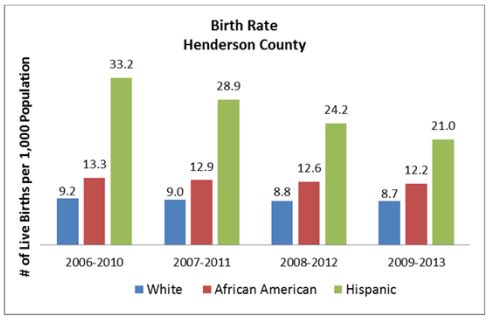
- The double-digit rate of growth in Henderson County in 2000-2010 is expected to slow over the next two decades, but will still exceed the overall growth rate for the WNC Region.

Percent Population Growth			
Decade	**Henderson County**	**WNC Region**	**State of NC**
2000-2010	**16.5**	13.0	15.6
2010-2020	8.2	6.7	**10.7**
2020-2030	6.3	6.1	**9.5**

Sources: US Census Bureau and NC Office of State Budget and Management

Birth Rate

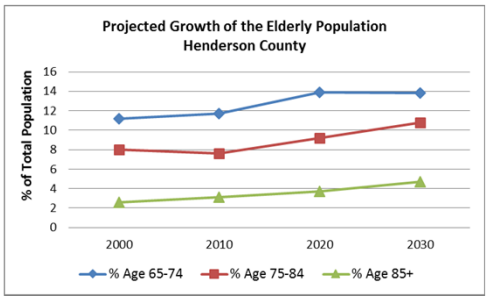
- The birth rate among Hispanics in Henderson County has been significantly higher than the comparable rates among other racial groups, but birth rates in all racial/ethnic groups in the county appear to be falling.



Source: NC State Center for Health Statistics

Growth of the Elderly Population

- The population in each major age group age 65 and older in Henderson County will increase between 2010 and 2030.
- The highest percentage of growth—52%—will occur in the population group age 85 and older. The population age 75-84 is projected to increase by 42% over the same 2010-2030 period.
- By 2030 projections estimate there will be more than 35,800 persons age 65+ in Henderson County.



Sources: US Census Bureau and NC State Office of Budget and Management

Family Composition

- In the 5-year period from 2009-2013, an estimated 1,144 Henderson County grandparents living with their minor-aged grandchildren also were financially responsible for them.
- Over the same period there were an estimated 45,246 households in Henderson County, 10,093 of them with children under 18 years of age.
- *Among the households with minor-age children*, 76% were headed by a married couple. An additional 16% were headed by a female single parent, and 8% were headed by a male single parent.

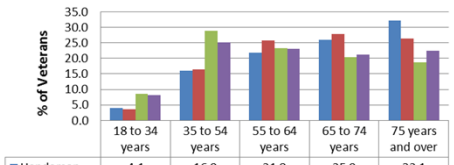
Minor-Age Children Living with Grandparents and in Single-Parent Households, 2009-2013

County	# Grandparents Living with Own Grandchildren (<18 Years)	Grandparent Responsible for Grandchildren (under 18 years)*		# Total Households	Family Household Headed by Married Couple (with children under 18 years)		Family Household Headed by Male (with children under 18 years)		Family Household Headed by Female (with children under 18 years)	
		Est. #	%		Est. #	%**	Est. #	%**	Est. #	%**
Henderson	1,991	1,144	57.5	45,246	7,691	17.0	787	1.7	1,615	3.6
WNC (Regional) Total	15,007	8,142	54.3	316,799	49,395	15.6	6,133	1.9	17,711	5.6
State Total	206,632	100,422	48.6	3,715,565	706,106	19.0	84,199	2.3	293,665	7.9

Source: US Census Bureau

Military Veterans

- Henderson County is home to a higher proportion of veterans age 75 and older than the WNC region, the State of NC, and the nation.



	18 to 34 years	35 to 54 years	55 to 64 years	65 to 74 years	75 years and over
Henderson	4.1	16.0	21.8	25.9	32.1
WNC Region	3.6	16.5	25.7	27.7	26.4
NC	8.6	28.9	23.3	20.4	18.7
National Total	8.1	25.1	23.1	21.2	22.5

Sources: US Census Bureau

Foreign-Born Population

- Of the estimated 9,456 foreign-born residents of Henderson County in the 2009-2013 period, the largest proportion (35%) entered the US between 2000 and 2009.
- Of the 3,308 foreign-born residents settling in Henderson County in that decade, 2,833 (86%) were not US citizens when they arrived.
- Of the estimated 45,246 households in Henderson County in the 2009-2013 period, 1,475 (3%) were categorized as having limited skill in speaking English.

Sources: US Census Bureau

Urban-Rural Population

- The proportion of Henderson County categorized as "rural" decreased by 29% between 2000 and 2010. By 2010 more of Henderson County was "urban" than were WNC or NC as a whole.

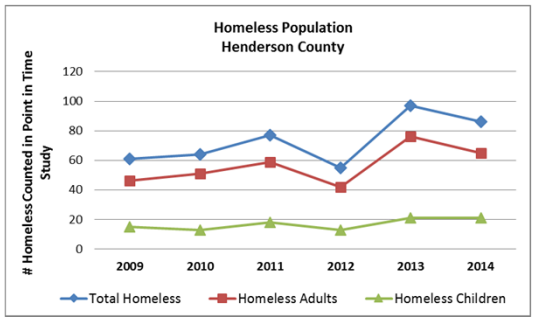
Urban/Rural Population

County	2000 Census		2010 Census	
	% Urban	% Rural	% Urban	% Rural
Henderson County	53.2	46.8	66.7	33.3
WNC Region	41.6	58.4	46.8	53.2
NC	46.7	53.3	66.1	33.9

Sources: US Census Bureau

Homeless Population

- According to an annual point-in-time census of the homeless population in Henderson County, the total number of homeless persons peaked in 2013. Throughout the period cited most of the county's homeless were adults.
- From 2010 through 2014, an average of approximately 19% of the total homeless population was deemed "chronically homeless".
- From 2010 through 2014, approximately 5% of all homeless adults in Henderson County were military veterans.



Sources: NC Coalition to End Homelessness

Educational Achievement

- Compared to the **WNC Region average**, Henderson County has:
  - **14% *lower*** percentage of persons in the population over age 25 having only a high school diploma or equivalent (2009-2013 Estimate)
  - **31% *higher*** percentage of persons in the population over age 25 having a Bachelor's degree or higher (2009-2013 Estimate)
  - **6% *higher*** overall HS graduation rate (for 4-year cohort of 9th graders entering school in SY 2010-2011 and graduating in SY2013-2014 or earlier)

Sources: US Census Bureau and Public Schools of North Carolina

Socioeconomic Data

Income

In Henderson County:

- 2009-2013 Median Household Income = $44,815
  - ▲ $1,631 since 2006-2010
  - $5,928 **above** WNC average
  - $1,519 **below** NC average
- 2009-2013 Median Family Income = $57,062
  - ▼ $1,319 since 2006-2010
  - $8,511 **above** WNC average
  - $134 **above** NC average

Household: all people in a housing unit sharing living arrangements; may or may not be related

Family: householder and people living in household related by birth, marriage or adoption.

All families are also households; not all households are families.

Source: US Census Bureau

Employment

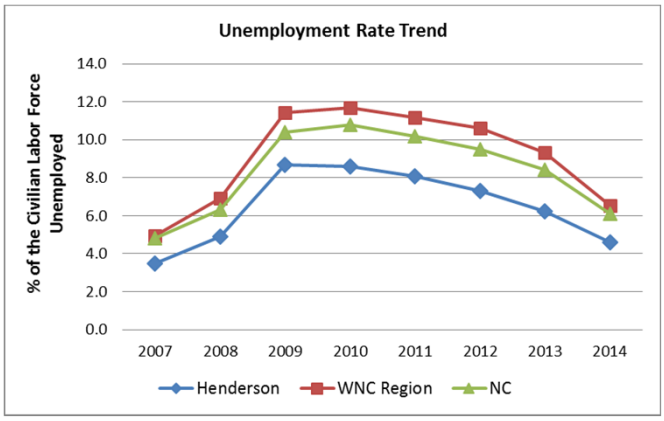
- As of 2013, the three employment sectors in Henderson County with the largest proportions of workers (and average weekly wages) were:
  - Health Care and Social Assistance: 18.62% of workforce ($783)
  - Manufacturing: 15.05% of workforce ($955)
  - Retail Trade: 13.28% of workforce ($485)

Region-wide in 2013 the largest employment sector was Health Care and Social Assistance (18.37%) at an average weekly wage of $655 per employee. Statewide the largest employment sector also was Health Care and Social Assistance (14.48%) at an average weekly wage of $859.

Source: NC Employment Security Commission

Annual Unemployment Rate

- Throughout the period cited the unemployment rate in Henderson County was significantly lower than the comparable rates for WNC and NC.



Source: NC Department of Commerce

Poverty

- In Henderson County, WNC and NC the total poverty rate increased overall throughout the period cited.
- The total poverty rate in Henderson County was lower than the comparable regional rate and state rate in each period cited.

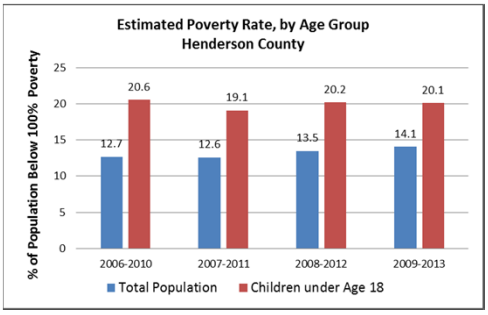
Estimated Poverty Rate

County	Percent Total Population Below 100% Poverty Level			
	2006-2010	2007-2011	2008-2012	2009-2013
Henderson County	12.7	12.6	13.5	14.1
WNC Region	**15.7**	**16.1**	**16.9**	**18.0**
State of NC	15.5	**16.1**	16.8	17.5

Source: US Census Bureau

Poverty and Age

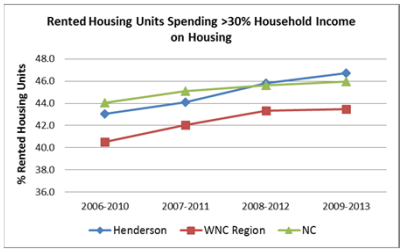
- In Henderson County, as elsewhere, children suffer disproportionately from poverty.
- In Henderson County in each period cited the estimated poverty rate among children under age 18 was from 43% to 62% higher than the overall poverty rate.

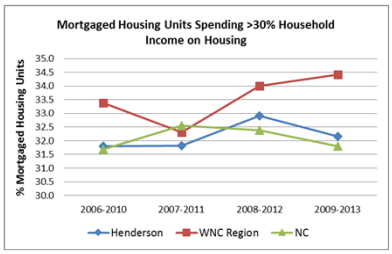


Source: US Census Bureau

Housing Costs

- One measure of economic burden in a community is the percent of housing units spending more than 30% of household income on housing.
- In 2009-2013, a higher proportion of Henderson County renters but a lower proportion of county mortgage holders spent >30% of household income on housing than the WNC average.
- The proportion of Henderson County renters spending more than 30% of household income on rent increased steadily between 2006-2010 and 2009-2013.





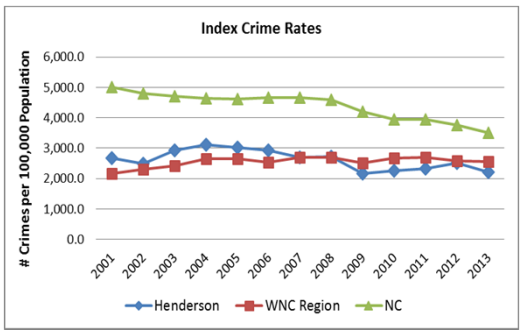
Source: US Census Bureau

Crime and Safety

Index Crime

- Index crime is the sum of all violent and property crime. The index crime rate in Henderson County was lower than the comparable NC average in every year cited.
- The index crime rate in Henderson County exceeded the regional rate from 2001-2006 but was lower than the regional rate from 2009-2013.

Index Crime Rate Trend



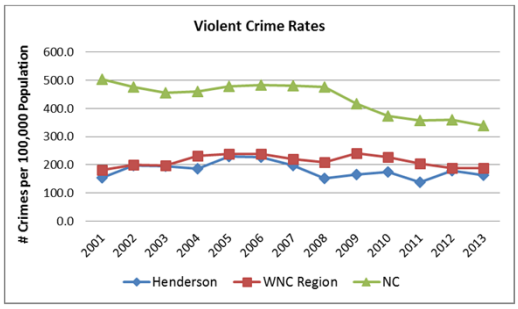
Source: NC Department of Justice

Crime and Safety

Violent Crime

- Violent crime includes murder, forcible rape, robbery, and aggravated assault. The violent crime rate in Henderson County was lower than the comparable NC rate and lower than or equal to the WNC average rate throughout the period cited.

Violent Crime Rate Trend



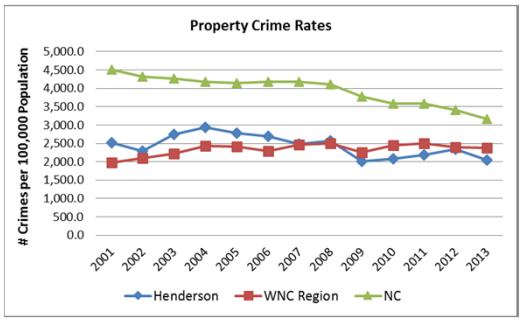
Source: NC Department of Justice

Crime and Safety

Property Crime

- The property crime rate in Henderson County exceeded the regional rate from 2001-2006 but was lower than the regional rate from 2009-2013. The local rate was significantly lower than the NC rate throughout the period cited.

Property Crime Rate Trend



Source: NC Department of Justice

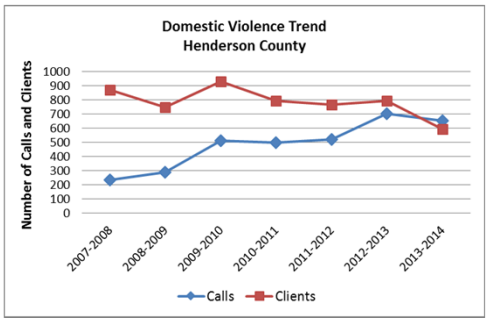
Crime and Safety
Sexual Assault

- In FY2013-2014, 232 persons in Henderson County were identified as victims of sexual assault.
- The most frequently reported specific type of sexual assault in Henderson County during the period was adult survivor of child sexual assault (33%). Regionally, the most frequently reported type was adult survivor of child sexual assault (23%); statewide the most frequently reported type was child sexual offense (26%).
- State-wide and region-wide the most commonly reported offender was a relative. In Henderson County the most common offender also was a relative.

Source: NC Department of Administration, Council for Women

Crime and Safety
Domestic Violence

- The number of calls in Henderson County dealing with domestic violence increased from a low of 236 in 2007-2008 to a high of 705 in 2012-2013. The number of clients reporting domestic violence peaked at 932 in 2009-2010.
- The domestic violence shelter serving Henderson County was full on 11 days in FY2013-2014.



Source: NC Department of Administration, Council for Women

Crime and Safety

Child Abuse

- Substantiated reports of child abuse in Henderson County fluctuated between 2006 and 2010, but averaged 193 per year.
- Between 2006 and 2012 there was one child abuse homicide in the county.

Substantiated Child Abuse Reports and Child Abuse Homicides

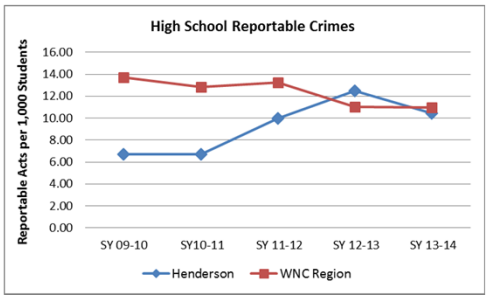
County	Reports Substantiated**					Child Abuse Homicides***						
	2006	2007	2008	2009	2010	2006	2007	2008	2009	2010	2011	2012
	#	#	#	#	#	#	#	#	#	#	#	#
Henderson	220	210	173	169	194	1	0	0	0	0	0	0
WNC (Regional) Total	2,273	1,958	1,754	1,449	1,512	4	1	2	1	0	4	2
State Total	20,340	14,966	12,429	11,252	11,300	34	25	33	17	19	24	28

Source: Annie E. Casey Foundation KIDS COUNT Data Center

Juvenile Crime

High School Reportable Crime

- While the regional high school crime rate appeared relatively stable over the period cited, the rate of reportable crimes in Henderson County Schools rose from SY2010-2011 through SY2012-2013 before decreasing again in SY2013-2014.



Source: Public Schools of North Carolina

Health Resources

Health Insurance

- The percent of uninsured adults age 18-64 in Henderson County, WNC and NC increased overall between 2009 and 2012 but have decreased since. Throughout the period cited, the WNC Region had the highest proportion of uninsured adults.

Percent of Population *Without* Health Insurance, by Age Group

County	2009		2010		2011		2012		2013	
	0-18	18-64	0-18	18-64	0-18	18-64	0-18	18-64	0-18	18-64
Henderson County	**10.4**	23.8	**10.0**	21.6	**9.2**	25.1	**9.7**	26.1	8.2	24.6
WNC Region	9.9	**24.2**	9.7	**26.0**	9.1	**25.2**	9.3	**25.4**	**8.6**	**25.0**
State of NC	8.7	21.9	8.3	23.5	7.9	23.0	7.9	23.4	6.9	22.5

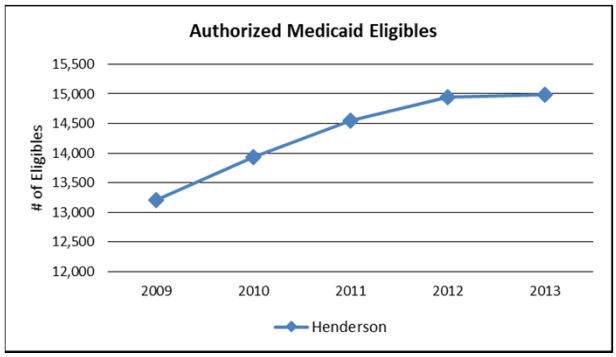
- The age group 0-18 has a significantly lower percentage of uninsured than the adult age group, due at least partly to their inclusion in NC Health Choice. Nevertheless, throughout the period cited except for 2013 Henderson County had the highest proportion of uninsured youth.

Source: US Census Bureau

Medicaid Eligibility

- The total number of people in Henderson County eligible for Medicaid increased annually from 2009 through 2012 before stabilizing.

Henderson County Medicaid-Eligibles, 2009-2013



Source: NC Division of Medical Assistance

Health Care Practitioners

- In 2012, Henderson County had the highest ratio of active physicians, primary care physicians and dentists among the NC jurisdictions. NC had the highest ratio of registered nurses and pharmacists.
- The WNC region had the lowest ratio among all jurisdictions in all provider categories.

Number of Active Health Professionals per 10,000 Population

County	2012				
	Physicians	Primary Care Physicians*	Dentists	Registered Nurses	Pharmacists
Henderson	23.39	8.69	4.71	94.56	8.32
WNC (Regional) Arithmetic Mean	14.29	6.84	3.61	76.94	7.97
State Total	22.31	7.58	4.51	99.56	10.06
National Ratio (date)	23.0 (2011)	8.1 (2011)	5.3 (2012)	91.6 (2012)	9.1 (2012)

Sources: Cecil G. Sheps Center for Health Services Research, US Census Bureau, and US Bureau of Labor Statistics

Health Statistics

Health Rankings

- According to *America's Health Rankings* (2013)
  - NC ranked 35th overall out of 50 (where 1 is "best")
- According to *County Health Rankings* (2014) for NC, Henderson County was ranked 15th overall among the 100 NC counties.
  - Henderson County ***health outcome*** rankings out of 100 (where 1 is best):
    - 14th in length of life
    - 11th for quality of life
  - Henderson County ***health factors*** rankings out of 100 (where 1 is best):
    - 3rd for health behaviors
    - 16th for clinical care
    - 7th for social and economic factors
    - 46th for physical environment

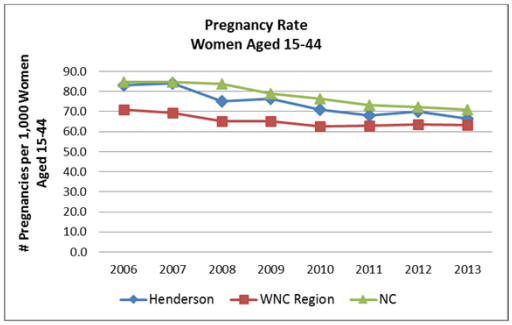
Sources: America's Health Rankings and County Health Rankings and Roadmaps websites

Maternal and Infant Health

Pregnancy Rate

Pregnancies per 1,000 Women Age 15-44

- The total pregnancy rates in Henderson County, WNC and NC all have fallen overall since 2006, but appear to have stabilized recently.
- Throughout the period cited, the total pregnancy rate in Henderson County was between that of the region and the state.

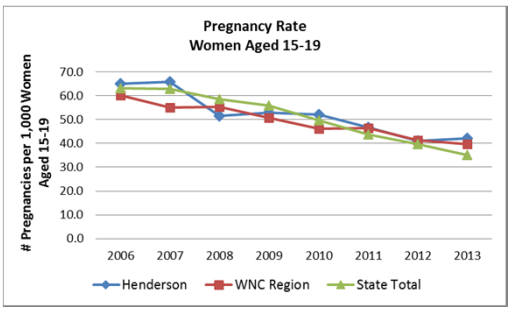


Source: NC State Center for Health Statistics

Pregnancy Rate

Pregnancies per 1,000 women Age 15-19 (Teens)

- The teen pregnancy rates in Henderson County, WNC and NC have fallen significantly since 2006, and appear to be falling still region-wide and in the state as a whole. The rate may be increasing in Henderson County.

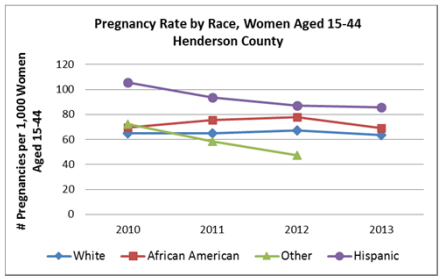


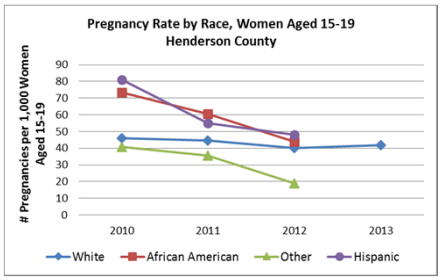
Source: NC State Center for Health Statistics

Pregnancy Rate

By Race/Ethnicity

- Among Henderson County women age 15-44 the highest pregnancy rates appear to occur among Hispanics. Among teens age 15-19 many of the racially stratified pregnancy rates over the period cited were unstable, except for the rates for whites.





Source: NC State Center for Health Statistics

Pregnancy Risk Factors

Smoking During Pregnancy

- The percentage of Henderson County women who smoked during pregnancy fluctuated but decreased overall between 2008 and 2013, while comparable percentages for the region and the state did not change significantly over the same period.

County	Percent of Births to Mothers Who Smoked While Pregnant					
	2008	2009	2010	2011	2012	2013
Henderson County	12.0	11.0	n/a	9.6	12.3	10.3
WNC Region	**20.3**	**19.1**	n/a	**20.1**	**19.2**	**19.4**
State of NC	10.4	11.0	n/a	10.9	10.6	10.3

Source: NC State Center for Health Statistics, Vital Statistics Volume I

Pregnancy Risk Factors

Prenatal Care

- The percentage of women in all three jurisdictions who received early prenatal care decreased significantly between after 2010.
- Henderson County had the highest percentages of early prenatal care among comparators throughout the period cited.

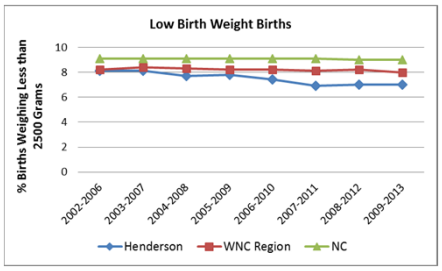
County	Percent of Pregnancies Receiving Prenatal Care in 1st Trimester					
	2008	2009	2010	2011	2012	2013
Henderson County	**93.0**	**94.3**	n/a	**79.0**	**78.1**	**78.7**
WNC Region	84.5	84.0	n/a	75.6	76.5	75.5
State of NC	82.0	83.3	n/a	71.2	71.3	70.3

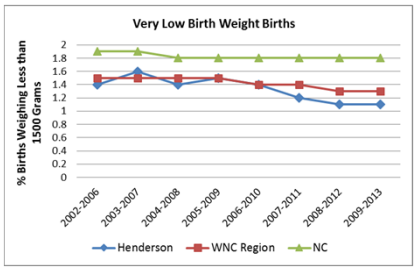
Source: NC State Center for Health Statistics, Baby Book

Pregnancy Outcomes

Low Birth Weight Births

- The percentages of Henderson County women experiencing low birth-weight (<5.5 lbs.) and very-low birth-weight (<3.3 lbs.) births have decreased since 2002-2006.
- The highest percentages in both weight categories occur at the state level.



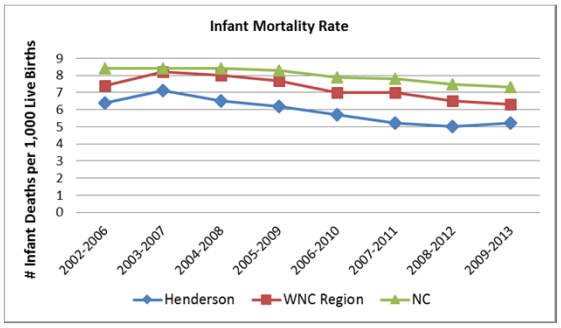


Source: NC State Center for Health Statistics

Pregnancy Outcomes

Infant Mortality

- The infant mortality rate in Henderson County fell gradually but steadily after 2003-2007. Infant mortality was lower in Henderson County than in both WNC or NC as a whole over the span of time cited.



Source: NC State Center for Health Statistics

Pregnancy Outcomes

Infant Mortality by Race

- Except for whites, all racially and ethnically stratified infant mortality rates in Henderson County were unstable between 2002-2006 and 2008-2012.

Source: NC State Center for Health Statistics

Abortion

- **Women Age 15-44**
  - The percentage of pregnancies per 1,000 Henderson County women in this age group that ended in abortion fell overall from 9.3 in 2006 to 5.6 in 2013.
- **Women Age 15-19 (Teens)**
  - The percentage of pregnancies per 1,000 Henderson County women in this age group that ended in abortion fell overall from 11.0 in 2006 to 6.7 in 2012, before being suppressed due to below threshold numbers of events.

Source: NC State Center for Health Statistics

Mortality

Life Expectancy

- For persons born in 2011-2013, life expectancies among comparator jurisdictions is longest overall and among men, women, and white persons in Henderson County. Life expectancy for African Americans is longest in NC.

Life Expectancy at Birth for Persons Born in in 2011-2013

County	Overall	Sex		Race	
		Male	Female	White	African-American
Henderson	79.3	77.0	81.6	79.4	74.4
WNC (Regional) Arithmetic Mean	77.7	75.3	80.2	77.9	75.2
State Total	78.2	75.7	80.6	78.8	75.9

Source: NC State Center for Health Statistics

Leading Causes of Death: Overall

Age-Adjusted Rates (2009-2013)	Henderson No. of Deaths	Henderson Mortality Rate	Rate Difference from NC
1. Total Cancer	1,372	152.6	-12%
2. Diseases of the Heart	1,388	148.6	-13%
3. Chronic Lower Respiratory Disease	405	43.7	-5%
4. All Other Unintentional Injuries	281	37.7	+29%
5. Cerebrovascular Disease	343	35.6	-19%
6. Alzheimer's Disease	318	31.1	+8%
7. Suicide	93	15.6	+28%
8. Pneumonia and Influenza	141	14.8	-17%
9. Chronic Liver Disease and Cirrhosis	88	12.2	+28%
10. Unintentional Motor Vehicle Injuries	68	12.1	-12%
11. Diabetes Mellitus	97	11.3	-48%
12. Nephritis, Nephrotic Syndrome, Nephrosis	96	9.9	-44%
13. Septicemia	57	6.4	-54%
14. Homicide	14	2.8	-52%
15. AIDS	5	0.8	-69%

Source: NC State Center for Health Statistics

Leading Causes of Death: Gender Comparison

Henderson County Rank by Descending Overall Age-Adjusted Rate (2009-2013)	Rate Among Males	Rate Among Females	% Male Rate Difference from Females
1. Total Cancer	189.1	125.1	+51%
2. Diseases of the Heart	191.5	114.1	+68%
3. Chronic Lower Respiratory Disease	47.0	41.5	+13%
4. All Other Unintentional Injuries	44.8	29.8	+50%
5. Cerebrovascular Disease	33.6	36.6	-8%
6. Alzheimer's Disease	24.7	35.8	-31%
7. Suicide	22.3	9.4	2.4X
8. Pneumonia and Influenza	18.8	12.1	+55%
9. Chronic Liver Disease and Cirrhosis	16.1	8.7	+85%
10. Unintentional Motor Vehicle Injuries	15.7	8.3	+89%
11. Diabetes Mellitus	13.6	9.8	+39%
12. Nephritis, Nephrotic Syndrome, Nephrosis	13.8	6.9	2X
13. Septicemia	7.2	6.0	+20%
14. Homicide	n/a	n/a	n/a
15. AIDS	n/a	n/a	n/a

Source: NC State Center for Health Statistics

Leading Causes of Death: Race Comparison

Henderson County Rank by Descending Overall Age-Adjusted Rate (2009-2013)	Rate Among non-Hispanic Whites	Rate Among non-Hispanic Blacks	% Black Rate Difference from White Rate
1. Total Cancer	155.9	192.8	+4.5%
2. Diseases of the Heart	149.7	268.0	+79.0%
3. Chronic Lower Respiratory Disease	43.7	n/a	n/a
4. All Other Unintentional Injuries	40.2	n/a	n/a
5. Cerebrovascular Disease	35.4	n/a	n/a
6. Alzheimer's Disease	30.8	n/a	n/a
7. Suicide	17.7	n/a	n/a
8. Pneumonia and Influenza	14.8	n/a	n/a
9. Chronic Liver Disease and Cirrhosis	12.3	n/a	n/a
10. Unintentional Motor Vehicle Injuries	13.0	n/a	n/a
11. Diabetes Mellitus	11.4	n/a	n/a
12. Nephritis, Nephrotic Syndrome, Nephrosis	9.3	n/a	n/a
13. Septicemia	6.5	n/a	n/a
14. Homicide	n/a	n/a	n/a
15. AIDS	n/a	n/a	n/a

Source: NC State Center for Health Statistics

Leading Causes of Death: Time Comparison

Henderson County Rank by Descending Overall Age-Adjusted Rate (2009-2013)	Rank 2006-2010	Rank Change 2006-2010 to 2009-2013	% Rate Change 2006-2010 to 2009-2013
1. Total Cancer	2	+1	-6%
2. Diseases of the Heart	1	-1	-11%
3. Chronic Lower Respiratory Disease	3	n/c	-8%
4. All Other Unintentional Injuries	6	+2	+16%
5. Cerebrovascular Disease	4	-1	-12%
6. Alzheimer's Disease	5	-1	-11%
7. Suicide	8	+1	+4%
8. Pneumonia and Influenza	7	-1	-11%
9. Chronic Liver Disease and Cirrhosis	12	+3	+11%
10. Unintentional Motor Vehicle Injuries	11	+1	+7%
11. Diabetes Mellitus	9	-2	-16%
12. Nephritis, Nephrotic Syndrome, Nephrosis	10	-2	-21%
13. Septicemia	13	n/c	-34%
14. Homicide	14	n/c	-35%
15. AIDS	15	n/c	n/a

Source: Sheila Pfaender, Public Health Consultant; based on data from NC State Center for Health Statistics

Leading Causes of Death – By Age

Age Group	Rank	Cause of Death in Henderson County (2009-2013)
00-19	1 2 3	Conditions originating in the perinatal period; Motor vehicle injuries Congenital anomalies (birth defects); Cancer (all sites) Suicide; All other unintentional injuries; SIDS
20-39	1 2 3	All other unintentional injuries Suicide Motor vehicle injuries
40-64	1 2 3	Cancer (all sites) Diseases of the heart Suicide; All other unintentional injuries
65-84	1 2 3	Cancer (all sites) Diseases of the heart Chronic lower respiratory disease
85+	1 2 3	Diseases of the heart Cancer (all sites) Alzheimer's disease

Source: NC State Center for Health Statistics

Mortality Trends, 2002-2006 to 2009-2013

Leading Cause of Death in Henderson County	Overall Trend Direction
1. Total Cancer	▼
2. Diseases of the Heart	▼
3. Chronic Lower Respiratory Disease	▼
4. All Other Unintentional Injuries	n/c
5. Cerebrovascular Disease	▼
6. Alzheimer's Disease	▼
7. Suicide	▲
8. Pneumonia and Influenza	▼
9. Chronic Liver Disease and Cirrhosis	▲
10. Unintentional Motor Vehicle Injuries	▼
11. Diabetes Mellitus	▼
12. Nephritis, Nephrotic Syndrome, Nephrosis	▼
13. Septicemia	▼
14. Homicide	▼
15. AIDS	▼

Source: Sheila Pfaender, Public Health Consultant; based on data from NC State Center for Health Statistics

Site-Specific Cancer Trends

Henderson County

Incidence: 1999-2003 to 2008-2012
Mortality: 2002-2006 to 2009-2013

Cancer Site	Parameter	Overall Trend Direction
Lung Cancer	Incidence Mortality	n/c ▼
Prostate Cancer	Incidence Mortality	▲ ▼
Breast Cancer	Incidence Mortality	▲ ▼
Colorectal Cancer	Incidence Mortality	▼ ▼

Source: Sheila Pfaender, Public Health Consultant; based on data from NC State Center for Health Statistics

Injury Mortality

Unintentional Falls

- From 2011 through 2013, 102 Henderson County residents died as a result of an unintentional fall.
- Of the 102 fall-related deaths, 95 (93%) occurred in the population age 65 and older.
- Of the 102 fall-related deaths, 56 (55%) occurred in the population age 85 and older.

Source: NC State Center for Health Statistics

Injury Mortality

Unintentional Poisoning

- In the period 2009-2013, 69 Henderson County residents died as a result of unintentional poisoning, with a corresponding age-adjusted mortality rate of 12.9 deaths per 100,000 population, lower than the WNC rate but higher than the NC average rate.
- Of the 69 unintentional poisoning deaths in the county in that period, 65 (94%) were due to medication or drug overdoses, with a corresponding mortality rate of 12.1, lower than the average WNC rate but higher than the NC rate.

County	Unintentional Poisoning Deaths for Select Locations and Percent that are Medication/Drug Overdoses (2009-2013)*			Rate of Unintentional Medication/Drug Overdose Deaths (2009-2013)**	
	#	Rate per 100,000 NC Residents	% that are Medication/Drug Overdoses	#	Rate per 100,000 NC Residents
Henderson	69	12.9	94.2	65	12.1
WNC (Regional) Total	560	14.8	90.0	506	13.3
Non-WNC (Regional) Total	4,749	10.7	91.0	4,320	9.7
State Total	5,309	11.0	90.9	4,826	10.0

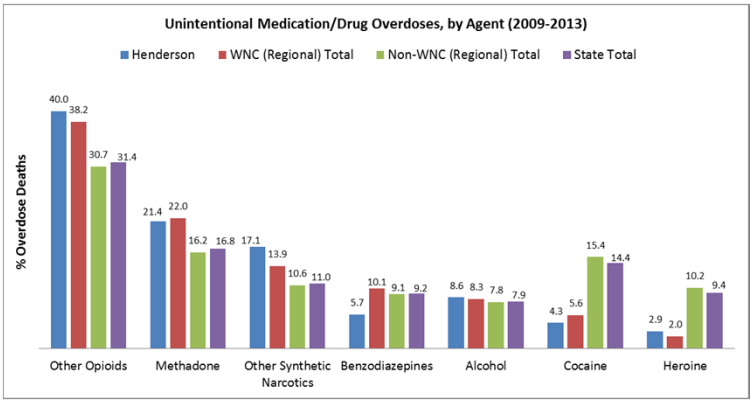
- * Codes Used: cdeath1 = X40-X49
- ** Codes Used: cdeath1 = X40-X44

Sources: NC State Center for Health Statistics and NC DPH, Chronic Disease and Injury Section, Injury and Violence Prevention Branch

Injury Mortality

Unintentional Medication/Drug Overdoses

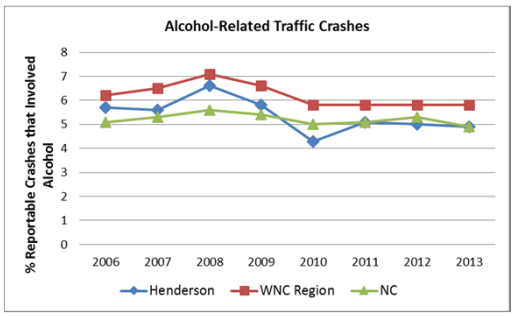
- "Other Opioids" caused the highest proportion of drug overdose deaths (40.0%) in Henderson County in the period 2009-2013.



Source: NC DPH, Chronic Disease and Injury Section, Injury and Violence Prevention Branch

Vehicular Injury
Alcohol-Related Motor Vehicle Crashes

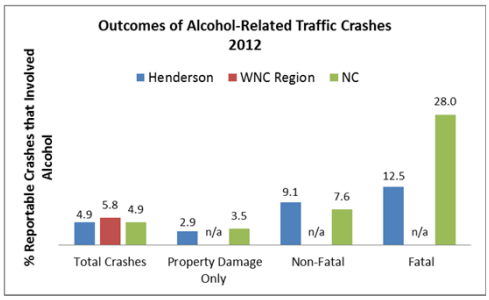
- Over the period 2006 through 2013 an annual average of 5.3% of all traffic crashes in Henderson County were alcohol-related. Region-wide the comparable figure was 6.2%.



Source: NC Highway Safety Research Center

Vehicular Injury Mortality
Alcohol-Related Motor Vehicle Crashes

- In 2012, 12.5% of all *fatal* traffic crashes in Henderson County were alcohol-related.



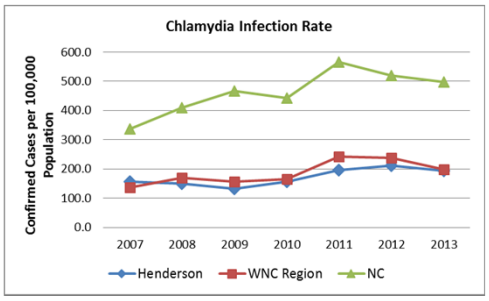
Source: NC Highway Safety Research Center

Morbidity

Sexually Transmitted Infections

Chlamydia

– The chlamydia infection rate in Henderson County, which has risen lately, was lower than the WNC regional rate and the NC rate through most of the period cited.

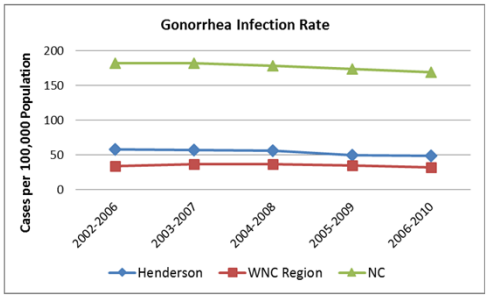


Source: NC DPH, Communicable Disease Branch, Epidemiology Section

Sexually Transmitted Infections

Gonorrhea

– The gonorrhea infection rate in Henderson County was higher than the regional rate but lower than the NC rate throughout the period cited.

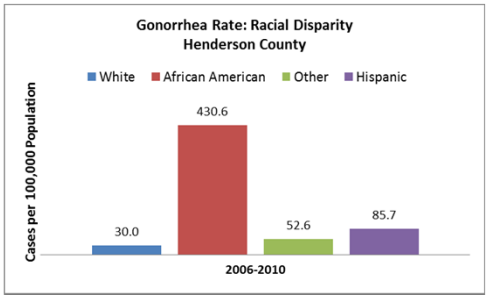


Source: NC DPH, Communicable Disease Branch, Epidemiology Section

Sexually Transmitted Infections

Gonorrhea
by Race

– In the period 2006-2010, the gonorrhea infection rate among African Americans in Henderson County was over 7 times the combined average rate (56.1) for the other racial groups shown.

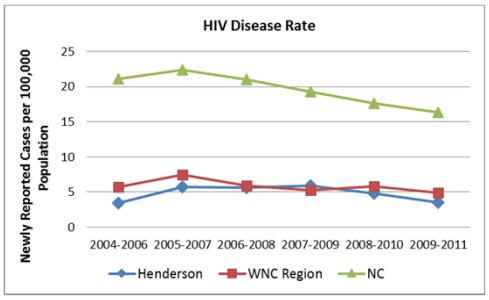


Source: NC DPH, Communicable Disease Branch, Epidemiology Section

Sexually Transmitted Infections

HIV

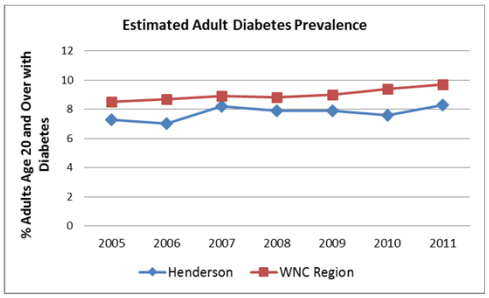
– The HIV incidence rate in NC has been decreasing steadily since 2005-2007. The rates in WNC and Henderson County were consistently lower than the state rate and changed little over the period cited.



Source: NC DPH, Communicable Disease Branch, Epidemiology Section

Adult Diabetes

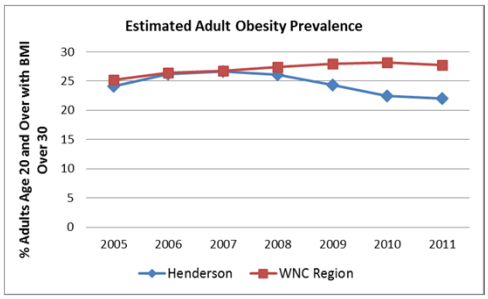
- The average self-reported prevalence of Henderson County adults with diabetes was 7.7% in the period from 2005 - 2011.
- Over the same period the WNC average was 9.0%.
- Prevalence of self-reported adult diabetes has been rising over time in both jurisdictions.



Source: Centers for Disease Control and Prevention, via BRFSS

Adult Obesity

- The average self-reported prevalence of Henderson County adults considered "obese" on the basis of height and weight (BMI > 30) was 24.5% in the period from 2005 - 2011.
- Over the same period the WNC average was 27.1%.
- The prevalence of obesity among adults in Henderson County may be decreasing.



Source: Centers for Disease Control and Prevention, via BRFSS

Child Obesity

Ages 2-4

- There is very limited data on the prevalence of childhood obesity in Henderson County.
- The NC-NPASS data presented below covers only children seen in health department WIC and child health clinics and certain other facilities and programs.
- According to NC-NPASS data for 2010, 18.2% of the participating children in Henderson County age 2-4 were deemed "overweight", and an additional 14.1% were deemed "obese".
- There were too few participating children in other age groups (5-11 and 12-18) to yield stable percentages.

Prevalence of Underweight, Health Weight, Overweight and Obese Children Ages 2-4, 2010

County	Total	Underweight		Healthy Weight		Overweight		Obese	
		<5th Percentile		≥5th to <85th Percentile		≥85th to <95th Percentile		≥95th Percentile	
	#	#	%	#	%	#	%	#	%
Henderson	971	35	3.6	622	64.1	177	18.2	137	14.1
WNC (Regional) Total	6,814	316	-	4,410	-	1,139	-	949	-
WNC (Regional) Arithmetic Mean	426	20	*4.8*	276	64.5	71	*17.2*	59	*13.6*
State Total	105,410	4,935	4.7	66,975	63.5	17,022	16.1	16,478	15.6

Source: NC NPASS

Mental Health

- Between 2006 and 2013, the number of Henderson County residents served by the **Area Mental Health Program** *decreased* from 3,014 to 2,559 (▼ 15%).
- Over the same 8-year period the number of Henderson County residents served in **State Psychiatric Hospitals** *decreased* from 128 to 3 (▼ 98%).
- During the same 8-year period, a total of **464** Henderson County residents were served in **NC State Alcohol and Drug Abuse Treatment Centers (ADATCs)**, with the number varying considerably but averaging **58** persons annually.

Source: NC Office of State Budget and Management, State Data Center, Log Into North Carolina (LINC)

Inpatient Hospital Utilization

- In 2012 the highest proportions of hospital discharges in Henderson County were for:
  - Cardiovascular and circulatory diseases : 18%
    - Heart disease: 12%
    - Cerebrovascular disease: 3%
  - "Other" diagnoses (including mental disorders: 11%
  - Injuries and poisoning: 10%
  - Pregnancy and childbirth: 10%
  - Digestive system diseases: 10%
  - Respiratory diseases: 9%
    - Pneumonia and influenza: 4%
    - COPD (excluding asthma): 2%
    - Asthma: 0.5%

Source: NC State Center for Health Statistics

Ambulatory Care Sensitive Hospital Discharge Rates, 2013

(AHRQ PQI Definitions; Discharges per 100,000 Population)

Diagnosis	Henderson	NC
All specified PQI (Prevention Quality Indicator) conditions	1,386.7	1,438.5
All chronic conditions	848.4	906.0
Diabetes: short-term complications	75.3	94.4
Diabetes: long-term complications	75.3	113.0
Diabetes: uncontrolled	9.1	13.7
Diabetes: amputations	18.2	19.1
COPD/Asthma: ages 40+	348.7	413.5
Asthma: ages 18-39	32.9	40.1
Hypertension	41.1	54.9
Heart failure	364.9	339.6
Angina	13.7	9.7
Pneumonia	264.6	267.5
Urinary tract infection	176.8	155.0
Dehydration	96.9	109.9
Appendix perforation/abscess	650.0	433.2
Acute care discharges	538.3	532.5

Source: NC State Center for Health Statistics (Special Report)

Environment

Air Quality

- **Air Quality Index (AQI) Summary, Henderson County, 2014**
  - This data is not available because there is no air quality monitoring station in Henderson County.

Source: US Environmental Protection Agency Air Quality Index Reports

Air Quality

- **Toxic Release Inventory (TRI), Henderson County, 2013**
  - **TRI Releases**
    - Henderson County ranked 25th among the 86 NC counties reporting TRI releases.
    - 552,093 pounds of TRI releases were reported for Henderson County. (For comparison, New Hanover County had the highest level of releases in the state: 5.2 million pounds)
    - Several manufacturing facilities (located in Hendersonville, Fletcher and Mills River) were variously responsible for the primary TRI chemicals/chemical compounds released in the highest amounts in Henderson County in 2013.
    - The major TRI chemicals released in Henderson County include sulfuric acid, methanol, ammonia, phenol and formaldehyde.

Source: US Environmental Protection Agency TRI Explorer Release Reports

Air Quality

- **Radon**
  - Western North Carolina has the highest radon levels in the state.
  - The arithmetic mean indoor radon level for the 16 counties of the WNC region is 4.1 pCi/L, **3.2 times** the average national indoor radon level of 1.3 pCi/L.
  - In Henderson County, the current average indoor radon level is 5.5 pCi/L, **34% higher** than the regional mean, and **4.2 times** the average national level.

Source: North Carolina Radon Information

Water Quality

- **Henderson County Drinking Water *Systems* February, 2014**
  - **Community Water Systems**
    - Include municipalities, subdivisions and mobile home parks
    - Community water systems in Henderson County serve an estimated 62,597 people, or 59% of the 2010 county population.
    - The fraction of the Henderson County population served by a community water system is 7% **higher** than the average for the WNC region and NC as a whole.

Sources: US Census Bureau and US Environmental Protection Agency Safe Drinking Water Information System (SDWIS)

Water Quality

- **National Pollutant Discharge Elimination System (NPDES) Permits in Henderson County (2015)**
  - There are at present 34 permits issued in Henderson County that allow municipal, domestic, or commercial facilities to discharge products of water/wastewater treatment and manufacturing into waterways.
    - 2 are water treatment plants
    - 1 is an industrial/commercial enterprise
    - 2 are municipal wastewater treatment facilities
    - 29 are domestic wastewater producers

Sources: NC DENR, Division of Water Resources

Solid Waste

- **Solid Waste Disposal Rates**
  - 2013-14 Per-Capita Disposal Rate
    - Henderson County = 0.77 tons (▼ 37% since 1991-1992)
    - NC = 0.93 tons (▼ 13% since 1991-1992)
- **Landfill Capacity**
  - Henderson County's municipal solid waste and construction and demolition waste are transported out of the county.

Source: NC DENR, Division of Waste Management, Solid Waste Management Annual Reports

Rabies

- The most common animal host for rabies in Henderson County is raccoons, the same as for the WNC region and NC as a whole.
- Rabies cases in Henderson County accounted for 5% of all cases in the WNC region over the period cited.

Animal Rabies Cases, 2010 through 2014

County	Number of Cases						Most Common Host
	2010	2011	2012	2013	2014	Total	
Henderson	0	1	0	1	2	4	Raccoon (2/4)
WNC (Regional) Total	14	20	19	17	8	78	Raccoon (40/78)
State Total	397	429	431	380	352	1,989	Raccoon (1010/1989)

Source: NC Division of Public Health, Epidemiology Section, Communicable Disease Branch, Rabies Facts and Figures

Appendix C – County Maps

Henderson County Maps

Community Health Assessment

2015

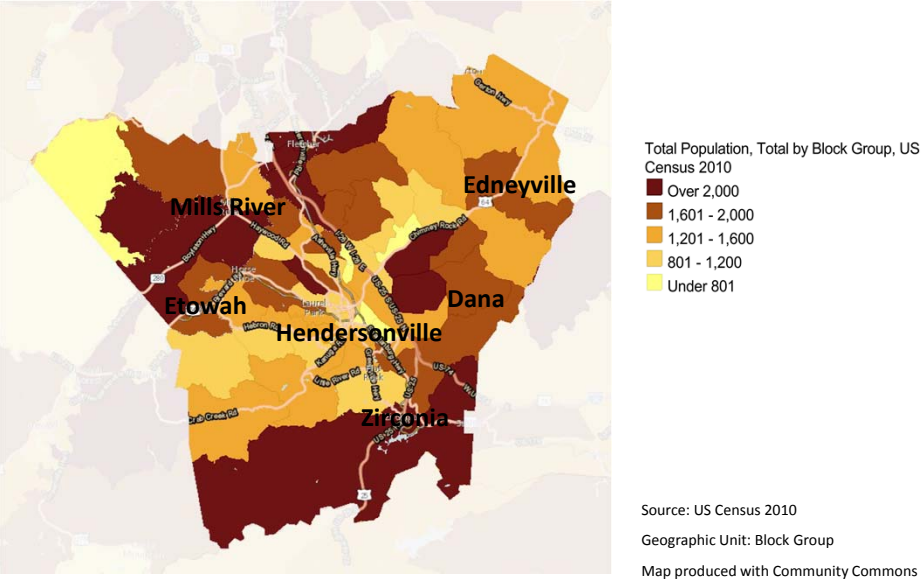
Why use maps?

- To show variation across the county (or a lack of it)
  - Using only one number or statistic to describe the entire county can hide variation across communities. Maps can show if communities are different.
- To show vulnerable populations
  - Mapping demographic information can show us where our most vulnerable populations live.
- To show masked associations
  - Maps can show where specific factors occur simultaneously.

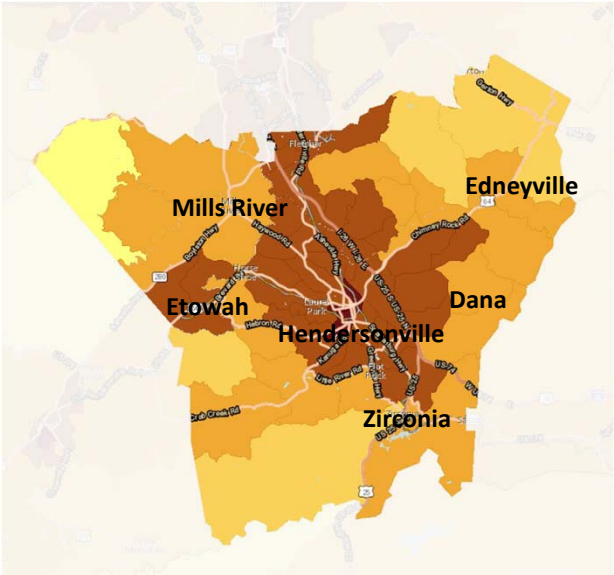
Maps are one piece of the data puzzle

- Maps can be misleading and are best used to highlight which communities to investigate further.
  - Reliability of data decreases as it is cut into smaller and smaller pieces. Therefore, maps of census tract data have greater margins of error than county statistics.
- Maps should be supported by talking with community members or service providers specific to the community of interest to learn more about the community's needs and opportunities.

Total Population of Henderson County



Population Density of Henderson County



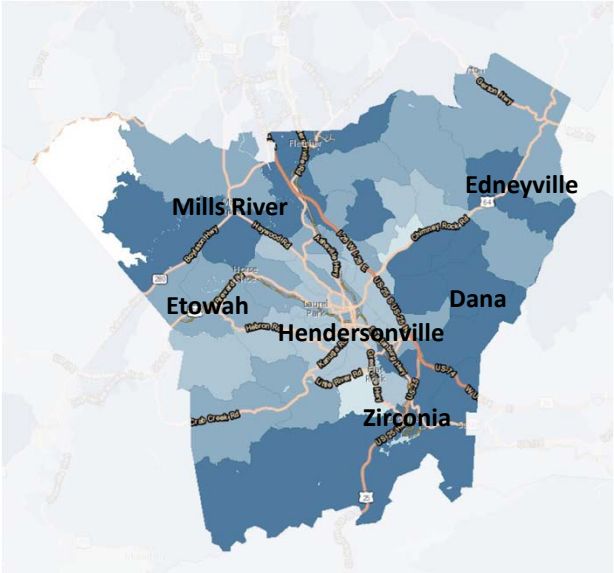
Total Population, Density (Persons per Sq Mile) by Block Group, US Census 2010
- Over 2,000
- 400.1 - 2000
- 100.1 - 400.0
- 20.1 - 100.0
- Under 20.1

Source: US Census 2010

Geographic Unit: Block Group

Map produced with Community Commons

Population of Children (Age 0-17) in Henderson County



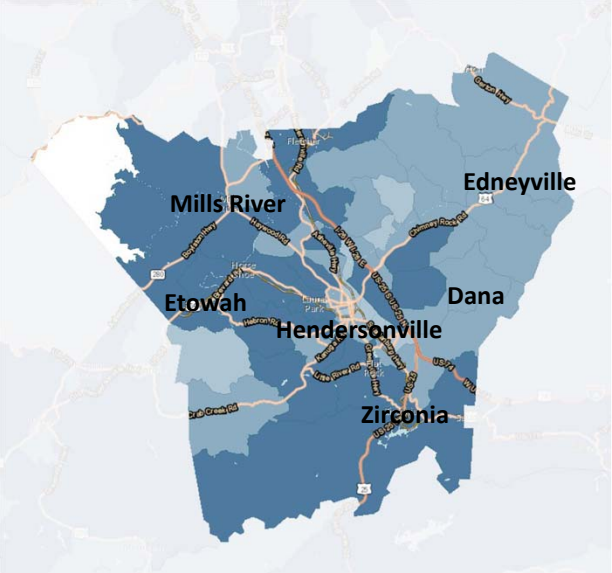
Population Age 0-17, Total by Block Group US Census 2010
- Over 400
- 251 - 400
- 101 - 250
- Under 101
- No Population or No Data

Source: US Census 2010

Geographic Unit: Block Group

Map produced with Community Commons

Population of Older Adults (Age 65+) in Henderson County



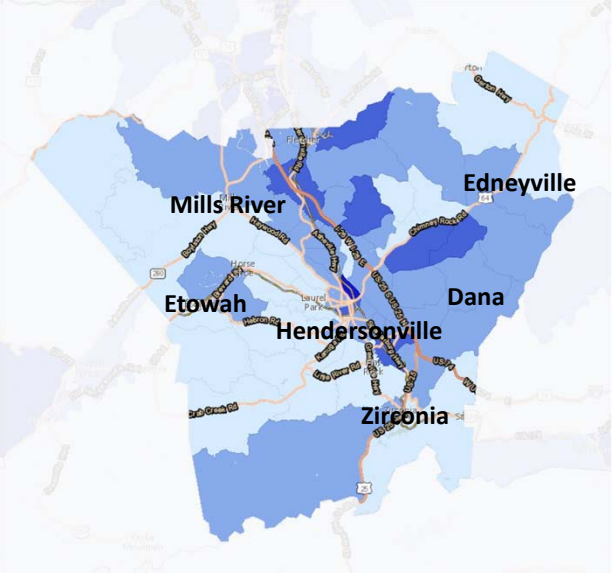
Population Age 65+, Total by Block Group
US Census 2010
- Over 320
- 161 - 320
- 81 - 160
- Under 81
- No Population or No Data

Source: US Census 2010

Geographic Unit: Block Group

Map produced with Community Commons

Population of Ethnic and Racial Minorities in Henderson County



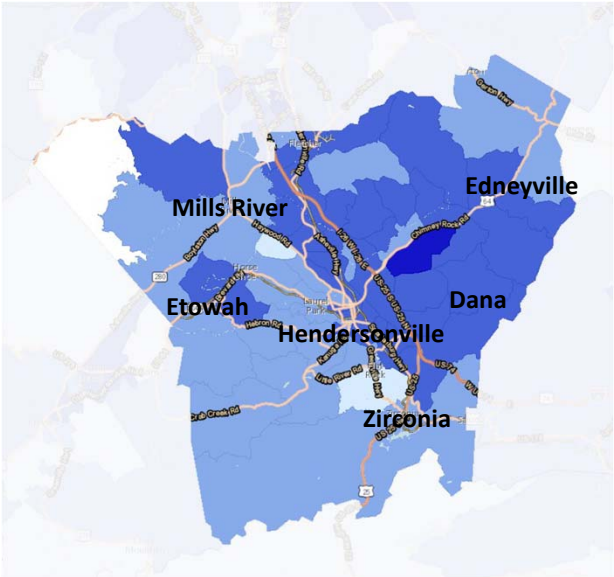
Population, All Minority, Total by Block Group
US Census 2010
- Over 600
- 301 - 600
- 101 - 300
- Under 101
- No Population or No Data

Source: US Census 2010

Geographic Unit: Block Group

Map produced with Community Commons

Population of Hispanics and Latinos in Henderson County



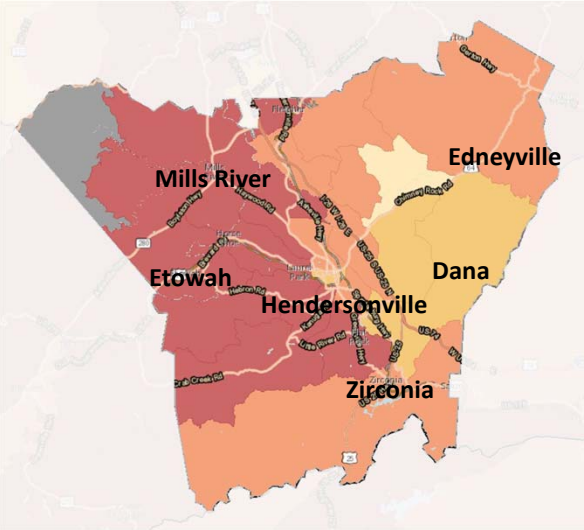
Population, Hispanic or Latino, Total by Block Group, US Census 2010
- Over 500
- 101 - 500
- 21 - 100
- Under 21
- No Population or No Data

Source: US Census 2010

Geographic Unit: Block Group

Map produced with Community Commons

Percent of the Population (25+) with a High School Diploma or Higher in Henderson County



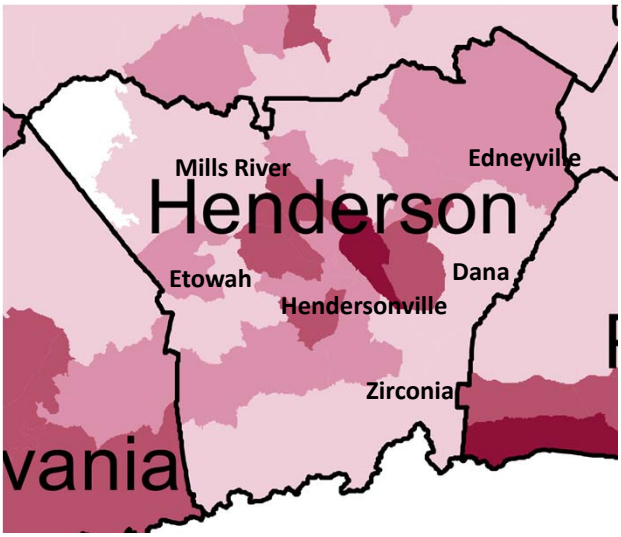
Population with a High School Diploma or Higher, Percent by Tract, ACS 2009-13
- Over 89.0%
- 82.1 - 89.0%
- 75.1 - 82.0%
- Under 75.1%
- No Data or Data Suppressed

Source: American Community Survey 2009-13

Geographic Unit: Census tract

Map produced with Community Commons

Henderson County Heart Disease Mortality Rates 2009-2013



Rate per 100,000 Population

- 60.9 - 200.6
- 200.7 - 283.2
- 283.3 - 426.1
- 426.2 - 699.8
- County Boundary

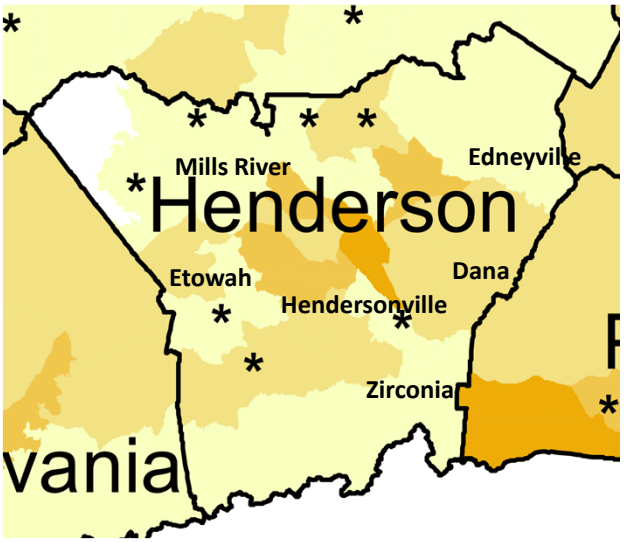
Source: NC State Center for Health Statistics 2009-13

Geographic Unit: Census tract

Map produced by the NC State Center for Health Statistics

Rates are not age adjusted.

Henderson County Chronic Lower Respiratory Diseases Mortality Rates 2009-2013



Rate per 100,000 Population

- 9.9 - 57.5
- 57.6 - 86.7
- 86.8 - 121.1
- 121.2 - 222.9
- County Boundary

Source: NC State Center for Health Statistics 2009-13

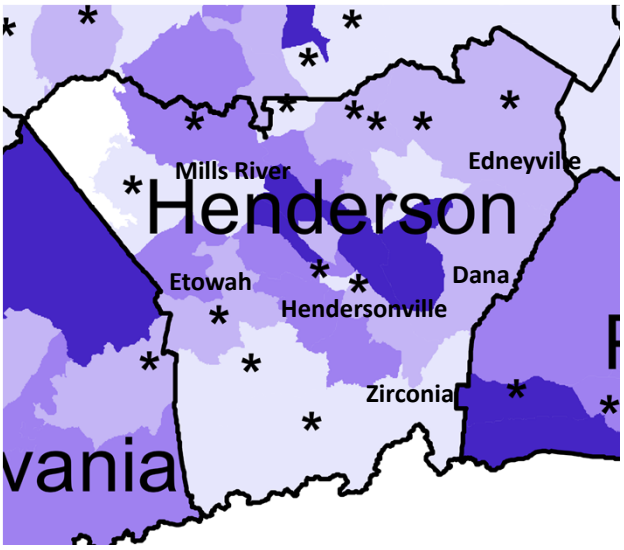
Geographic Unit: Census tract

Map produced by the NC State Center for Health Statistics

Rates are not age adjusted.

*Rates based on numbers less than 10 are unstable and should be interpreted with caution.

Henderson County Other Unintentional Injuries Mortality Rates 2009-2013



Rates per 100,000 Population

- 5.9 - 30.1
- 30.2 - 45.9
- 46.0 - 65.9
- 66.0 - 126.9
- County Boundary

Source: NC State Center for Health Statistics 2009-13

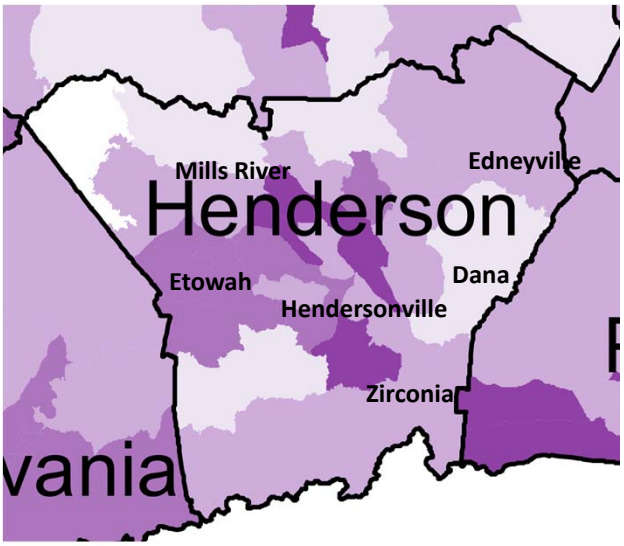
Geographic Unit: Census tract

Map produced by the NC State Center for Health Statistics

Rates are not age adjusted. Does not include motor vehicle mortality rates.

*Rates based on numbers less than 10 are unstable and should be interpreted with caution.

Henderson County All Cancers Mortality Rates 2009-2013



Rate per 100,000 Population

- 71.7 - 192.1
- 192.2 - 250.6
- 250.7 - 316.8
- 316.9 - 501.2
- County Boundary

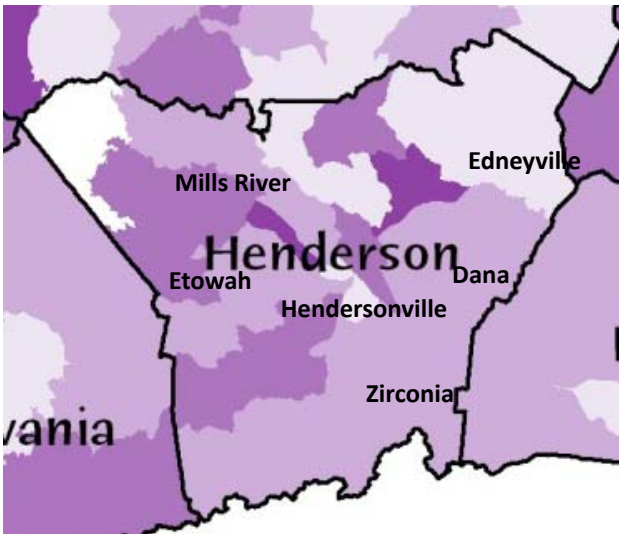
Source: NC State Center for Health Statistics 2009-13

Geographic Unit: Census tract

Map produced by the NC State Center for Health Statistics

Rates are not age adjusted.

Henderson County All Cancer Incidence Rates 2008-2012



Rate Per 100,000 Population

- 218.8 - 613.4
- 613.5 - 892.8
- 892.9 - 1269.2
- 1269.3 - 2277.5
- None
- County Boundary

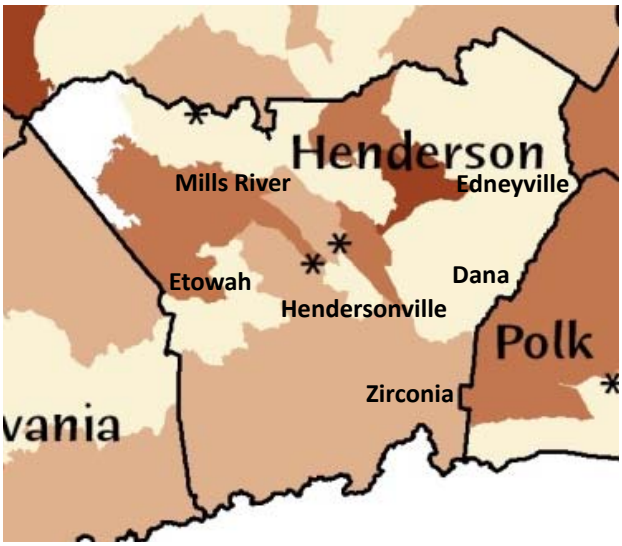
Source: NC State Center for Health Statistics 2008-12

Geographic Unit: Census tract

Map produced by the NC State Center for Health Statistics

Rates are not age adjusted. Rates may change as information is updated. Data was obtained 02/2015.

Henderson County Lung and Bronchus Cancer Incidence Rates 2008-2012



Rate per 100,000 Population

- 32.5 - 76.4
- 76.5 - 121.5
- 121.6 - 200.9
- 201.0 - 450.2
- None
- County Boundary

Source: NC State Center for Health Statistics 2008-12

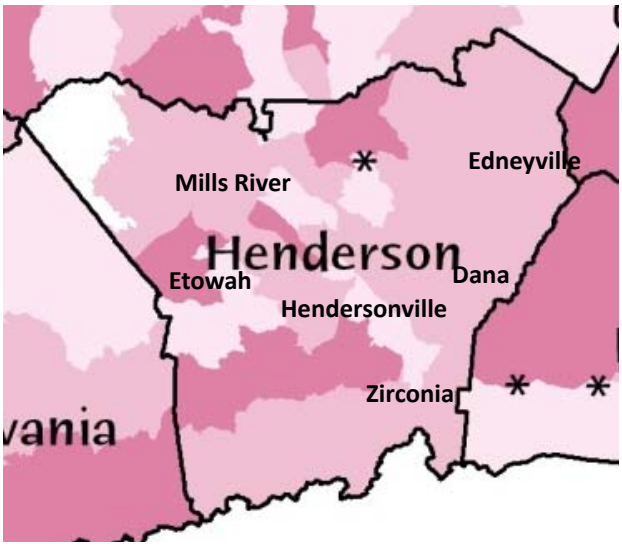
Geographic Unit: Census tract

Map produced by the NC State Center for Health Statistics

Rates are not age adjusted. Rates may change as information is updated. Data is obtained 02/2015.

*Rates based on numbers less than 10 are unstable and should be interpreted with caution.

Henderson County Breast Cancer Incidence Rates 2008-2012



Rate per 100,000 Female Population

- 44.2 - 181.4
- 181.5 - 298.0
- 298.1 - 535.1
- 535.2 - 949.7
- None
- County Boundary

Source: NC State Center for Health Statistics 2008-12

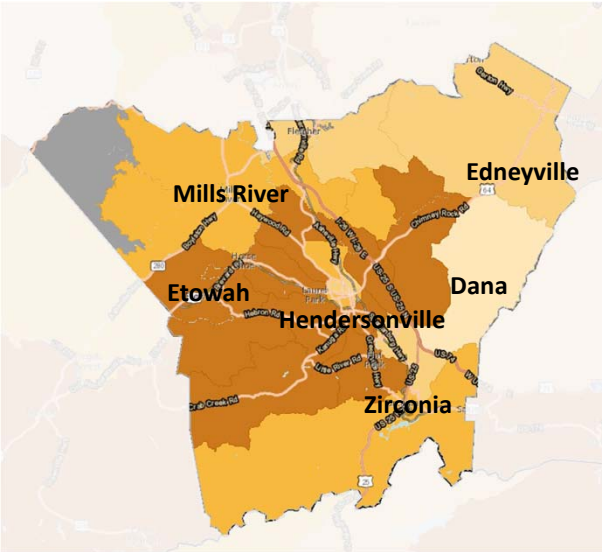
Geographic Unit: Census tract

Map produced by the NC State Center for Health Statistics

Rates are not age adjusted. Rates may change as information is updated. Data is obtained 02/2015.

*Rates based on numbers less than 10 are unstable and should be interpreted with caution.

Percent of the Population of Older Adults (Age 65+) in Henderson County



Population Age 65+, Percent by Tract, US Census 2010

- Over 19.1%
- 16.1 - 19.0%
- 13.1 - 16.0%
- Under 13.1%
- No Data or Data Suppressed

Source: US Census 2010

Geographic Unit: Census tract

Map produced with Community Commons

Appendix D – Survey Findings

- D-1 WNC Healthy Impact Survey Instrument
- D-2 Community Health Survey Results

Date:_____

Interviewer:_____

Interviewer ID: _____

2015-0080-02

Professional Research Consultants, Inc.

WESTERN NORTH CAROLINA HEALTHY IMPACT
2015 Community Health Needs Assessment
Asheville, North Carolina

Hello, this is _____ with Professional Research Consultants. %hospname have asked us to conduct a survey to study ways to improve the health of your community.

1. In order to randomly select the person I need to talk to, I need to know how many adults 18 and over live in this household?

One
Two
Three
Four
Five
Six or More

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2. Would you please tell me which county you live in?

Buncombe County
Cherokee County
Clay County
Graham County
Haywood County
Henderson County
Jackson County
McDowell County
Macon County
Madison County
Mitchell County
Polk County
Rutherford County
Swain County
Transylvania County
Yancey County
All Others

NOTE: If Q2 is "All Others", THANK & TERMINATE.

3. Zip Code.

This survey may be recorded for quality assurance.

4. Gender of Respondent. (Do Not Ask - Just Record)

Male
Female

5. First I would like to ask, overall, how would you describe your county as a place to live? Would you say it is:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

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6. What is the ONE THING that needs the most improvement in your county?

	[Don't Know/Not Sure]
(SKIP to 7)	[Refused]
	[Nothing]
(SKIP to 7)	Animal Control
(SKIP to 7)	Availability of Employment
(SKIP to 7)	Better/More Health Food Choices
(SKIP to 7)	Child Care Options
(SKIP to 7)	Counseling/Mental Health/Support Groups
(SKIP to 7)	Culturally Appropriate Health/Support Groups
(SKIP to 7)	Elder Care Options
(SKIP to 7)	Healthy Family Activities
(SKIP to 7)	Higher Paying Employment
(SKIP to 7)	More Affordable Health Care
(SKIP to 7)	More Affordable/Better Housing
(SKIP to 7)	Number of Health Care Providers
(SKIP to 7)	Positive Teen Activities
(SKIP to 7)	Recreational Facilities (Parks, Trails, Community Ctrs)
(SKIP to 7)	Road Maintenance
(SKIP to 7)	Road Safety
(SKIP to 7)	Safe Places to Walk/Ride Bike for Commuting
(SKIP to 7)	Safe Places to Walk/Ride Bike for Recreation
(SKIP to 7)	Services for Disabled People
(SKIP to 7)	Transportation Options
(SKIP to 7)	Other (Specify)

7. Would you say that, in general, your health is:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

8. Was there a time in the past 12 months when you needed medical care, but could not get it?

	Yes
(SKIP to NOTE before 10)	No
(SKIP to NOTE before 10)	[Not Applicable]
(SKIP to NOTE before 10)	[Don't Know/Not Sure]
(SKIP to NOTE before 10)	[Refused]
	[Terminate Interview]

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9. What was the MAIN reason you did NOT get this needed medical care?

[Don't Know/Not Sure]
[Refused]
Cost/No Insurance
Didn't Accept My Insurance
Distance Too Far
Inconvenient Office Hours/Office Closed
Lack of Child Care
Lack of Transportation
Language Barrier
No Access for People With Disabilities
Too Long of Wait for Appointment
Too Long of Wait in Waiting Room
Other (Specify)

NOTE: If Q2 is "Henderson County", ASK Q10.

If Q2 is "Polk County", SKIP to 11.

If Q2 is "Macon County", SKIP to 13.

All Others, SKIP to READ BOX before 14.

HENDERSON COUNTY

10. Was there a time in the past 12 months when you needed a prescription medicine, but did not get it because you could not afford it?

Yes
No
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

POLK COUNTY

11. Is there any health care service for which you feel the need to leave the local area to receive care?

Yes
No (SKIP to READ BOX before 14)
[Don't Know/Not Sure] (SKIP to READ BOX before 14)
[Refused] (SKIP to READ BOX before 14)
[Terminate Interview]

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POLK COUNTY

12. What would you say is the MAIN reason you feel the need to leave the local area for care?

[Don't Know/Not Sure]
[Refused]
[ZZ1]
Better Care Available Elsewhere
Convenience
Doctor's Recommendation
Long Wait for Appointments
Service Not Available in This Area
Other (Specify)

NOTE: SKIP to READ BOX before 14.

MACON COUNTY

13. IF there is any health care service for which you feel the need to leave Macon County, what would you say is the main reason you feel the need to leave the county to get care?

[Don't Know/Not Sure]
[Refused]
[No Need to Leave Macon County for Care]
Better Care Available Elsewhere
Convenience
Doctor's Recommendation
Long Wait for Appointments
Service Not Available in This Area
Other (Specify)

The next questions are about access to health care services.

NOTE: If Q2 is "Haywood County", ASK Q14.

All Others, SKIP to 16.

HAYWOOD COUNTY

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14. Please tell me your level of agreement or disagreement with the following two statements. The first statement is:

Considering cost, quality, and availability of services, there is good access health care in my county. Do you:

Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
or Strongly Disagree
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

HAYWOOD COUNTY

15. The next statement is:

I am usually able to get an appointment for the health care services I need when I need them. Do you:

Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
or Strongly Disagree
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

16. Is there a particular place that you usually go to if you are sick or need advice about your health?

	Yes
(SKIP to NOTE before 18)	No
(SKIP to NOTE before 18)	[Don't Know/Not Sure]
(SKIP to NOTE before 18)	[Refused]
	[Terminate Interview]

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17. What kind of place is it:

(SKIP to NOTE before 18)	A Doctor's Office
(SKIP to NOTE before 18)	Health Department or Public Health Clinic
(SKIP to NOTE before 18)	Community Health Center
(SKIP to NOTE before 18)	An Urgent Care/Walk-In Clinic
(SKIP to NOTE before 18)	A Hospital Emergency Room
(SKIP to NOTE before 18)	A Military or Other VA Healthcare Facility
(SKIP to NOTE before 18)	Indian Health Services
	or Some Other Place
(SKIP to NOTE before 18)	[Don't Know/Not Sure]
(SKIP to NOTE before 18)	[Refused]
	[Terminate Interview]

IVAR17A. What kind of place do you go to?

[Don't Know/Not Sure]
[Refused]
Other (Specify)

NOTE: If Q2 is "Swain County", ASK Q18.

All Others, SKIP to 19.

SWAIN COUNTY

18. In the past 12 months, have you or someone in your household used the Swain County Health Department for any type of service?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

19. A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?

Within the Past Year (Less Than 1 Year Ago)
Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
Within the Past 5 Years (2 Years But Less Than 5 Years Ago)
5 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

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20. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Within the Past 2 Years (Less Than 2 Years Ago)
2 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

21. About how long has it been since you last visited a dentist or a dental clinic for any reason? This includes visits to dental specialists, such as orthodontists.

(SKIP to 23)	Within the Past Year (Less Than 1 Year Ago)
	Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
	Within the Past 5 Years (2 Years But Less Than 5 Years Ago)
	5 or More Years Ago
	[Never]
(SKIP to 23)	[Don't Know/Not Sure]
(SKIP to 23)	[Refused]
	[Terminate Interview]

NOTE: If Q2 is "Transylvania County", ASK Q22.

All Others, SKIP to 23.

TRANSYLVANIA COUNTY

22. What is the MAIN reason you have NOT visited a dentist or dental clinic in the past year?

[Don't Know/Not Sure]
[Refused]
Cost/No Insurance
Didn't Accept My Insurance
Distance Too Far
Inconvenient Office Hours/Office Closed
Lack of Child Care
Lack of Transportation
Language Barrier
No Access for People With Disabilities
Too Long a Wait For an Appointment
Too Long a Wait in Waiting Room
Other (Specify)

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23. Now I would like to ask you about some specific medical conditions.

Have you ever suffered from or been diagnosed with COPD, or Chronic Obstructive Pulmonary Disease, including Bronchitis or Emphysema?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

Has a doctor, nurse or other health professional EVER told you that you had any of the following: [+*so+](Insert Qs in BOLD)[+*se+]?

24. A Heart Attack, Also Called a Myocardial Infarction, OR Angina OR Coronary Heart Disease

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

25. A Stroke

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

(End of Rotate)

26. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

Yes
No (SKIP to 28)
[Don't Know/Not Sure] (SKIP to 28)
[Refused] (SKIP to 28)
[Terminate Interview]

27. Do you still have asthma?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

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28. Have you ever been told by a doctor that you have diabetes?

	Yes
(SKIP to 29)	No
(SKIP to 29)	[Yes, but Female Told Only During Pregnancy]
(SKIP to 29)	[Pre-Diabetes or Borderline Diabetes]
(SKIP to 29)	[Don't Know/Not Sure]
(SKIP to 29)	[Refused]
	[Terminate Interview]

29. Have you had a test for high blood sugar or diabetes within the past three years?

	Yes
(SKIP to 31)	No
(SKIP to 31)	[Don't Know/Not Sure]
(SKIP to 31)	[Refused]
	[Terminate Interview]

NOTE: If Q28 is "[Pre-Diabetes or Borderline Diabetes]", Force Q30 to "Yes"/"Sí" and SKIP to 31.

All Others, CONTINUE.

SCRIPTING NOTE: If Q28 is "[Yes, But Female Told Only During Pregnancy]", Insert "Other than during pregnancy, have"/"Sin contar el embarazo, ¿le ha dicho" as '+temp20+'. All Others, Insert "Have"/"¿Le ha dicho".

30. '+temp20+' you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

	Yes
(SKIP to 32)	No
(SKIP to 32)	[Don't Know/Not Sure]
(SKIP to 32)	[Refused]
	[Terminate Interview]

31. Are you currently taking action to help lower or control your high blood sugar, such as taking natural or conventional medicines or supplements, changing your diet, or exercising?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

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32. Have you ever been told by a doctor, nurse or other health care professional that you had high blood pressure?

	Yes
(SKIP to 34)	No
(SKIP to 34)	[Don't Know/Not Sure]
(SKIP to 34)	[Refused]
	[Terminate Interview]

33. Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

34. About how long has it been since you last had your blood pressure taken by a doctor, nurse or other health professional?

Within the Past 2 Years (Less Than 2 Years Ago)
Within the Past 5 Years (2 Years But Less Than 5 Years Ago)
5 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

35. Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?

	Yes
(SKIP to 37)	No
(SKIP to 37)	[Don't Know/Not Sure]
(SKIP to 37)	[Refused]
	[Terminate Interview]

36. Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

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37. About how long has it been since you last had your blood cholesterol checked?

Within the Past 5 Years (Less Than 5 Years Ago)
5 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q2 is "Cherokee County", "Clay County", "Graham County", or "Swain County", ASK Q38.

All Others, SKIP to NOTE before 39.

CHEROKEE, CLAY, GRAHAM, AND SWAIN COUNTIES

38. Do you feel existing community resources or services for chronic diseases such as diabetes, heart disease, and COPD are:

More Than Sufficient
Sufficient
Insufficient
or Not Available
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If All Qs: Q23, Q24, Q25, Q26, Q28, Q30, Q32, AND Q35 are ALL "No", "Don't Know/Not Sure", or "Refused", SKIP to 40.

All Others, CONTINUE with SCRIPTING NOTE before 39.

39. Previously you had mentioned that you have suffered from or been diagnosed with (the following medical condition(s)):

'+temp23+' '+temp24+' '+temp25+' '+temp26+' '+temp28+' '+temp30+' '+temp32+' '+temp35+'.

Has any health provider ever helped you connect to a community resource such as classes or coaching to help you learn more about or manage (this/these) conditions?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

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40. What is your age?

18 to 110
[Don't Know/Not Sure]
[Refused]

NOTE: If Q4 is "Male", SKIP to NOTE before 42.

If Q4 is "Female", CONTINUE.

41. A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?

Within the Past Year (Less Than 1 Year Ago)
Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
Within the Past 3 Years (2 Years But Less Than 3 Years Ago)
Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
5 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q2 is "Madison County" AND Q40 is 50 Years of Age or Older, ASK Q42.
If Q2 is "Madison County" AND Q40 is 49 Years of Age or Younger, "Don't Know/Not Sure", or "Refused", SKIP to 45.

If Q2 is "Henderson County", SKIP to 44.

All Others, SKIP to 45.

MADISON COUNTY

42. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?

Within the Past Year (Less Than 1 Year Ago)
Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
Within the Past 3 Years (2 Years But Less Than 3 Years Ago)
Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
Within the Past 10 Years (5 Years But Less Than 10 Years Ago)
10 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

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MADISON COUNTY

43. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?

Within the Past Year (Less Than 1 Year Ago)
Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
Within the Past 3 Years (2 Years But Less Than 3 Years Ago)
Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
5 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to 45.

HENDERSON COUNTY

44. The next question is about violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. This information will help us to better understand the problem of violence in relationships. This is a sensitive topic. Remember, you do not have to answer any question you do not want to.

Has an intimate partner hit, slapped, pushed, kicked, or hurt you in any way within the PAST 12 MONTHS?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

45. The next questions are about tobacco use. Do you NOW smoke cigarettes "Every Day," "Some Days," or "Not At All"?

Every Day
Some Days
Not At All
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

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46. Do you currently use chewing tobacco, snuff, or snus (pronounced "snoose"; rhymes with goose) "Every Day," "Some Days," or "Not At All"?

Every Day
Some Days
Not At All
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

47. The next question is about electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors.

Do you NOW smoke electronic cigarettes "Every Day," "Some Days," or "Not At All"?

Every Day
Some Days
Not at All
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q2 is "McDowell County" or "Rutherford County", ASK Q48.

All Others, SKIP to SCRIPTING NOTE before 49.

MCDOWELL AND RUTHERFORD COUNTIES

48. Please tell me if you believe the following statement is true or false: Most electronic cigarettes contain nicotine. Do you feel this statement is:

True
or False
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

49. During how many of the past 7 days, at your workplace, did you breathe the smoke from someone '+temp44+' who was using tobacco?

(INTERVIEWER: Code "Not Applicable" as 8.)

0 to 7/8
[Don't Know/Not Sure]
[Refused]

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50. Please tell me your level of agreement or disagreement with the '+temp50+' I am going to read about smoking.

The '+temp50a+' is: I believe it is important for PARKS and PUBLIC WALKING and BIKING TRAILS in my county to be 100% tobacco free. Do you:

Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
or Strongly Disagree
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q2 is "McDowell County" or "Rutherford County", ASK Q51.

If Q2 is "Madison County", SKIP to 52.

If Q2 is "Henderson County", SKIP to 53.

If Q2 is "Cherokee County", "Graham County", or "Macon County", SKIP to 54.

All Others, SKIP to 55.

MCDOWELL AND RUTHERFORD COUNTIES

51. The next statement is: I believe there should be a local law in my county that prohibits the use of tobacco in all indoor public places. Do you:

Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
or Strongly Disagree
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to 55.

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MADISON COUNTY

52. The next statement is: I believe it is important for GOVERNMENT BUILDINGS AND GROUNDS to be 100% tobacco free. Do you:

Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
or Strongly Disagree
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to 55.

HENDERSON COUNTY

53. The next statement is: I believe it is important for GOVERNMENT BUILDINGS AND GROUNDS in Henderson County to be 100% SMOKE free. Do you:

Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
or Strongly Disagree
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to 55.

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CHEROKEE, GRAHAM, AND MACON COUNTIES

54. The next statement is: I believe it is important for ALL PUBLIC PLACES to be 100% tobacco free. Do you:

Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
or Strongly Disagree
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

55. The next few questions are about alcohol use. Keep in mind that one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

(NOTE: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.)

	1 to 30
(SKIP to 58)	0
(SKIP to 58)	[Don't Know/Not Sure]
(SKIP to 58)	[Refused]

56. On the day(s) when you drank, about how many drinks did you have on the average? (If "None", PROBE)

1 to 10
[Don't Know/Not Sure]
[Refused]

57. (If Respondent is MALE, Read:) Considering all types of alcoholic beverages, how many TIMES during the past 30 days did you have 5 or more drinks on an occasion?

(If Respondent is FEMALE, Read:) Considering all types of alcoholic beverages, how many TIMES during the past 30 days did you have 4 or more drinks on an occasion?

0 to 30
[Don't Know/Not Sure]
[Refused]

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58. During the past 30 days, have you taken a prescription drug that was not prescribed to you?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

59. Have you ever given your prescription medication to anyone else to use?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q2 is "McDowell County", "Mitchell County", or "Yancey County", ASK Q60.

If Q2 is "Jackson County", SKIP to 61.

If Q2 is "Swain County", SKIP to 62.

All Others, SKIP to 63.

MCDOWELL, MITCHELL, AND YANCEY COUNTIES

60. Do you keep your medicine in a locked place so that no one else can access it?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to 63.

JACKSON COUNTY

61. If you or someone you knew needed substance abuse counseling, would you know where to refer them?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

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NOTE: SKIP to 63.

SWAIN COUNTY

62. To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs? Would you say:

A Great Deal
Somewhat
A Little
or Not at All
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

63. Now I would like you to think about the food you ate during the past week.

About how many 1-cup servings of fruit did you have in the past week? For example, one apple equals 1 cup.

0 to 100
[Don't Know/Not Sure]
[Refused]

64. And, NOT counting lettuce salad or potatoes, about how many 1-cup servings of vegetables did you have in the past week? For example, 12 baby carrots equal 1 cup.

0 to 100
[Don't Know/Not Sure]
[Refused]

NOTE: If Q2 is "Jackson County", ASK Q65.

All Others, SKIP to 66.

JACKSON COUNTY

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65. Packaged foods have labels with nutritional facts, providing consumers with information about calories, serving size, and nutritional content. In general, how would you rate your understanding of the nutrition information on food labels? Would you say:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

66. How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say:

Very Difficult
Somewhat Difficult
Not Too Difficult
or Not At All Difficult
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q2 is "Rutherford County", ASK Q67.

If Q2 is "Mitchell County" or "Yancey County", SKIP to 68.

If Q2 is "Jackson County", SKIP to 69.

If Q2 is "Transylvania County", SKIP to 70.

If Q2 is "Buncombe County", SKIP to 71.

All Others, SKIP to READ BOX before 73.

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RUTHERFORD COUNTY

67. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed:

Always
Usually
Sometimes
Seldom
or Never
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to READ BOX before 73.

MITCHELL AND YANCEY COUNTIES

68. In the last 12 months, did you or someone in the household cut the size of your meals or skip meals because there wasn't enough money for food?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

JACKSON, MITCHELL AND YANCEY COUNTIES

69. Now I am going to read a statement that people have made about their food situation. Please tell me whether this statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months.

The statement is: I worried about whether our food would run out before we got money to buy more.

Was this statement:

Often True
Sometimes True
or Never True
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

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NOTE: SKIP to READ BOX before 73.

TRANSYLVANIA COUNTY

70. How reliable is your access to clean drinking water? Would you say:

Always Reliable
Sometimes Reliable
Rarely Reliable
or Never Reliable
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to 72.

BUNCOMBE COUNTY

71. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed:

Always
Usually
Sometimes
Seldom
or Never
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

BUNCOMBE AND TRANSYLVANIA COUNTIES

72. How often do you have trouble finding transportation to places you would like to go? Would you say:

Always
Often
Sometimes
Rarely
or Never
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

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The next questions are about physical activity.

73. During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?

	Yes
(SKIP to 77)	No
(SKIP to 77)	[Don't Know/Not Sure]
(SKIP to 77)	[Refused]
	[Terminate Interview]

74. The next questions ask about vigorous and moderate physical activity. Vigorous activities cause large increases in breathing or heart rate, while moderate activities cause small increases in breathing or heart rate.

Now, thinking about when you are not working, how many days per week or per month do you do VIGOROUS activities for at least 20 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing and heart rate?

	DAYS PER WEEK
	DAYS PER MONTH
(SKIP to 75)	[No Vigorous Activity]
(SKIP to 75)	[Unable To Do Vigorous Activity]
(SKIP to 75)	[Don't Know/Not Sure]
(SKIP to 75)	[Refused]
	[Terminate Interview]

75. And on how many days per week or per month do you do MODERATE activities for at least 30 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

	DAYS PER WEEK
	DAYS PER MONTH
(SKIP to 76)	[No Moderate Activity]
(SKIP to 76)	[Unable to Do Moderate Activity]
(SKIP to 76)	[Don't Know/Not Sure]
(SKIP to 76)	[Refused]
	[Terminate Interview]

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76. On how many days per week or per month do you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups or push-ups, and those using weight machines, free weights, or elastic bands.

	DAYS PER WEEK
	DAYS PER MONTH
(SKIP to 77)	[No Strengthening Activity]
(SKIP to 77)	[Unable to Do Strengthening Activity]
(SKIP to 77)	[Don't Know/Not Sure]
(SKIP to 77)	[Refused]
	[Terminate Interview]

1 to 31
[Don't Know/Not Sure]
[Refused]

77. In some communities, organizations make their indoor and outdoor physical activity spaces like gyms, tracks, and pools available for the public to use during off times.

How important do you feel it is for organizations in the community to explore ways to increase the public's access to these types of facilities during off times? Would you say:

Very
Somewhat
or Not At All Important
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q2 is "Cherokee County" or "Graham County", ASK Q78.

If Q2 is "Clay County" or "Haywood County", SKIP to 79.

All Others, SKIP to 81.

CHEROKEE AND GRAHAM COUNTIES

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78. Please tell me your level of agreement or disagreement with the following statement: I believe my county provides the facilities and programs needed for ADULTS, CHILDREN and YOUTH to be physically active throughout the year. Do you:

Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
or Strongly Disagree
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to 81.

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CLAY AND HAYWOOD COUNTIES

79. Please tell me your level of agreement or disagreement with the following statement: I believe my county provides the facilities and programs needed for CHILDREN and YOUTH to be physically active throughout the year. Do you:

Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
or Strongly Disagree
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q2 is "Haywood County", SKIP to 81.

CLAY COUNTY

80. The next question is about some pets you may have. Are ALL dogs, cats, and ferrets that you own as pets up-to-date on their rabies vaccinations?

Yes
No
[No Pets]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

81. Now I would like to ask, in general, how satisfied are you with your life? Would you say:

Very Satisfied
Satisfied
Dissatisfied
or Very Dissatisfied
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

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82. How often do you get the social and emotional support you need? Would you say:

Always
Usually
Sometimes
Seldom
or Never
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

83. Now thinking about your MENTAL health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good?

0 to 30
[Don't Know/Not Sure]
[Refused]

84. Was there a time in the past 12 months when you needed mental health care or counseling, but did not get it at that time?

	Yes
(SKIP to 86)	No
(SKIP to 86)	[Don't Know/Not Sure]
(SKIP to 86)	[Refused]
	[Terminate Interview]

85. What was the MAIN reason you did not get mental health care or counseling?

[Don't Know/Not Sure]
[Refused]
Apprehension/Fear/Nervousness/Embarrassment
Condition Not Serious Enough
Didn't Accept Medicaid/Insurance
Didn't Know Where To Go
Difficulty Getting Appointment
Don't Have Insurance/Could Not Afford It
Don't Like/Trust/Believe in Counselors
Health of Another Family Member
Inconvenient Hours
Lack of Transportation
Never Got Around to Going
No Counselor Available
No Place I Feel Welcome
Speak a Different Language
Wait Too Long In Clinic/Office
Other (Specify)

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86. The following questions are about health problems or impairments you may have.

Are you limited in any way in any activities because of physical, mental or emotional problems?

	Yes
(SKIP to NOTE before 88)	No
(SKIP to NOTE before 88)	[Don't Know/Not Sure]
(SKIP to NOTE before 88)	[Refused]
	[Terminate Interview]

87. What is the major impairment or health problem that limits you?

Arthritis/Rheumatism
Back or Neck Problem
Cancer
Depression/Anxiety/Emotional Problem
Diabetes
Eye/Vision Problem
Fractures, Bone/Joint Injury
Hearing Problem
Heart Problem
Hypertension/High Blood Pressure
Lung/Breathing Problem
Stroke Problem
Walking Problem
Other Impairment/Problem
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q40 is 45 Years of Age or Older, ASK Q88.

All Others, SKIP to 89.

88. Now I would like to ask you about recent falls. By a fall, I mean when a person unintentionally comes to rest on the ground or another lower level.

In the past 12 months, how many times have you fallen?

0 to 100
[Don't Know/Not Sure]
[Refused]

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89. People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

During the past 30 days, did you provide any such care or assistance to a friend or family member?

(INTERVIEWER: If Necessary, READ: This question includes any care or assistance, not limited to someone living in the household.)

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

90. Now I would like to ask, where do you get MOST of your health care information?

[Don't Know/Not Sure]
[Refused]
[Don't Receive Any]
Books/Magazines
Child's School
Church
Family Doctor
Friends/Relatives
Health Department
Help Lines
Hospital
Hospital Publications
Insurance
Internet
Library
Newspaper
Pharmacist
Other (Specify)

NOTE: If Q2 is "Macon County", ASK Q91.

If Q2 is "Polk County", SKIP to 92.

All Others, SKIP to READ BOX before CELLQ.

MACON COUNTY

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91. Do you currently have access to the internet for PERSONAL use, either at home, work, or school?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to READ BOX before CELLQ.

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POLK COUNTY

92. Where do you get most of your local news?

(INTERVIEWER: If Respondent Answers "Newspaper," "Radio," "TV Station," or "Internet," PROBE for Specific Paper, Station or Website.)

[Don't Know/Not Sure]
[Refused]
(Newspaper) Asheville Citizen-Times [Asheville]
(Newspaper) Black Mountain News [Black Mountain]
(Newspaper) Digital Courier [ForestCity]
(Newspaper) Franklin Press [Franklin]
(Newspaper) Macon County News [Franklin]
(Newspaper) McDowell News [Marion]
(Newspaper) Mountain Xpress [Asheville]
(Newspaper) News-Journal [Spruce Pine]
(Newspaper) Smoky Mountain News [Waynesville]
(Newspaper) Spartanburg Herald Journal [Spartanburg, SC]
(Newspaper) The Cherokee Scout [Murphy]
(Newspaper) The Mountaineer [Waynesville]
(Newspaper) Times News [Hendersonville]
(Newspaper) Tryon Daily Bulletin [Tryon]
(Newspaper) Western North Carolina Times [Asheville]
(Radio) 1290 WHKY Radio (FOX News/ESPN) [Hickory]
(Radio) WLFJ 89.3 FM [Greenville, SC]
(Radio) WMYI 102.5 FM [Greenville, SC]
(Radio) WNCW 88.7 FM [Spindale]
(Radio) WNCW 92.9 FM [Boone]
(Radio) WNCW 99.1, 100.3 FM [Charlotte]
(Radio) WSIF 90.9 FM [Wilkesboro]
(Radio) WSSL 100.5 FM [Greenville, SC]
(TV Station) WBTV Ch. 3 CBS [Charlotte]
(TV Station) WCNC Ch. 22/36 [Charlotte]
(TV Station) WHKY Ch. 14 (Independent) [Hickory]
(TV Station) WLOS Ch. 13 ABC [Asheville]
(TV Station) WSPA Ch. 7 CBS [Spartanburg, SC]
(TV Station) WYCW Ch. 62 CW [Spartanburg, SC]
(TV Station) WYFF Ch. 4 NBC [Greenville, SC]
(Website) BlueRidgeNow.com [Hendersonville] (Times News online)
(Website) goupstate.com (Spartanburg Herald Journal online)
(Website) tryondailybulletin.com (Tryon Daily Bulletin online)
(Website) wnctimes.com (Western North Carolina Times online)
(Website) www.wbtv.com
(Website) www.wcnc.com
(Website) www.whky.com
(Website) www.wncw.com
(Website) www.wspa.com
(Website) www.wyff4.com
Other (Specify)

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My last questions are for classifying purposes only and are strictly confidential.

93. How many children under the age of 18 are currently LIVING in your household?

One
Two
Three
Four
Five or More
[None]
[Refused]
[Terminate Interview]

94. Are you of Hispanic or Latino origin, or is your family originally from a Spanish-speaking country?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

95. What is your race? Would you say:

(Do Not Read the Latino/Hispanic Code.)

(SKIP to 97)	[Don't Know/Not Sure]
(SKIP to 97)	[Refused]
	American Indian, Alaska Native
(SKIP to 97)	Native Hawaiian, Pacific Islander
(SKIP to 97)	Asian
(SKIP to 97)	Black/African American
(SKIP to 97)	White
(SKIP to 97)	[Latino/Hispanic]
(SKIP to 97)	Other (Specify)

96. Which of the following BEST describes you? Are you:

An Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living ON the boundary;
An Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living OFF the boundary,
or something else?

[Don't Know/Not Sure]
[Refused]
Enrolled EBCI on Boundary
Enrolled EBCI off Boundary
Other (Specify)

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97. Are you:

Married
Divorced
Widowed
Separated
Never Been Married
In a Domestic Partnership or Civil Union
or A Member of an Unmarried Couple
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

98. Now I would like to ask, about how much do you weigh without shoes?

(INTERVIEWER: Round Fractions Up)

40 to 600
[Don't Know/Not Sure]
[Refused]

99. About how tall are you without shoes?

(INTERVIEWER: Round Fractions Down)

300 to 311
400 to 411
500 to 511
600 to 611
700 to 711
800 to 811
[Don't Know/Not Sure]
[Refused]

100. What is the highest grade or year of school you have completed?

Never Attended School or Kindergarten Only
Grades 1 through 8 (Elementary)
Grades 9 through 11 (Some High School)
Grade 12 or GED (High School Graduate)
College 1 Year to 3 Years (Some College or Technical School)
Bachelor's Degree (College Graduate)
Postgraduate Degree (Master's, M.D., Ph.D., J.D.)
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

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101. Are you currently:

Employed for Wages
Self-Employed
Out of Work for More Than 1 Year
Out of Work for Less Than 1 Year
A Homemaker
A Student
Retired
or Unable to Work
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

102. Do you live in this area year-round (permanent address), or are you a seasonal (part-time) resident?

Permanent Resident
Seasonal Resident
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

103. Do you have any kind of health care coverage, including health insurance, a prepaid plan such as an HMO, or a government-sponsored plan such as Medicare or Indian Health Services?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

104. An Advance Directive is a set of directions you give about the medical health care you want if you ever lose the ability to make decisions for yourself. Formal Advance Directives include Living Wills and Health Care Powers of Attorney.

Do you have any completed Advance Directive documents?

	Yes
(SKIP to 106)	No
(SKIP to 106)	[Don't Know/Not Sure]
(SKIP to 106)	[Refused]
	[Terminate Interview]

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105. Have you communicated these health care decisions to your family or your doctor?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

106. Have you ever served on ACTIVE DUTY in the U.S. Armed Forces, either in the regular military or in a National Guard or Military Reserve Unit? Active Duty does NOT include training for the National Guard or the Reserves, but DOES include activation, for example, for the Persian Gulf War.

Yes, Was on Active Duty
No, Was Never on Active Duty
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q2 is "Buncombe County" AND Q101 is "Employed for Wages", ASK Q107.

All Others, SKIP to SCRIPTING NOTE before 108.

BUNCOMBE COUNTY

107. Which of the following BEST describes your income:

(INTERVIEWER: If More Than One Job, PROBE for Job Where Employee Has the Most Hours.)

I Am an Hourly Employee and Make Less Than $11 per Hour
I Am an Hourly Employee and Make $11 per Hour or More
I Am a Salaried Employee and Make Less Than $22,880 per Year
or I Am a Salaried Employee and Make $22,880 per Year or More
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

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108. Total Family Household Income.

Under $11,700
$11,700 to $15,699
$15,700 to $19,799
$19,800 to $23,599
$23,600 to $27,899
$27,900 to $31,799
$31,800 to $35,999
$36,000 to $39,899
$39,900 to $44,199
$44,200 to $47,999
$48,000 to $52,299
$52,300 to $56,099
$56,100 to $63,899
$63,900 to $72,099
$72,100 to $80,199
$80,200 to $88,299
$88,300 to $96,399
$96,400 to $104,499
$104,500 to $112,699
$112,700/Over
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

That's my last question. Everyone's answers will be combined to give us information about the health of residents in this community. Thank you very much for your time and cooperation.

CALCULATED VARIABLES

109. [Those With Diagnosed Depression] Seeking Help.

Yes
No

110. Heart Attack/Angina/Coronary Disease (Composite).

Yes
No

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111. High Blood Pressure.

HBP Diagnosis (Ever)
No HBP Diagnosis (Tested in Past 5 Years)
Not Tested in Past 5 Years

112. High Blood Cholesterol.

HBC Diagnosis (Ever)
No HBC Diagnosis (Tested in Past 5 Years)
Not Tested in Past 5 Years

113. Cardiovascular Risk (Composite).

1+ Cardiovascular Risk Factors
No Risk Factors

114. [Women 40+] Mammogram In The Past 2 Years.

Yes
No

115. [Women 50-74] Mammogram In The Past 2 Years.

Yes
No

116. [Women 21-65] Pap Smear In The Past 3 Years.

Yes
No

117. [Adults 50+] Sigmoidoscopy/Colonoscopy EVER.

Yes
No

118. [Adults 50+] Blood Stool Test In The Past 2 Years.

Yes
No

119. [Adults 50-75] Colorectal Cancer Screening (FOBT/Sigmoidoscopy/Colonoscopy).

Yes
No

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120. [Adult] Currently Has Asthma.

Yes
No

121. [Child] Currently Has Asthma.

Yes
No

122. Diabetes.

Yes
Borderline/Pre-Diabetic
No

123. [Households With Children] Presence of Firearms.

Yes
No

124. [Homes With Firearms] With Unlocked & Loaded Weapon(s).

Yes
No

125. [Adults 50+] Arthritis/Rheumatism.

Yes
No

126. [Adults 50+] Osteoporosis.

Yes
No

127. [Adults 65+] Flu Shot In The Past Year.

Yes
No

128. [High-Risk Adults 18-64] Flu Shot In The Past Year.

Yes
No

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129. [Adults 65+] Pneumonia Vaccine EVER.

Yes
No

130. [High-Risk Adults 18-64] Pneumonia Vaccine EVER.

Yes
No

131. [Adults 18-44] HIV Testing In Past Year.

Yes
No

132. 5 or More Servings of Fruits/Vegetables Per Day.

Yes
No

133. Meets HHS Physical Activity Guidelines.

Yes
No

134. Moderate Physical Activity (30 or More Minutes/5 or More Times per Week).

Yes
No

135. Vigorous Physical Activity (20 or More Minutes/3 or More Times per Week).

Yes
No

136. Body Mass Index.

0.0 to 99.9

137. Weight Status.

Underweight (BMI < 18.5)
Healthy Weight (18.5 ≤ BMI < 25.0)
Overweight, Not Obese (25.0 ≤ BMI< 30.0)
Obese (BMI ≤ 30.0)

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138. [Overweights] Trying to Lose Weight With Both Diet/Exercise.

Yes
No

139. [Overweights] Counseled About Weight.

Yes
No

140. [Obese] Counseled About Weight.

Yes
No

141. [Children 5-17] Weight Status.

Underweight (Under 5th Percentile)
Not Overweight (5th-84th Percentile)
Overweight (85th-94th Percentile)
Obese (95th Percentile)

142. Smoking Status.

Current Smoker – Regular (Every Day)
Current Smoker – Occasional (Some Days)
Former Smoker
Never Smoked

143. [Women 18-44] Current Smoker (Regular or Occasional).

Yes
No

144. [Non-Smokers] Smoker In The Home.

Yes
No

145. [Households With Children] Smoker In The Home.

Yes
No

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146. Current Drinker (1 or More Drinks in Past Month).

Yes
No

147. Heavy Drinker (60 or More Drinks/Month for Men; 30 or More Drinks/Month for Women).

Yes
No

148. Binge Drinker (5 or More Drinks on an Occasion for Men; 4 or More Drinks on an Occasion for Women).

Yes
No

149. [Men Age 18-39] Binge Drinking (5 or More Drinks on an Occasion).

Yes
No

150. Excessive Drinking (Binge or Heavy Drinking).

Yes
No

151. [Adults 18-64] Insured Status.

Health Insurance, Through Employer or Union
Health Insurance, Self-Purchased
Medicare
Medicaid
VA or Military Benefits
No Insurance/Self-Pay
Insured, Unknown Type
Other Government-Sponsored Program
Medicare and Medicaid

152. [Adults 18+] Specific Source of Ongoing Care.

Yes
No

153. [Adults 18-64] Specific Source of Ongoing Care.

Yes
No

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154. [Adults 65+] Specific Source of Ongoing Care.

Yes
No

155. Difficulties Accessing Healthcare in Past Year (Composite).

Yes
No

156. Child's Age.

0 to 4
5 to 12
13 to 17

157. Gender of Respondent.

Male
Female

158. Age Groupings. (3 Categories.)

18 to 39
40 to 64
65/Over

159. Age Groupings. (5 Categories.)

18 to 34
35 to 44
45 to 54
55 to 64
65/Over

160. Combined Race/Ethnicity.

Non-Hispanic White
Non-Hispanic Black
Hispanic
Non-Hispanic Asian
Non-Hispanic American Native
Other

161. HHS Poverty Status (Two Categories).

Below 200% of Poverty
200% of Poverty or Higher

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162. HHS Poverty Status (Three Categories).

Below Poverty
100% to 199% of Poverty
200% of Poverty or Higher

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2015 PRC Community Health Needs Assessment

A Data-Driven Approach to Identifying Community Health Needs

Henderson County

Community Health Findings

Professional Research Consultants, Inc.

Prepared for WNC Healthy Impact

By Professional Research Consultants, Inc.

Western North Carolina Counties

Methodology

- Telephone survey methodology
  - Allows for high participation and random selection
  - These are critical to achieving a sample representative of county and regional populations by gender, age, race/ ethnicity, income
  - Landline (94%) and cell phone (6%)
  - English and Spanish

Methodology

- 3,300 telephone surveys throughout WNC
  - Adults 18+
  - Gathered data for each of 16 counties
  - Weights were added to enhance representativeness of data at county and regional levels

Methodology

- Full WNC sample allows for drill-down by:
  - County
  - Age
  - Gender
  - Race/ ethnicity (White, Black, Hispanic, Native American)
  - Income (3 levels based on poverty status)
  - Other categories, based on question responses
- Individual county samples allow for drill-down by
  - Gender
  - Income (2 levels based on poverty status
  - Other categories, based on question responses

Survey Instrument

- Based largely on national survey models
  - When possible, question wording from public surveys (e.g., CDC BRFSS)
- 75 questions asked of all counties
  - Each county added three county-specific questions
  - Approximately 15-minute interviews
  - Questions determined by WNC stakeholder input

Minimizing bias

- Potential bias
  - Noncoverage error - *Underrepresentation of people without phones*
  - Sampling error - *Estimates based on only a sample*
  - Measurement error - *Responses to questions may not be completely accurate due to question wording, interviewer's tone, etc.*
- Strategies to minimize bias
  - Random selection
  - Strict adherence to administration protocols
  - Use of a tested survey instrument
  - Automated CATI system (lessens risk of human error in data entry)

Keep in mind

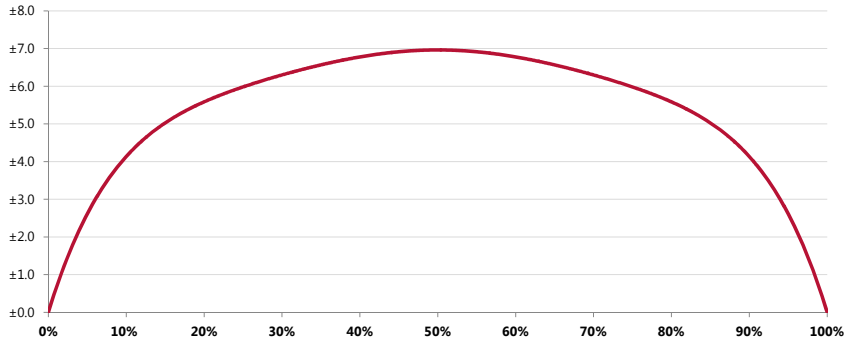
- Sampling levels allow for good local confidence intervals, but you should still keep in mind that error rates are larger at the county level than for WNC as a region
  - Results for WNC regional data have maximum error rate of ±1.7% at the 95% confidence level
  - Results for individual counties have maximum error rate of ±6.9% at the 95% confidence level
- PRC indicates in regional report when differences – between county and regional results, different demographic groups, and 2012 to 2015 – are statistically significant

Keep in mind

For more detailed information on methods, see:

- **PRC's Primary Data Collection: Research Approach & Methods document (2015)**
- **County-specific CH(N)A Templates**

Expected Error Ranges for a Sample of 200 Respondents at the 95 Percent Level of Confidence

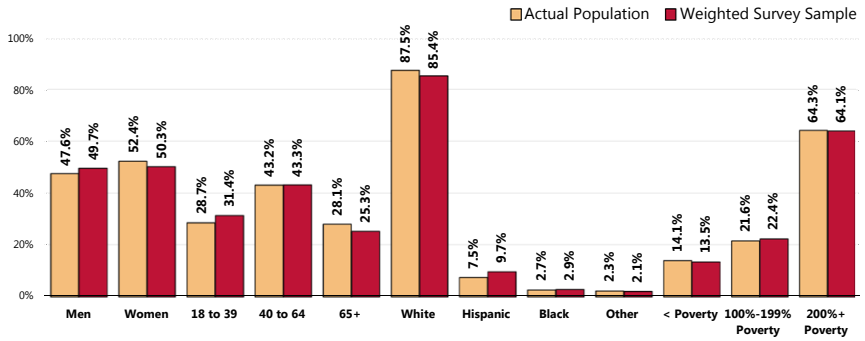


Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 200 respondents answered a certain question with a "yes," it can be asserted that between 5.8% and 14.2% (10% ± 4.2%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 43.1% and 56.9% (50% ± 6.9%) of the total population would respond "yes" if asked this question.

Population & Sample Characteristics

(Henderson County, 2015)

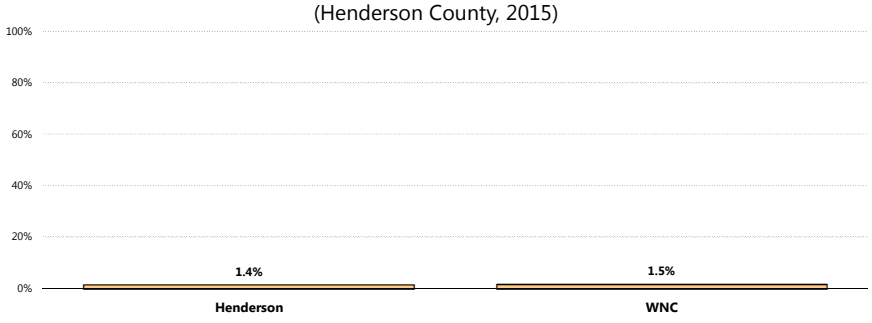


Sources:
- 2015 Census Estimates/Projections. Geolytics, Inc.
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc

Notes:
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Sample of Seasonal (Part-Time) Residents

(Henderson County, 2015)



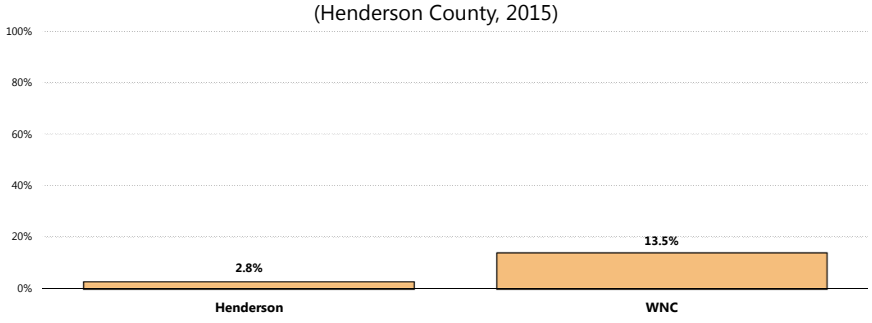
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]

QUALITY OF LIFE

COMMUNITY HEALTH

County is a "Fair/Poor" Place to Live

(Henderson County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

Top Three County Issues Perceived as in Most Need of Improvement

(Henderson County, 2015)

	Henderson	WNC
Economy/Unemployment	✓	✓
Nothing	✓	✓
Road Maintenance/Safety	✓	✓

Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

SELF-REPORTED HEALTH STATUS

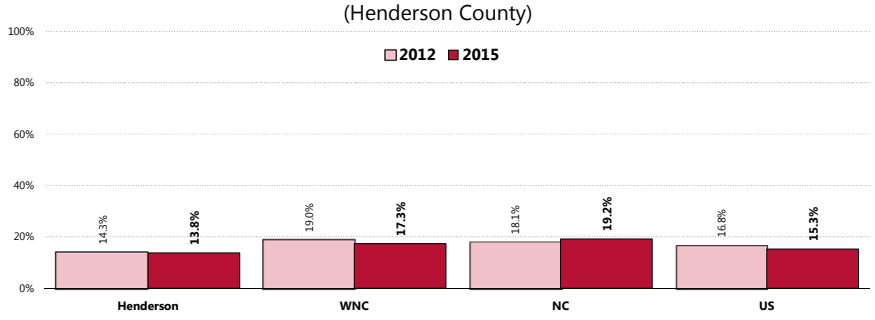
COMMUNITY HEALTH

Overall Health

COMMUNITY HEALTH

Experience "Fair" or "Poor" Overall Health

(Henderson County)

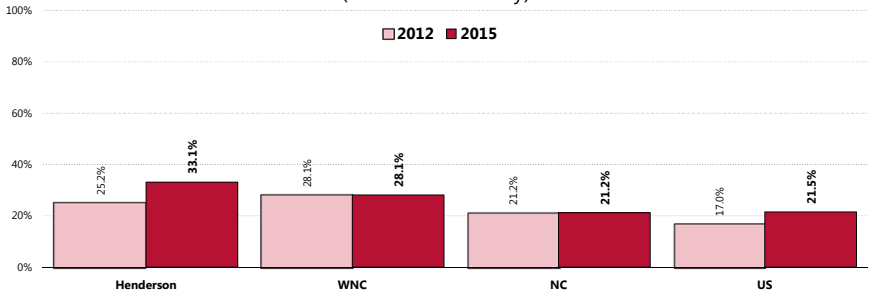


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Surveys, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem

(Henderson County)

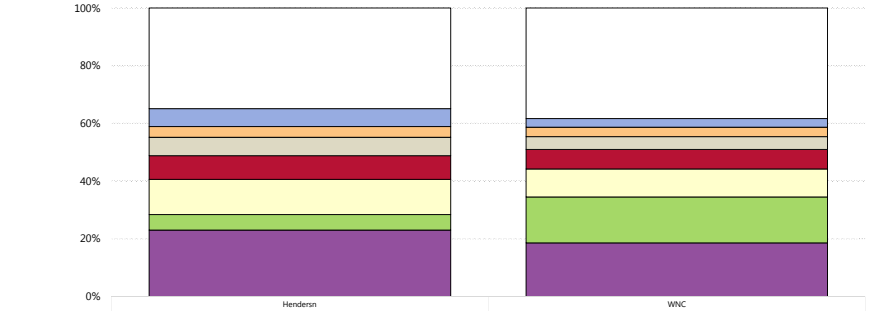


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 86]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Surveys, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; Henderson County, 2015)



	Hendersn	WNC
Other (Each <3%)	34.9	38.3
Heart Problem	6.2	3.0
Mental/ Depression	3.7	3.3
Lung/Breathing Problem	6.4	4.4
Fracture/Bone/Joint Injury	8.2	6.8
Difficulty Walking	12.2	9.7
Arthritis/Rheumatism	5.4	15.9
Back/Neck Problem	23.0	18.6

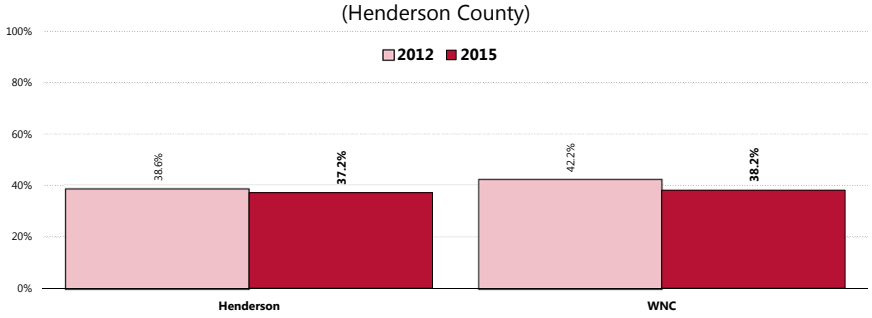
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]

Notes:
- Asked of those respondents reporting activity limitations.

Caregiving

Provide Regular Care or Assistance to a Friend/Family Member Who Has a Health Problem or Disability

(Henderson County)



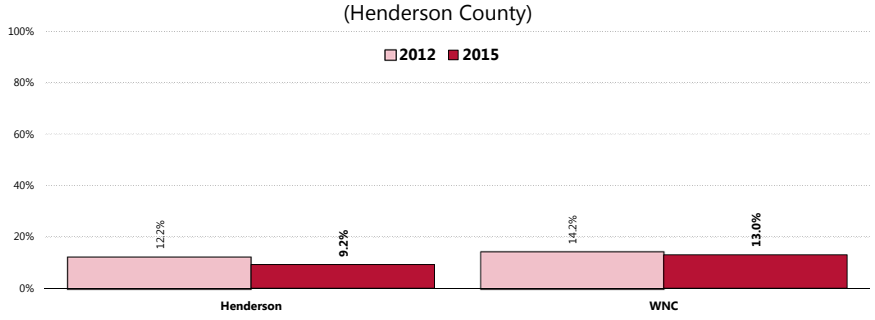
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 89]
Notes: • Asked of all respondents.

Mental Health & Mental Disorders

COMMUNITY HEALTH

>7 Days of Poor Mental Health in the Past Month

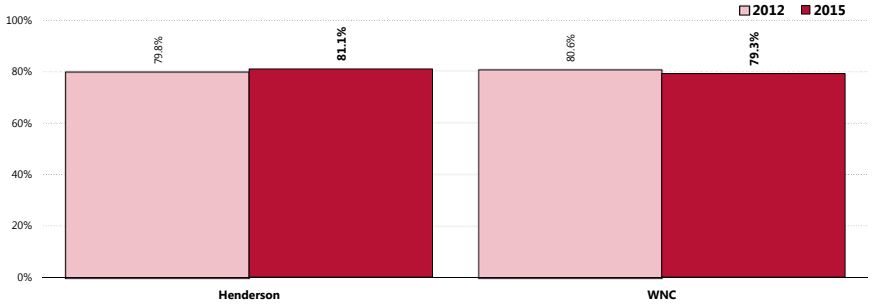
(Henderson County)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 83]
Notes: • Asked of all respondents.

"Always" or "Usually" Get Needed Social/Emotional Support

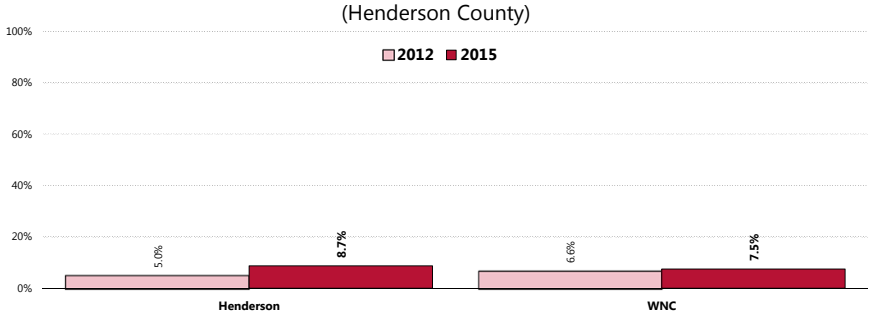
("Always" and "Usually" Responses; Henderson County)



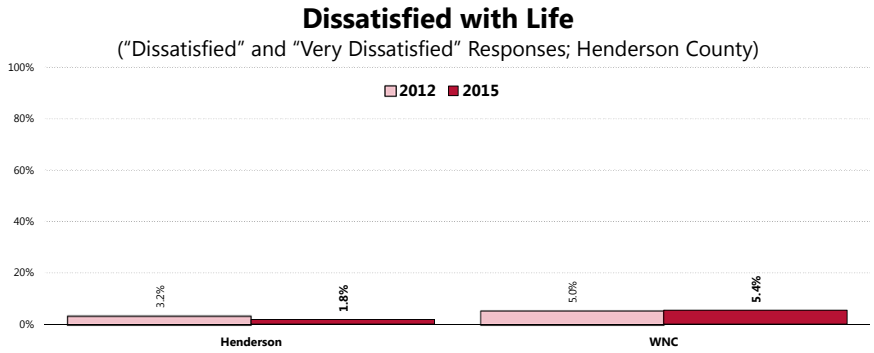
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 82]
Notes: • Asked of all respondents.

Unable to Get Needed Mental Health Care or Counseling in the Past Year

(Henderson County)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 84]
Notes: • Asked of all respondents.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 81]
Notes: • Asked of all respondents.

2015 PRC Community Health Needs Assessment

CHRONIC CONDITIONS & INJURY

COMMUNITY HEALTH

Professional Research Consultants, Inc.

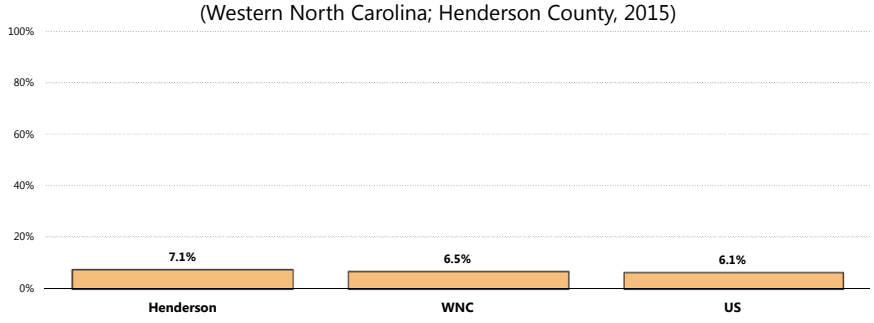
28

Cardiovascular Risk

COMMUNITY HEALTH

Prevalence of Heart Disease

(Western North Carolina; Henderson County, 2015)

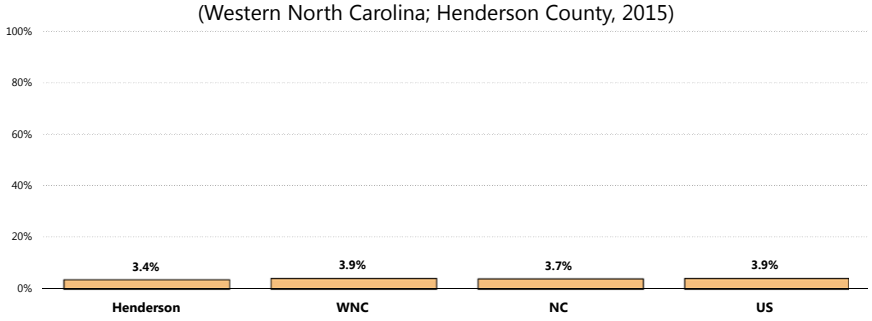


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.

Prevalence of Stroke

(Western North Carolina; Henderson County, 2015)



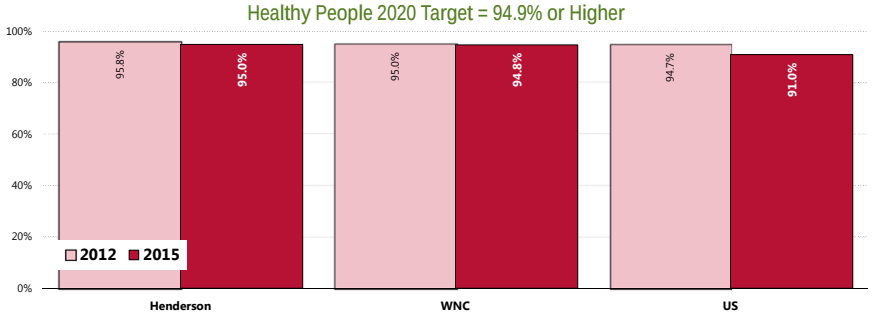
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 North Carolina data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.

Have Had Blood Pressure Checked in the Past Two Years

(Henderson County)

Healthy People 2020 Target = 94.9% or Higher



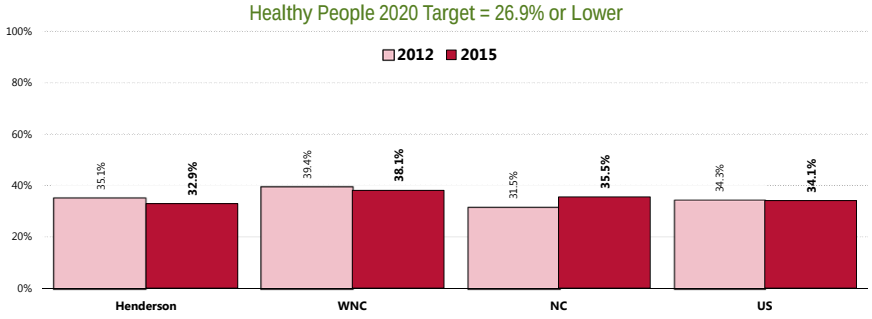
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 34]
- PRC National Health Surveys, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]

Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure

(Henderson County)

Healthy People 2020 Target = 26.9% or Lower

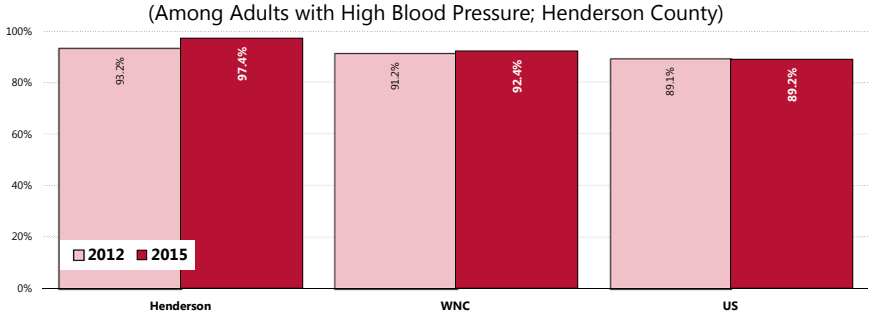


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 111]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Surveys, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.

Taking Action to Control Hypertension

(Among Adults with High Blood Pressure; Henderson County)



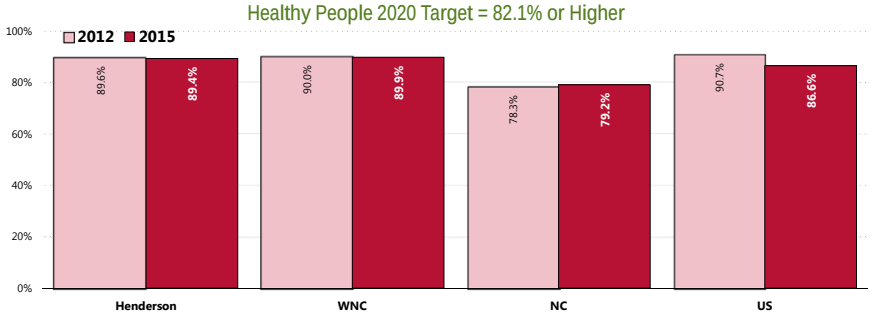
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 33]
- PRC National Health Surveys, Professional Research Consultants, Inc.

Notes:
- Asked of respondents who have been diagnosed with high blood pressure.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

(Henderson County)

Healthy People 2020 Target = 82.1% or Higher



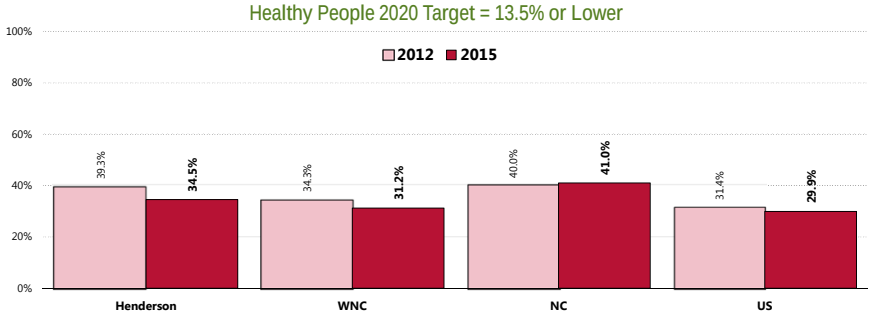
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 37]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Surveys, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

Notes:
- Asked of all respondents.

Prevalence of High Blood Cholesterol

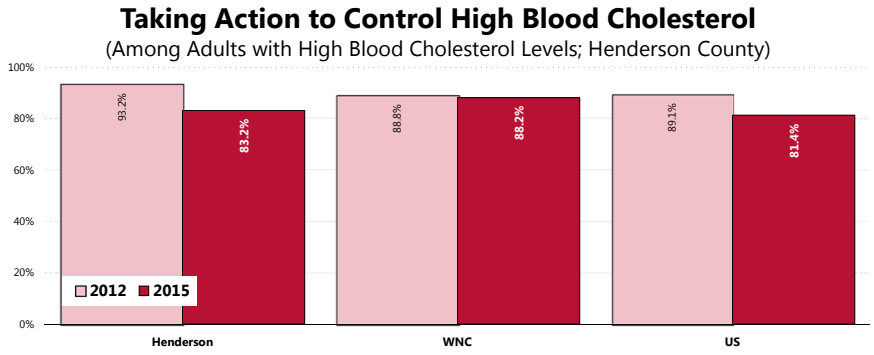
(Henderson County)

Healthy People 2020 Target = 13.5% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
- PRC National Health Surveys, Professional Research Consultants, Inc.

Notes:
- Asked of respondents who have been diagnosed with high blood pressure.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

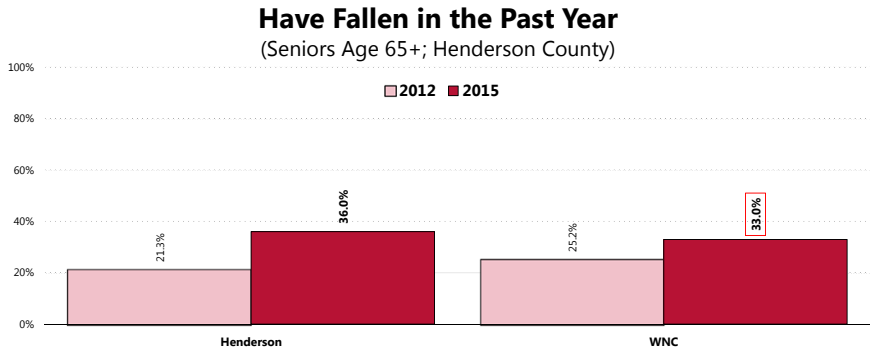
2015 PRC Community Health Needs Assessment

Falls

COMMUNITY HEALTH

Professional Research Consultants, Inc.

38



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 88]
Notes: • Asked of those respondents age 65+.
• Percentages outlined in red reflect sample sizes deemed unreliable (n<50).

2015 PRC Community Health Needs Assessment

Diabetes

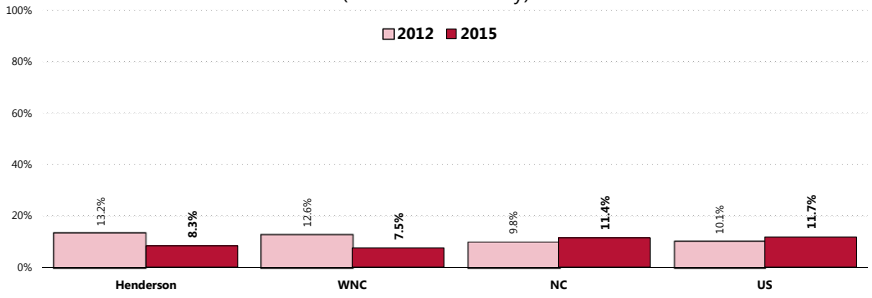
COMMUNITY HEALTH

Professional Research Consultants, Inc.

40

Prevalence of Diabetes (Ever Diagnosed)

(Henderson County)

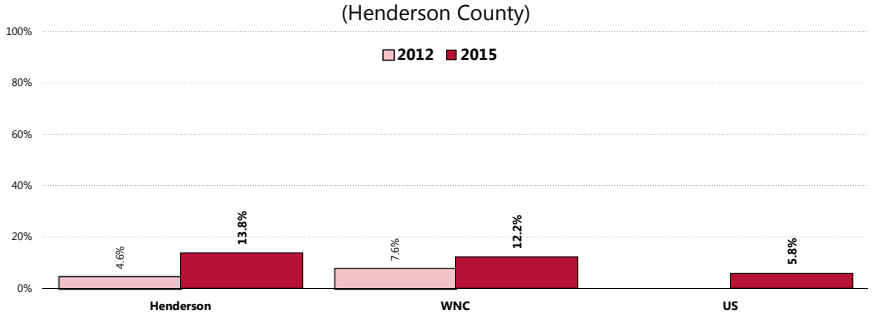


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 28]
- PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Borderline or Pre-Diabetes

(Henderson County)

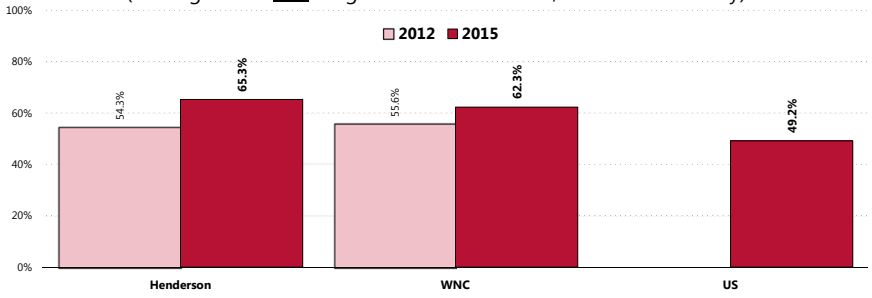


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 28]
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

Tested for Diabetes in the Past Three Years

(Among Adults Not Diagnosed With Diabetes; Henderson County)

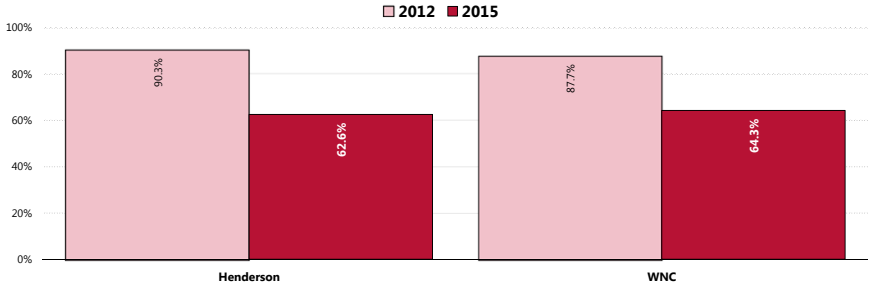


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents who have never been diagnosed with diabetes; also includes women who have only been diagnosed when pregnant.

Taking Action to Control Diabetes or Pre-diabetes

(Among Adults Diagnosed With Diabetes or Prediabetes/Borderline Diabetes Henderson County)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 31]

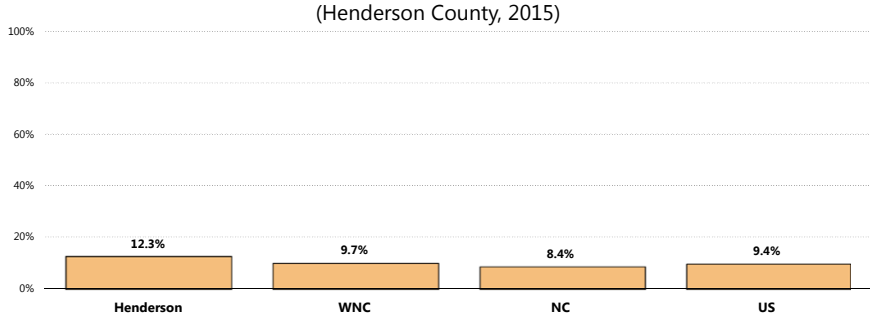
Notes:
- Asked of respondents who have been diagnosed with diabetes or pre-diabetes/borderline diabetes.
- In this case, the term "action" refers to taking natural or conventional medicines or supplements, diet modification, or exercising.

Respiratory Conditions

COMMUNITY HEALTH

Current Prevalence of Asthma

(Henderson County, 2015)

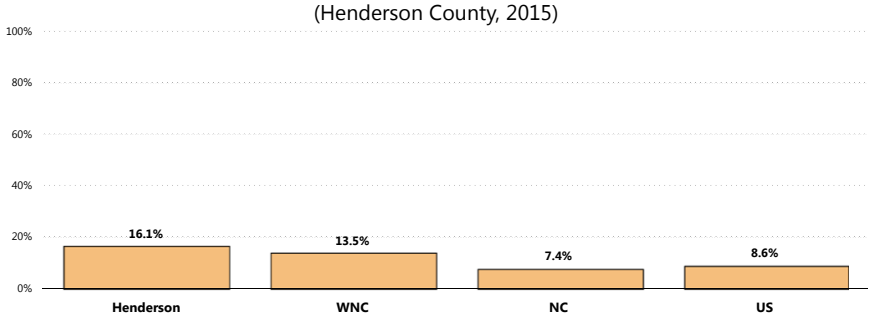


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 North Carolina data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma and who report that they still have asthma.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

(Henderson County, 2015)

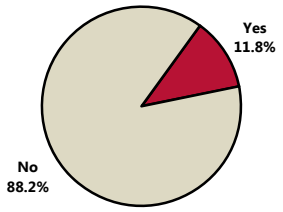


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 North Carolina data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

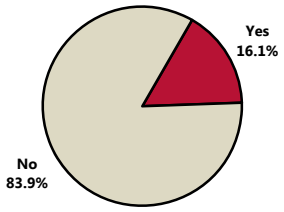
Notes:
- Asked of all respondents.
- Includes those have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

Prevalence of COPD

(Henderson County)



Henderson County 2012



Henderson County 2015

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]

Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
- *In 2012 data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

MODIFIABLE HEALTH RISKS

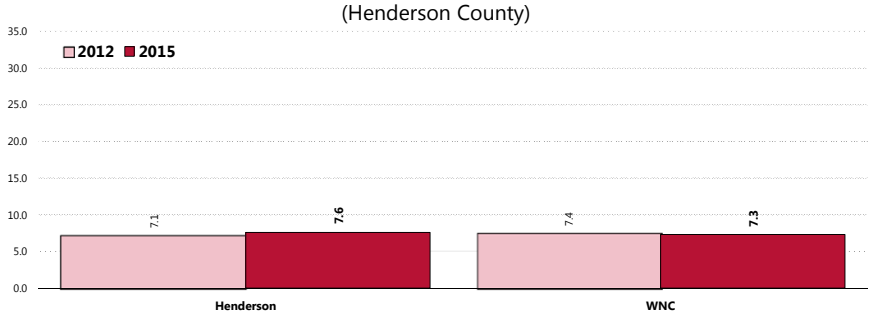
COMMUNITY HEALTH

Nutrition

COMMUNITY HEALTH

Average Servings of Fruits in the Past Week

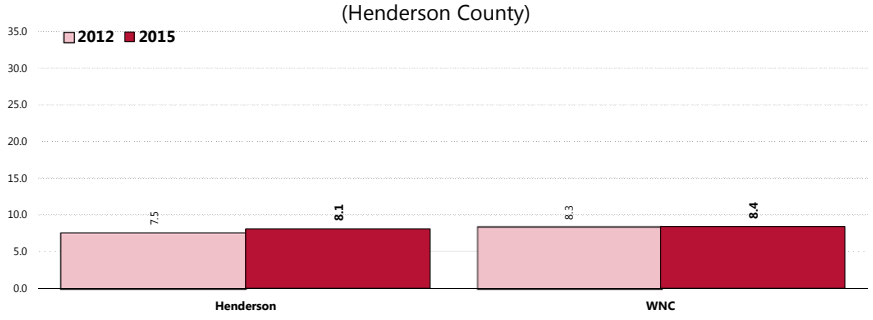
(Henderson County)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 63]
Notes: ● Asked of all respondents.
● For this issue, respondents were asked to recall their food intake during the previous week. Reflects 1-cup servings of fruits in the past week.

Average Servings of Vegetables in the Past Week

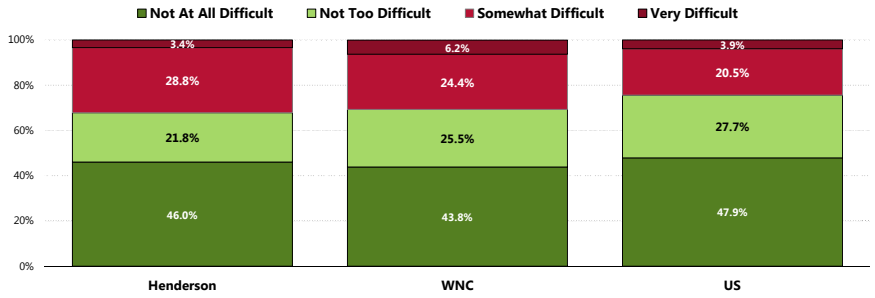
(Henderson County)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 64]
Notes: ● Asked of all respondents.
● For this issue, respondents were asked to recall their food intake during the previous week. Reflects 1-cup servings of vegetables in the past week, excluding lettuce salad and potatoes.

Level of Difficulty Accessing Fresh Produce at an Affordable Price

(Henderson County, 2015)



Sources:
- 2015 PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

2015 PRC Community Health Needs Assessment

Physical Activity & Fitness

COMMUNITY HEALTH

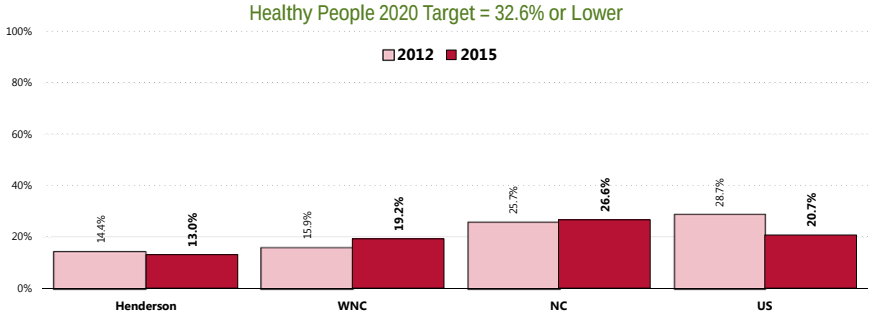
Professional Research Consultants, Inc.

54

No Leisure-Time Physical Activity in the Past Month

(Henderson County)

Healthy People 2020 Target = 32.6% or Lower

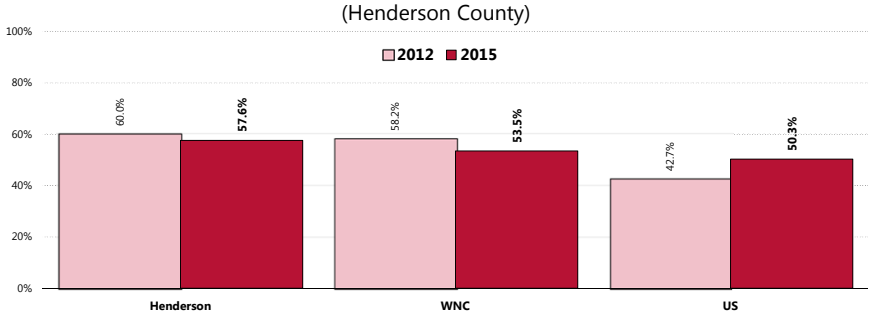


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 73]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Surveys, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

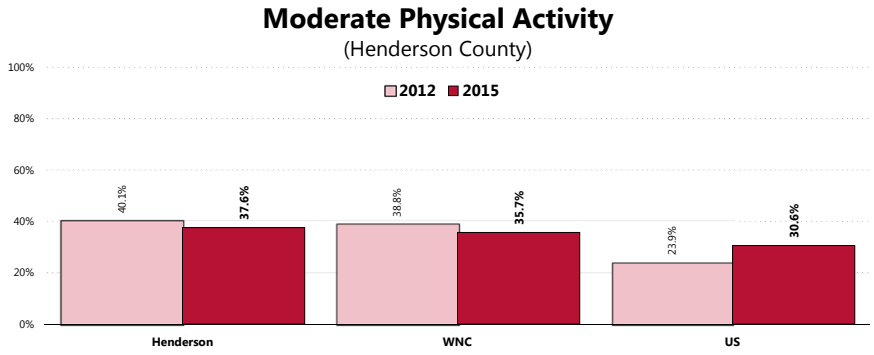
Meets Physical Activity Recommendations

(Henderson County)



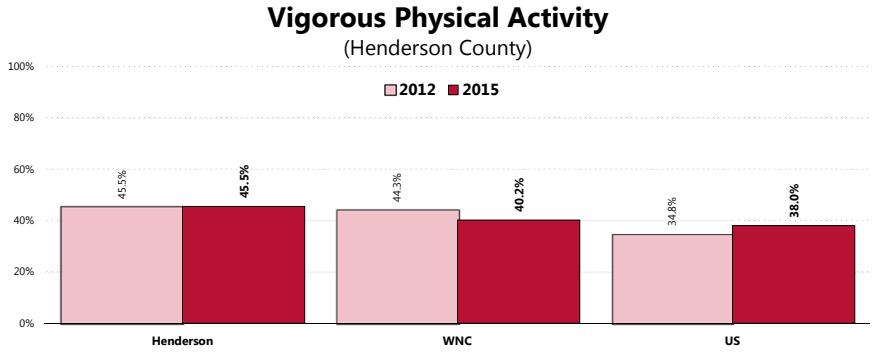
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 133]
- PRC National Health Surveys, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 134]
- PRC National Health Surveys, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.

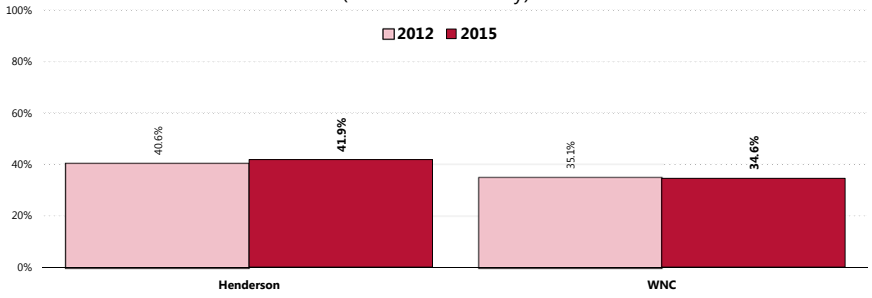


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 135]
- PRC National Health Surveys, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

Strengthening Physical Activity

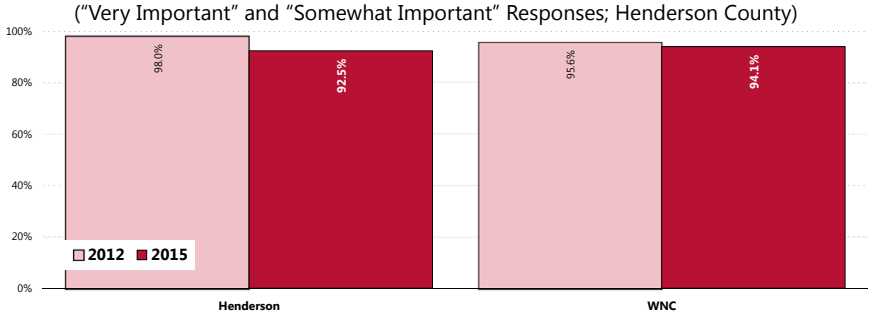
(Henderson County)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 164]
Notes: • Asked of all respondents.
• Strengthening Physical Activity: Takes part in physical activities or exercises that strengthen muscles at least 2 times per week.

Believe It Is Important That Community Organizations Make Physical Activity Spaces Available for Public Use After Hours

("Very Important" and "Somewhat Important" Responses; Henderson County)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 77]
Notes: • Asked of all respondents.

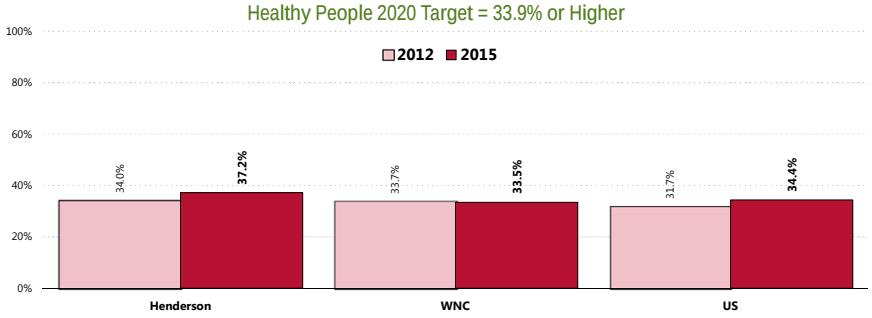
Body Weight

COMMUNITY HEALTH

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9; Henderson County)

Healthy People 2020 Target = 33.9% or Higher

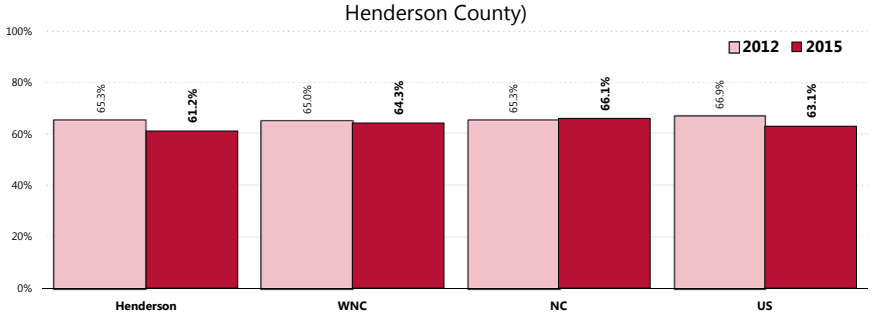


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 137]
- PRC National Health Surveys, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Prevalence of Total Overweight (Overweight or Obese)

(Percent of Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher Henderson County)



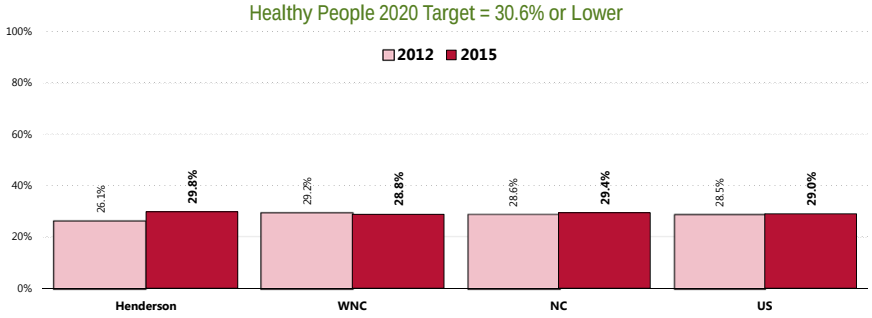
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 137]
- PRC National Health Surveys, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher; Henderson County)

Healthy People 2020 Target = 30.6% or Lower



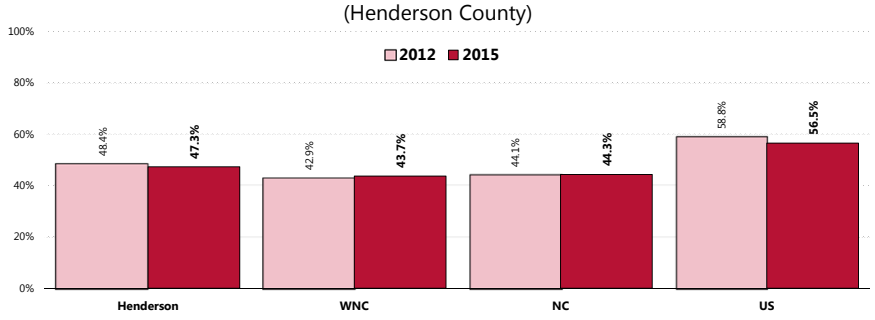
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 137]
- PRC National Health Surveys, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Substance Abuse

COMMUNITY HEALTH

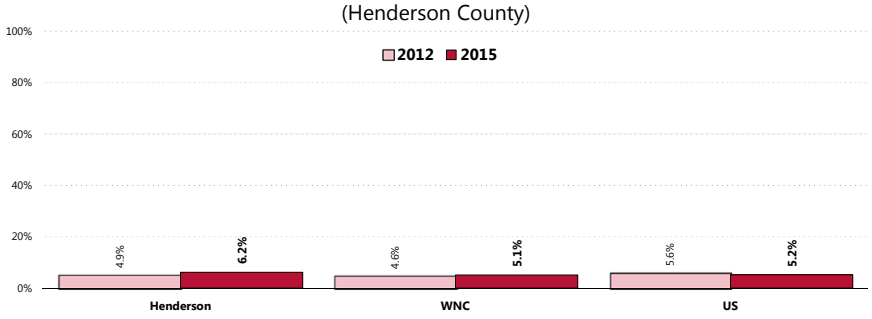
Current Drinkers
(Henderson County)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Surveys, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.

Chronic Drinkers
(Henderson County)

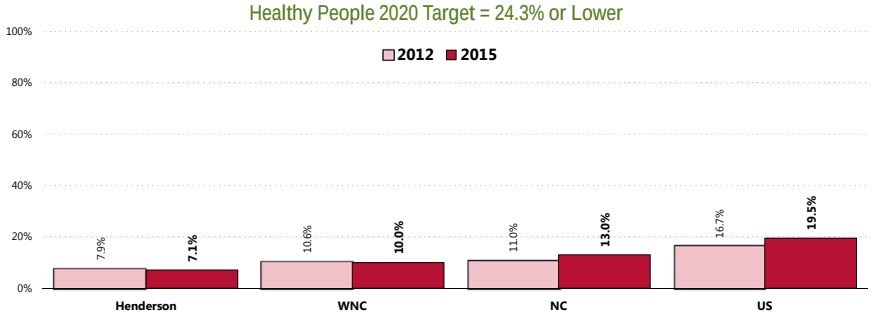


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
- PRC National Health Surveys, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.

Binge Drinkers
(Henderson County)

Healthy People 2020 Target = 24.3% or Lower



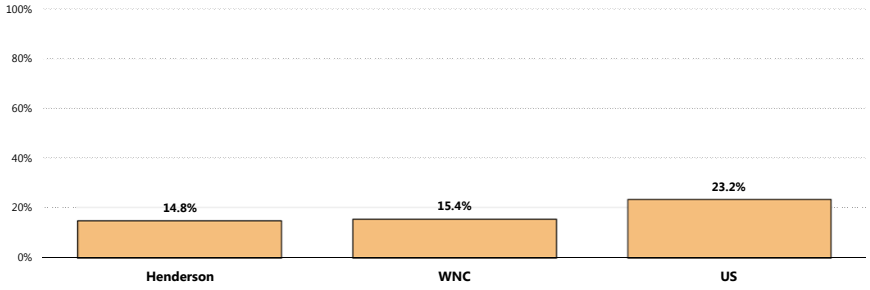
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 148]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Surveys, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

Notes:
- Asked of all respondents.
- Binge drinkers are defined as those consuming 5+ alcoholic drinks on any one occasion in the past 30 days; * note that state and national data reflect different thresholds for men (5+ drinks) and women (4+ drinks).

Excessive Drinkers

(Henderson County, 2015)

Healthy People 2020 Target = 25.4% or Lower

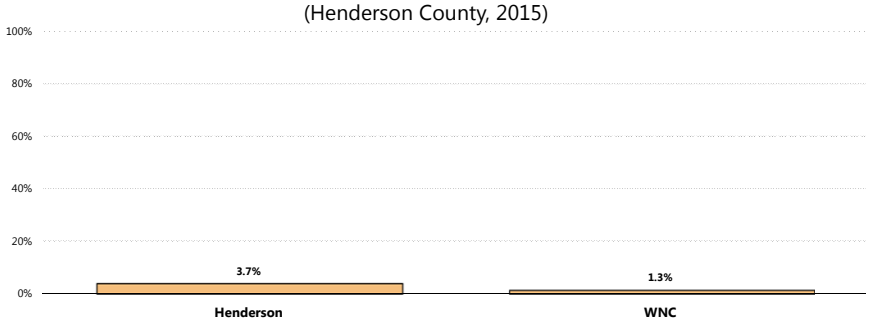


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 150]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Have Taken a Prescription Drug in the Past Month That Was Not Prescribed

(Henderson County, 2015)

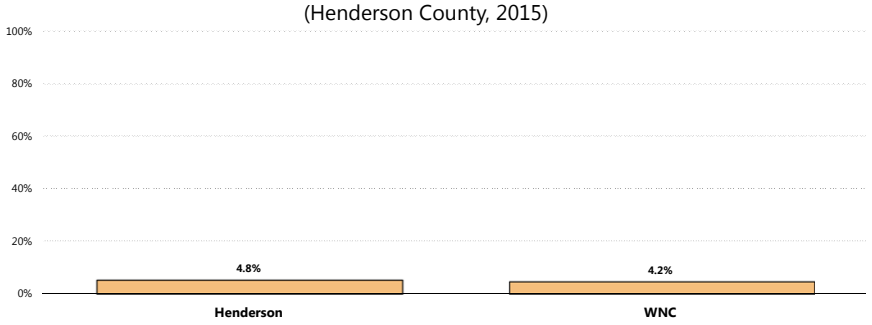


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]

Notes:
- Asked of all respondents.
- Includes reported use of a prescription drug not prescribed to the respondent.

Have Ever Shared a Prescription Medication With Someone Else

(Henderson County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
Notes: • Asked of all respondents.

2015 PRC Community Health Needs Assessment

Tobacco Use

COMMUNITY HEALTH

Professional Research Consultants, Inc.

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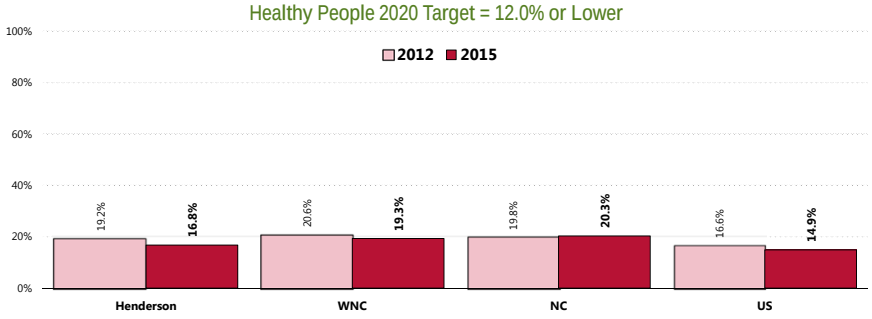
Current Smokers

(Henderson County)

Healthy People 2020 Target = 12.0% or Lower



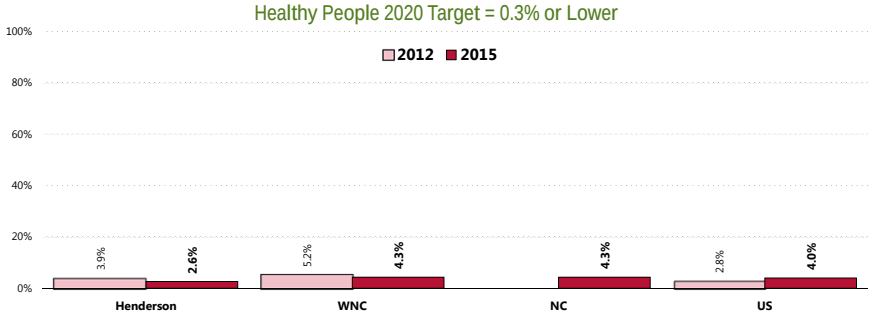
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
- PRC National Health Surveys, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).

Currently Use Smokeless Tobacco Products

(Henderson County)

Healthy People 2020 Target = 0.3% or Lower

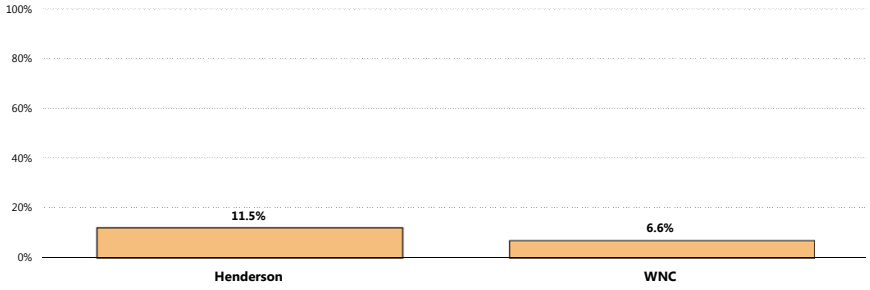


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]

Notes:
- Asked of all respondents.
- Includes regular and occasional users (everyday and some days).

Currently Use E-Cigarettes

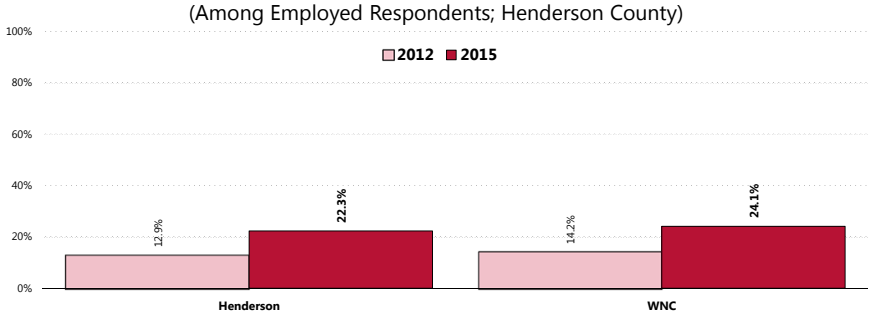
(Henderson County, 2015)



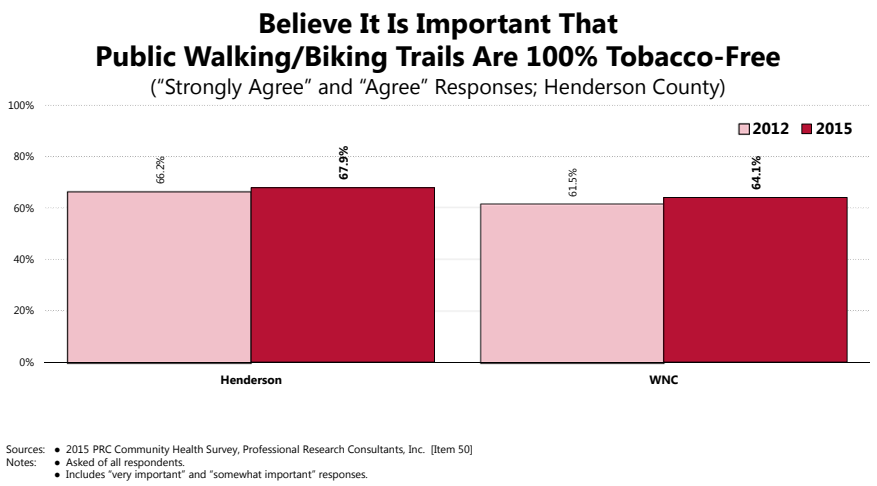
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
Notes: ● Asked of all respondents.
● Electronic cigarettes (or e-cigarettes) are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors.
● Includes regular and occasional use (everyday and some days).

Have Breathed Someone Else's Cigarette Smoke at Work in the Past Week

(Among Employed Respondents; Henderson County)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
Notes: ● Asked of employed respondents.


Believe It Is Important That
Public Walking/Biking Trails Are 100% Tobacco-Free
("Strongly Agree" and "Agree" Responses; Henderson County)
100%
80%
60%
40%
20%
0%
2012
2015
66.2%
67.9%
61.5%
64.1%
Henderson
WNC
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
Notes: • Asked of all respondents.
• Includes "very important" and "somewhat important" responses.

2015 PRC Community Health Needs Assessment
ACCESS TO
HEALTHCARE SERVICES
COMMUNITY HEALTH
Professional Research Consultants, Inc.
78

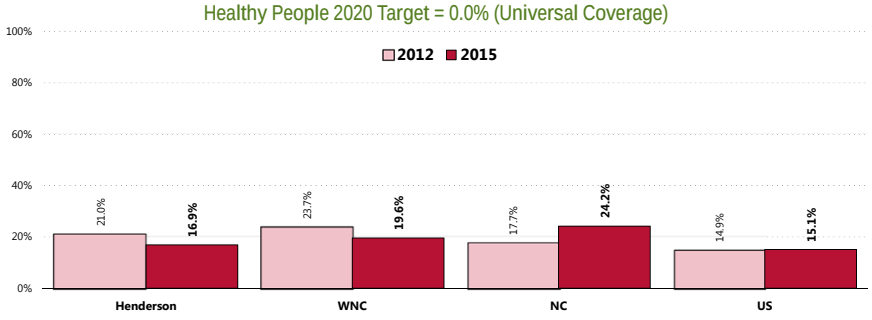
Health Insurance Coverage

COMMUNITY HEALTH

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; Henderson County)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Surveys, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

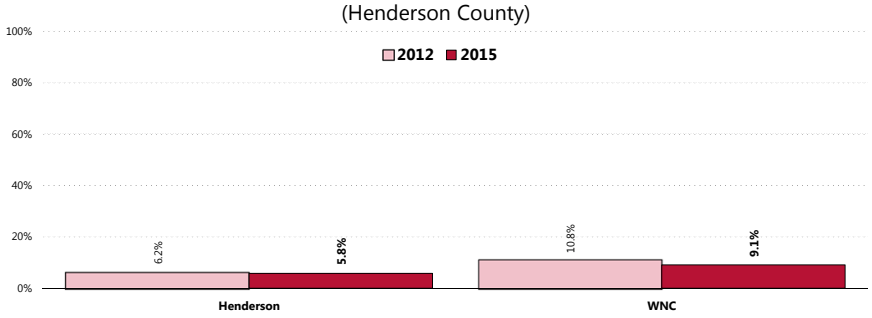
Notes:
- Reflects adults under the age of 65.
- Includes any type of insurance, such as traditional health insurance, prepaid plans such as HMOs, or government-sponsored coverage (e.g., Medicare, Medicaid, Indian Health Services, etc.).

Difficulties Accessing Healthcare Services

COMMUNITY HEALTH

Was Unable to Get Needed Medical Care at Some Point in the Past Year

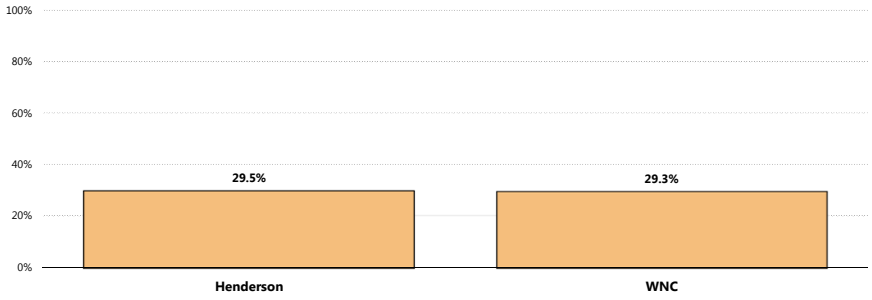
(Henderson County)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 8]
Notes: • Asked of all respondents.

Healthcare Provider Has Helped to Connect With a Community Resource (Classes, Coaching) to Educate About Condition

(Henderson County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
Notes: • Asked of those respondents who have been diagnosed with COPD, heart disease, stroke, asthma, diabetes/pre-diabetes, hypertension, and/or high blood cholesterol.

2015 PRC Community Health Needs Assessment

Primary Care Services

COMMUNITY HEALTH

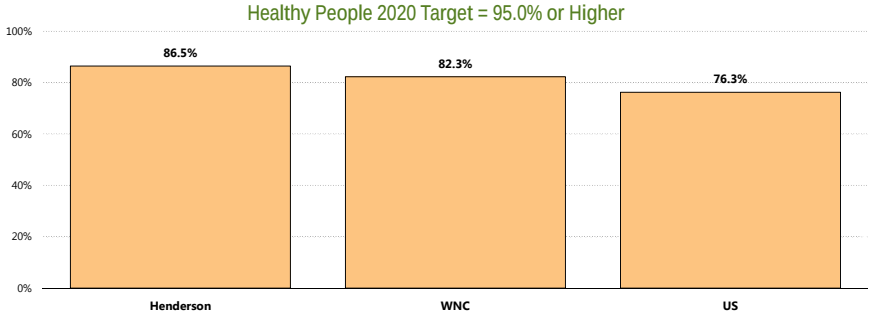
Professional Research Consultants, Inc.

84

Have a Specific Source of Ongoing Medical Care

(Henderson County, 2015)

Healthy People 2020 Target = 95.0% or Higher

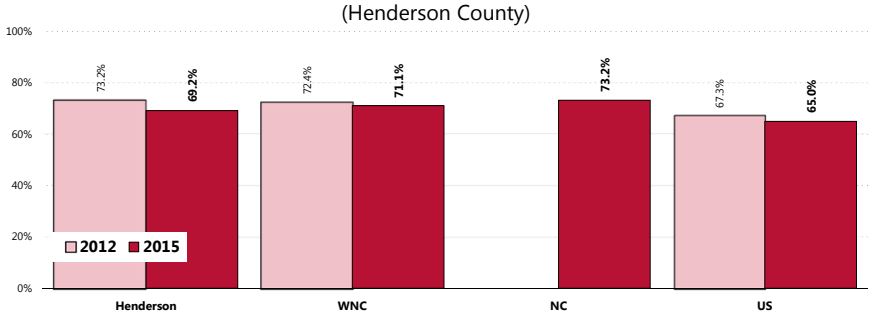


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- PRC National Health Surveys, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year

(Henderson County)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Surveys, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

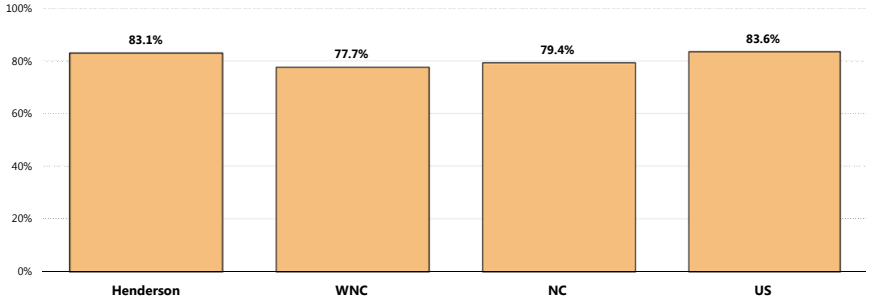
Preventive Screenings

COMMUNITY HEALTH

Have Had a Mammogram in the Past Two Years

(Among Women Age 50-74; Henderson County, 2015)

Healthy People 2020 Target = 81.1% or Higher [All Ages]



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 115]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50-74.
- *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US, and Healthy People data).

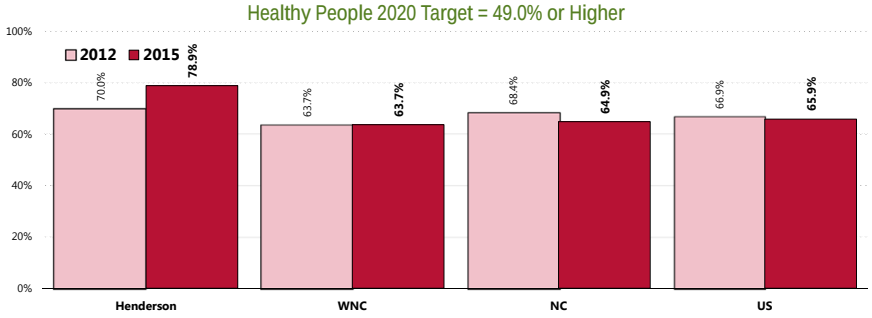
Oral Health

COMMUNITY HEALTH

Have Visited a Dentist or Dental Clinic Within the Past Year

(Henderson County)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
- PRC National Health Surveys, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.

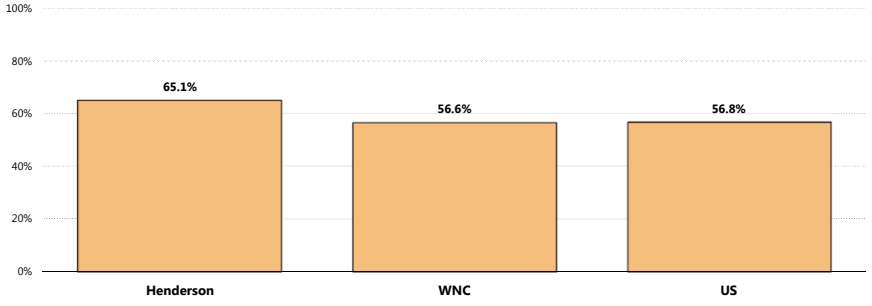
Notes:
- Asked of all respondents.

Vision Care

COMMUNITY HEALTH

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(Henderson County, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

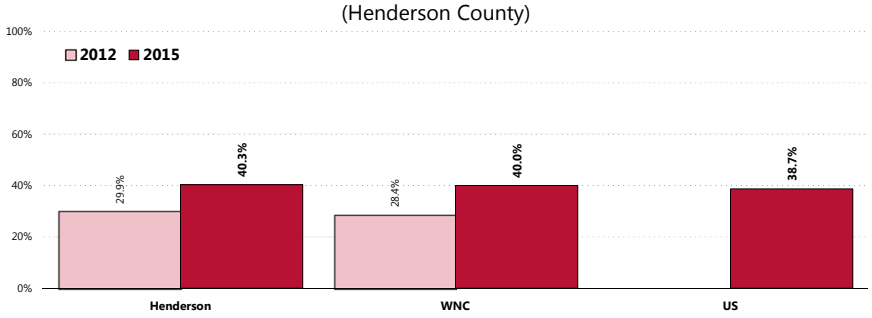
Notes:
- Asked of all respondents.

Health Education & Outreach

COMMUNITY HEALTH

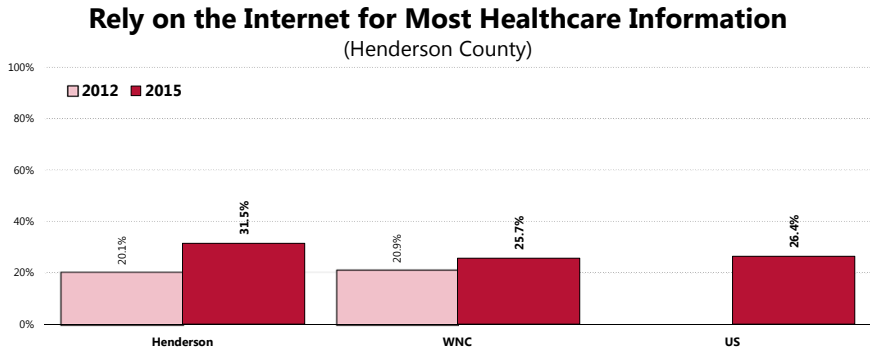
Rely on Physicians for Most Healthcare Information

(Henderson County)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 90]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 90]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

2015 PRC Community Health Needs Assessment

Advanced Directives

COMMUNITY HEALTH

Professional Research Consultants, Inc.

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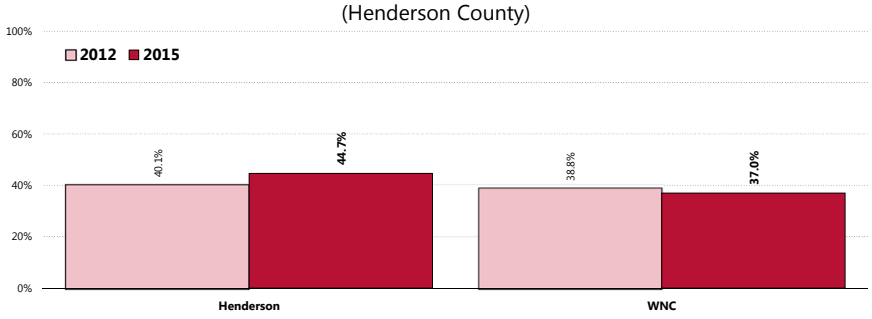
Have Completed Advance Directive Documents

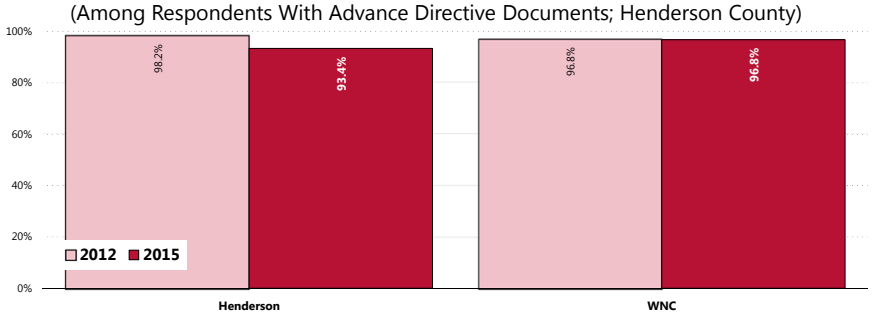
(Henderson County)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 104]
Notes: • Asked of all respondents.

Have Communicated Healthcare Decisions to Family or Doctor

(Among Respondents With Advance Directive Documents; Henderson County)



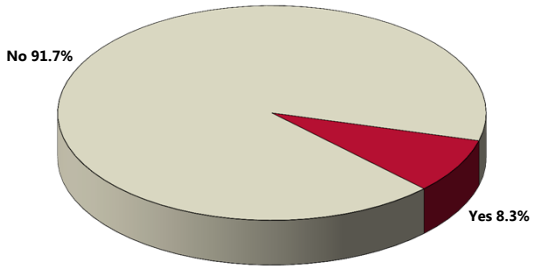
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]
Notes: • Asked of respondents with completed advance directive documents.

COUNTY-SPECIFIC QUESTIONS

COMMUNITY HEALTH

Had a Time in the Past Year When Unable to Obtain a Needed Prescription Due to Cost

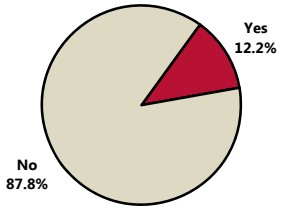
(Henderson County, 2015)



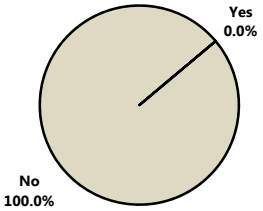
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 10]
Notes: • Asked of all respondents.

Have Ever Been Hit, Slapped, Pushed, Kicked or Otherwise Hurt by an Intimate Partner

(Henderson County)



Henderson County 2012

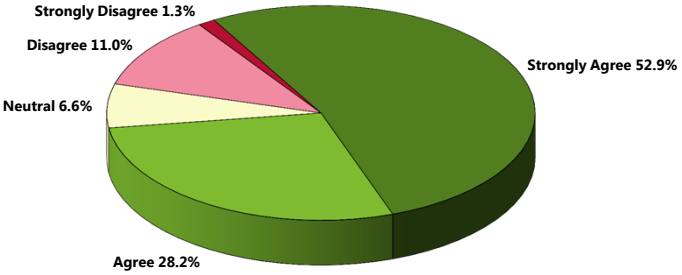


Henderson County 2015

Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
Notes: • Asked of all respondents.

"I believe it is important for government buildings and grounds in Henderson County to be 100% smoke-free."

(Henderson County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]
Notes: • Asked of all respondents.

Community Stakeholder Input

2015 PRC Online Key Informant Survey

Henderson County, NC

Prepared for:

WNC Healthy Impact

By:

Professional Research Consultants, Inc.
11326 P Street Omaha, NE 68136-2316
www.PRCCustomResearch.com

2015-0631-02
© October 2016

Professional Research Consultants, Inc.

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Introduction

Professional Research Consultants, Inc.

Methodology

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was implemented. A list of recommended participants was provided to PRC by WNC Healthy Impact who compiled lists submitted by 13 of the 16 WNC counties; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation.

Participation

In all, 29 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Henderson County Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participating**
Community/Business Leader	17	7
Other Health Provider	7	6
Physician	7	5
Public Health Representative	5	5
Social Service Provider	13	6

Participating Organization	Populations Served		
	Low-Income Residents	Minority Populations	Medically Underserved
Blue Ridge Community Health Services	✓	✓	✓
Boys and Girls Club	✓	✓	✓
Children and Family Resource Center	✓	✓	✓
Faith Community Health Program of Pardee Hospital	✓	✓	✓
Free Clinics	✓	✓	✓
Health Department	✓	✓	✓
Henderson County 4-H	✓	✓	✓
Henderson County Department of Public Health	✓	✓	✓
Henderson County Department of Social Services	✓	✓	✓
Henderson County Parks and Recreation Department	✓	✓	
Henderson County Public Schools	✓	✓	✓
Homeward Bound of WNC	✓	✓	✓
Interfaith Assistance Ministry	✓	✓	✓
Pardee Hospital	✓	✓	✓
Park Ridge Health	✓	✓	✓
Smart Start of Henderson County	✓	✓	✓
Star of Bethel Missionary Baptist Church			✓
The Salvation Army	✓	✓	✓
WNC Healthy Impact	✓	✓	✓

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Minority populations represented:

- African American
- American Indian
- Asian
- Children With Special Health Needs
- Disabled

- Hispanic/Latino
- Home School
- Homeless
- Immigrants
- Low Education Level
- Low Income
- Mandarin
- Mentally Ill
- Micronesian
- Minorities
- Mixed Race
- Non-English Speaking
- Parents and Children of Color
- Parents in Abusive Relationships
- Teen Mothers
- Ukrainian/Russian
- Uninsured/Underinsured
- Young Adults

Medically underserved populations represented:

- African American
- Children
- Chronic Disease
- Diabetic/Pre-Diabetic
- Elderly
- Farm Workers
- Females
- Hispanic/Latino
- Homeless
- Immigrants
- Imprisoned
- LGBT
- Low Income
- Medicaid
- Medically Complex
- Mentally Ill
- Minorities
- Mixed Race
- Non-English Speaking

- Single Parents
- Teen Mothers
- Teens
- Undocumented
- Unemployed
- Uninsured/Underinsured

In the online survey, respondents had the chance to explain what view was most needed to create a healthy community, and how they feel that the physical environment and social determinants impact health. Key informants were also asked to specifically rate the degree to which various health issues are a problem in their own county; follow-up questions asked them to describe why they identify problem areas as such, and how these might be better addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Perceptions of Community

Professional Research Consultants, Inc.

Characteristics of a Healthy Community

"What are the MOST IMPORTANT characteristics of a healthy community?"

Key informants could list up to 3 responses.

Key informants characterized a healthy community as containing the following ***(number in parenthesis identifies number of total mentions):***

- Access to Health Care (8)
- Affordable Health Care (8)
- Affordable and Clean Housing (4)
- Employment Opportunities (4)
- Encouraging Physical Activity (3)
- Access to Behavioral Health Care (2)
- Access to Healthy Foods (2)
- Access to Safe Green Spaces (2)
- Community Wide Support of Health Services (2)
- Faith (2)
- Education (2)
- Health Lifestyles (2)
- Healthy Children (2)
- Low Obesity Levels (2)
- Quality Health Care (4)
- Safety (2)
- Strong School System (2)
- Adequate Substance Abuse Treatment (1)
- Caring and Supportive Community Providers (1)
- Clean and Safe Environment (1)
- Clean Water (1)
- Community Engagement in Health and Wellness (1)
- Community Members Live Proactive Healthy Lifestyles (1)
- Community Partnerships for Specialty Care (1)
- Community That Reviews Health Data, Identifies Needs (1)
- Culture of Activity (1)
- Culture of Healthy Living (1)
- Educational Opportunities (1)
- Health Behaviors Regardless of Socioeconomic/Ethnicity (1)
- Investing in Initiatives That Support Good Health (1)
- Leaders Focus on Health and Wellness (1)
- Low Crime Rate (1)
- Low Disability Rates (1)
- Low Drop Out Rate (1)

- Low Population of Chronic Disease (1)
- Low Rate of Substance Abuse (1)
- Neighbors Helping Neighbors (1)
- Population is Fully Vaccinated (1)
- Proper Mental Health Services (1)
- Relationships That Cross Socio Cultural Boundaries (1)
- Relief From Extreme Poverty (1)
- Sense of Belonging to the Community (1)
- Strong Families (1)
- Strong, Healthy Children and Seniors (1)
- Support for Domestic Violence, Homeless and Obesity (1)

Community's Greatest Gem/Asset

Key informants characterized Henderson County's greatest "gem" or asset as the following:

Natural Environment

Beautiful natural environment and strong economy. Great healthcare providers and an excellent group of social service organizations that provide an effective safety net for those in need. - Other Health Provider

HC is a beautiful place to live and work. - Social Service Provider

Physical beauty - Community/Business Leader

Natural beauty - Public Health Representative

Natural beauty - Physician

Natural physical environment - Public Health Representative

Dupont Forest - Community/Business Leader

Carl Sandberg national park. - Public Health Representative

It's location in the Blue Ridge Mountains. Need to capitalize more on the natural beauty. Bury those unsightly electrical wires that obstruct the view! - Social Service Provider

Location - great place to be outside and have free recreation, grow and access fresh local food. We need to move forward with more jobs but also look backward and celebrate the agrarian heritage. - Physician

Local Agencies

Henderson County Department of Public Health, staff works tirelessly, with very little reward or acknowledgement, to promote and safeguard the health of the people in Henderson County. Most people have no idea what is being done to keep them safe. - Public Health Representative

We have a healthy and positive community of nonprofits who work and will work together to make changes in these areas. - Community/Business Leader

Blue Ridge Community Health Services - Physician

Our health care leadership at Blue Ridge the Heath department and our nonprofits trying to fill in the gaps - Social Service Provider

The strong partnership among mandated government programs and nonprofit programs aimed at improving the quality of life in this county - Social Service Provider

Many physicians who are willing to see the underserved. - Physician

Sense of Community

Spirit of community is the gem - Physician

Community ethos - Other Health Provider

Great spiritual caring supportive community - Other Health Provider

The individuals who work at trying to solve the ever changing needs of the community. Working together as a community, for the community. - Social Service Provider

People

The people--I think they truly try to be welcoming and kind. There is a huge nonprofit network that is very well run. - Social Service Provider

Its people and the landscape. - Community/Business Leader

The people are very kind and take good care of one another. - Public Health Representative

Great Place to Raise Children

With its many issues, it remains a great place to raise your kids - Community/Business Leader

Schools

> *Our great public schools! - Community/Business Leader*

Requirements for Quality of Life

"What are the MOST IMPORTANT issues that must be addressed to improve the quality of life?"

Key informants could list up to 3 responses.

Key informants characterized the following as issues that must be addressed in order to improve the quality of life in Henderson county *(number in parenthesis identifies number of total mentions):*

- Affordable Housing (14)
- Education (8)
- Employment (4)
- Mental Health (4)
- Transportation (4)
- Better Paying Jobs (3)
- Culture (3)
- Access to Healthcare (2)
- Economy (2)
- Encourage Health Living Lifestyle (2)
- Land Management (2)
- More/Better Outdoor Recreation Areas (2)
- Access to Affordable Fresh Food (1)
- Access to Indoor Recreation Facilities (1)
- Comprehensive Sex Education (1)
- Early Intervention for Children at Risk (1)
- Education on Dependence on Latinos in Farms, Construct (1)
- End Discrimination (1)
- Enhancement of Inclusive Social Structure (1)
- Family Values (1)
- Henderson City More Friendly to Walking/Biking Commuters (1)
- Hunger (1)
- Improve Balance in Faith, Life, Exercise, Medical Care (1)
- Interest of Elected Officials (1)
- Poverty (1)
- Prayer in Schools and Government (1)
- Values (1)
- Youth Activities (1)

Evaluation of Health Issues

Ranking of Health Issues

Online key informants were asked to rate each of the following health issues as a "major problem," "moderate problem," "minor problem," or "no problem at all" in Henderson County. The table below illustrates these responses.

Evaluation of Health Issues				
Health Issue	**Major Problem**	**Moderate Problem**	**Minor Problem**	**No Problem At All**
Mental Health	89.3%	7.1%	3.6%	0.0%
Substance Abuse	67.9%	28.6%	3.6%	0.0%
Nutrition, Physical Activity, & Weight	50.0%	42.9%	7.1%	0.0%
Diabetes	38.5%	46.2%	15.4%	0.0%
Oral Health	28.6%	39.3%	32.1%	0.0%
Heart Disease & Stroke	26.9%	57.7%	15.4%	0.0%
Tobacco Use	22.2%	59.3%	14.8%	3.7%
Sexually Transmitted Disease & Unintended Pregnancy	14.8%	44.4%	40.7%	0.0%
Maternal & Infant Health	14.8%	40.7%	44.4%	0.0%
Respiratory Diseases	11.5%	42.3%	46.2%	0.0%
Access to Health Care Services	10.7%	46.4%	35.7%	7.1%
Injury & Violence	7.1%	50.0%	42.9%	0.0%
Cancer	3.8%	53.8%	42.3%	0.0%
Infectious Diseases & Foodborne Illnesses	0.0%	19.2%	69.2%	11.5%

Perceptions of Health Issues

Online Key Informant Survey participants rating any of the aforementioned health issues as "major problems" in Henderson County were further asked to give reasons for their perceptions. These are outlined, by health issue, in the following sections.

Access to Health Care Services

The greatest share of key informants characterized *Access to Health Care Services* as a "moderate problem" in Henderson County.

Health Issue	Major Problem	Moderate Problem	Minor Problem	No Problem At All
Access to Health Care Services	**10.7%**	**46.4%**	**35.7%**	**7.1%**

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified mental health care and substance abuse treatment as the most difficult to access in Henderson County.

	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Mental Health Care	0.0%	100.0%	0.0%	3
Substance Abuse Treatment	66.7%	0.0%	0.0%	2
Pain Management	0.0%	0.0%	33.3%	1
Primary Care	0.0%	0.0%	33.3%	1
Reproductive Health	0.0%	0.0%	33.3%	1
Dental Care	33.3%	0.0%	0.0%	1

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Transportation

> *Limited transportation, personal and public. Since we live in a more rural area it's an issue of wealth to be able to get to medical care. Also, so few local providers, mental health and dental, take Medicaid. People with few resources already are stressed to take time off of work. When they have to go even further to receive care they may not be able to go. We need to start*

treating medical care like it's a right and not a privilege. So many of the folks we work with are stressed not just because of their health issues but because a partner or parent doesn't qualify for Medicaid. Their family's health has an impact on theirs. Also, mental health support is very expensive even for middle income earners. Co-pays of $50 mean people delay care. This impacts entire families and communities. Also, the wait time for care is too long. Folks who have to wait 2-3 weeks to several months to see a provider for anything, like mental health, birth control, diabetes, etc., which need care now. - Social Service Provider

Lack of adequate public transportation system to get to health care provider. - Social Service Provider

Limited Services

Difficult to gain access to services and maintain healthcare services in Henderson County. - Other Health Provider

Access to adolescent health care is poor and often contributes to higher teen mental health needs, teen pregnancy, drop-out rates and these related social determinants of health. Our teens have few safe places to congregate, exercise, work or seek help for health concerns. - Public Health Representative

Cost of Healthcare

Sliding scale fees are, have increased significantly for those primary care physicians and practices that provide access for uninsured, low income persons. Additional fees for diagnostic services, pharmacy, etc. substantially increase patient costs. Practices are not working in patient centered way, which promotes patient's health and needs and access to affordable care. Rather they are working in income generating way, which assumes that better for patient if all services provided by one agency regardless of cost to patient or availability of resources elsewhere. Patient is lost in the current system, scenario. - Other Health Provider

Cultural Barriers

Lack of services to our local Spanish speaking population - Public Health Representative

Limited Number of Providers

Need for a school nurse in every school all day every day - Public Health Representative

Cancer

Most key informants characterized *Cancer* as a "moderate problem" in Henderson County.

Health Issue	Major Problem	Moderate Problem	Minor Problem	No Problem At All
Cancer	**3.8%**	**53.8%**	**42.3%**	**0.0%**

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence/Incidence

There are a lot of deaths related to this issue. There seems to be little resources available unless you can afford treatment outside of the county or unless you have excellent health care - Community/Business Leader

Diabetes

The greatest share of key informants characterized *Diabetes* as a "moderate problem" in Henderson County.

Health Issue	Major Problem	Moderate Problem	Minor Problem	No Problem At All
Diabetes	**38.5%**	**46.2%**	**15.4%**	**0.0%**

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence/Incidence

The rate of diabetes is high and appears to be impacting all population groups. Diabetes impacts multiple systems within an individual therefore the impact on health can be significant and wide spread. Treatment and recovery are difficult due to individual challenges and the need to change behavior. - Community/Business Leader

Prevalence. It is no longer feared. Diabetes closely linked to obesity, habits of boomer generation. Lower socioeconomic status linked to unhealthy, cheap food choices. - Physician

We see new diagnoses of diabetes every day. It is mostly related to obesity, which is often exacerbated by a poor social situation and financial stress, leading to poor nutrition and decreased exercise. - Physician

Lack of Education

Seems major in community whether uneducated about the disease or family history or lack of health care. - Community/Business Leader

Low health literacy and poor access to healthy foods. - Physician

Poor diet, lack of education about causes of diabetes and not being able to afford nutritious food. - Community/Business Leader

Nutrition, Physical Activity, and Weight

Statewide problems with obesity and weight leading to greater number of diagnoses of type 2. Henderson County is no exception. - Other Health Provider

Obesity and poor nutrition are both epidemic in our county and state. - Other Health Provider

Ethnicity

Many Hispanics with uncontrolled diabetes. - Physician

Lack of Resource Utilization

While there are programs available, there is under-utilization of those programs due to lack of knowledge, affordability and healthcare and wellness organization referrals into those programs. Also there is a lack of whole family approach for treatment, especially minors. - Other Health Provider

Heart Disease & Stroke

Most key informants characterized *Heart Disease & Stroke* as a "moderate problem" in Henderson County.

Health Issue	Major Problem	Moderate Problem	Minor Problem	No Problem At All
Heart Disease & Stroke	**26.9%**	**57.7%**	**15.4%**	**0.0%**

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Nutrition, Physical Activity and Weight

> *Same as diabetes. Inactivity, poor diet, smoking, increased diabetes. - Physician*
>
> *Obesity and poor nutrition are both epidemic in our county and state. - Other Health Provider*
>
> *Poor diet, lack of education about causes of heart disease and stroke. Not being able to afford nutritious food and not enough exercise. - Community/Business Leader*

Lack of Education

> *Uneducated about high blood pressure and the effects of having it and not getting proper care not realizing that they have high blood pressure until too late, like a stroke. - Community/Business Leader*

Leading Cause of Death

> *Being one of the highest co-morbidities for our county, heart disease is still a lack of follow-up and programmatic support once a person is diagnosed. Prevention is critical but follow-up care post diagnosis is equally important. - Other Health Provider*

Tobacco Use

> *Prevalence. Continued activities and states, smoking, diet, obesity, despite having been diagnosed. - Physician*

Infectious Diseases & Foodborne Illnesses

A majority of key informants characterized *Infectious Diseases & Foodborne Illnesses* as a "minor problem" in Henderson County.

Health Issue	Major Problem	Moderate Problem	Minor Problem	No Problem At All
Infectious Diseases & Foodborne Illnesses	**0.0%**	**19.2%**	**69.2%**	**11.5%**

Injury & Violence

The largest share of key informants characterized *Injury & Violence* as a "moderate problem" in Henderson County.

Health Issue	Major	Moderate	Minor	No Problem

	Problem	Problem	Problem	At All
Injury & Violence	**7.1%**	**50.0%**	**42.9%**	**0.0%**

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Prevention Education

> *There is a huge lack of county and city funding and support for violence prevention and victim support, especially when compared to other counties in NC. - Other Health Provider*
>
> *Large Latino population that needs education about health and safety issues, including how to keep their kids out of gangs. - Community/Business Leader*
>
> *Young adults don't have very many options to learn non-violent communication early on. This escalates into adult violent behavior. Also, a lack of mental health services and significant poverty or income instability lead to substance abuse and self-medication. A combo of supporting financial and housing stability for our community and teaching non-violent communication will help. Also, we don't need school resource officers in the schools. Many times they escalate situations. It's contributing to a school to prison pipeline. Schools need to look at their suspension policies which un-proportionately target students of color. There need to be more efforts to unlearn violent behaviors and how they contribute sexism, racism and homophobia in our community. We need to stop victim blaming and make this a priority. - Social Service Provider*

Domestic Violence and Child Abuse

> *Child abuse and family violence, including sexual assault - Social Service Provider*

Maternal & Infant Health

Key informants generally characterized *Maternal & Infant Health* as a "moderate" or "minor problem" in Henderson County.

Health Issue	Major Problem	Moderate Problem	Minor Problem	No Problem At All
Maternal & Infant Health	**14.8%**	**40.7%**	**44.4%**	**0.0%**

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence of Unintended Pregnancies

> *Too many unplanned pregnancies, too many parents unprepared for responsibilities and too many unwanted children intersecting with social services. Problem is pervasive without enough "upstream" work to change the trend social versus a physical health issue. - Public Health Representative*

Lack of Resources

> *There are not enough providers to teach parenting skills, support parents of all ages, and to address infant mental health. - Public Health Representative*

Access to Prenatal Care

> *Quality care that includes mental health and birth control. - Social Service Provider*

Mental Health

The greatest share of key informants characterized *Mental Health* as a "major problem" in Henderson County.

Health Issue	Major Problem	Moderate Problem	Minor Problem	No Problem At All
Mental Health	**89.3%**	**7.1%**	**3.6%**	**0.0%**

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Resources

> *There is a wide gap between diagnosis and treatment support for individuals and their families diagnosed with mental illness, which in turn puts a burden on the tax payers, local health care and community programs. - Other Health Provider*
>
> *Clearly inadequate access to quality mental health care and case management services to chronically mentally ill residents. - Social Service Provider*
>
> *Fragmented system of care that is not structured to provide the full spectrum of needed services for local populations, underfunded. Too few intensive and/or institutional services. - Public Health Representative*
>
> *There are insufficient services in the quantity and quality available to meet the needs of the low-income community members. The services available are also not provided. Timely psychiatric services can take months to get scheduled. - Social Service Provider*
>
> *Lack of quality services. - Social Service Provider*
>
> *The availability of mental health treatment is abysmal, and the issue of mental health must be treated prior to other issues for an individual to be healthy. So many people are impacted by this illness in one form or another and often can't find support or help for themselves or their loved ones. It puts families in danger as well. - Community/Business Leader*
>
> *Poor quality family care homes and adult care homes. Not enough funding for good mental health services. - Community/Business Leader*
>
> *Few resources, especially for children. - Public Health Representative*
>
> *Major need for mental health services. Inadequately funded to provide services for all those who need and seek care. - Physician*

Access Barriers

> *Access to mental health services is constantly evolving and difficult especially for school age children, families and for substance abuse treatment and prevention. Suicide among school age children is not being addressed. - Public Health Representative*
>
> *Mental health isn't just a problem, everyone has mental health. We need to support mental health for everyone. This includes free to low co-pay counseling visits. This includes paid vacation and sick time. Also, this includes people having childcare and support to be able to make it to counselors or doctor visits. Our community suffers when our community members suffer. Mental health needs to be proactive, not just reactive. - Social Service Provider*
>
> *Lack of access to mental health care providers and programs. - Community/Business Leader*

The mental health services have become privatized. Access to mental health services are through Smoky Mountain and this process has been difficult for individuals to navigate. - Social Service Provider

Too many barriers to receiving care. System difficult to navigate. LME has become big business, less interested in the quality of direct services and more interested in supporting for-profit agencies for their own financial gain. - Other Health Provider

Lack of Providers

Unstable provider network. Difficult to find enough providers for uninsured and underinsured. - – Physician

Few providers of mental health services, including folks who can prescribe medication for this population. - – Physician

There are not enough providers, particularly for the Spanish-speaking community. There are a very few Spanish-speaking mental health providers in our community, and the main providers- Blue Ridge and Family Preservation Services and the domestic violence shelter- do not employ a Spanish-speaking mental health provider. - Public Health Representative

Need more mental health providers. - Physician

Not enough access to providers. - Physician

Co-Occurrence

Prescription drug abuse is a major problem. Many abusers are simply treating the symptoms of an underlying mental health issue. - Other Health Provider

Drugs, alcohol and homelessness often times are signs of mental illness. Homeless rate high and local shelters see mental illness at high numbers. Often gone untreated for reasons of no health care or and no family support or unwilling to seek treatment. - Community/Business Leader

State Funding

Funding, closing of key providers. - Other Health Provider

The state of NC has completely dismantled the mental health system and left behind shards of abysmal care that are so disjointed no one (even those without mental health challenges) can navigate. - Other Health Provider

Prevalence/Incidence

Number of individuals who have mental issues seems to be on the rise. - Public Health Representative

Nutrition, Physical Activity, & Weight

The greatest share of key informants characterized *Nutrition, Physical Activity & Weight* as a "major problem" in Henderson County.

Health Issue	Major Problem	Moderate Problem	Minor Problem	No Problem At All
Nutrition, Physical Activity, & Weight	**50.0%**	**42.9%**	**7.1%**	**0.0%**

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Obesity

Obesity and poor nutrition are major issues in the county and region. Much of the problem begins at a young age and continues through the aging process. - Other Health Provider

We have been working on obesity, and corresponding lack of PA and nutrition for some time. We have made gains but have much to do. It is an epidemic and continues to be. - Physician

Obesity in the population and specifically in children is not getting any better. We have a wealth of opportunities for physical activity; we don't need more parks. The issue is most severe, as it requires a behavioral change. - Community/Business Leader

There is an increase in obesity and a lack of affordable, locally grown food due to lack of education, income and community support. - Other Health Provider

Obesity rates high in adults and children. - Community/Business Leader

Lifestyle Choices

These are national, statewide, and local problems. Henderson County is merely one more location that needs to address these concerns. - Other Health Provider

People can't be bothered to make an effort or engage in the solutions. Can't be bothered to buy and eat healthy food, believe they are too busy to exercise and make poor food choices and eat more than they need. - Community/Business Leader

Not a lot of physical activity seen in lower income family thus resulting in obesity often. - Community/Business Leader

Poor social situation, low activity, poor diet. - Physician

Access to Affordable Healthy Foods

Dollars don't go as far pursuing healthy foods. People working more hours and not taking care of their bodies. - Physician

Co-Occurrences

Too much diabetes and obesity. - – Physician

Lack of Education

Poor diet, lack of education about good nutrition and exercise. Not being able to afford nutritious food. - Community/Business Leader

Lack of Resources

Few resources for children. - Public Health Representative

Oral Health

Key informants most often characterized *Oral Health* as a "moderate problem" in Henderson County.

Health Issue	Major Problem	Moderate Problem	Minor Problem	No Problem At All
Oral Health	**28.6%**	**39.3%**	**32.1%**	**0.0%**

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Access and Cost

Not being able to afford dental care, or know that it is available at a reduced rate or affordable rate for low income populations. - Community/Business Leader

Poor access to affordable dentist. - Physician

Poor access to dental services. - Physician

Medicare/Medicaid

Lack of access to dental care providers that take Medicaid. - Community/Business Leader

Few dentists who see low income patients. - Physician

Poverty

They're your teeth. Pretty hard to do anything when your teeth hurt and fall out. People with poor dental health are often marked as poor and this limits job opportunities whether consciously or unconsciously on behalf of the employer. Being able to access dental care preventatively and when you need it should be a right. People with limited income don't have the resources to put money towards oral health. We need livable wages for everyone so people don't have to decide between food and health care needs, including oral health. - Social Service Provider

Co-Occurrences

Linked to substance abuse, poverty. Dental care is expensive and less concerning to those without means. - Physician

Uninsured/Underinsured

Access for uninsured. - Social Service Provider

Respiratory Diseases

The greatest share of key informants characterized *Respiratory Diseases* as a "minor problem" in Henderson County.

Health Issue	Major Problem	Moderate Problem	Minor Problem	No Problem At All
Respiratory Diseases	**11.5%**	**42.3%**	**46.2%**	**0.0%**

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Tobacco Use

Smoking. - Physician

Tobacco, tobacco, tobacco. It is traditionally a part of local economy. - Physician

Environmental Factors

We live in a beautiful area but have a lot of air pollution due to proximity to Tennessee and pollution. Kids miss more school due to asthma than anything else. People who have asthma are less likely to leave their homes, be active, and be a part of the community. - Social Service Provider

Sexually Transmitted Disease & Unintended Pregnancy

Most key informants characterized *Sexually Transmitted Disease & Unintended Pregnancy* as a "moderate problem" in Henderson County.

Health Issue	Major Problem	Moderate Problem	Minor Problem	No Problem At All
Sexually Transmitted Disease & Unintended Pregnancy	**14.8%**	**44.4%**	**40.7%**	**0.0%**

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Sex Education in Schools

> *Low literacy, insufficient use of condoms. - Physician*
>
> *Poor education in schools. - Physician*

Sexually Transmitted Disease Comorbidities

> *Parenting should be optional. Most people engage in sexual relationships and need the information to keep themselves safe from STI transmission. STIs can lead to infertility and increase likelihood of transmitting an STI that doesn't have a cure. Unintended pregnancies are a risk factor for child abuse and neglect. There is a lot of pressure to birth and parent even if a young person or old person isn't ready. About half of all pregnancies are unintended. We already have a childcare shortage and women make less than men. Women and families need the resources to be able to determine if and when they become pregnant. It's healthier for the children parents already have and it's healthier for our community. - Social Service Provider*

Unintended Pregnancies

> *50% of pregnancies are unintended. - Social Service Provider*

Substance Abuse

The greatest share of key informants characterized *Substance Abuse* as a "major problem" in Henderson County.

Health Issue	Major Problem	Moderate Problem	Minor Problem	No Problem At All
Substance Abuse	**67.9%**	**28.6%**	**3.6%**	**0.0%**

TOP CONCERNS

Among those rating this issue as a "major problem," the greatest barriers to accessing substance abuse treatment are viewed as:

Lack of Treatment Facilities/Programs

Not enough access to active recovery support groups - Social Service Provider

Lack of treatment options. Lack of treatment options. Lack of treatment options. If you are addicted, you are out of luck. - Other Health Provider

Pervasive problem, comprehensive treatment strategies are elusive and limited, chronic problem despite some progress in specific areas like abuse of prescription medications. - Public Health Representative

Lack of services. - Social Service Provider

See comments on mental health. There are virtually no substance abuse services in our community and for what little does exist. The possibility of successfully navigating from detox to available treatment spot is less than one in a million. - Other Health Provider

No major access for community. Difficult to obtain services and maintain throughout treatment. - Other Health Provider

This is a topic that is most challenging to talk about and many won't admit there is a substance abuse problem in the home. It is also extremely difficult to treat and there are very limited resources for such treatment. I also believe that the current method of treatment is not the best approach and we need to find a more innovative and effective way to treat substance abuse. This is also another illness where it creates more chronic health problems, community problems and impacts the family unit. - Community/Business Leader

Substance abuse treatment services are only available in group settings. These are not always accessible when the person is able to attend, i.e. after 6pm. - Social Service Provider

Prevalence of Prescription Drugs

Prescription drug abuse is the number one substance abuse issue in our community. This data is based upon information from our Sheriff's Department. - Social Service Provider

We have excess access to prescription drugs that are being abused, too many with intentional and accidental over dosages, and prominent use of prescription opioids among teens in addition to IV drug abuse. We have a drug culture that is growing. - Public Health Representative

Prescription drug abuse is a major problem. - Other Health Provider

Poverty

Poverty. People just do anything that they think will make life more bearable. - Community/Business Leader

Poor socioeconomic status, degradation of the family unit. - Physician

Lifestyle Choices

Factory jobs moving overseas leads to unemployment of those without job skills, leads to increases in disability, financial despair, black market economies. I wonder if boredom of small town life contributes. - – Physician

Over Prescribing of Controlled Substances

Lack of early recognition, prescribers in the community too generous with controlled medications. - – Physician

Prevalence/Incidence

Many people are struggling with substance abuse and the problem appears to be rampant. - Public Health Representative

Self-Medicating

People need hope and a reason to live. - Community/Business Leader

Most Problematic Substances

Key informants (who rated this as a "major problem") most often identified alcohol, opioid analgesics, and methamphetamines or other amphetamines as the most problematic substances abused in Henderson County.

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	16.7%	25.0%	53.3%	15
Opioid Analgesics (e.g. Oxycodone, Hydrocodone, Percocet, Fentanyl, Methadone)	55.6%	12.5%	0.0%	12
Methamphetamines or Other Amphetamines	0.0%	31.3%	26.7%	9
Prescription Medications (NOT including Opioid Analgesics)	22.2%	18.8%	0.0%	7
Cocaine or Crack	0.0%	6.3%	6.7%	2
Heroin	0.0%	6.3%	6.7%	2
Marijuana	0.0%	0.0%	6.7%	1

Tobacco Use

The greatest share of key informants characterized *Tobacco Use* as a "moderate problem" in Henderson County.

Health Issue	Major Problem	Moderate Problem	Minor Problem	No Problem At All
Tobacco Use	**22.2%**	**59.3%**	**14.8%**	**3.7%**

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Culture

> *I think it's started as I'll try it occasionally when under peer pressure or along with alcohol then becomes habit which then your legal drug of choice. - Community/Business Leader*
>
> *Tobacco has a history here in the economy. Recent law changes have helped. Now, vaping is becoming increasingly popular without regulation. - Physician*

Lack of Resources

> *Lack of affordable resources for effective smoking cessation intervention. - Social Service Provider*
>
> *Cannot afford treatment alternatives. - Physician*

Addiction

> *Addiction. People start young and have a hard time quitting. I think it is better than it used to be, but with the start of vaping is likely going to get worse. - Physician*

Vaping

> *I'd say it was going away but vaping has made it a bigger issue again. It's designed and marketed towards children with fruit flavors, etc. I think everyone can make their own choice but it's wrong to market something to kids when they are most susceptible and redirects their limited income to something that can kill them. - Social Service Provider*

Contributors to Health Issues

Online key informants were asked to indicate whether they believe physical environment and social determinants of health are each a "major contributor," "moderate contributor," "minor contributor," or "not a contributor at all" to health problems in Henderson County.

Physical environment *includes factors such as air and water quality, and pollution and hazards inside homes. It also includes elements of the built environment, such as bike paths and sidewalks.*

Social determinants of health *are economic and social conditions that influence the health of people and communities. It includes social and economic policies, education, income and poverty, racial discrimination, employment status, and more.*

Evaluation of Contributors to Health Issues

Health Issue	Major Contributor	Moderate Contributor	Minor Contributor	Not a Contributor At All
Physical Environment	25.9%	29.6%	33.3%	11.1%
Social Determinants of Health	66.7%	29.6%	3.7%	0.0%

Physical Environment

One-third of key informants characterized Physical Environment as a "minor contributor" to local health issues.

Those rating this as a "major contributor" identified the following as the greatest contributors to health problems in Henderson County:

- Access to Green Space
- Access to Healthy Foods
- Access to Transportation
- Air Pollution/Quality
- Few Recreational Outlets
- Good Neighborhoods
- Lack of Affordable and Quality Housing
- Lack of Bike Paths/Sidewalks
- Lack of Public Services (Trash Pick Up, Sewers)
- People Making Poor Lifestyle Choices
- Poorly Designed Community Separating Land Uses
- Water Pollution/Quality

Social Determinants of Health

The greatest share of key informants characterized Social Determinants of Health as a "major contributor" to local health issues.

Those who rated this as a “major contributor” feel that the following contribute the most to health problems in Henderson County:

- Access to Affordable Healthy Foods
- Access to Health Care
- Crime/Violence
- Dysfunctional Families
- Economy
- Education
- Employment That Pays a Living Wage
- Family Role Models
- Illegal Immigrants
- Income/Financial Ability
- Lack of Affordable Housing
- Lack of Transportation
- Many Non-English Speakers
- Politics
- Poverty
- Race
- Segregation
- Social Impact

Local Data & Resources

Professional Research Consultants, Inc.

Additional Local Data & Information

Key informants were aware of the following recent data collection efforts about the health issues, needs, or assets in Henderson County:

- 5 Promises - Children and Family Resource Center
- Blue Ridge Community Health Services
- Children and Family Resource Center
- Free Clinics
- Henderson County Health Assessment
- Henderson County Health Department
- Henderson County Housing Assessment
- My Daily Job
- United Way of Henderson County
- WCCA Community Assessment
- WCCA Parent Survey
- Youth Risk Behavior Survey

Local Resource Guides & Directories

Key informants included the following as examples of health-related resource guides or directories created or used by their agency:

- 2-1-1
- Faith Community Nursing, American Nursing Association
- Land O'Sky
- Pardee Directory
- Pardee Hospital Medical Directory
- Park Ridge Directory
- United Way - 2025
- United Way 211
- Youth Organizations in Henderson County

Appendix F – CHA Focus Groups/Listening Sessions/Client Interviews Group Descriptions and Quotes

CHA Fall 2015 Focus Group Quotes

GUIDE

Orange – SHAC (School Health Advisory Committee)/ 8/21/15: 7 adults (2 males, 5 females), age range 30's – early 60's

Purple – Beacon Childcare Center, staff/ 9/17/15: 6 adults (female), age range 40 – 60 years

Red – Mainstay, staff/ 9/28/15: 6 adults (female), age 35 – 60 years

Gray - Carolina Village, Visually Impaired Support Group, 9/28/15: 45 adults (10 males, 35 females), ages 55-85 years

Blue – Blue Ridge Community Health Center, client interviews, 9/29/15: 10 adults (3 males, 5 females), age range 19 – 75 years

Green – Sammy Williams Center lunch program, members & staff, 9/30/15: 20 senior adults (5 males, 15 females), age range 65 – 85 years

Pink - Mainstay Support Group/ 9/30/15: 10 adults (female), ages 19 – 50 years

Black – Blue Ridge Health Center, staff, 10/2/15: 15 adults (3 males, 12 females), mixed age range from late 20's – early 60's)

Brown - Boys and Girls Club, youth members/ 10/7/15: 15 (males), age range 12 – 16 years

Gold - Boys and Girls Club, youth members/ 10/8/15: 10 (females), age range 13 – 16 years

Burgundy - League of Women Voters, members, 10/15/15: 15 (3 males, 12 females), age range 40- 80 years

CHA Fall 2015 Focus Group Quotes

Health Care

- "We are the ones that fall between the cracks, the middle-low income working hard but still unable to afford services"
- "When we do have to go to the doctor or the dentist and pay out of pocket $300, $400, and you still have kids in school, so you're juggling all your bills
- "I went out to the clinic and he said if it's not an emergency we can't pull your teeth, and you have to have $60 up front before we can. So I said "oh ok" and never went back; so you just say to yourself 'I can do without'"
- "I'm new to the area and it's been hard to find doctors that accept new Medicare patients"
- "We need doctors who look for the sources of your problems instead of just treating symptoms"
- "Universal health care would be good"
- "20 year olds don't get health care benefits, can't afford it, so they don't go to the doctors and they don't have the information they need"
- "Minority populations have less access to affordable care"
- "Many people have to work places now that do not provide affordable insurance like they use to"
- "Economics plays a big role in access to preventative healthcare and health choices here"
- "The ACA many times is not affordable. Children are pretty well covered. Insurance is an issue for the disenfranchised folks"
- "Many families have barriers to any preventative care or even interventions; that middle of the road segment"
- "My Medicaid was taken away from me because there are no kids in my house. Do there's us 20-25 year old age group that don't have because it's for either kids or the retirees"
- "There needs to be less waiting time for doctor's appointment. If you can't get in to see your doctor and you need immediate attention, that's why people go to the emergency room which is a bigger bill"

- "I think we have good access to pharmacies; we have one on every corner, which is good"
- "There needs to be improved access to doctors. It can take a month to get an appointment"
- "We need one comprehensive, printed directory of all programs and services in the county. People don't know about all the available programs"
- "Dental care is one of the 1st things that goes when you don't have health coverage"
- "A lot of services aren't available that used to be due to 'reform' "
- "For those patients who are on Medicare, one of the things we're hearing a lot is 'we don't accept Medicare'"
- "There needs to be a school nurse in every school, all day, every day. That could put the focus a whole lot more on prevention"
- "We need more places to get free healthcare where you could just get a free check-up if you needed it"
- "Health issues follow the line of poverty"
- "There is a person's perception that they are not responsible for their own healthcare; thinking that everyone else is responsible for keeping them healthy"
- "There are foreign language and 'hillbilly-language' barriers; some won't come to the doctor because of paranoia due to cultural influence"
- "There is a rise in the under-insured, who also don't want to take a risk of having to pay high costs for care
- "There is a risk to primary care because of all of the stipulations – it seems for just 'rich' people"
- "The Y is trying to reach out to people with diabetes and offer them programs"

Working Poor

- "We need better jobs, better paying jobs with benefits that equal the cost of living in Henderson County"
- "This has almost turned into a retirement community now. The county needs to take a second look, and bring in jobs and industries for the working class community, like Asheville and South Carolina is doing"
- "Need to make living wage $15+ an hour"

- “54-56% of school-age population live in poverty”
- “There are a lot of low-wage jobs here; people don’t have time to cook meals and play with their kids; they’re in ‘survival’ mode”
- “People need to make enough money to be able to have time to enjoy life”
- “A lot of children qualify for reduced lunches”
- “There is a large imbalance of wealth here; from young adult families with low income, to married couples with good jobs, to wealthy retirees, to poor seniors”
- “This is like a well-to-do, retiree community; but we are working and struggling”
- “There is a ‘higher-class’ who look down on others in society”
- “There are no housing options for people who just got out of prison; and they wonder why people get out and go right back.
- “For daycare vouchers they don’t take into consideration what your actual expenses are”

Transportation

- “Public transportation is adequate Monday through Friday, but not on the weekends”
- “It’s very hard to get transportation to Asheville; especially to specialists and for veterans.”
- “I have a desperate need for transportation”
- “Seniors who are alone also need volunteers to accompany them to doctor appointments for support, not just drop them off and pick them up”
- “I need the bus on the weekends, but have to pay to borrow a car, more money that I don’t have. A lot of employers let you go or cut your hours if you don’t have transportation on the weekend and it’s too far for me to walk to work”
- “This is not a walking-friendly town, the sidewalk end”
- “We need more sidewalks; the ones we have need repair. Many are sloped, ragged and littered with things in the way”
- “There are a lot of parks here where you can go walking or running for free but you have to be able to get there, once you can’t drive, that’s a problem”

Drugs

- “I don’t know of a drug rehab or methadone clinic in Henderson County”
- “People are self-medicating, they need resources and education”

- "There aren't enough programs that help people get off drugs and not enough action toward drugs. There are places all over the county that you can go any time of day and find whatever you want drug wise"
- "There is already so much judgment placed on people that have substance abuse problems and then there's not enough support and then it just escalates"
- "There needs to be more drug awareness, the danger of using needles, and the diseases like HepC. I think talking about this in school would improve the next generation, and these diseases can be prevented."
- "There is an increase in the E-cigarettes; young people believe it's not harmful"
- "There needs to be more programs and help for alcoholics"

Affordable Housing

- "Affordable housing is an issue, or lack thereof. We don't even have affordable housing for our firefighters, police, shelter worker, and the service members"
- "There needs to be more affordable housing here. If a place is less than $600 a month here it's usually a rat hole"
- "They wonder why people live in Alpine Woods, it's because it's $350-400 to live there, and they don't know how else to make it"

Senior Citizen issues

- "No insurance at this point and our medications are high (cost) to keep filled on a monthly basis
- "I wish the churches would pick up more of the slack for the needs of the elderly"
- "Services are still much more available here compared to where I moved from. This county is more giving"
- "I get at least one healthy meal a day at the Sammy Williams Senior Center"
- "We had to keep moving my grandma to different old folk homes because people weren't taking good care of her. They need more support."

- "I would really like to see WLOS, TV, radio, all the media promoting programs and activities BEFORE they happen; it annoys me when they go 'we HAD a meeting on whatever today', well it's gone and I didn't get to participate."
- "There are not enough geriatric specialists"

Nutrition

- "Eating healthy on a limited budget isn't always easy. You have to be creative and include some fresh vegetables where you can"
- "Need more community outreach programs and education about getting healthier and more affordable foods"
- "Our special- diet foods are expensive"
- "Healthy foods are expensive, and we need more education about nutrition"
- "Kids eat what their whole family eats – parental influence is the strongest"
- "I wasn't aware until recently of the degree of kids that don't have access to food once schools are out of session"
- "I think access to current information about nutrition with concrete examples is needed more than we currently have"
- "The senior population is double that of the rest of the state. Many are in care facilities and their food is provided by big corporate entities, and it isn't that healthy"

Obesity/Physical fitness

- "Obesity is often a symptom of a root-cause. The triggering event can be divorce, moving, and other life trauma."
- "There is a connection of not learning coping skills early on – education"
- "There are things to do here: camp, hike, bike, walk, adult dance classes. I make myself do things in the community"
- "Overweight, inactive kids leads to self-esteem issues"
- "There are greenways, walking paths, the Y, Silver Sneakers, Lela Patterson"

- "Obesity is a tremendous problem in this community. Those of us who have come from other parts of the country are surprised by the rates of obesity here; it has a great deal to do with the diet"

Mental Health

- "Mental health copay on my job is $50!"
- "There is the lack of mental health resources, along with dual diagnosis of substance abuse"
- "There needs to be more support for counseling in all areas, mental health and stress related"
- "Stress has taken over so much, we're not taking time to do like we use to for taking care of ourselves"
- "There is a lack of mental health providers, and Spanish-speaking mental health providers"
- "I think Henderson County is good about having women's shelters but there isn't enough awareness about mental illness here"
- "We have hospital staff that are getting beat up by mentally ill patients and put in dangerous situations. ER beds are being treated as mental health beds."
- "Its 13 years later, and we've still got disproportionate amounts of mentally ill people showing up in the ER and the jail"
- "People are staying in jail far longer because of behavior in jail related to their mental health or substance abuse problems."
- "There is no child psychiatry for Medicaid in our community that is taking new patients"

Youth Issues

- "Kids on phones and electronics all day actually isolates them"
- "Children need to be connected with programs in and out of school the give them connection, build self-esteem, and teach decision-making skills"
- "This is not the safest place for kids to live. There's a lot of danger like drugs and violence"

- “We need more volunteers and counselors to spend time with students not only about grades but also about college and careers”
- “There is a health department and girls are made aware of the resources, abstinence, and education about health. There’s the Boys and Girls club which is a safe place for kids”
- “A lot of it is cyclical. We had lower numbers of teen pregnancies, now those numbers are escalating and a lot of the problems that come with it are compounded”

Appendix G – Questions used for CHA Focus Groups/Listening Sessions/Client Interviews

Listening Session Questions 2015

- When you hear the words "healthy community", what comes to mind? How do you describe a healthy community?
    - First name and how you describe a healthy community
- What do folks in this community do to stay healthy? What do you personally do?
- On a scale of 1 to10 (1 being least healthy and 10 being the most healthy) how healthy are the citizens of Henderson County (as a single population)? Why did you choose that number?
- From your perspective, what are the most serious health problems or concerns facing this community?
- What are the causes of these problems? In other words, what keeps people in your community from being healthy?
- On the other end of the spectrum, what helps people maintain or enhance (better) their health?
- Is there any group not receiving enough health care? If so, why?
- Thinking of your own health needs and the needs of your friends and family, are you all able to get care when needed? What are the challenges to meeting your health care needs?
- If I asked you to pick one thing to focus on to make Henderson County healthier, what would you pick and what would you do?
- What is the main way you get information about how to stay healthy?
- Is there anything else you would like to add, or you think would be helpful for us to know?

Appendix H - HENDERSON COUNTY RATING & PRIORITIZING KEY HEALTH ISSUES

Step 1: KEY HEALTH ISSUES (listed below)	Step 2: RATE AGAINST SELECTION CRITERIA (1=lowest priority; 2=medium; 3=high; 4=highest)						Step 3: TOTAL RATING
	RELEVANT *How important is this issue?*		IMPACTFUL *What will we get out of addressing this issue?*		FEASIBLE *Can we adequately address this issue?*		
	• Size of the problem (e.g. % of population affected) • Severity of the problem (e.g. cost to treat, lives lost, etc.) • Urgency to solve problem; community concern • Focus on equity • Linked to other important issues		• Availability of solutions/proven strategies • Builds on or enhances current work • Significant consequences of not addressing issue now		• Availability of resources (staff, community partners, time, money, equipment) to address the issue • Political capacity/will • Community/social acceptability • Appropriate socio-culturally • Ethical • Can identify easy, short-term wins		
a. OBESITY		+		+		=	
b. CHRONIC DISEASE / DIABETES		+		+		=	
c. AFFORDABLE HOUSING		+		+		=	
d. TRANSPORTATION		+		+		=	
e. ACCESS / QUALITY OF MENTAL HEALTH SERVICES		+		+		=	
f. SUICIDE		+		+		=	
g. YOUTH VIOLENCE / BULLYING		+		+		=	
h. SUBSTANCE ABUSE		+		+		=	

Step 4: RANK ORDER KEY HEALTH ISSUES Highest scoring health issue = 1, next highest scoring health issue = 2, etc.	
#1	
#2	
#3	
#4	
#5	

Instructions

Step 1: List Key Health Issues.

Step 2: Rate each health issue for each of the 3 selection criteria:

1 = low priority; **2** = medium; **3** = high; **4** = very high priority

Step 3: Add the 3 scores for each health issue from left to right. Enter the total score into the "Total Rating" column.

Step 4: Circle the top 5 scores from the "Total Rating" column. Write the corresponding health issues in the Step 4 table. Highest score = #1 rank, next highest score = # 2 rank, etc.

Tool developed August 2015 by WNC Healthy Impact, Prioritization Workgroup; adapted from *Rating/Ranking Key Health Issues* (Health Resources in Action) and the *Hanlon Method for Prioritizing Health Problems* (NACCHO).