

# AdventHealth Hendersonville

## 2019 COMMUNITY HEALTH NEEDS ASSESSMENT



Fletcher Hospital Inc. d/b/a AdventHealth Hendersonville  
Approved by the Hospital Board on December 4, 2019

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**Extending the Healing  
Ministry of Christ**



# 2019 Community Health Needs Assessment

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# 1. ACKNOWLEDGEMENTS

This document was developed by the Henderson County Department of Public Health in partnership with AdventHealth Hendersonville, Pardee UNC Health Care and the Henderson County Partnership for Health, with support of the Henderson County Board of Health, as part of a local community health needs assessment process. We would like to acknowledge the residents of Henderson County for their willingness to share their thoughts and opinions. It is our goal to use this report to develop projects and solutions for the health issues they have helped us identify. We would like to thank and acknowledge the members of the Community Health Needs Assessment team:

Denise Cumbee Long, United Way of Henderson County  
Graham Fields, Advent Health Hendersonville  
Jerrie McFalls, Henderson County Department of Social Services  
John Lauterbach, Safelight Family Services  
Johnna Reed, Pardee UNC Healthcare  
Josh Simpson, YMCA  
Julie Huneycutt, HopeRX  
Judith Long, The Free Clinics  
Kristen Martin, THRIVE  
Matt Gruebmeier, Henderson County Public Schools  
Michelle Geiser, HopeRX  
Milton Butterworth, Healthy People, Healthy Carolinas  
Stacy Taylor, Henderson County Department of Public Health  
Steve Smith, Henderson County Department of Public Health  
Tammy Greenwell, Blue Ridge Health  
Tanya Blackford, Crossnore School & Children's Home  
Trina Stokes, Council on Aging for Henderson County

## Special Thanks:

Our community health needs assessment process and product were also supported by technical assistance, financial support and collaboration, by the WNC Healthy Impact, a partnership between hospitals, health departments and their partners in western North Carolina to improve community health. In addition, a full chart of individuals who have participated in the 2018 CHNA process can be found in Appendix H.

## 2. EXECUTIVE SUMMARY

### Goals

Fletcher Hospital Inc. d/b/a AdventHealth Hendersonville will be referred to in this document as AdventHealth Hendersonville or “The Hospital.” AdventHealth Hendersonville in Hendersonville, NC conducted a community health needs assessment (CHNA) in 2019. The goals of the assessment were to:

- Engage public health and community stakeholders including low-income, minority and other underserved populations
- Assess and understand the community’s health issues and needs
- Understand the health behaviors, risk factors and social determinants that impact health
- Identify community resources and collaborate with community partners
- Publish the Community Health Needs Assessment
- Use assessment findings to develop and implement a 2020-2022 Community Health Plan based on AdventHealth Hendersonville’s prioritized issues

### Community Health Needs Assessment Committee

In order to ensure broad community input, AdventHealth Hendersonville participated in local and regional Community Health Needs Assessment Committees (CHNAC) to help guide the Hospital through the assessment process.

Regional CHNAC: The West North Carolina (WNC) Healthy Impact Steering Committee served as the Regional CHNAC representing 18 counties in the region. The Regional CHNAC is an established partnership between hospitals and health departments in North Carolina to improve community health. The Regional CHNAC met six times throughout 2018-2019. The regional CHNAC included representation from the hospital, public health experts and the broad community. This included intentional representation from low-income, minority and other underserved populations.

Local CHNAC: The Henderson County Partnership for Health, an existing community health coalition, served as the Local CHNAC. The Local CHNAC met 19 times throughout 2018-2019, reviewing primary and secondary data, helping define the priority issues to be addressed by the hospital and helping develop the Community Health Plan to address the priority issues.

*See Section 5 for a list of CHNAC members.*

## Data

AdventHealth Hendersonville—in partnership with the Henderson County Department of Public Health and Regional CHNAC (WNC Healthy Impact)—collected both primary and secondary data. The primary data included stakeholder interviews, community surveys and community meetings.

Secondary data sources included internal hospital utilization data (inpatient and emergency department). This utilization data showed the top reasons for visits to AdventHealth Hendersonville over the past year. In addition, we utilized publicly available data from state and nationally recognized data sources. *See Section 8 for a list of data sources.*

## Priority Selection Process

Primary and secondary data was compiled and analyzed in order to identify a short list of health issues of concern. These health issues were then brought forth to the Local CHNAC and the community at large to prioritize and develop action plans.

### Community Asset Inventory

As part of the priority selection process, a Community Asset Inventory was completed. The purpose of this inventory was to understand existing community efforts to address the top identified issues and prevent duplication of efforts as appropriate. Phase 1 of the collaborative process began in January 2018 with the collection of community health data. A community forum was held February 1, 2019 to select focus areas for the next three years. For more details on this process see Section 3-Community Health Needs Assessment Process.

### Selection Criteria

CHNAC members who participated in the voting exercise utilized selection criteria including factors such as how much the issue impacts our community, how relevant the issue is to multiple health concerns, and how feasible it is for our community to make progress on this issue.

### Key Findings: Community

Henderson County has a large elderly population due to a favorable climate and location for retirees. Individuals age 65 and older make up 24.7% of the population, compared to 15.1% statewide. The county also has a very low non-white population. According to 2018 US Census estimates, the population has grown to 116,748; 92.5% of the population is white, 4.3% is African-American and 3.2% of the population is other races. In 2017, Hispanics (of any race) made up 9.9% of the county population. Henderson County has experienced steady population growth for more than four decades and is projected to continue a similar trend for at least the next 15 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 75-84.

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. In addition, almost 1 out of 5 renters are paying more than half of their income on housing in Henderson County. Mortgage holders are spending closer to the state rates, though 16.4% spend more than 30% of their income on housing and 6.2% spend more than half of their income on housing in Henderson County.

### **Key Findings: 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 2018 County Health Rankings, Henderson County ranks 15<sup>th</sup> overall out of 100 counties in North Carolina. The leading causes of death in Henderson County are cancer, heart disease, unintentional injuries (including drug overdoses), chronic lower respiratory diseases, cerebrovascular disease, Alzheimer's disease, suicide, pneumonia and influenza, unintentional motor vehicle injuries and chronic liver disease. Mortality rate trends in Henderson county have decreased (or stabilized) over time for all leading causes of death except cancer, unintentional injuries (including overdoses), suicide, pneumonia and influenza, and motor vehicle injuries, which have all increased. Henderson County mortality rates for unintentional injuries (including overdoses), suicide, motor vehicle injuries and chronic liver disease are higher than comparable state mortality rates.

Other health indicators show that while infant mortality and low birth rates have decreased overall since the 2002-2006 reporting period, Henderson County has recently seen the rates for both increase slightly. The rates in Henderson County are lower than across the region and the state; however, it is important to note that North Carolina has some of the highest infant mortality rates in the nation. 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, syphilis and HIV have been consistently lower than state averages; however, all have been on the rise in recent years.

According to the most recent North Carolina Nutrition and Physical Activity Surveillance System (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 parts of the county make it difficult for people to make healthy choices.

Opioids caused the highest proportion of drug overdose deaths in Henderson County. This category includes hydrocodone, oxycodone, morphine, codeine, and related drugs. Historically, many opioid-related deaths were from pain medications like oxycodone and hydrocodone. However, illicit substances like heroin are becoming increasingly involved in the deaths of our residents. In 2017, 88.9% of all opioid overdose deaths involved heroin, fentanyl, or fentanyl analogues (drugs that are similar to fentanyl but have been chemically modified to bypass current drug laws). Henderson County's rates are higher than the state's for these overdoses.

## Priority Issues to be Addressed

The priority issues to be addressed included:

- **Health Priority 1:** Mental Health  
Access to Care, Youth Considering Suicide, and Adverse Childhood Experiences (ACEs)
- **Health Priority 2:** Substance Abuse  
Use of Opioids, Youth Using E-vape Products
- **Health Priority 3:** Physical Activity and Nutrition  
Food Insecurity, Physical Activity
- **Health Priority 4:** Safe and Affordable Housing  
Total Cost-Burden, Rental Spending

*See Section 14-15 for an explanation of priority issues which were chosen as well as those not chosen.*

## Approvals

On December 4, 2019, the AdventHealth Hendersonville Board approved the Community Health Needs Assessment findings, priority issues and final report. A link to the 2019 Community Health Needs Assessment was posted on the Hospital's website as well as <https://adventhealth.com/community-health-needs-assessments> prior to December 31, 2019.

## Next Steps

AdventHealth Hendersonville will work with the Local CHNAC to develop a measurable 2020-2022 Community Health Plan to address the priority issues. The plan will be completed and posted on the Hospital's website prior to May 15, 2020.

CHNA 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 Action Teams to develop 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 Needs Assessment Action Teams, please contact [Stacy Taylor](#) at the Henderson County Department of Public Health at 828-694-6063.

### 3. COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Community health needs assessments (CHNA) are an important part of improving and promoting the health of county residents. A CHNA, which is a process that results in a public report, 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 outcomes.

CHNAC members served as process leaders throughout the needs assessment process. Process leaders ensured key milestones were achieved during each phase of the community health improvement process

#### Key Phases of the Community Health Improvement Process

In the **first phase** of the cycle, process leaders for the CHNA collect and analyze community data—deciding what data they need and making sense of it. They then decide what is most important to act on by clarifying the desired conditions of well-being for their population and by then determining local health priorities.

The **second phase** of the cycle is community health strategic planning. In this phase, process leaders work with partners to understand the root causes of the identified health priorities, both what is helping and what is hurting the issues. Together, they make a plan about what works to do better, form workgroups around each strategic area, clarify customers and determine how they will know people are better off because of their efforts.

In the **third phase** of the cycle, process leaders for the CHNA take action and evaluate health improvement efforts. They do this by planning how to achieve results and putting the plan into action. Workgroups continue to meet and monitor results and make changes to the plan as needed. This phase is vital to helping work groups understand the contribution their efforts are making toward desired community results.



#### Definition of Community

Community is defined as "county" for the purposes of the North Carolina Community Health Needs Assessment Process. Henderson County is included in AdventHealth Hendersonville and Pardee UNC Health Care's community for the purposes of community health improvement, and as such they were key partners in this local level assessment. In addition to all of Henderson County, portions of Buncombe County—namely Arden (28704), Black Mountain (28711), Fairview (28730), Fletcher (28732), Skyland (28776) and Swannanoa (28778)—also make up the remainder of the Hospital's primary service area.

AdventHealth Hendersonville sought input from Buncombe County throughout the CHNA process. Buncombe County Health Department Director Jan Shepard served on the Regional CHNAC. Although Buncombe County's CHNA was completed separately, the health priorities were considered and incorporated into the health priority selection process to ensure that both Henderson and Buncombe county were represented throughout the process.

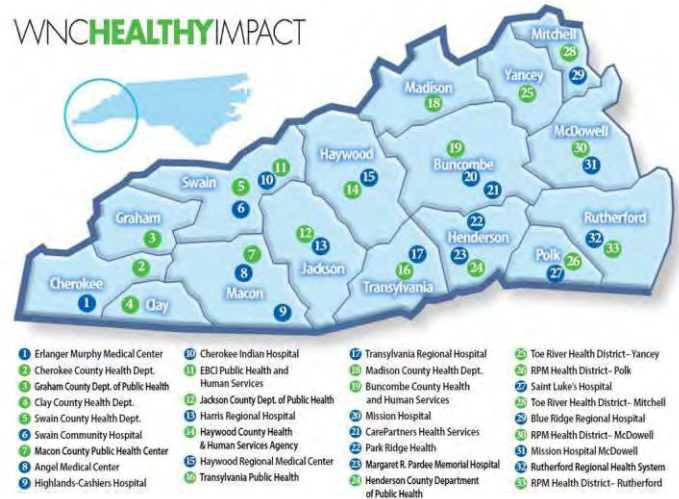
## WNC Healthy Impact

The Regional CHNAC (WNC Healthy Impact) is a partnership and coordinated process between hospitals, public health agencies and key regional partners in Western North Carolina working towards a vision of improved community health. We work together locally and regionally to assess health needs, develop collaborative plans, take action, and evaluate progress and impact.

This regional initiative is designed to support and enhance local efforts by:

- Standardizing and conducting data collection,
- Creating communication and report templates and tools,
- Encouraging collaboration,
- Providing training and technical assistance,
- Addressing regional priorities, and
- Sharing evidence-based and promising practices.

This innovative regional effort is supported by financial and in-kind contributions from hospitals, public health agencies and partners, and is coordinated by WNC Health Network. WNC Health Network, Inc. is an alliance of hospitals working together, and with partners, to improve health and healthcare. Learn more at [www.WNCHN.org](http://www.WNCHN.org).



## Data Collection

The set of data reviewed for our community health needs assessment process is comprehensive, though not all of it is presented in this document. Within this community health needs assessment, we share a general overview of health and influencing factors, then focus more on priority health issues identified through a 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 CHNA came from the Regional CHNAC (WNC Healthy Impact) regional core set of data and additional local data compiled and reviewed by our local CHNA team. The Regional CHNAC's (WNC Healthy Impact) core regional data set includes secondary (existing) and primary (newly collected) data compiled to reflect a comprehensive look at health. The following data set elements and collection are supported by the Regional CHNAC (WNC Healthy Impact) data consulting team, a survey vendor and partner data needs and input:



- A comprehensive set of publicly available secondary data metrics with our county compared to the sixteen county WNC region
- Set of maps accessed from Community Commons and NC Center for Health Statistics
- WNC Healthy Impact Community Health Survey (cell phone, landline, and internet-based survey) of a random sample of adults in the county
- Online key informant survey

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

### Additional Community-Level Data

In 2018, 10 focus groups and listening sessions were conducted in Henderson County that included 156 participants ages 12-90. Questions were intended to discover the community’s viewpoint and concerns about quality of life, health matters and other issues important to residents. In addition, data was reviewed from NC DETECT and local Youth Risk Behavior Survey. Data from several local organizations was also reviewed during the CHA process.

### Community Asset Inventory

An inventory of available resources of our community was conducted by reviewing a subset of existing resources currently listed in the 2-1-1 database for our county, as well as working with partners to include additional information. Where gaps were identified, we partnered with 2-1-1 to fill in or update this information when applicable. See **Section 13** for more details related to this process.

## Community Input & Engagement

Including input from the community is a critical element of the community health needs assessment process. Our Local CHNAC included community input and engagement in a number of ways:

- Partnering to conduct the health assessment process
- Collecting primary data through survey, key informant interviews, listening sessions, etc.
- Reviewing and making sense of the data to better understand the story behind the numbers
- Identifying and prioritizing health issues

In addition, community engagement is an ongoing focus for our community and partners as we move forward to the collaborative 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 ensure that programs and strategies in our community are developed and implemented with community members and partners.



## At-Risk & Vulnerable Populations

Throughout our community health needs assessment process, 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 overall community health needs assessment, we aimed to understand differences in health outcomes, correlated variables and access, particularly among medically underserved, low-income, minority populations and others experiencing health disparities.

**Underserved populations** are those who do not access health care either because there is a lack of services or providers available or because of limitations such as income, literacy/language barriers or understanding on how to access services, cultural competency of clinicians, trust, transportation, etc.

**At-risk populations** are the members of a particular group who are likely to, or have the potential to, get a specified health condition. This could be from engaging in behavior (such as pregnant women who smoke) that could cause a specified health condition, having an indicator or precursor (high blood pressure) that could lead to a specified health condition, or having a high Adverse Childhood Experiences (ACEs) score (traumatic experiences), which is correlated with increased risk of specified health conditions.

**A vulnerable population** is one that may be more susceptible than the general population to risk factors that lead to poor health outcomes. Vulnerable populations, a type of at-risk population, can be classified by such factors as race/ethnicity, socio-economic status, cultural factors, and age groups.

The underserved, at-risk, and vulnerable populations of focus for our process and product include:

### Underserved Populations:

- **Persons with Limited English Proficiency (LEP)** – underserved due to language barriers, cultural barriers, perceptions of limited access, or limited access due to citizenship requirements.
- **Persons who are uninsured or underinsured** – underserved due to inability to access or afford health services.

### At-risk Populations:

- **Pregnant women who smoke** – at risk for poor birth outcomes.
- **Persons who are overweight or obese** – at risk for diabetes, heart disease, cancer, and other chronic diseases and complications.
- **Persons with multiple Adverse Childhood Experiences (ACEs)** – at risk for poor health outcomes, substance use and addiction, and mental health conditions.
- **Persons who use injection drugs** – at risk for infectious diseases such as Hepatitis and HIV.

### Vulnerable Populations:

- **Seniors** – vulnerable to chronic disease, poor mental health due to age or isolation, and unique challenges during an emergency depending on transportation issues and hearing/visual impairments.
- **Children under 5** – vulnerable to high poverty rates in Henderson County, dependence on others for care, and exposure to others' behavior choices.

- **Teens** – vulnerable to increased rates of poor mental health, substance use, and other risk-taking behaviors.
- **Persons in poverty** – vulnerable to limited resources and barriers to accessing affordable housing, transportation, healthy food, and health care.
- **Persons of Color (PoC)** – vulnerable to poor health outcomes and are often more likely to have social determinants that negatively impact health (poverty, unemployment, housing and/or food insecurity, etc.).
- **Persons with physical and/or mental health care challenges** – vulnerable to poor health outcomes due to challenges accessing care, lack of ability to self-advocate, and dependence on others.

## 4. ABOUT: ADVENTHEALTH HENDERSONVILLE

### Transition to AdventHealth

In January of 2019, every wholly-owned entity across our organization adopted the AdventHealth system brand. Our identity has been unified to represent the full continuum of care our system offers. Throughout this report, we will refer to our facility by AdventHealth Hendersonville. Any reference to our 2016 Community Health Needs Assessment in this document will utilize our new name for consistency.

AdventHealth Hendersonville in Hendersonville, NC is part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth is a connected system of care for every stage of life and health. More than 80,000 skilled and compassionate caregivers in physician practices, hospitals, outpatient clinics, skilled nursing facilities, home health agencies and hospice centers provide individualized, wholistic care. A Christian mission, shared vision, common values and service standards focus on whole-person health, and commitment to making communities healthier.

### About AdventHealth Hendersonville

AdventHealth Hendersonville (formerly Park Ridge Health) was built by Henderson County residents in 1910 as the community's first health care provider, and more than 100 years later is providing quality, compassionate care in an environment rated by patients among the top 15 percent in the nation, according to the U.S. Department of Health & Human Services.

AdventHealth Hendersonville is a 103-bed, state of the art hospital that includes cardiac care & rehabilitation, emergency services, nationally awarded cancer care, state-of-the-art surgical care, full-service orthopedic care, an award-winning labor & delivery experience, and a full range of imaging services to help people across our region experience whole health.

Leading the way in many medical firsts for the region, AdventHealth Hendersonville is the first hospital in Western North Carolina to earn The Joint Commission's Gold Seal of Approval® for five orthopedic specialties including Spine Surgery, Total Ankle Replacement, Total Hip Replacement, Total Knee Replacement and Total Shoulder Replacement. It is also the first to use the Mazor X™ and Navio™ Robotic Guidance Platforms. AdventHealth Hendersonville consistently earns national ranking for its commitment to patient safety, earning six consecutive "A" grades in Leapfrog Group's Safety Grade survey and the **2019 Award for Excellence in Patient Safety Across the Board** from Premier, Inc.

## 5. COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE

In order to ensure broad community input, AdventHealth Hendersonville participated in local and regional Community Health Needs Assessment Committees (CHNAC) to help guide the Hospital through the assessment process.

Local CHNAC: The Henderson County Partnership for Health, an existing community health coalition, served as the Local CHNAC. Both CHNAC's included representation from the Hospital, public health experts and the broad community. This included intentional representation from low-income, minority and other underserved populations.

Regional CHNAC: The WNC Healthy Impact Steering Committee served as the Regional CHNAC representing other counties in the region. WNC Health Network provides local hospitals and public health agencies with tools and support to collect, visualize, and respond to complex community health data through Results-Based Accountability™ (RBA). RBA is a disciplined, common-sense approach to thinking and acting with a focus on how people, agencies, and communities are better off for our efforts.

The committee met regularly throughout 2018-2019. Current CHNAC members include:

### LOCAL CHNAC: HENDERSON COUNTY PARTNERSHIP FOR HEALTH

Name	Title	Organization	Description of Services	Low-Income	Minority	Other Underserved Populations
Steve Smith	Health Director	Dept of Health	Provide healthcare services to Henderson County	x	x	x
Judith Long	Executive Director	The Free Clinics	Provide healthcare services to Henderson County	x	x	x
Denise Cumbee Long	Executive Director	United Way of Henderson County	Provide funding and support for healthcare agencies in Henderson County	x	x	x
Graham Fields`	Community Benefit Manager	AdventHealth Hendersonville	Provide healthcare services to Henderson Counties	x	x	x

Tammy Greenwell	Chief Operations Officer (COO)	Blue Ridge Health (FQHC)	Provider healthcare, dental and behavioral health services to Henderson County	x	x	x
John Lauterbach	Executive Director	Safelight	Provide services and shelter for survivors of domestic violence, sexual assault and child abuse	x	x	x
Johnna Reed	Chief Operating Officer (COO)	Pardee UNC Healthcare	Provide healthcare services to Henderson County	x	x	x
Milton Butterworth	Program Coordinator	Healthy People, Healthy Carolinas	Coordinate HPHC grant and programs	x	x	x
Stacy Taylor	Health Education Director	Henderson County Department of Public Health	Provide healthcare services to Henderson County	x	x	x
Kristen Martin	Executive Director	Thrive	Provide behavioral health services to Henderson County	x	x	x
Trina Stokes	Executive Director	Council on Aging for Henderson County	Provide nutrition and advocacy services for older adults in Henderson County	x	x	x
Jerrie McFalls	DSS Director	Henderson County Department of Social Services	Provide social services to Henderson County	x	x	x
Josh Simpson	Executive Director	Hendersonville Family YMCA	Provide health education and physical education for Henderson County	x	x	x
Matt Gruebmeier	Director of Student Services	Henderson County Public Schools	Provide education and support services for students and families in Henderson County	x	x	x
Tanya Blackford	Executive Director	Crossnore Hendersonville	Provide behavioral health and foster care services for children in Henderson County.	x	x	x

## REGIONAL CHNAC: WNC HEALTHY IMPACT STEERING COMMITTEE

Name	Title	Organization	Description of Services	Low-Income	Minority	Other Underserved Populations
Jan Shephard	Health Director	Buncombe County Health Department	Provide public health services in Buncombe County	x	x	x
Steve Smith	Health Director	Henderson County Department of Public Health	Provide public health services in Henderson County.	x	x	x
Jackie Medland	CEO	Highlands Cashiers Hospital	Provide healthcare services in Macon and Jackson Counties	x	x	x
Deana Stephens	Community Health Director	Madison County Health Department	Provide public health services in Madison County	x	x	x
Graham Fields	Community Benefit Manager	AdventHealth Hendersonville	Provide healthcare services in Henderson County	x	x	x
Cathryn Chandler	Community Investment Coordinator	Mission Health System	Provide healthcare services in Buncombe and Madison Counties	x	x	x
Teri Morris	Director of Quality	Cherokee Indian Hospital	Provide healthcare services to the Eastern Band of Cherokee Indians	x	x	x
Melissa McKnight	Community Health Director	Jackson County Health Department	Provide public health services in Jackson County	x	x	x
Stacy Taylor	Health Education Director	Henderson County Department of Public Health	Provide public health services in Henderson County	x	x	x



Zo Mpfu	Human Services Program Consultant	Buncombe County Health Department	Provide public health services in Buncombe County	x	x	x
Karen Powell	District Health Department	Rutherford-Polk-McDowell District Health Department	Provide public health services in Rutherford, Polk and McDowell Counties	x	x	x
Emma Olson	Director of Partnerships and Evaluation	NC Center for Health & Wellness	Provide health and wellness support for WNC and the region	x	x	x
Miriam Schwarz	Executive Director	WNC Medical Society	Provide support for physicians in WNC	x	x	x
Marian Arledge	Executive Director	WNC Healthy Impact/WNC Health Impact	Provide support for hospitals and health departments in WNC	x	x	x

## ADVENTHEALTH HENDERSONVILLE CHNAC MEMBERS

The following AdventHealth Hendersonville team members provided leadership and actively participated on the Local CHNAC throughout the process:

- Graham Fields, Community Benefit Manager
- Sherri Holbert, Executive Director
- Shelby Lands, Volunteer Coordinator
- Stephanie Strickland, Physician Services Practice Manager
- Ellen Stalling, Community Wellness Educator
- Latoya Ellis, Community Wellness Educator
- Victoria Dunkle, Communications Director
- Ella Stenstrom, Chief Financial Officer (CFO)
- Scott Miller, Chief Operations Officer (COO)
- Cynthia Cook, Marketing Manager

## 6. PUBLIC HEALTH

Public Health played an extensive role in the local and regional Community Health Needs Assessments (CHNA). The Henderson County Department of Public Health was a key partner in the process. Henderson County Health Director Steve Smith and Health Education Director Stacy Taylor are members of the Local CHNAC (Henderson County Partnership for Health). Buncombe County Health Director Jan Shepard is the Co-Chair of the Regional CHNAC (WNC Healthy Impact Steering Committee).

- Steve Smith, MPA is the Director of the Henderson County Department of Public Health (HCDPH). He has 25 years of public health experience and has served 14 years as director (Stokes, Transylvania and Henderson Counties). He currently serves on the boards of the Henderson County Department of Partnership for Health, the Henderson County School Advisory Council, WNC Healthy Impact Steering Committee and the WNC Health Network. A graduate of the University of North Carolina at Wilmington and the North Carolina State University, he is also the current Secretary/Treasurer of the NC Association of Local Health Directors and a Member of the NC Public Health Association.
- Stacy Taylor, MPH is the Director of Health Education at the Henderson County Department of Public Health (HCDPH). One of her priorities is to coordinate HCDPH's efforts around Community health needs assessment and Action Planning. Her focus on community health improvement has been shaped through experiences in government and in the nonprofit world. She began her career 21 years ago working as a project coordinator and health educator with the American Cancer Society and has since worked with Healthy Schools - Healthy SC Network, the Medical University of South Carolina, Buncombe County Health Department and the American Red Cross before moving to Henderson County. A graduate of Appalachian State University and the University of South Carolina, she is an active member of NC Public Health Association, NC Society for Public Health Education and several local health coalitions and boards.

Buncombe County Health Department Director Jan Shepard serves on the Regional CHNAC (WNC Healthy Impact Steering Committee) and the county's health priorities were considered and incorporated into the health priority selection process.

- Jan Shepard, MBA is the Director of the Buncombe County Health Department. Shepard previously served as Health Director of the Madison County Health Department. Prior to her work in public health, Shepard had a long career as a health care administrator and for over 25 years worked in health care settings, including hospitals, long-term care and assisted living facilities. She has comprehensive knowledge of Risk Management, Patient Safety, Regulatory Compliance, Community Health Assessment and Quality Improvement in both individual health care and population (public) health settings. Shepard has a history of community engagement throughout her career and has served in multiple advisory and governing boards for local non-profit and government agencies for both county specific agencies and for those part of Western North Carolina region.

## 7. COMMUNITY COLLABORATION

Community collaboration for the CHNA occurred at both the regional (WNC Healthy Impact) and the local level (Henderson County Partnership for Health). Area hospitals and health departments worked regionally with WNC Healthy Impact to collect and analyze health data and then partnered locally to identify specific health priorities within their individual counties and service areas.

### Regional Process (WNC Healthy Impact)

WNC Healthy Impact is a partnership and coordinated process between hospitals, public health agencies and key regional partners in western North Carolina working towards a vision of improved community health. We work together locally and regionally to assess health needs, develop collaborative plans, take action and evaluate progress and impact.

This regional initiative is designed to support and enhance local efforts by:

- Standardizing and conducting data collection,
- Creating communication and report templates and tools,
- Encouraging collaboration,
- Providing training and technical assistance,
- Addressing regional priorities, and
- Sharing evidence-based and promising practices.

### Funders

This innovative regional effort is supported by financial and in-kind contributions from hospitals, public health agencies, and partners, and is coordinated by **WNC Health Network**. WNC Health Network, Inc. is an alliance of hospitals working together, and with partners, to improve health and healthcare.



## Local Process (Henderson County Partnership for Health)

Including input from the community is a critical element of the community health needs assessment process. AdventHealth Hendersonville and Henderson County included community input and engagement in a number of ways:

- Partnering to conduct the health assessment process
- Collecting primary data through survey, key informant interviews, listening sessions, etc.
- Reviewing and making sense of the data to better understand the story behind the numbers
- Identifying and prioritizing health issues

In addition, community engagement is an ongoing focus for our community and partners as we move forward to the collaborative 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 ensure that programs and strategies in our community are developed and implemented with community members and partners.

## 8. PRIMARY AND SECONDARY DATA SOURCES

### Data Collection

The set of data reviewed for our community health needs assessment process is comprehensive, though not all of it is presented in this document. Within this Community Health Needs Assessment (CHNA), we share a general overview of health and influencing factors, then focus more on priority health issues identified through a 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 data set includes secondary (existing) and primary (newly collected) data compiled to reflect a comprehensive look at health. The following 11 data set 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 publicly available secondary data metrics with our county compared to the sixteen county WNC region
- Set of maps accessed from Community Commons and NC Center for Health Statistics
- WNC Healthy Impact Community Health Survey (cell phone, landline, and internet-based survey) of a random sample of adults in the county
- Online key informant survey

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

### Data Work Groups

Data Work Groups formed at the local (Henderson County Partnership for Health) and the regional (WNC Healthy Impact Steering Committee) levels to analyze and interpret the regional and county health data. These committees presented data findings and recommendations back to the full committees.

## Primary Data

### WNC Healthy Impact Survey

#### Survey Methodology

The 2018 WNC Healthy Impact Community Health Survey was conducted from March to June. The purpose of the survey was to collect primary data to supplement the secondary core dataset, allow individual counties in the region to collect data on specific issues of concern, and hear from community members about their concerns and priorities. The survey was conducted throughout the entire WNC Healthy Impact region, which includes the following 16 counties: Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania and Yancey.

Professional Research Consultants, Inc. (PRC) designed and implemented the survey methodology, which included a Community phone survey (both landline and cell phone), as well as an online survey. The survey methodology was designed to achieve a representative sample of the regional population that would allow for stratification by certain demographic characteristics, while also maximizing data collection timeliness and efficiency. Survey sampling and implementation methodology is described in greater detail below.

## **Survey Instrument**

The survey instrument was developed by WNC Healthy Impact's data workgroup, consulting team, and local partners, with assistance from PRC. Many of the questions were derived from the CDC Behavioral Risk Factor Surveillance System (BRFSS) and other validated public health surveys. Other questions were developed specifically by WNC Healthy Impact, with input from regional and local partners, 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 only of their county's residents.

The three additional **Henderson County** questions included in the survey were:

- 1) 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?
- 2) During the past 30 days, have you, or someone you know, used an illegal drug or taken a prescription drug that was not prescribed to them?
- 3) Do you have any dental needs that have gone untreated in the past 12 months due to lack of insurance or because you did not have enough insurance to cover dental costs?

## **Size**

The total regional sample size was 3,265 individuals age 18 and older with 200 from Henderson County.

## **Online Key Informant Survey**

### **Online Survey Methodology**

#### **Purpose and Survey Administration**

WNC Healthy Impact, with support from PRC, implemented an Online Key Informant Survey to solicit input from local leaders and stakeholders who have a broad interest in the health of the community. WNC Healthy Impact shared with PRC a list of recommended participants, including those from our county. 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 through an email that introduced the purpose of the survey and provided a link to take the survey online. Reminder emails were sent as needed to increase participation.

#### **Online Survey instrument**

The survey provided respondents the opportunity to identify critical health issues in their community, the feasibility of collaborative efforts around health issues, and what is helping/hurting their community's ability to make progress on health issues.

#### **Participation**

In all, 29 community stakeholders took part in the Online Key Informant Survey for Henderson County as outlined:

## Local Online Key Informant Survey Participation (Henderson County)

Key Informant Type	Number Invited	Number Participating
Community Leader	13	6
Other Health Provider	7	6
Physician	4	3
Public Health Representative	3	3
Social Services Provider	14	11

## Local Survey Data or Listening Sessions

### Henderson County

During the summer of 2018, 10 focus groups/listening sessions were conducted in Henderson County that included 156 participants ages 12-90. 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)
- 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**.



## Secondary Data

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 data 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:

- US Census Bureau
- Log Into North Carolina (LINC)
- NC Department of Health and Human Services
- NC Office of State Budget and Management
- NC Department of Commerce
- Employment Security Commission of NC
- UNC-CH Jordan Institute for Families
- NC Department of Public Instruction
- NC Department of Justice
- NC Division of Medical Assistance
- NC Department of Transportation
- Cecil B. Sheps Center for Health Services Research.

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; the Centers for Disease Control and Prevention; National Center for Health Statistics; NC DPH Nutrition Services Branch; and NC DETECT.

See **Appendix A** of the **Henderson County CHNA** for a full listing of secondary data.

In addition to the above referenced data, the finance team from AdventHealth Hendersonville provided top 10 inpatient and Emergency Department diagnoses by payer Hospital utilization data. Diagnoses were placed into general category descriptions and organized in Appendix C: Hospital Utilization & Emergency Room Data.

## 9. COMMUNITY DESCRIPTION

AdventHealth Hendersonville defined its community as its Primary Service Area (PSA) from which 75-80% of its patients come. This includes all of Henderson County and portions of Buncombe County—namely Arden (28704), Black Mountain (28711), Fairview (28730), Fletcher (28732), Skyland (28776) and Swannanoa (28778).

AdventHealth Hendersonville primary data collection focused on Henderson County as this population makes up the majority of their primary service area. Although not included in primary data collection, Buncombe County was included throughout the process with regional engagement for the CHNA process. Buncombe County Health Department Director Jan Shepard serves on the Regional CHNAC (WNC Healthy Impact Steering Committee) and the county's health priorities were considered and incorporated into the health priority selection process.

### Location and Geography

Henderson County is in the western section of the state and is bordered by South Carolina and Transylvania, 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 composed 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.

### Population

According to 2018 US Census estimates, the population in Henderson County has grown to 116,748; 92.5% of the population is white, 4.3% is African-American and 3.2% is from other races. In 2017, Hispanics (of any race) made up 9.9% of the county population. Henderson County has a large elderly population due to a favorable climate and location for retirees. The county has a median age of 46.8, which is several years older than the state average of 38.3. Older adults (age 65+) make up 24.7% of the population in the county, compared with an average of just 15.1% across the state.

Henderson County has experienced steady population growth for more than four decades. It is projected to continue a similar trend for at least the next 15 years. The birth rate among people with Hispanic ethnicity 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. However, our population is growing despite a decline in birth rates, which usually means that people are moving here from other places. 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. 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 75-84. See **Appendix C** of the **Henderson County CHNA** for population maps.

## Elements of a Healthy Community

In the online survey, key informants were asked to list characteristics of a healthy community. They were also asked to select the health issues or behaviors that they feel are the most critical to address collaboratively in their own community over the next three years or more. Follow-up questions asked them to describe which contributors to progress and impediments of progress exist for these issues, as well as the likelihood that collaborative effort could make a positive change for these issues.

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

- Access to Care/Services
- Recreational/Outdoor Activities
- Awareness/Education
- Safe Environment

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

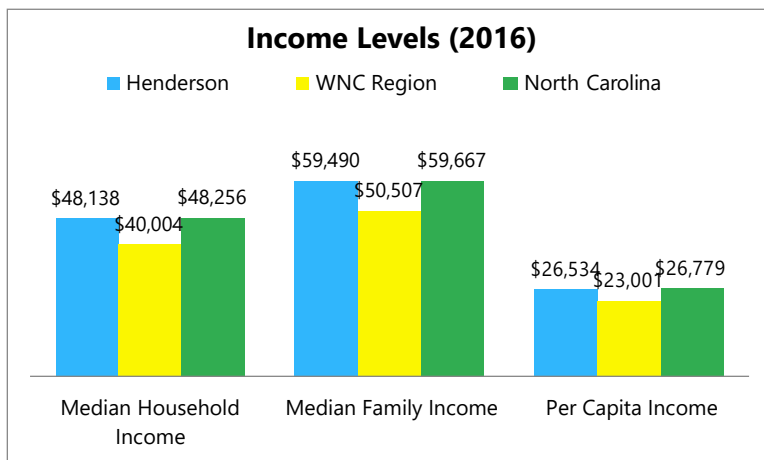


## 10. SOCIAL & ECONOMIC FACTORS

As described by [Healthy People 2020](#), economic stability, education, health and healthcare, neighborhood and built environment, and social community and context are five important domains of social determinants of health. These factors are strongly correlated with individual health. People with higher incomes, more years of education, and a healthy and safe environment to live in have better health outcomes and generally have longer life expectancies. Although these factors affect health independently, they also have interactive effects on each other and thus on health. For example, people in poverty are more likely to engage in risky health behaviors, and they are also less likely to have affordable housing. In turn, families with difficulties in paying rent and utilities are more likely to report barriers to accessing health care, higher use of the emergency department and more hospitalizations.

### Income & Poverty

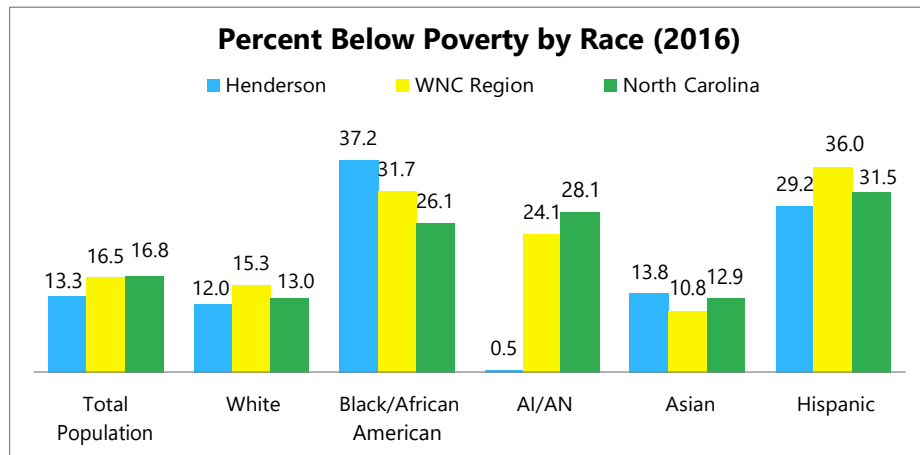
“Income provides economic resources that shape choices about housing, education, child care, food, medical care, and more. Wealth, the accumulation of savings and assets, helps cushion and protect us in times of economic distress. As income and wealth increase or decrease, so does health” (County Health Rankings, 2018).



In Henderson County, the median household income, the median family income, and the per capita income levels are all higher than regional averages but are still below the state average.

Henderson County used to have the highest per capita income in the region until 2009-2013, when it was surpassed by Buncombe County and then by Polk in 2010-2014. Polk currently has the highest per capita income in the region.

While poverty has decreased slightly over the past few years in the county, there remains a large disparity between white and non-white residents living in poverty. In addition, almost 1 out of 5 children under age 18 in the county live in poverty. More than half (55.29%) of students qualified for free or reduced lunches in schools in School Year 16-17, which is an increase from 47.88% in SY 08-09.

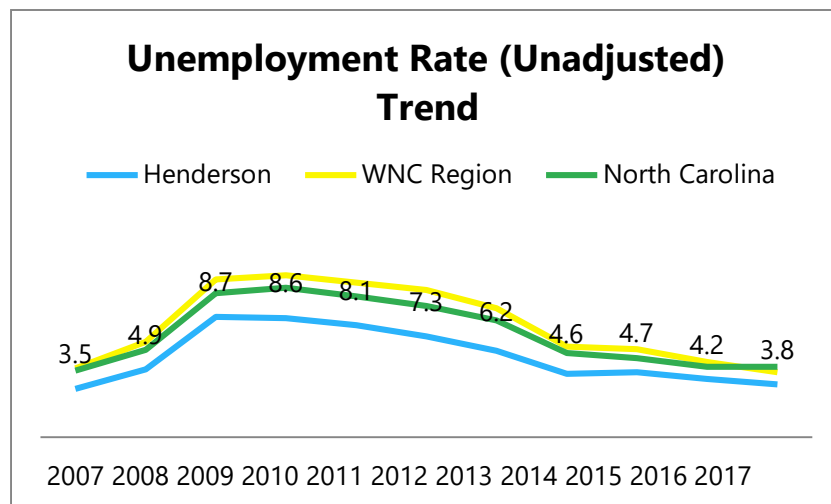


## Employment

“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” (County Health Rankings, 2018).

Similar to years past, the 3 employment sectors in the county that employ the most workers are:

- **Health Care and Social Assistance:** 18.9% of workforce (Average weekly wage - \$897.23)
- **Manufacturing:** 14.88% of workforce (Average weekly wage - \$1,013.49)
- **Retail Trade:** 14.21% of workforce (Average weekly wage - \$542.78)



The unemployment rate in Henderson County is lower than the comparable rates for WNC and the state.

# Education

“Better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. This is true even when factors like income are taken into account” (County Health Rankings, 2018).



### NUMBER OF SCHOOLS

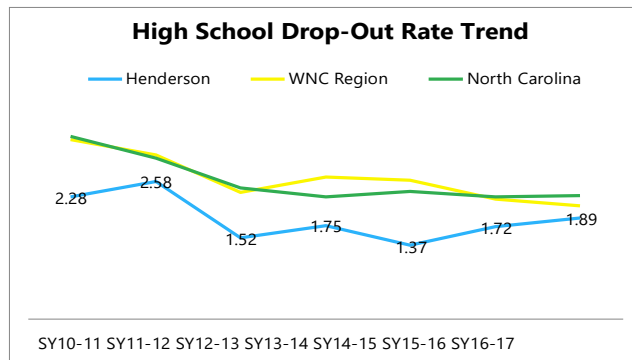
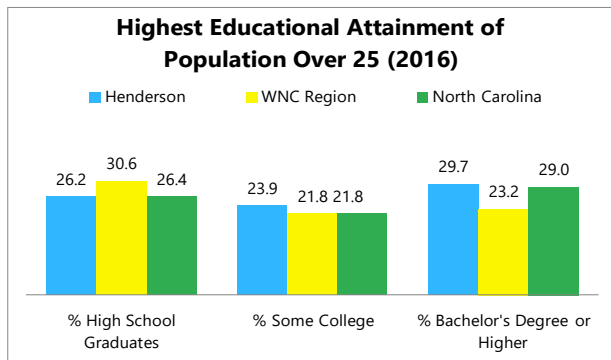
Elementary Schools .....	13
Middle Schools .....	4
High Schools/Early College .....	6
Public Charter Schools .....	2

**ANNUAL ENROLLMENT** ..... > 13,700

### 2018 AVERAGE SAT SCORES

County .....	1124
North Carolina .....	1090
Nation .....	1049

There are 23 schools in the Henderson County Public Schools system and two additional public charter schools. Annual enrollment across all these schools has increased to more than 13,700 students. In addition, Henderson County houses multiple private schools and an active homeschooling association. On average, Henderson County students score higher on SATs than across the state and nation.



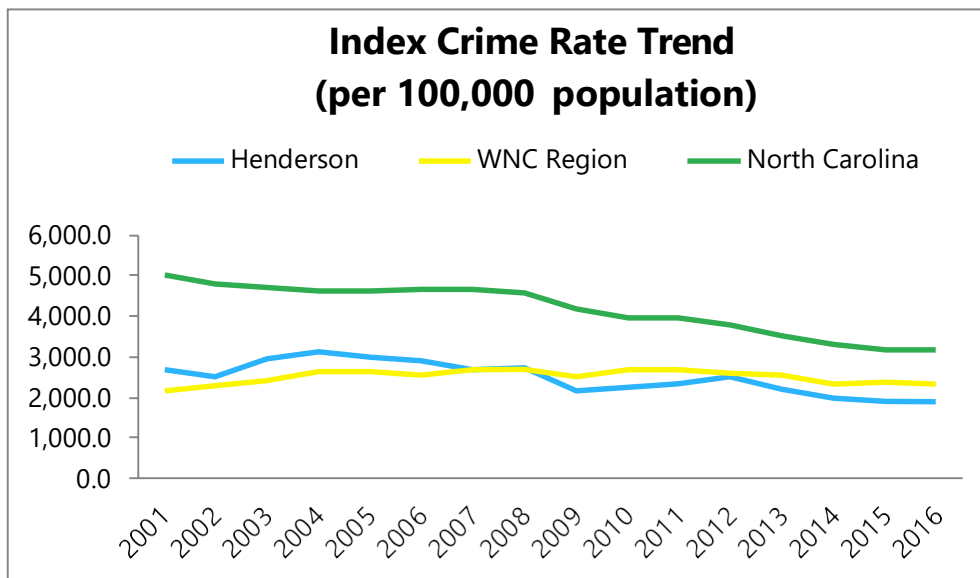
Henderson County has a higher percentage of persons who have graduated high school and college compared to WNC and NC averages. While drop-out rates in Henderson County dropped sharply in the 2012-2013 school year, there has since been a slow increase with 82 students dropping out in the 2016-2017 school year.

Henderson County has 63 child care centers that are either star-rated licensed or GS 110-106 (which means “religious sponsored child care facility;” these facilities can opt to seek a star rating but are not required to). Of the 48 sites that serve age 0-5, 10 sites are Family Child Care Home Licensed, and five sites are GS 110-106. Of the remaining 33 licensed child care centers, 19 have a 5-star rating. A 1-star ranking means that the program meets North Carolina’s minimum licensing standards. Programs voluntarily apply for additional stars. The award of additional stars is based on program standards (including staff to child ratio, having sufficient space, and having a variety of play materials) and staff education (including college degrees, experience, training, and credentialing). A 4- or 5-starred program has earned more points than a 2- or 3-starred program (NC DHHS, 2018).

## 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 1 and 44. Accidents and violence affect health and quality of life in the short and long-term, for those both directly and indirectly affected, and living in unsafe neighborhoods can impact health in a multitude of ways” (County Health Rankings, 2018).

Index Crime Offenses							
Murder	Rape	Robbery	Aggravated Assault	Burglary	Larceny	Motor Vehicle Theft	Total
2	22	44	102	472	1,322	178	2,142
Source: NC Department of Justice, State Bureau of Investigation							





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. Property crime includes burglary, larceny, and motor vehicle theft. The property crime rate in Henderson County was 1752.9 per 100,000 in 2016, which is lower than the region and state (2135.9 and 2779.7 respectively). Violent crime includes murder, forcible rape, robbery and aggravated assault. The violent crime rate in Henderson County was 151.1 per 100,000 in 2016, which is also lower than the region and state rates (182.2 and 374.9 respectively).

In FY2016-2017, 218 persons in Henderson County were identified as victims of sexual assault.

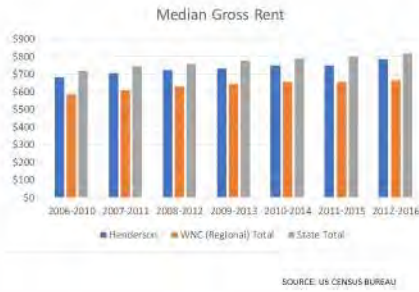
The most frequently reported specific type of sexual assault in Henderson County during the period was adult sexual offense (50.9%). Regionally, the most frequently reported type was rape (29.3%); statewide the most frequently reported type was rape (29.8%).

State-wide and region-wide the most commonly reported offender was a relative. In Henderson County the most common offender also was a relative.

However, the number of domestic violence calls in Henderson County has been increasing overall since 2007, hitting a sharp increase and peak in 2016-2017 of 917 calls and 1,004 clients. The domestic violence shelter was full on 162 days in FY 17, almost half the year. Child abuse cases have been fluctuating since 2006. The number of substantiated child abuse cases in 2016-2017 was 69. Findings included neglect in 62 of those cases, abuse in four cases and abuse combined with neglect in three cases.

## Housing

“The housing options and transit systems that shape our communities’-built environments 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” (County Health Rankings, 2018).



## Housing Costs - Rentals

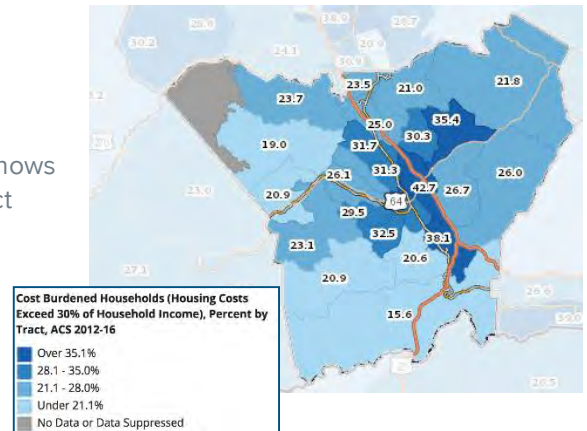
We often look at economic burden in terms of how many households are spending 30% or more on housing. Renters in Henderson County are paying more for rent than the rest of the region on average, and a higher portion of them are spending more than 30% of their entire income on housing than in the region or across the state. In addition, 18.8% of rented units are occupied by renters who are paying more than 50% of their income on housing in Henderson County.



## Housing Costs - Mortgages

Like renters, homeowners in Henderson County pay more each month for housing than the rest of the region on average. In addition, 16.4% spend more than 30% of their income on housing, with 6.2% spending more than half of their income on housing. Note that there has recently been a change in how the total number of housing units are counted, which has affected the trend line, but the number of individual households that this affects is 5,611 – which is only a slight decrease from the 2015 number which was 5,784.

24% of households in Henderson County are cost-burdened. This map shows the percent of cost burdened households within each county census tract according to the ACS 2012-2016.



## 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” (County Health Rankings, 2018).

Rank	Health Issue	Identified as Critical to Address
1	Access to Health Care	19
2	Housing	19
3	Adverse Childhood Experiences (ACEs)	18
4	Employment Opportunities	9
5	Food Insecurity	6
6	Interpersonal Violence (IPV)	5
7	Early Childhood Education	4
8	Transportation	4

Key informants who participated in the online survey were given a list of social determinants, or social contributors of health. Participants were then asked to pick up to three of these conditions that were most critical to address collaboratively in Henderson County over the next three years or more. The chart indicates the highest-ranking issues (WNCHN – Online Key Informant Survey, 2018).

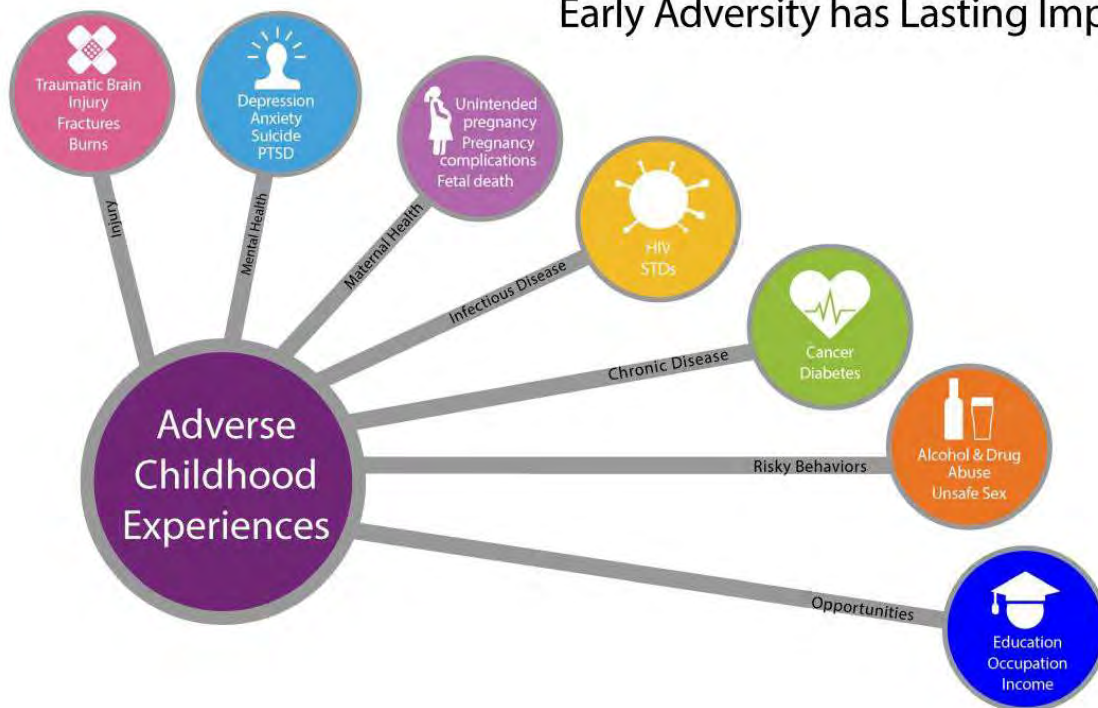
Access to care, housing, and Adverse Childhood Experiences (ACEs) were identified by the key informants as the top social determinant issues that were critical to address. It is noteworthy that these same topics were repeated in multiple focus groups and in the Community Forum held on February 1, 2019.

Adverse Childhood Experiences (ACEs) is the term used to describe specific types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18. According to the Centers for Disease Control and Prevention (CDC), “ACEs have been linked to:

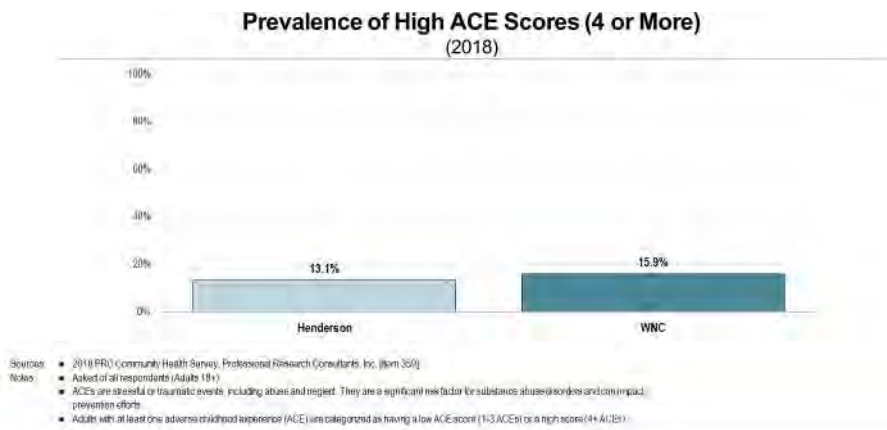
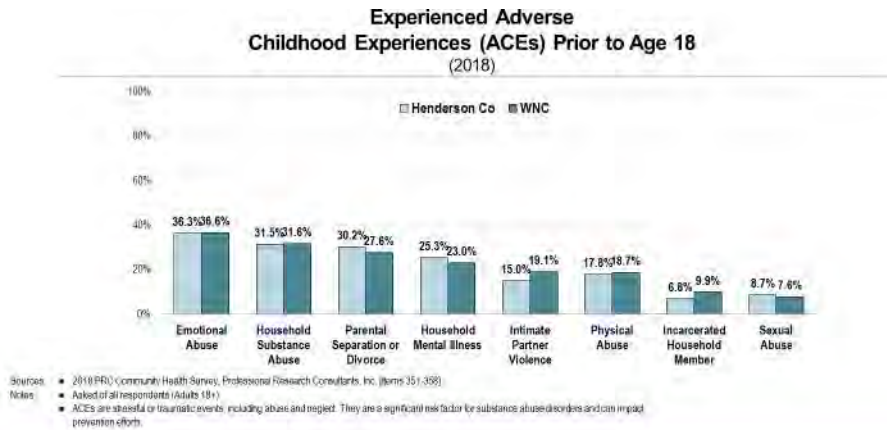
- Risky Health Behaviors
- Chronic Health Conditions
- Low Life Potential and
- Early Death

As the number of ACEs increases, so does the risk for these outcomes. The presence of ACEs does not mean that a child will experience poor outcomes; however, children’s positive experiences or protective factors can prevent children from experiencing adversity and can protect against many of the negative health and life outcomes even after adversity has occurred” (CDC, 2018).

## Early Adversity has Lasting Impacts

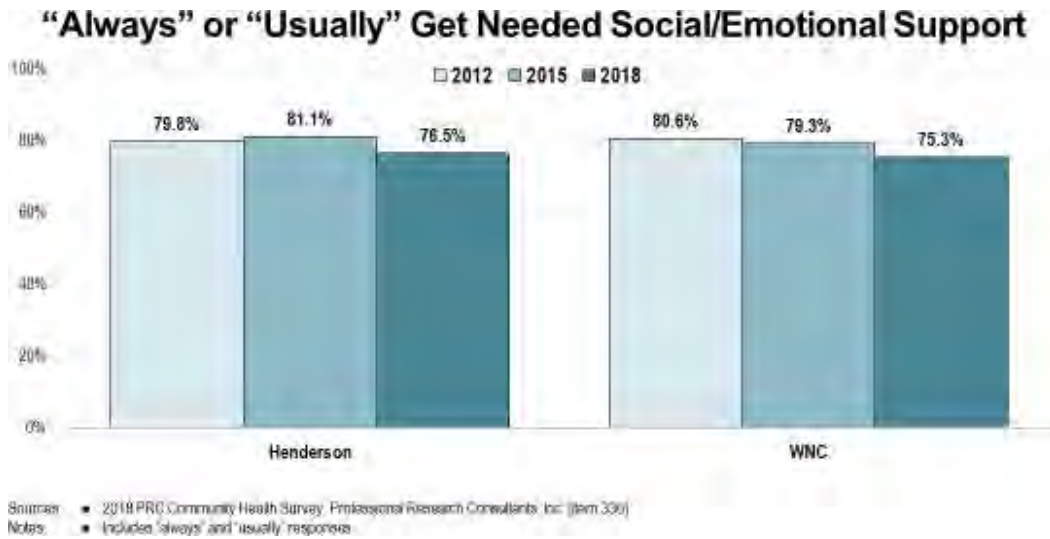


ACEs questions were included for the first time in the Community Phone Survey tool in 2018. The questions touch on whether the participant experienced (as a child) any of the following instances: household mental illness, household substance abuse, incarcerated household member, parental separation or divorce, intimate partner violence, physical abuse, emotional abuse and sexual abuse.



Persons who responded to the survey and indicated that they had experienced four or more ACEs were considered to have a high ACE Score. The chart above indicates that just over 13% of survey participants in

Henderson County have a high ACE score, compared with a 15.9% regional average. In addition, when asked, 76.5% of survey participants reported that they “always” or “usually” get social/emotional support when needed. This is a decrease from past years. Social and emotional support systems can help with resiliency and be a protective factor against poor health outcomes from ACEs.



## 11. 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 79.2 years. However, a significant racial disparity exists between White and African-American residents—79.4 and 73.4 respectively. The difference between the two is greater than in the region and state—a difference of 6 years in Henderson County, 1.8 years in WNC, and 3.4 years in the state.

#### Life Expectancy at Birth for Persons born in 2014-2016

County	Overall	Sex		Race	
		Male	Female	White	African-American
Henderson	79.2	77.1	81.3	79.4	73.4
WNC (Regional) Arithmetic Mean	77.7	75.1	80.4	78.0	76.2
State Total	77.4	74.8	79.9	78.3	74.9

Source: NC State Center for Health Statistics



The leading causes of death in Henderson County are depicted in the table. Mortality rate trends in Henderson County have decreased (or stabilized) over time for all leading causes of death except cancer, unintentional injuries (including overdoses), suicide, pneumonia and influenza, and motor vehicle injuries which have all increased. Henderson County mortality rates for unintentional injuries (including overdoses), suicide, motor vehicle injuries and chronic liver disease are higher than comparable state mortality RATES.

Rank	Age-Adjusted Rates (2012-2016)	Henderson # Deaths	Henderson Mortality Rate	NC Mortality Rate
1	Cancer	1,518	158.1	166.5
2	Diseases of Heart	1,392	138.2	161.3
3	All Other Unintentional Injuries	341	43.9	31.9
4	Chronic Lower Respiratory Diseases	376	37.3	45.6
5	Cerebrovascular Disease	364	35.1	43.1
6	Alzheimer's disease	338	30.8	31.9
7	Suicide	118	18.8	12.9
8	Pneumonia and Influenza	172	16.8	17.8
9	Unintentional Motor Vehicle Injuries	82	14.4	14.1
10	Chronic Liver Disease and Cirrhosis	88	12.1	10.3
11	Diabetes Mellitus	103	11.3	23.0
12	Nephritis, Nephrotic Syndrome, and Nephrosis	111	11.1	16.4
13	Septicemia	58	6.0	13.1
14	Homicide	17	3.2	6.2
15	Acquired Immune Deficiency Syndrome	2	0.2	2.2

Source: NC State Center for Health

Three Leading Causes of Death by Age Group  
Unadjusted Death Rates per 100,000 Population  
Single 5-Year Aggregate, 2012-2016

Henderson County				
Age Group	Rank	Leading Cause of Death	# Deaths	Death Rate
00-19	1	Conditions originating in the perinatal period	16	13.4
	2	Congenital anomalies (birth defects)	13	10.9
	3	Other Unintentional injuries	9	7.5
20-39	1	Other Unintentional injuries	37	33.0
	2	Motor vehicle injuries	19	17.0
	3	Diseases of the heart	14	12.5
40-64	1	Cancer - All Sites	340	181.3
	2	Diseases of the heart	191	101.8
	3	Suicide	75	40.0
65-84	1	Cancer - All Sites	830	709.1
	2	Diseases of the heart	607	518.6
	3	Chronic lower respiratory diseases	214	182.8
85+	1	Diseases of the heart	580	3176.0
	2	Cancer - All Sites	336	1839.9
	3	Alzheimer's disease	220	1204.7

Source: North Carolina State Center for Health Statistics



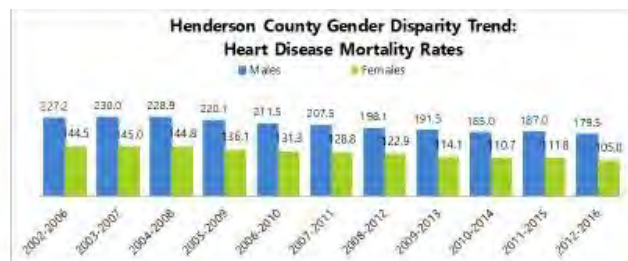
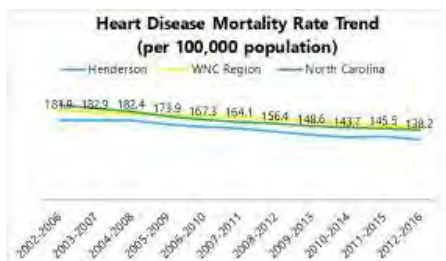
When we look at the data by age groups we see some clear trends. Unintentional injuries are a major cause of death for ages 0-39. These include poisonings and overdoses. Diseases of the heart are a top three cause of death for all other age brackets in Henderson County. In addition, unintentional falls cause a significant number of deaths for those age 65 and older in Henderson County.

From 2013 through 2016, 169 Henderson County residents died as a result of an unintentional fall.

Of the 169 fall-related deaths, 155 (92%) occurred in the population age 65 and older.

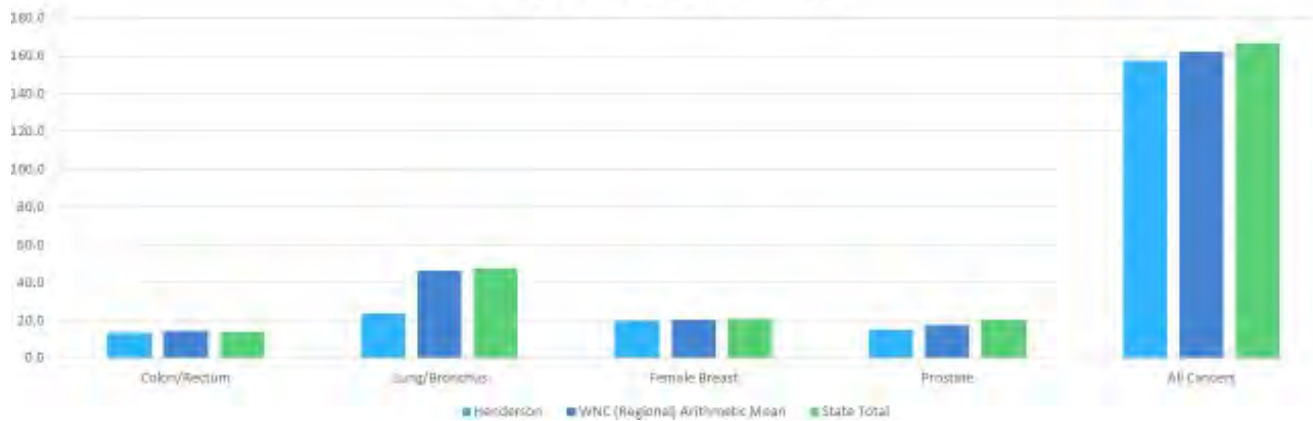
Of the 169 fall-related deaths, 102 (60%) occurred in the population age 85 and older.

Heart disease mortality rates appear to be declining overall. Men suffer disproportionately from heart disease than women. In addition, African-Americans have higher rates of heart disease than whites in Henderson County.

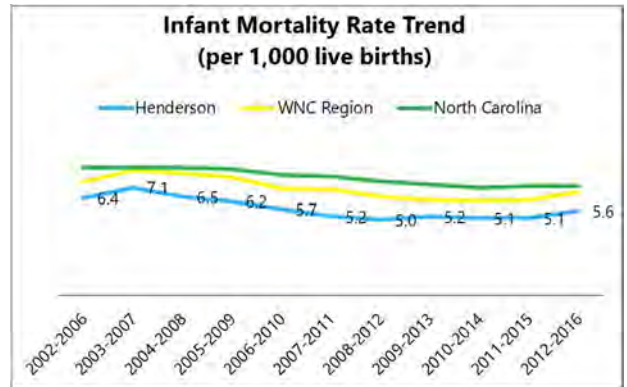


Cancer mortality rates in Henderson County appear to have stabilized, and persons in Henderson County have slightly lower mortality due to common cancer types than those across the region and state.

Cancer Mortality Rates, by Cancer Site  
 Age-Adjusted Rates per 100,000 Population  
 Single 5-year aggregate, 2012-2016



Other health indicators show that while infant mortality rates have decreased overall since the 2002-2006 reporting period, we have recently seen the rates increase slightly. The rates in Henderson County are lower than across the region and the state. However, it is important to note that North Carolina has some of the highest infant mortality rates in the nation.



# Health Status & Behaviors

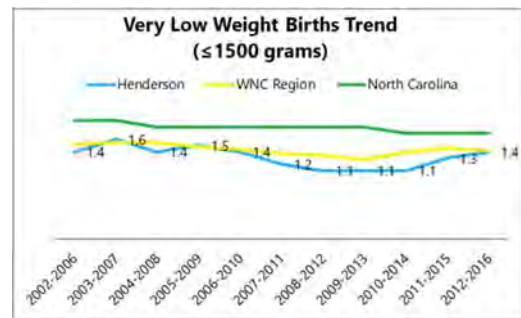
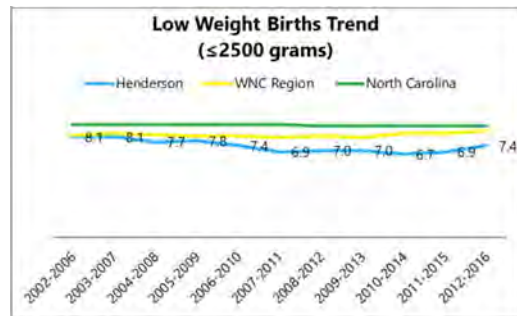
- Henderson County's  
2018 Health  
Ranking:  
**15**
- Of 100 NC counties
- North Carolina's  
2018 Health

According to the 2018 America's Health Rankings, North Carolina ranked 33<sup>rd</sup> overall among 50 states. According to the 2019 County Health Rankings, Henderson County ranked 15<sup>th</sup> overall among 100 counties.

## Maternal and Infant Health

In Henderson County, the pregnancy rate trend steadily declined from 2006 until 2016, when the rate leveled off around 67 per 1,000 women. The teen pregnancy trend, however, has continued to decline with the most recent estimate being 26.3 per 1,000 women age 15-19, and continues to be slightly lower than the state rate.

In addition, the trends for Low Birth Weight (<5.5 lbs.) and Very Low Birth Weight (<3.3 lbs.), while still lower than the 2002-2006 time period, have both been on the rise for the last few years. The highest percentages in both weight categories occur at the state level (NCSCHS, 2018).



## Sexually Transmitted Infections

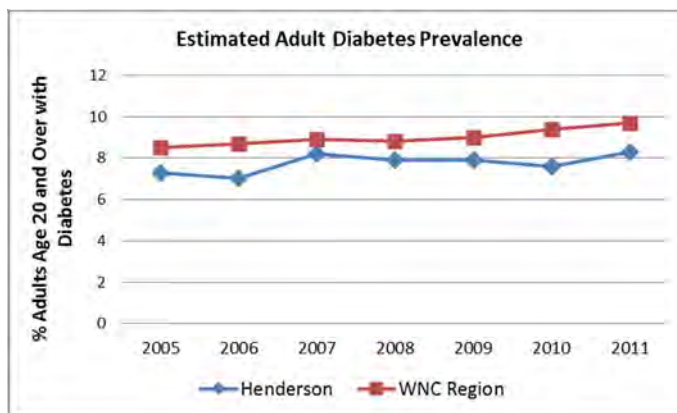
Rates for chlamydia, gonorrhea, syphilis and HIV have been consistently lower than state averages, however all have been on the rise in recent years.

Newly diagnosed chlamydia and gonorrhea rates are less than in WNC and NC. Newly diagnosed HIV and syphilis rates are above the WNC rate, but well below the NC rate (NC DPH, Communicable Disease Branch, Epidemiology Section).

## Chronic Disease

Chronic diseases, such as cancer, heart disease and diabetes, are main contributors to mortality in Henderson County being the 1<sup>st</sup>, 2<sup>nd</sup>, and 11<sup>th</sup> leading causes of death respectively (NC State Center for Health Statistics). Furthermore, these chronic diseases are significant contributors to morbidity in Henderson County. For example, in 2014, 16.7% of hospital discharges were due to cardiovascular and circulatory disease (NCSCHS, 2018).

The average self-reported prevalence of adults in Henderson County with diabetes 7.7% in the period from 2005 – 2011. Over same period the WNC average was 9.0%. Prevalence of self-reported adult diabetes been rising over time in both jurisdictions (CDC, 2018).



was the  
has

## Mental Health and 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 2017, the number of Henderson County residents served in an Area Mental Health Program decreased from 3,014 to 1,916 (NCOSB, 2018). Over the same 11-year period, the number of Henderson County residents served in State Psychiatric Hospitals decreased from 128 residents in 2006 to 22 in 2017. And the number of residents served in NC Alcohol and Drug Treatment Centers (ADATC) has varied, with an average of 65 people per year. The highest number of residents served was 96 in 2016.

	# Persons Served in NC State Psychiatric Hospitals											
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Henderson	128	104	85	70	51	39	2	3	34	43	30	22
State Total	18,292	18,498	14,643	9,643	7,188	5,754	4,572	3,964	3,529	3,276	3,039	3,083

Source: North Carolina Office of State Budget and Management, State Data Center

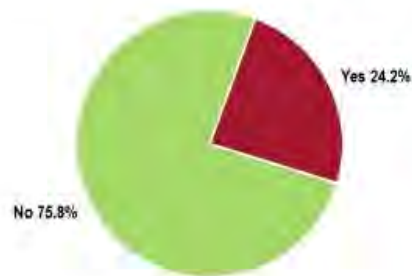
	# Persons Served in NC Alcohol and Drug Treatment Centers										
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Henderson	51	47	58	54	81	71	52	50	69	89	96
State Total	4,003	3,733	4,284	4,812	4,483	4,590	4,265	4,343	4,049	3,698	3,505

It is 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.

## Oral Health

According to the 2018 Community Phone Survey, only 65.5% of participants reported having visited a dentist in the past year. This is a significant decrease from the previous survey's responses of 78.9%. In addition, there were only 15 General Practice Dentists and two Pediatric Dentists who billed Medicaid in 2017 (NC DMA, 2018). Lack of access to dental care was a concern shared by many persons who participated in the CHA listening sessions and those who participated in the Community Phone Survey.

**Respondent's Dental Needs Went Untreated in the Past Year  
Due to Lack of Insurance or Insurance Issues**  
(Henderson County, 2018)



Sources: • 2018 PRO Community Health Survey, Professional Research Consultants, Inc. (Item 000)  
Notes: • Asked of all respondents

## Clinical Care and Access

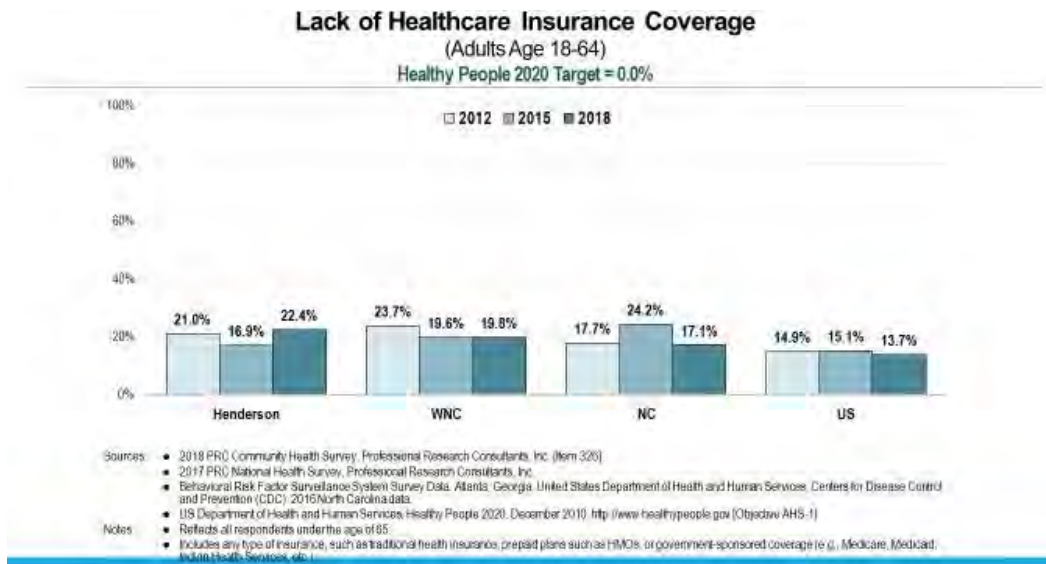
### Health Professionals

Henderson County is fortunate to have two major hospitals, a federally qualified health center, a free clinic, a hospice and palliative care agency, a public health department, numerous health care providers and various specialties. However, access to care is still a problem for many in this community.

County	2017				2016
	Physicians	Primary Care Physicians	Dentists	Registered Nurses	Pharmacists
Henderson	23.3	7.6	4.6	94.9	11.5
WNC (Regional Arithmetic Mean)	15.5	6.5	3.7	77.5	8.6
State Total	23.8	7.0	5.0	100.7	11.4

## Uninsured Population

According to the 2018 CHA Phone Survey, 22.4% of all participants reported lacking Healthcare Insurance Coverage, and 5.3% reported being unable to get needed medical care at some point in the past year.



## Medicaid

An estimated 17.9% of the population in Henderson County is eligible for Medicaid, with the majority being infants and children (NC DMA, 2018).

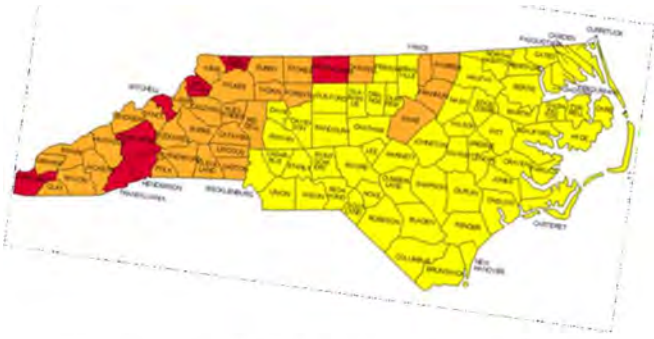


## Air Quality

“Clean air and safe water are prerequisites for health. Poor air or water quality can be particularly detrimental to vulnerable populations such as the very young, the elderly and those with chronic health conditions. Clean air and water support healthy brain and body function, growth, and development. Air pollutants such as fine particulate matter, ground-level ozone, sulfur oxides, nitrogen oxides, carbon monoxide, and greenhouse gases can harm our health and the environment. Excess nitrogen and phosphorus run-off, medicines, chemicals, lead, and pesticides in water also pose threats to well-being and quality of life” (County Health Rankings, 2018).

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, 2018).





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 5.5pCi/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.

**Predicted Average Indoor Radon Screening Levels (USEPA)**

Key:

Yellow = <2pCi/L

Orange = between 2 and 4 pCi/L

Red = >4pCi/L

Chemicals are used every day to make the products we depend on in our society—clothing, computers, pharmaceuticals and automobiles. While most chemicals used are regulated by industrial facilities to minimize releases into the environment, releases do still occur as part of their normal business operations. The Environmental Protection Agency’s (EPA) Toxics Release Inventory (TRI) is a publicly-available database that tracks the management of certain chemicals that may pose a threat to human health and the environment. The information contained in the TRI comes through required reporting from US industry sectors like manufacturing, metal mining, electric utilities, and commercial hazardous waste management.

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*The major TRI chemicals released in Henderson County were:*

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- *Sulfuric acid*
  - *Methanol*
  - *Ammonia*
  - *Nitrate Compounds*
  - *Phenol*
  - *Formaldehyde*
-

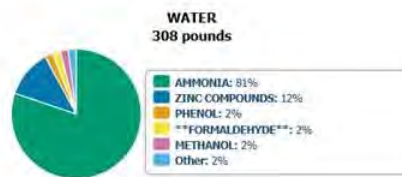
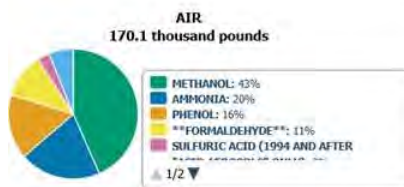


Quick Facts for 2017

	Henderson County, NC	United States
<b>Number of TRI Facilities:</b>	14	21,456
<b>Total Production-Related Waste Managed:</b>	3.8 million lbs.	30.5 billion lbs.
<b><u>Total On-site and Off-site Disposal or Other Releases:</u></b>	421.7 thousand lbs.	3.9 billion lbs.
<b><u>Total On-site:</u></b>	170.4 thousand lbs.	3.4 billion lbs.
• <b><u>Air:</u></b>	170.1 thousand lbs.	600.5 million lbs.
• <b><u>Water:</u></b>	308 lbs.	190.5 million lbs.
• <b><u>Land:</u></b>	5 lbs.	2.7 billion lbs.
<b><u>Total Off-Site:</u></b>	251.2 thousand lbs.	424.9 million lbs.

In 2017, 421.7 thousand pounds of TRI releases were reported for Henderson County. 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 2017 (EPA, 2018).

**Top Five Chemicals Released to Air and Water  
Henderson County, NC, 2017**



**Note: \*\*=Carcinogenic Chemical**

Note: Trend graphs were created using the 2001 core chemicals/industries list.

## Water Quality

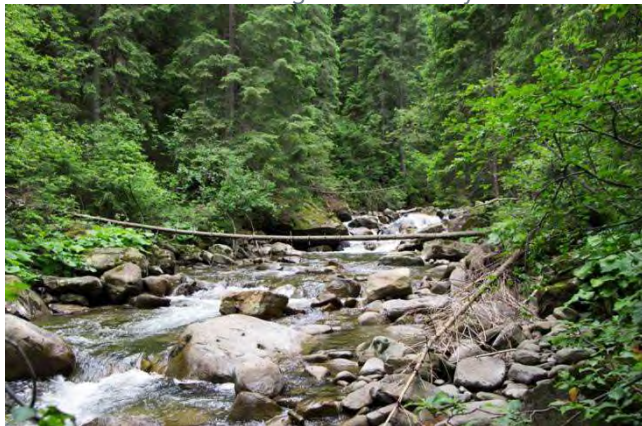
Clean water is also important for good health. Water from all municipal and most community water systems is treated to remove harmful microbes and many polluting chemicals and is generally considered to be “safe” from the standpoint of public health because it is subject to required water quality standards. 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 serve 25 year-round residents. This category includes municipalities, but also subdivisions and mobile home parks.

In 2017, community water systems in Henderson County served an estimated 67,485 people, or 61% of the 2016 county population. The fraction of the Henderson County population served by a community water system is 10.5% higher than the average for the WNC region. 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 (EPA, 2018).

According to the National Pollutant Discharge Elimination System (NPDES) permits in Henderson County (2018), there are at present 32 permits issued in Henderson County that allow municipal, domestic or commercial facilities to discharge products of water/wastewater treatment and manufacturing into waterways.

- 1 Major Municipality
- 1 Minor Municipality
- 2 Water Treatment Plants
- 28 Minor Domestic permits

(NC DEQ, 2018)



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. 2016-2017 Per-Capita Disposal Rates:

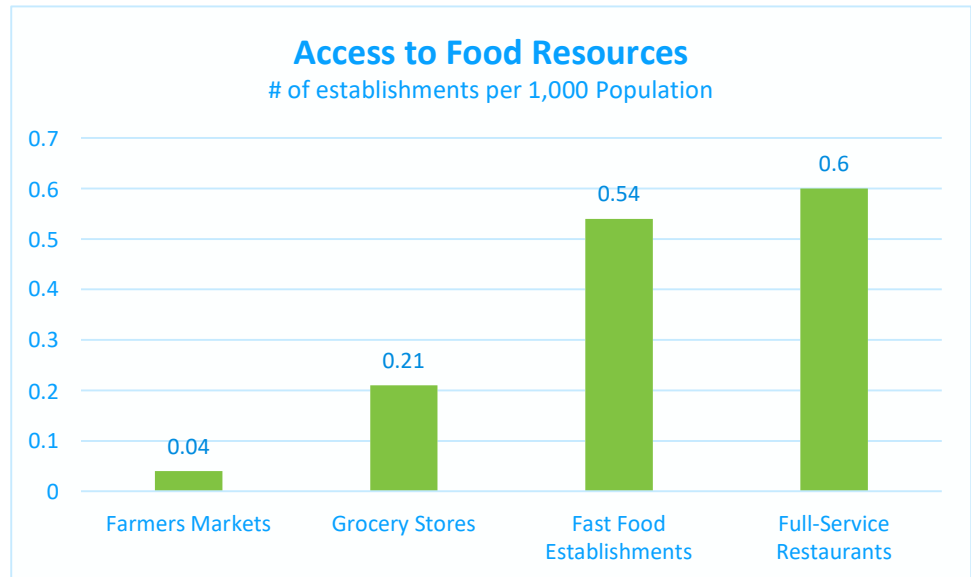
- Henderson County = 0.99 tons (decrease of 13% since 1991-1992)
- NC = 1.11 tons (increase of 3% since 1991-1992)

(NC DEQ, 2018)

## Access to Healthy Food & Places

“Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life” (Food and Agriculture Organization, 2006).

The environments where we live, learn, work and play affect our access to healthy food and opportunities for physical activity which, along with genetic factors and personal choices, shape our health and our risk of being overweight and obese. As of 2013, 29 million Americans lived in a food desert, without access to affordable, healthy food. Those with lower education levels, already at risk for poor health outcomes, frequently live in food deserts (County Health Rankings, 2018).



The USDA Food Environment Atlas is a publicly-available resource that assembles statistics on food environment factors including: food choices, health and well-being, and community characteristics. The easy access to fast food establishments and full-service restaurants, compared with farmers' markets and grocery stores highlights an imbalance in the county's environment that could make healthy food choices more difficult. In addition, it is reported that 2.8% of households have no car and limited access to a store, which can further impact what healthy food choices some families have available to them (USDA, 2018).

Henderson County's mild climate lends itself well to the numerous national, county, and municipal parks and opportunities for outdoor recreation. Indoor recreational facilities often require a fee, but some offer programs that are free or low-cost.

A website, [www.GoHendo.org](http://www.GoHendo.org), is a new resource for local residents that highlights opportunities for physical activity and nutrition in the county.



**GoHendo** is your go-to for finding all the fun in Henderson County—hiking trails, playgrounds, biking paths, farmer's markets, apple orchards, historic sites, rainy day activities, and more! Whether you're with family and friends, or enjoying some free time to yourself, there's so much to do in Henderson County, and we're here to give you all the information needed to find your next adventure.

Source: USDA, 2018

## 12. PRIORITY SELECTION

### Process

Every three years we pause our community health improvement work, so we can step back and take a fresh look at current data from our county. We then use this information to help assess how well we are doing and what actions we need to take moving forward.

Beginning in January 2018, our CHA Data Team spent time understanding the data and uncovering what issues were affecting the most people in our community. We also interviewed community leaders to find out what they are most concerned about. To identify the significant health issues, our key partners reviewed data and discussed the facts and circumstances of our community.

When reviewing data, we paid close attention when:

- Data reflected a concerning trend related to size or severity
- Significant disparities existed
- An issue surfaced as a high community concern from the surveys and/or focus groups
- Our county data deviated notably from the region, state, or benchmark

After a thorough review of the primary and secondary data, the CHNA Data Team presented key health issues to the Local CHNAC (Partnership for Health), which includes a wide range of partners and community members. The Local CHNAC then took time to review and discuss the data and its implications for our community.

## Primary and Secondary Data: High Level Findings

### Top 8-10 Priorities determined from WNC Healthy Impact Phone Survey

1	Mental Health	4	Intimate Partner Violence	7	Vaping
2	Substance Abuse	5	Safe and Affordable Housing	8	Access to Health Care
3	Physical Activity and Nutrition	6	Suicide	9	Transportation

### Top 8-10 Priorities determined from Online Key Informant Survey

1	Mental Health	4	Access to Health Care	7	Diabetes
2	Obesity (Physical Activity and Nutrition)	5	Housing	8	Adverse Childhood Experiences (ACEs)
3	Substance Abuse	6	Injury and Violence	9	Suicide

### Top 8-10 Priorities determined from Hospital Emergency Department Data

1	Mental Health	4	Chronic Disease (Diabetes)	7	Access to Care
2	Substance Abuse	5	Obesity	8	Aging
3	Heart Disease	6	Lower Respiratory Disease	9	Transportation

### Top 8-10 Priorities determined from Hospital Inpatient Admission Data

1	Heart Disease	4	Obesity	7	Alzheimer's Disease
2	Mental Health	5	Chronic Disease (Diabetes)	8	Access to Care
3	Substance Abuse	6	Lower Respiratory Disease		

### Top 8-10 Priorities determined from Secondary Data provided by WNC Healthy Impact

1	Mental Health	4	Chronic Disease (Diabetes)	7	Suicide
2	Substance Abuse	5	Physical Activity and Nutrition	8	Affordable Housing
3	Obesity	6	Birth Outcomes and Infant Mortality		

## Primary and Secondary Data: Aggregate Community Health Needs

After a thorough review of the primary and secondary data, the CHNA Data Team presented key health issues to the Local CHNA Committee (Henderson County Partnership for Health), which includes a wide range of partners and community members. Local CHNA Committee then took time to review and discuss the data and its implications for our community.

Aggregate Community Health Needs				
	Priority Issue	Ethnic Group	Age Group	Specific Geographic Area
1	Mental Health	All	All Ages	Henderson County
2	Substance Abuse	All	All Ages	Henderson County
3	Physical Activity & Nutrition	All	All Ages	Henderson County
4	Safe and Affordable Housing	All	All Ages	Henderson County
5	Birth Outcomes & Infant Mortality	All	Women of Childbearing Age	Henderson County
6	Vaping	All	Youth	Henderson County
7	ACEs (Adverse Childhood Experiences)	All	All Ages	Henderson County
8	Suicide	All	Youth	Henderson County

Because of the impact that the previous health priorities were still having in our community, and the work that still needed to be done to address them, the Local CHNAC ultimately voted to continue all four current health priorities. In addition, they recommended that the Henderson County Board of Health do the same. Due to the broadness of the priority areas it was decided to utilize a CHNA Community Forum to select *focus areas* within each priority, to be addressed during the next CHNA cycle.

After a presentation from members of the Local CHNAC Partnership for Health, the Henderson County Board of Health voted to support the continuation of the four priority areas, and to support the Community Forum that would decide upcoming focus areas within each priority.

In February 2019, an overview of key data and summary of past county-wide efforts to address CHA priorities were presented at the CHA Community Forum. This forum was attended by almost 100 community leaders, elected officials, stakeholders, residents, and media. In addition to announcing the decision to keep all four “umbrella” health priorities, the Partnership for Health shared specific health indicators within each priority area that stood out. The community forum attendees participated in a facilitated exercise to prioritize which of these indicators would be the “focus areas” for the next CHA cycle. When prioritizing, some of the factors they considered were: how much the issue impacts our community, how relevant the issue is to multiple health

concerns, and how feasible it is for our community to make progress on this issue. Finally, participants used dot-voting to narrow the list to the top health indicators that would be chosen as the “focus areas” for the next CHNA cycle.

## Indicators - Possible “Focus Areas”

Below are the potential areas of focus that were identified for each issue:

### Mental Health

- **14.4%** of adults reported more than seven days of poor mental health in the past month
- **9.2%** of adults reported inability to get needed mental health care or counseling in the past year
- Suicide mortality rate has increased to **18.8** per 100,000
- **21.4%** of 9th graders reported seriously considering suicide in the last year
- **13%** of adults reported having four or more adverse childhood experiences

### Substance Abuse

- **24** unintentional opioid deaths in Henderson County in 2017
- **71** opioid overdose Emergency Department visits in 2017
- **21.8%** of adults reported using opiates/opioids in the past year - with or without a prescription
- **21.4%** of fatal crashes are alcohol related
- **17.4%** of 9th graders reported that they rode with a driver who had been drinking alcohol in the last 30 days
- **39%** of 9th graders reported that they have used an electronic vapor product

### Physical Activity and Nutrition

- **22.4%** of adults in Henderson County report they get the recommended amount of physical activity
- **6.7%** of adults report they consume fruits and vegetable five or more times a day
- **68.5%** (7 out of 10) adults report they are overweight or obese
- **1** out of 5 adults report they have run out of food or worried about running out of food at least once in the past year
- **1** out of 3 children are overweight or obese

### Safe and Affordable Housing

- **46.4%** of renters spend more than 30% of their income on housing and **18.8%** of renters spend more than half their income on housing
- **16.4%** of mortgage owners spend more than 30% of their income on housing and **6.2%** of mortgage owners spend more than half their income on housing
- **24%** of all households in Henderson County are cost burdened (spend more than 30% of total income on housing)
- **112** homeless persons were counted in the annual point in time count in 2017



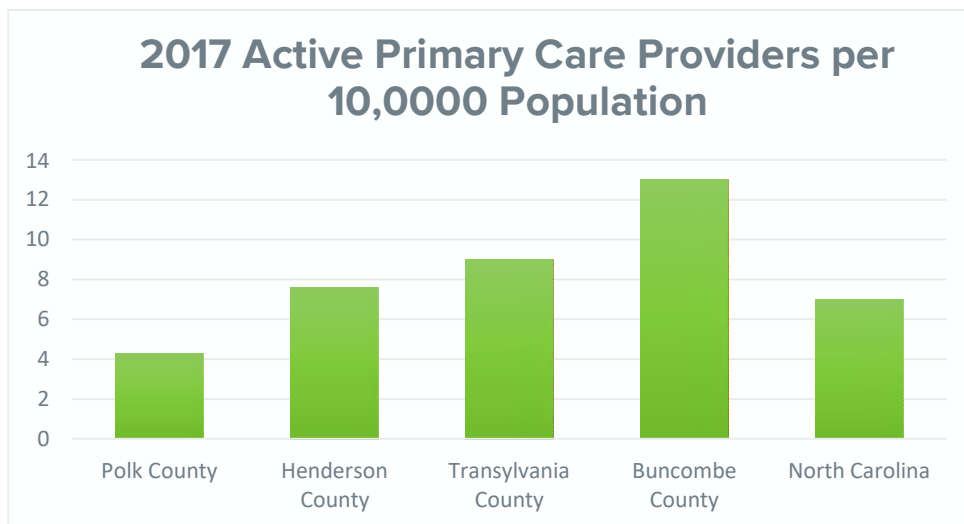
## 13. COMMUNITY ASSET INVENTORY

The community asset inventory for both counties—Henderson and Buncombe County—is maintained through the United Way 2-1-1 program and is available through the website: [www.nc211.org](http://www.nc211.org). This data is a living repository of community resources that is available via phone and web for people in need. This resource list was provided by the Regional CHNAC (WNC Healthy Impact) and reviewed for any needed changes. Where gaps were identified, the Regional CHNAC 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](http://www.nc211.org) or by calling 2-1-1.

### Community Asset Inventory 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 2017 there were 7.6 primary care physicians per 10,000 County, more than the state average of 7.0 per 10,000.

And while Henderson County's rate is greater than neighboring Polk County, we have fewer Primary Care Providers per 10,000 population than both Transylvania and Buncombe Counties. Many Henderson County residents are patients of primary care physicians in neighboring Buncombe County, where there are 13 primary care physicians per 10,000 people.



Source: CHNAC, 2018

## Community Asset Inventory Resource Gaps

Henderson County has a wealth of health resources available; however, there are gaps that need to be addressed. Many of these gaps were also identified in the previous Community health needs assessment in 2015. And while much has been done in the last three years to try to “close” some of these gaps, still more work needs to be done. The following is a list of gaps identified through community and stakeholder surveys, focus groups, and listening sessions:

- Safe and affordable housing
- Access to medical/mental health care
- Public transportation
- Mental health providers, particularly those that speak Spanish
- Access to dental care
- Living wage
- Affordable childcare
- Access to healthy foods
- Access to sidewalks/bike paths/alternative transportation options

## 14. PRIORITY ISSUES TO BE ADDRESSED

To summarize this work, the top *Health Priorities* for Henderson County for the 2018 CHA are:

- **Health Priority 1:** Mental Health
- **Health Priority 2:** Substance Abuse
- **Health Priority 3:** Physical Activity and Nutrition
- **Health Priority 4:** Safe and Affordable Housing

The *Focus Areas* to be addressed during the next CHA cycle include:

- **Mental Health:** Access to Care, Youth Considering Suicide, and Adverse Childhood Experiences (ACEs)
- **Substance Abuse:** Use of Opioids, Youth using E-vape Products
- **Physical Activity and Nutrition:** Food Insecurity, Physical Activity
- **Safe and Affordable Housing:** Total Cost-Burden, Rental Spending

### Alignment with Buncombe County Priorities

Buncombe County identified the following health priorities and AdventHealth Hendersonville insured that these issues were addressed in the final priority selections:

- **General Mental Health:** General mental health, as well as Depression/Anxiety/Stress were top concerns identified by community leaders
- **Birth Outcomes & Infant Mortality:** Significant disparities are present in birth outcomes, infant mortality and preconception health for Black and Latinx residents

The Local CHNAC agreed that Birth Outcomes & Infant Mortality would be addressed through the combination of other priorities—namely focusing on nutrition, substance abuse, mental health and safe and affordable housing. Many of the contributing factors that impact these health priorities also contribute to Birth Outcomes & Infant Mortality.

## Priority Issue #1 – Mental Health

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, nearly 1 in 5 U.S. adults live with a mental illness (46.6 million in 2017) (NIMH, 2019).

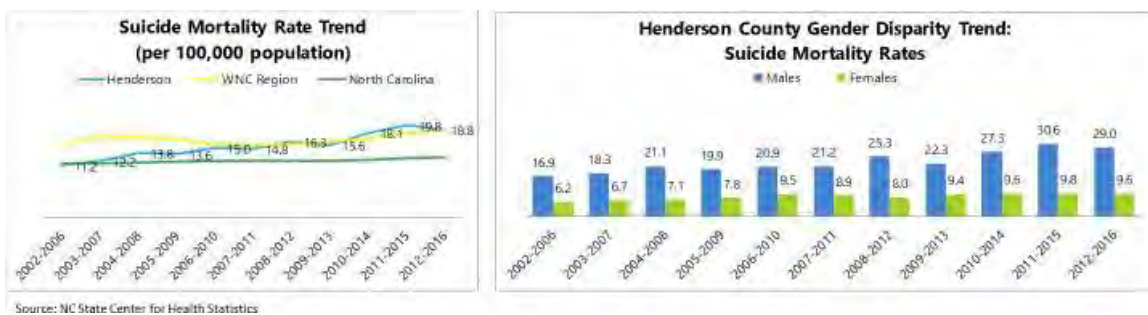
Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

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.

Mental health has been a CHNA Health Priority for Henderson County since 2003. Access and quality of mental health services have been a source of concern for many years. Over the last 15 years, many changes to the mental health system have occurred, which have negatively affected those living with mental illness in our community, as well as their caregivers and other organizations that provide support.

### What Do the Numbers Say?

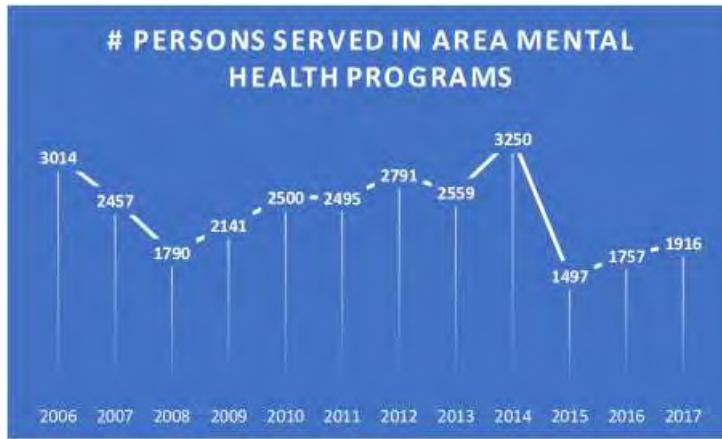
Suicide mortality rates are increasing in Henderson County and across the region. Males have significantly higher rates of suicide in Henderson County than females.



The numbers of residents being served by mental health programs has decreased overall but is beginning to inch back up again. It is important to note that decreased access does not necessarily mean decreased need. Youth are not immune to poor mental health. Many deal with anxiety and depression on a daily basis. A significant number of 9<sup>th</sup> graders (21.4%) reported they seriously considered suicide in the last year.

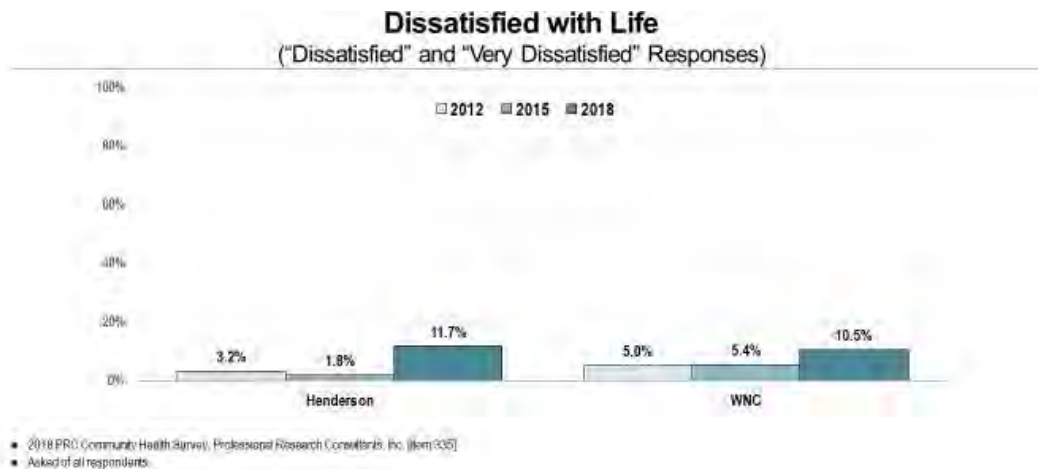
### What Did the Community Say?

When asked, survey and focus group participants most often reported a greater need for services provided in Henderson County. Services for the uninsured and under-insured 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, co-pays were listed most frequently as a barrier to care (Professional Research Consultants, 2018).



Source: North Carolina Office of State Budget and Management, State Data Center

34.6% of phone survey participants reported that they were limited in activities in some way due to a physical, mental, or emotional problem. This number is significantly higher than across the state and nation. 14.4% of survey participants reported experiencing more than seven days of poor mental health in the past month. This is an increase from previous years. 9.2% of participants reported not getting needed mental health care or counseling in the past year. This is the highest percentage among survey years. In addition, 11.7% of survey participants reported being dissatisfied with life in 2018. This is a sharp increase from previous surveys.



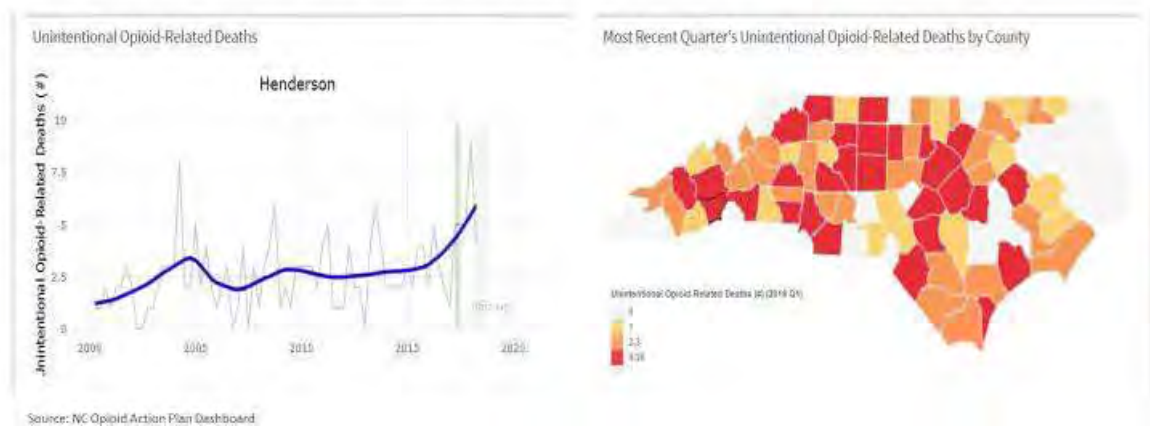
## Priority Issue #2 – Substance Abuse

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 was identified as a top priority in past CHNAs.

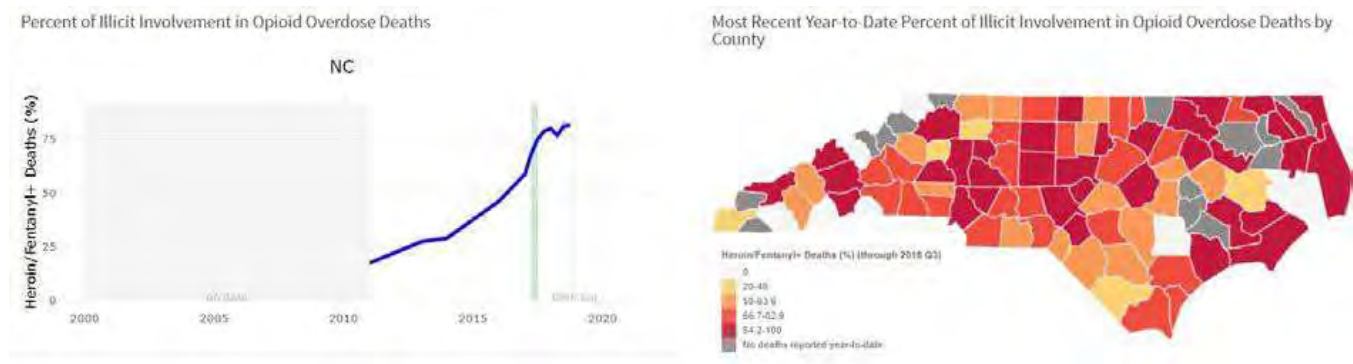
### What Do the Numbers Say?

Opioids caused the highest proportion of drug overdose deaths in Henderson County and in the state, and the rates of deaths are increasing. This category of drugs includes commonly prescribed medications like hydrocodone, oxycodone, morphine, codeine, and related drugs. It also includes heroin and synthetic narcotics like fentanyl and fentanyl-analogues (drugs that are similar to fentanyl but have been chemically modified to bypass current drug laws).

## Unintentional Opioid-Related Deaths



Opioid-related deaths involving pain medications like oxycodone and hydrocodone have historically been the leading cause of overdose deaths. However, illicit substances such as heroin, fentanyl, and fentanyl analogues are increasingly contributing to overdose deaths, resulting in higher rates of opioid overdose deaths.

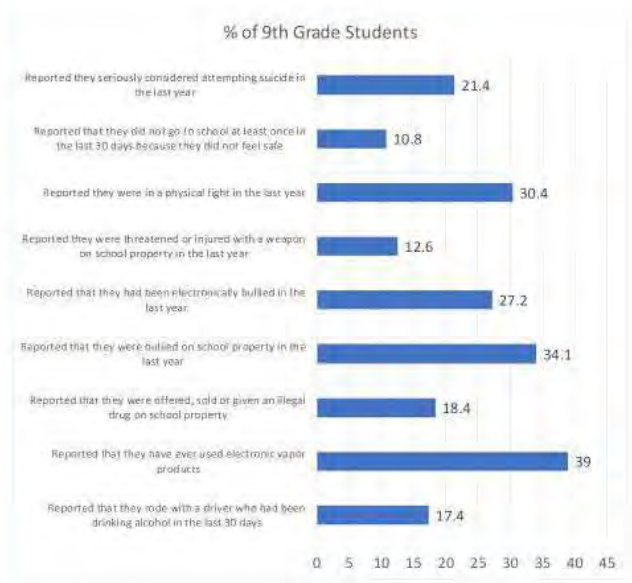


Data Source: North Carolina Office of the Chief Medical Examiner and the OCME Toxicology Laboratory, 2010-present. See Technical Notes.

An increase in behaviors related to tobacco and alcohol usage have also been of concern for many community members during this CHNA process. 39% of 9<sup>th</sup> graders reported that they have used an electronic vapor product “also called vaping.” In addition, 17.4% of 9<sup>th</sup> graders reported riding with a driver who was under the influence of alcohol in the last 30 days.

*Youth  
9<sup>th</sup> Graders*

SOURCE: 2017 HENDERSON COUNTY YOUTH RISK BEHAVIOR SURVEY

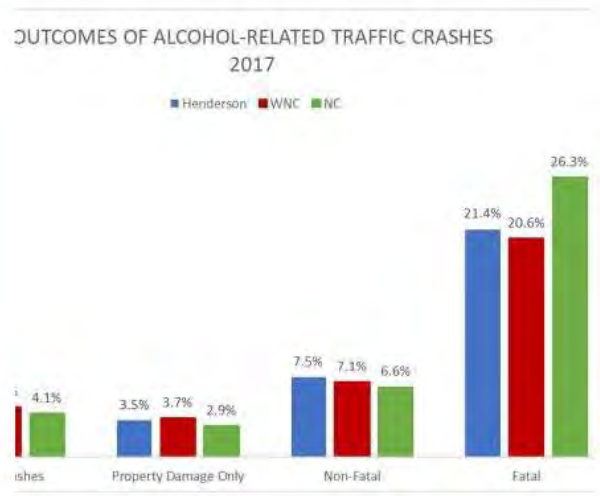


On average, 5% of all traffic crashes in Henderson County were alcohol related; however, 21% of the fatal ones were related to alcohol.

*Vehicular Injury Mortality  
Alcohol-Related  
Motor Vehicle  
Crashes*

In 2017, 21% of all *fatal* traffic crashes in Henderson County were alcohol-related.

SOURCE: CRASH DATA AND MAPS: COUNTY CRASH PROFILES, 2017. RETRIEVED JULY 11, 2018 FROM CONNECT NC DOT WEBSITE: [HTTPS://CONNECT.NCDOT.GOV/RESOURCES/SAFETY/PAGES/CRASH-DATA.ASPX](https://connect.ncdot.gov/resources/safety/pages/crash-data.aspx)





## What Did the Community Say?

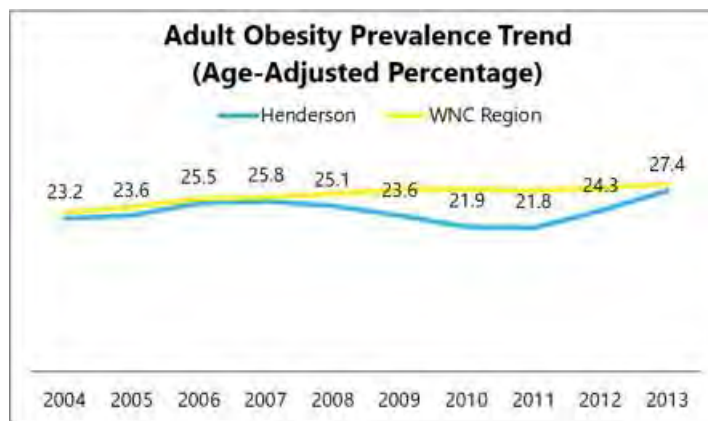
40.4% of phone survey participants reported that their life had been negatively affected by substance abuse. The prevalence of substance use is common. 46% of survey participants reported being a current drinker, 14.5% reported being a current smoker and 21.8% reported using opiates/opioids in the past year (with or without a prescription). In addition, 7.4% reported using an illicit drug in the past month (either themselves, or someone they knew).

## Priority Issue #3 – Physical Activity and Nutrition

Obesity was a top health priority in past CHNAs. Being overweight or obese is a major risk factor for many chronic diseases including heart disease, type 2 diabetes, hypertension, and cancer. However, we discovered in the last CHNA cycle that we don't really talk about "obesity" anymore. Obesity rates are important, but not the whole story. What we know is that people can be *healthier* at any weight—if they make some lifestyle changes. Evidence shows that physical activity and making good nutritional choices can have a positive impact on obesity and on many of the chronic diseases that obesity contributes to. What we have always talked about when working on "obesity" as a priority was physical activity and nutrition. So, the Henderson Partnership for Health decided this year to refer to this priority as such.

## What Do the Numbers Say?

Only 6.7% of phone survey participants reported that they consumed five or more servings of fruits or vegetables a day. And 20.2% reported that they either ran out of food in the last year—or worried that they might. This is referred to as "food insecurity." In addition, only 22.4% of participants reported meeting the physical activity recommendations for adults. 68.5% of adults reported that they were either overweight or obese. This represents an increase from the previous survey's percentage of 61.2%, and is higher than the region, state, and nation. The prevalence of adult obesity appears to be on the rise.



SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION, VIA BRFS

## What Did the Community Say?



When asked, focus group participants and key informant interview participants repeatedly outlined the need for access to healthy foods, and access to sidewalks/bike paths/alternative transportation options for all people.

## Priority Issue #4 – Safe and Affordable Housing

Safe and Affordable Housing was a priority in the 2015 CHNA and continues to be of concern for many. Considered a social determinant of health, housing can affect a wide range of health and quality-of-life outcomes. 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.

### What Do the Numbers Say?

As previously discussed in Chapter 4, Henderson County residents spend more for housing (rentals and mortgages) than the rest of the region on average. Just over 46% of *renter* households are spending more than 30% of their total income on housing, with 18.8% of households spending more than half of their income. In addition, 16.4% of *mortgage* households are spending more than 30% of their total income on housing, while 6.2% of households are spending more than half their income.

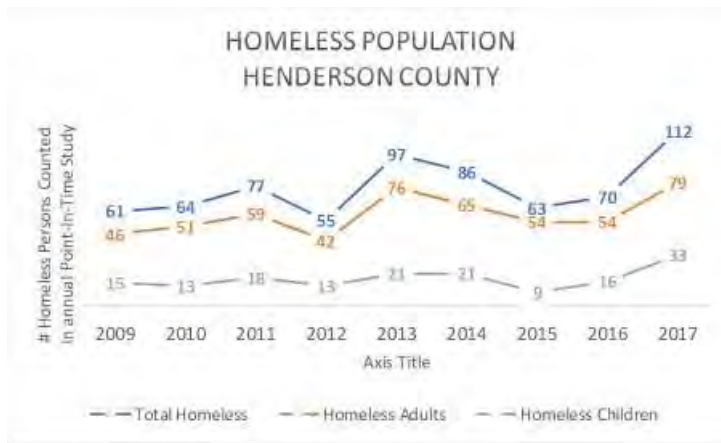
Another point to consider when looking at housing is safety. The following chart details housing “adequacy” in Henderson County.

**Housing Adequacy (of Occupied Housing Units both owned and rented)  
2012-2016**

County or Township	Total Occupied Housing Units	% Mobile Homes or other type of housing	% Built in 1959 or earlier **	% without complete plumbing facilities	% without complete kitchen facilities	% with no vehicle available	% with no telephone service	% heating house with fuel oil, kerosene, coal, coke, or other fuels *	% with no heating fuel
Henderson	46,985	15.5	13.3	0.3	0.5	5.6	2.4	9.3	0.4
Blue Ridge	4,631	35.3	8.5	0.0	0.0	4.8	3.1	9.5	1.1
Clear Creek	2,918	38.2	7.9	0.0	1.0	6.3	3.9	5.4	0.2
Crab Creek	1,801	19.1	11.4	0.8	0.0	3.8	1.6	7.4	0.0
Edneyville	1,840	25.0	20.3	0.0	0.6	2.9	1.7	18.8	0.5
Green River	1,879	20.9	14.5	0.0	0.0	6.2	0.0	17.7	0.2
Hendersonville	21,496	7.4	17.7	0.3	0.8	7.4	2.2	6.5	0.3
Hoopers Creek	6,604	13.2	6.8	0.8	0.6	2.5	3.5	9.2	0.3
Mills River	5,816	15.2	9.1	0.0	0.0	4.1	2.1	7.3	0.8
WNC (Regional) Average	10,441	21.1	12.2	0.2	0.4	4.8	2.3	10.0	0.4
State Total	3,813,382	12.6	15.7	0.3	0.6	6.3	2.5	9.9	0.4

Source: 2012-2016 American Community Survey 5-Year Estimates (S2504)

According to the Point in Time survey, the homeless population in Henderson County peaked in 2017, and an average of 19% of the homeless population was deemed “chronically homeless,” which means they have a disability and have been homeless for at least one year or have had four episodes in three years.



SOURCES: NC COALITION TO END HOMELESSNESS

## What Did the Community Say?

According to the community survey, 26.4% of adults in Henderson County sometimes, usually or always worried over whether or not they could pay their rent or mortgage in the past year.

### Frequency of Worry or Stress Over Having Enough Money to Pay Rent or Mortgage in the Past Year (2018)



Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 7.1)  
 Note: Asked of all respondents

## 15. PRIORITY ISSUES THAT WILL NOT BE ADDRESSED

- Birth Outcomes & Infant Mortality: The internal CHNC felt Birth Outcomes & Infant Mortality would be addressed through the combination of other priorities—namely focusing on nutrition, substance abuse, mental health and social determinants of health, such as safe and affordable housing. Many of the contributing factors that impact these health priorities also contribute to Birth Outcomes & Infant Mortality.
- Suicide: The local CHNAC believed that the issue of suicide could be more effectively addressed under the broader community needs of access to mental health services and substance abuse. Suicide became a focus area of an existing health priority
- Vaping: The local CHNAC believed that the issue of vaping could be more effectively addressed under the priority of Substance Abuse. Vaping became a focus area of an existing health priority.
- Adverse Childhood Experiences (ACEs): The local CHNAC believe that the issue of ACEs should be incorporated as a focus area into all existing health priorities—namely mental health.

## 16. NEXT STEPS

The CHNAC will work with AdventHealth Hendersonville and other community partners to develop a measurable Community Health Plan for 2020-2022 to address the priority issues. For each priority, specific goals will be developed including measurable outcomes, intervention strategies and the resources necessary for successful implementation.

Evidence based strategies will be reviewed to determine the most impactful and effective interventions. For each goal, a review of policies that can support or deter progress will be completed with consideration of opportunities to make an impact. The plan will be reviewed quarterly with an annual assessment of progress. A presentation of progress on the plan will also be presented to the hospital board annually.

A link to the Community Health Plan will be posted on AdventHealth.com prior to May 15, 2020.

## **17. WRITTEN COMMENTS REGARDING 2016 NEEDS ASSESSMENT**

We posted a link to the most recently conducted CHNA and most recently adopted implementation strategy 2016 on our hospital website as well as AdventHealth.com prior to May 15, 2017 and have not received any written comments.

## **18. REVIEW OF STRATEGIES UNDERTAKEN IN THE 2017 COMMUNITY HEALTH PLAN**

AdventHealth Hendersonville conducts an annual evaluation of the progress made from the implementation strategies from the Community Health Plan. The evaluation is reported to the IRS in Form 990. The following is a summary of progress made on our most recently adopted plan.

### **Priority #1: Access/Quality of Mental Health Services**

#### 2016 Description of the Issue:

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 needs assessment (2012).

#### 2019 Update:

In 2016, after the Mental Health Action Team had been working on the original action plan for a few months, our community stakeholders asked for a complete reboot of the process. There was strong recognition about how complex the issues were, including the linkages between Mental Health and Substance Abuse in our area. A Behavioral Health Summit Group was created with the first Summit being held in February 2017. An independent facilitator was contracted to walk a group of community organizations, high-level leaders and stakeholders through planning efforts over the next 18 months. After the new Behavioral Health Comprehensive Plan was developed, combining vision and efforts from the Mental Health Action Team and the Substance Abuse Action Team, the group presented it to the County Commissioners for support. The County Commissioners were so impressed by the commitment of all the community agencies at the table that approved funding for a new "coordinator" position

related to this work and created an official Task Force to review all gaps and define a path forward. A new electronic scorecard was created to monitor indicators and progress related specifically to these efforts.

## **Priority #2: Substance Abuse**

### 2016 Description of the Issue:

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 needs assessment (2012).

### 2019 Update:

Much work has been done to reduce the harm caused by substance abuse—both locally and across the state. To help reduce opioid overdoses, North Carolina passed the STOP (Strengthen Opioid Misuse Prevention) Act in 2017. The act aims to reduce the supply of unused, misused, and diverted opioid pills, reduce “doctor shopping,” and improve care by requiring prescribers to use tools and resources that help prevent inappropriate prescribing. In addition, both hospitals and many health care organizations reviewed their internal prescribing policies and decided to implement system-wide limitations. These efforts have helped to decrease then number of opioid pills that are currently being dispensed. There is also a state-wide pharmacy standing order for Naloxone, making the overdose-reversal drug more accessible.

Locally, the community stakeholders and partners that make up Hope Rx have worked to increase awareness through community presentations and events, and increase drug take back events and permanent drop boxes to reduce diversion of the medications to the streets. There has been overwhelming school and county support for the annual We Are Hope week that takes place in all middle and high schools. The Henderson County Public Schools have also worked to put more social workers in the schools and provide Mental Health First Aid trainings to their staff, as well as for community stakeholders. Many organizations have stepped forward to work collectively to impact substance abuse in Henderson County. More examples of this work can be found in the annual State of the County Health Report that details efforts related to each priority area. This report can be found at [www.hendersoncountync.gov/health](http://www.hendersoncountync.gov/health).

## **Priority #3: Obesity**

### 2016 Description of the Issue:

Obesity was the number one health priority identified in the 2012 Community health needs 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.

### 2019 Update:

The Obesity Action Team (OAT) was created to allow community partners and stakeholders an opportunity to work together to positively impact issues leading to obesity. In 2018, this group decided to rename themselves HC-CAN (Henderson County Committee for Activity and Nutrition).

Members from this group have worked to increase opportunities to be physically active and improve accessibility of healthy food by expanding the number of farmers markets that accept the SNAP program. The group also spearheaded the development of a comprehensive community website ([www.GoHendo.org](http://www.GoHendo.org)) that highlights free or low-cost physical activities, community events and nutrition education programs. Work done on a proposed Greenway Master Plan for the county enjoyed overwhelming support and approval by the commissioners. Further examples of this action team's work can be found in the annual State of the County Health Report – that details efforts related to each priority area. This report can be found at [www.hendersoncountync.gov/health](http://www.hendersoncountync.gov/health).

## **Priority #4: Safe and Affordable Housing**

### 2016 Description of the Issue:

Safe and affordable housing was the topic most frequently discussed during the Community health needs 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.

### 2019 Update:

Affordable Housing continues to be a problem in Henderson County. Causes for the issue are complex, and the Affordable Housing Action Team has been investigating initiatives that could help ease the burdens caused by costly housing in the community. The action team has brought together community partners and stakeholders that have not traditionally worked together in the past, advancing advocacy for underlying issues like expanding water and sewer infrastructure. Additional examples of this action team's work can be found in the annual State of the County Health Report that details efforts related to each priority area. This report can be found at [www.hendersoncountync.gov/health](http://www.hendersoncountync.gov/health).



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## Photography Credits

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# APPENDICES

## **Appendix A – Data Collection Methods & Limitations**

## **Appendix B – Data Presentation**

- Data Presentation Slides

## **Appendix C – County Maps**

## **Appendix D – Community Phone Survey**

- WNC Core Survey Questions
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## **Appendix F – CHA Focus Groups/Listening Sessions**

- Questions Used for Sessions
- Group Descriptions and Quotes

## **Appendix G – Handouts from CHA**

## **Community Forum Appendix H –**

## **Chart of CHA process Participants**

## **Appendix I – Behavioral Health**

## **Scorecard**

# 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 data 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 Department of Health and Human Services; NC Office of State Budget and Management; NC Department of Commerce; Employment Security Commission of NC; UNC-CH Jordan Institute for Families; NC Department of Public Instruction; NC Department of Justice; NC Division of Medical Assistance; NC Department of Transportation; and the Cecil B. Sheps Center for Health Services Research. The WNC Healthy Impact data 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 2018.

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; the Centers for Disease Control and Prevention; National Center for Health Statistics; NC DPH Nutrition Services Branch; and NC DETECT.

Environmental data was gathered from sources including: US Environmental Protection Agency; US Department of Agriculture; and NC Department of Environment and Natural Resources.

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.

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.

## **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**

The 2018 WNC Healthy Impact Community Health Survey was conducted from March to June. The purpose of the survey was to collect primary data to supplement the secondary core dataset, allow individual counties in the region to collect data on specific issues of concern, and hear from community members about their concerns and priorities. The survey was conducted throughout the entire WNC Healthy Impact region, which includes the following 16 counties: Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, and Yancey.

Professional Research Consultants, Inc. (PRC) designed and implemented the survey methodology, which included a combination of telephone (both landline and cell phone) interviews, as well as an online survey. The survey methodology was designed to achieve a representative sample of the regional population that would allow for stratification by certain demographic characteristics, while also maximizing data collection timeliness and efficiency. Survey sampling and implementation methodology is described in greater detail below.

### **Survey Instrument**

The survey instrument was developed by WNC Healthy Impact's data workgroup, consulting team, and local partners, with assistance from PRC. Many of the questions were derived from the CDC Behavioral Risk Factor Surveillance System (BRFSS) and other validated public health surveys. Other questions were developed specifically by WNC Healthy Impact, with input from regional and local partners, 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 only of their county's residents.

The three additional county questions included in the 2018 survey were:

- 1) 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?
- 2) During the past 30 days, have you, or someone you know, used an illegal drug or taken a prescription drug that was not prescribed to them?
- 3) Do you have any dental needs that have gone untreated in the past 12 months due to lack of insurance or because you did not have enough insurance to cover dental costs?

### **Sampling Approach & Design**

PRC designed the survey methodology to minimize sample bias and maximize representativeness by using best practice random-selection sampling techniques. They also used specific data analysis techniques, including poststratification, to further decrease sample bias

and account for underrepresented groups or nonresponses in the population. Poststratification involves selecting demographic variables of interest within the population (gender, age, race, ethnicity, and poverty status) and then applying “weights” to the data to produce a sample which more closely matches the actual regional population for these characteristics. This technique preserves the integrity of each individual’s responses while improving overall representativeness. In order to determine WNC regional estimates, county responses were weighted in proportion to the actual population distribution to appropriately represent Western North Carolina as a whole. Since the sample design and quality control procedures used in the data collection ensure that the sample is representative, the findings may be generalized to the region with a high degree of confidence.

### *Survey Administration*

PRC piloted the survey through 30 interviews across the region and consulted with WNC Health Network staff to resolve substantive issues before full implementation. PRC used trained, live interviewers and an automated computer-aided telephone interviewing system to administer the survey region-wide. Survey interviews were conducted primarily during evening and weekend hours, with some daytime weekday attempts. Interviewers made up to 5 call attempts per telephone number. Interviews were conducted in either English or Spanish, as preferred by respondents. The final sample included 29 percent cell phone-based survey respondents and 71 percent landline-based survey respondents. Including cell phone numbers in the sampling algorithm allowed better representation of demographic segments that might otherwise be under sampled in a landline-only model.

PRC also worked with a third-party provider to identify and invite potential respondents for an online survey for a small proportion (20%) of the sample population. The online survey was identical to the telephone survey instrument and allowed better sampling of younger and more urban demographic segments.

### **About the Henderson County Sample**

*Size:* The total regional sample size was 3,265 individuals age 18 and older, with 200 from Henderson County. PRC conducted all analysis of the final, raw dataset.

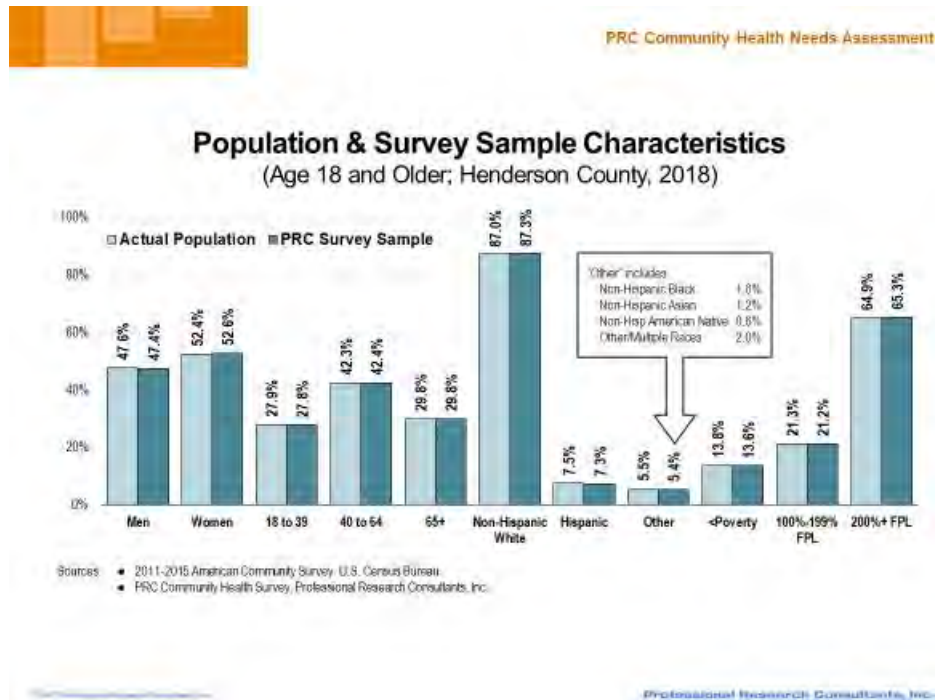
*Sampling Error:* For the county-level findings, the maximum error rate at the 95% confidence level is +6.9%.

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

Confidence Examples:

- If 10% of a sample of 200 respondents answered a certain question with a "yes," it can be asserted that between 5.8% and 14.2% ( $10\% \pm 4.2\%$ ) 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% ( $50\% \pm 6.9\%$ ) of the total population would respond "yes" if asked this question.

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



### 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 2017 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 3 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.

### **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 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*

WNC Healthy Impact, with support from PRC, implemented an Online Key Informant Survey to solicit input from local leaders and stakeholders who have a broad interest in the health of the community. WNC Healthy Impact shared with PRC a list of recommended participants, including those from our county. 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 through an email that introduced the purpose of the survey and provided a link to take the survey online. Reminder emails were sent as needed to increase participation.

#### *Online Survey instrument*

The survey provided respondents the opportunity to identify critical health issues in their community, the feasibility of collaborative efforts around health issues, and what is helping/hurting their community's ability to make progress on health issues.

#### *Participation*

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



<b>Local Online Key Informant Survey Participation</b>		
<b>Key Informant Type</b>	<b>Number Invited</b>	<b>Number Participating</b>
Community Leader	13	6
Other Health Provider	7	6
Physician	4	3
Public Health Representative	3	3
Social Services Provider	14	11

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 (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.

### **Local Survey Data or Listening Sessions**

During the summer of 2018, 10 focus groups/listening sessions were conducted in Henderson County that included 156 participants ages 12-90. 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)
- 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.

## 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 3 or 5 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 5-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 sixteen 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 for a type of event (e.g., death) that is one number 1 year and another number 5 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

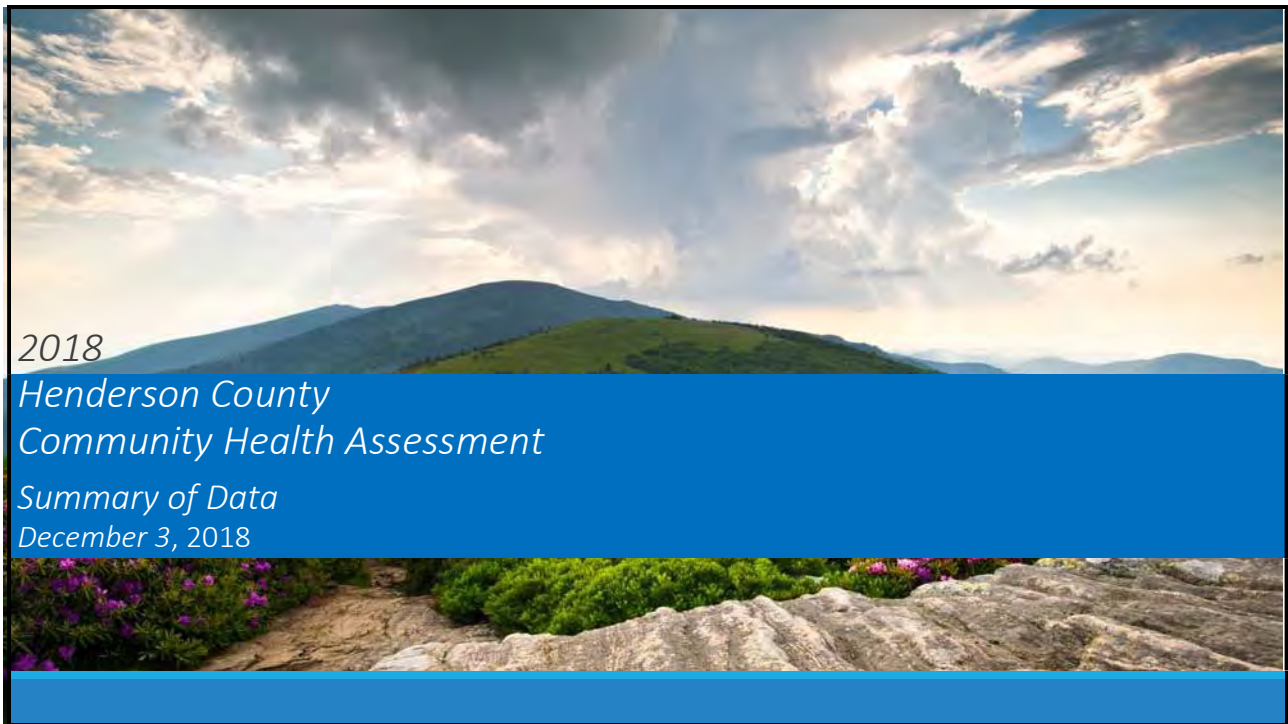
relative change factor of 2.8%; that is, the smaller number increased by a relatively small fraction. In these examples the application of percent makes it very clear that the difference in the first example is of far greater degree than the difference in the second example. This document uses percentage 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.

## **APPENDIX B - Data Presentation - Full**

*See PowerPoint slides attached*





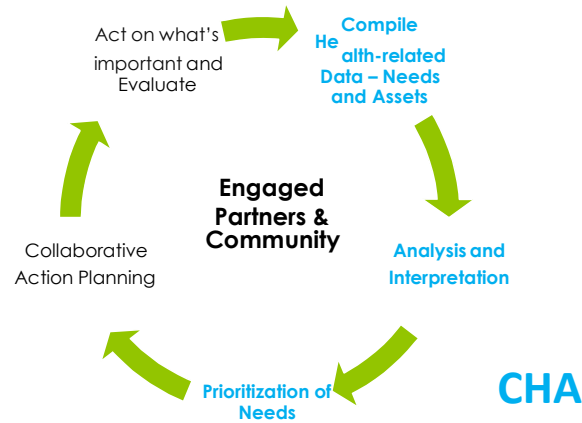
“Too many organizations are working in isolation from one another. **Collective impact** brings people together, in a structured way, to achieve social change.”

<http://collectiveimpactforum.org>

## Collective Impact

- ✓ Common agenda
- ✓ Shared measurement
- ✓ Mutually reinforcing activities
- ✓ Continuous communication
- ✓ Strong backbone

## Community Health Improvement Process



Modified version of the RWJF Take Action Cycle

## ...What is a Community Health Assessment?

### **The CHA:**

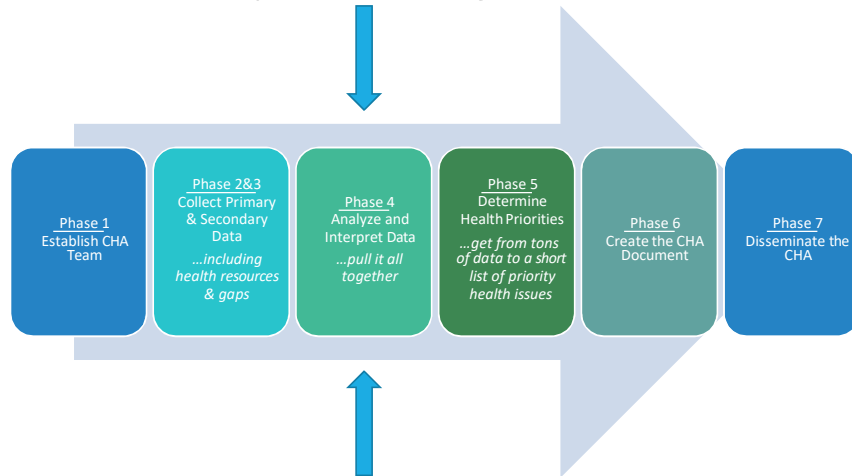
Is the first step and foundation for improving and prompting the health of county residents.

Is a process and a product that will serve as a resource for the Henderson County Department of Public Health, local hospitals, and other community organizations.

Will provide direction for the *collective* planning of disease prevention and health promotion services and activities throughout the community.



## Phases in the process of CHA



## Contributing Viewpoints

Secondary Data	Primary Data (Citizen and Stakeholder Opinion)
<ul style="list-style-type: none"> <li>•Demographic</li> <li>•Socioeconomic</li> <li>•Health</li> <li>•Environmental</li> <li>•2017 Youth Risk Behavior Survey (HC 9<sup>th</sup> graders)</li> <li>•2015 Henderson County Economic Assessment</li> </ul>	<ul style="list-style-type: none"> <li>•General community phone survey (200 adults, random sample)</li> <li>•Key informant e-survey (29 service providers &amp; community leaders)</li> <li>•Focus groups (10 groups including 156 participants ages 12-90 from varying backgrounds)</li> </ul>

## *Methodology*

---

Product	Source	Description of type of data and source
Community Health Survey	Professional Research Consultants (PRC)	75 core questions (3 additional local questions) including: demographic, morbidity, behavior, ACEs, etc.
Data Workbook (Survey and Secondary Data)	Publicly available data (U.S. Census, NC State Center for Health Statistics, other state and federal departments)	175+ Indicators including: demographic, morbidity and mortality, social determinants, environmental indicators, etc.
Online Key Informant Survey	Professional Research Consultants (PRC)	Survey input (story data) from selected individuals to identify major health issues, gaps in services, and other factors that may contribute to health.
Maps	Community Commons and NC State Center for Health Statistics	23 maps including: selection of population, and morbidity and mortality indicators.

## *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.

## Questions to Ponder...

What data point (health or otherwise) stands out to you?

Why is it interesting?

What do you want to know more about?



## *Demographic Data*



## Demographic Overview

Source: Henderson County Partnership for Economic Development

Population ..... 115,708  
 Labor Force ..... 50,243  
 Unemployment Rate ..... 3.3% (August 2018)  
 High School Graduate or Higher ..... 45,670  
 Bachelor Degree or Higher ..... 10,426  
 2017 Median Home Value ..... \$185,800  
 2017 Projected Per Capita Personal Income ..... \$38,130  
 2017 Projected Median Household Income ..... \$48,138  
 2016 Median Age ..... 47  
 Average Work Commute Time ..... 21.8 min.

County	2016 ACS Estimates																
	Total Population (2016)	Total Population (2010)	% Pop Change <sup>#</sup> 2010 to 2016	# Males	% Males	# Females	% Females	Median Age <sup>*</sup>	# Under 5 Years Old	% Under 5 Years Old	# 5-19 Years Old <sup>**</sup>	% 5-19 Years Old	# 20-64 Years Old <sup>***</sup>	% 20-64 Years Old	# 65 Years and Older		% 65 Years and Older
															Male	Female	
Henderson	110,905	106,740	3.9	53,523	48.3	57,382	51.7	46.8	5,509	5.0	18,198	16.4	60,012	54.1	12,139	15,047	24.5
WNC (Regional) Total	775,745	759,727	2.1	376,101	48.5	399,641	51.5	45.9	37,799	4.9	130,566	16.8	441,952	57.0	73,387	92,058	21.3
State Total	9,940,828	9,535,483	4.3	4,834,592	48.6	5,106,236	51.4	38.3	605,960	6.1	1,954,736	19.7	5,920,802	59.6	632,931	826,399	14.7
State Average	99,408	95,355	4.3	48,346	n/a	51,062	n/a	n/a	6,060	n/a	19,547	n/a	59,208	n/a	6,329	8,264	n/a
Source	2	1	3	2	3	2	3	2	2	3	2	3	2	3	2	2	3

\* Metric for Regional Total Median Age calculated as the arithmetic mean of county values

\*\* - Metric calculated by adding together the following census categories: "5 to 9 years," "10 to 14 years," "15 to 19 years"

\*\*\* - Metric calculated by adding together the following census categories: "20 to 24 years," "25 to 29 years," "30 to 34 years," "35 to 39 years," "40 to 44 years," "45 to 49 years," "50 to 54 years," "55 to 59 years," and "60 to 64 years"

1 - Profile of General Population and Housing Characteristics (DP-1). 2010 Census. Retrieved on March 15, 2017, from U.S. Census Bureau, American FactFinder website: <http://factfinder2.census.gov>.

2 - ACS Demographic and Housing Estimates (DP05). 2016 ACS 5-year estimates. Retrieved on March 28, 2018, from U.S. Census Bureau, American FactFinder website: <http://factfinder2.census.gov>.

3 - Calculated

## General Population Characteristics

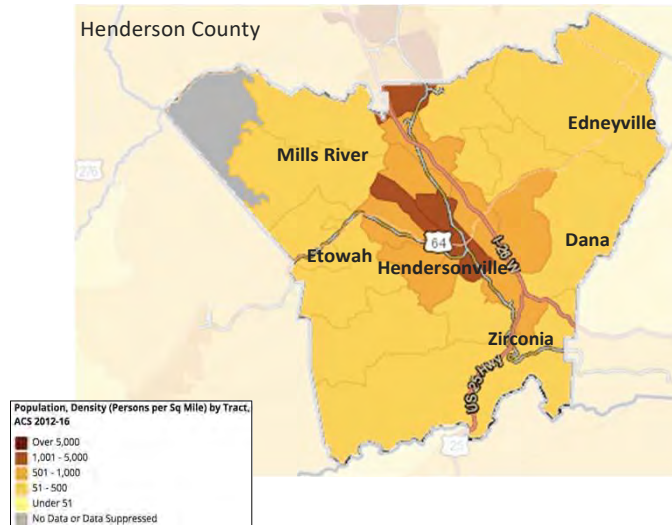
Although it has a median age only slightly "older" than the regional mean, Henderson County has a median age several years "older" than the state average

# Population Density

Source: ACS 2012-2016

Geographic Unit: Census Tract

Map Produced by: Community Commons



County	2016 ACS Estimates																
	Total Population (2016)	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	110,905	101,051	91.1	3,488	3.1	219	0.2	1,257	1.1	113	0.1	2,738	2.5	2,039	1.8	10,806	9.7
WNC (Regional) Total	775,745	697,662	89.9	33,872	4.4	10,920	1.4	6,563	0.8	438	0.1	11,976	1.5	14,314	1.8	44,780	5.8
State Total	9,940,828	6,882,915	69.2	2,137,131	21.5	117,479	1.2	254,550	2.6	6,588	0.1	298,795	3.0	243,370	2.4	884,736	8.9
Source	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2

1 - Profile of General Population and Housing Characteristics (DP-1). 2010 Census. Retrieved on March 15, 2017, from U.S. Census Bureau, American FactFinder website: <http://factfinder2.census.gov>.

2 - ACS Demographic and Housing Estimates (DP05). 2016 ACS 5-year estimates. Retrieved on March 28, 2018, from U.S. Census Bureau, American FactFinder website: <http://factfinder2.census.gov>.

## Minority Populations

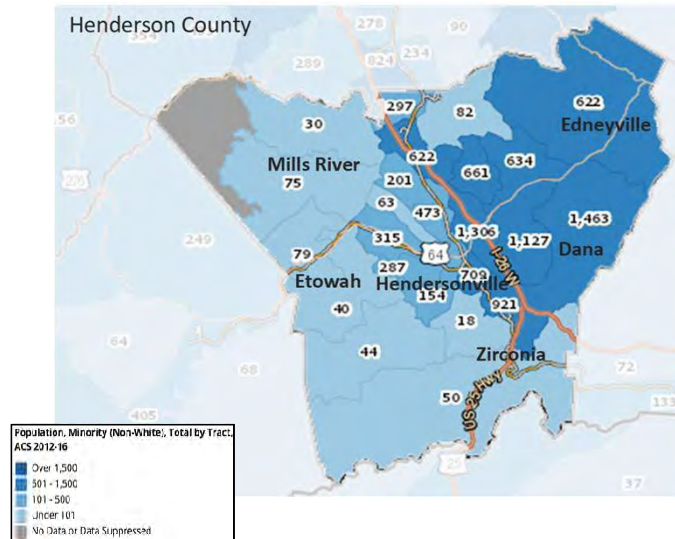
A higher proportion of Hispanics live in Henderson county, compared to any other minority population.

## Minority Populations (Non-White)

Source: ACS 2012-2016

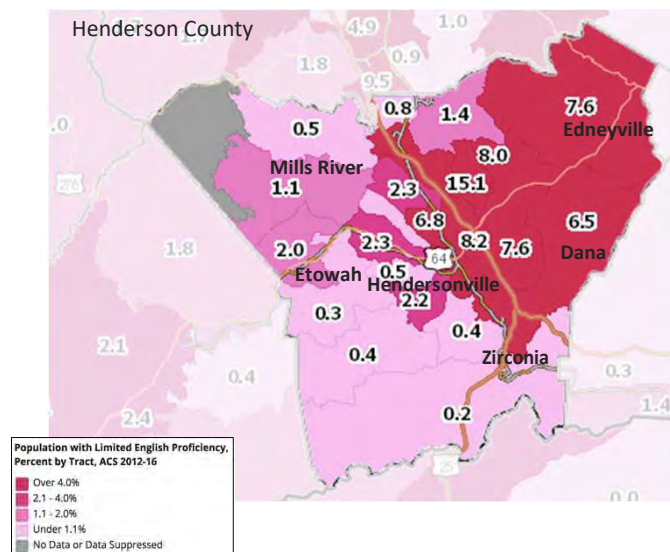
Geographic Unit: Census Tract

Map Produced by: Community Commons



## Percent of Population with Limited English Proficiency

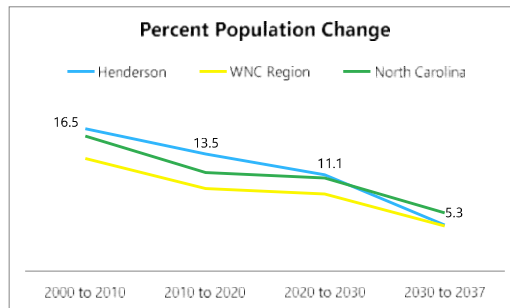
Source: ACS 2012-2016, by Census Tract



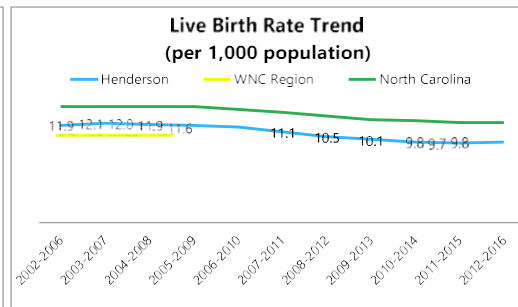
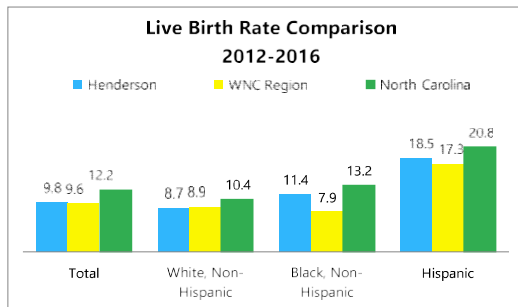
# Population Growth

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

County	% Total Population Growth				
	2000 to 2010	2010 to 2020	2020 to 2030	2030 to 2037	2000 to 2037
Henderson	16.5	13.5	11.1	5.3	59.0
WNC (Regional) Total	13.0	9.5	8.8	5.2	41.8
State Total	15.6	11.4	10.7	6.7	56.0
Source	4	4	4	4	4

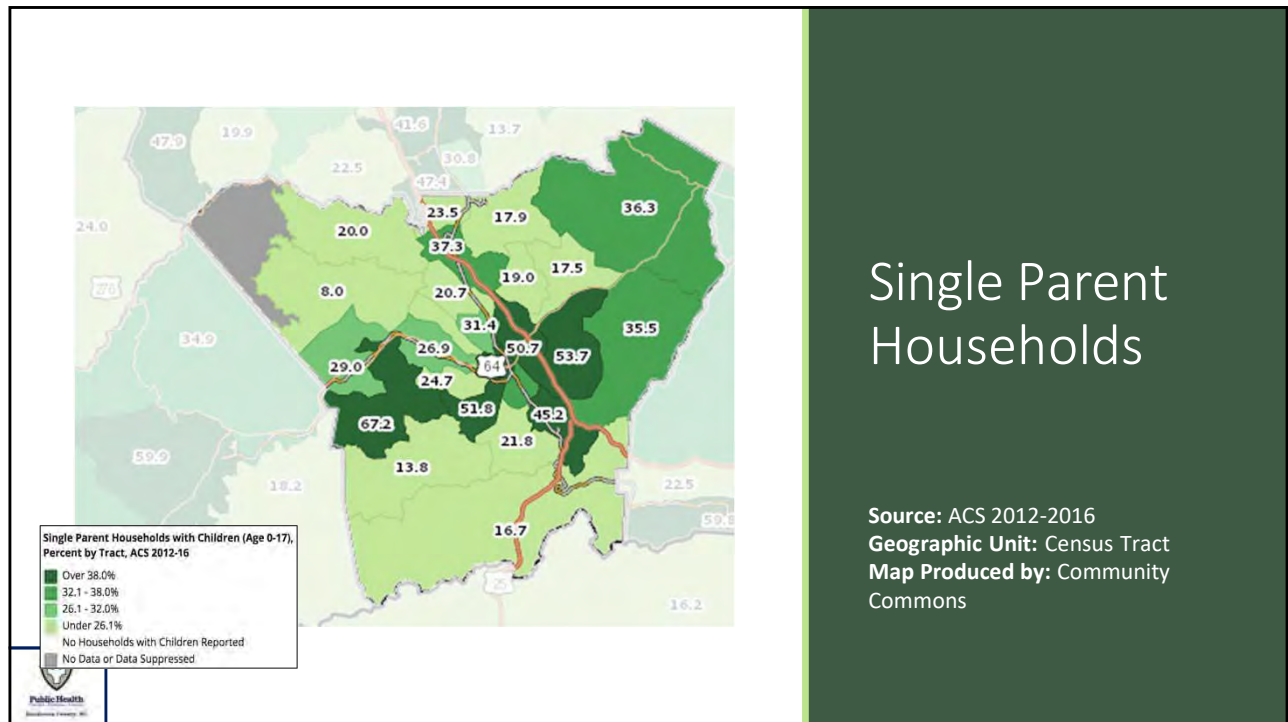


# Birth Rate



\*A live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or any definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached (definition adopted by World Health Organization in 1950).

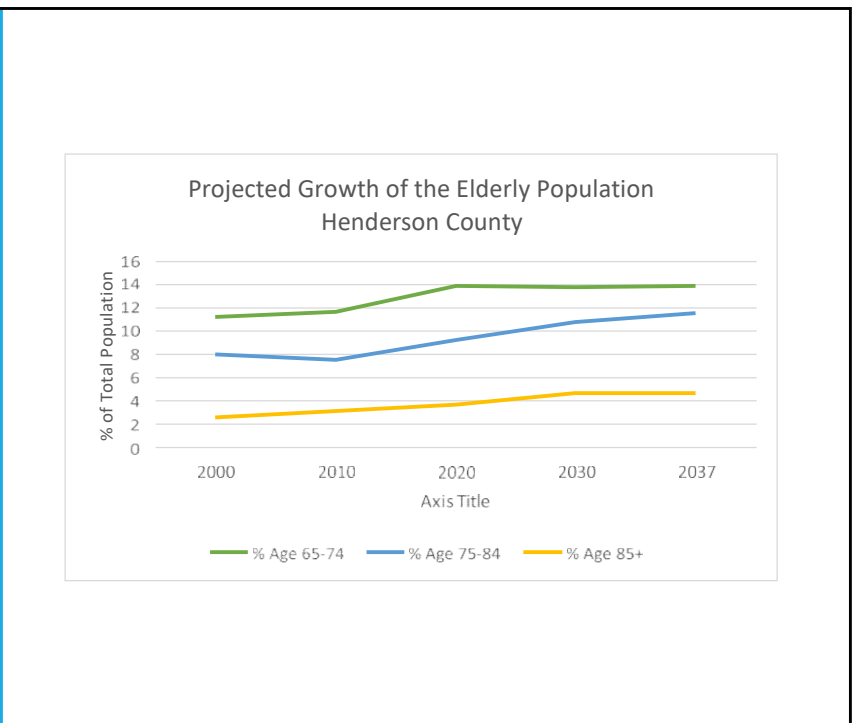




*Growth of the Elderly Population*

The population in each major age group age 65 and older in Henderson County will increase between 2010 and 2037.

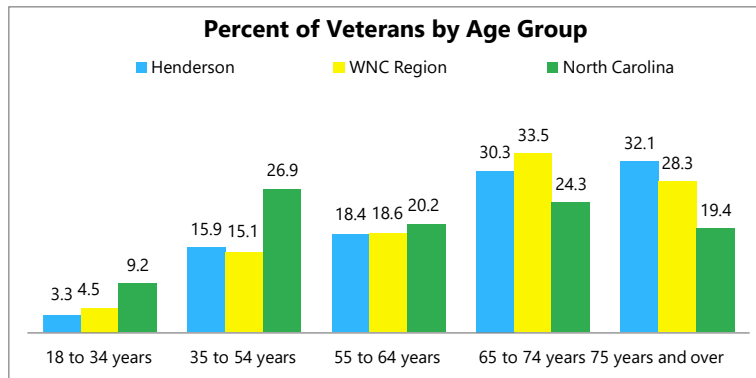
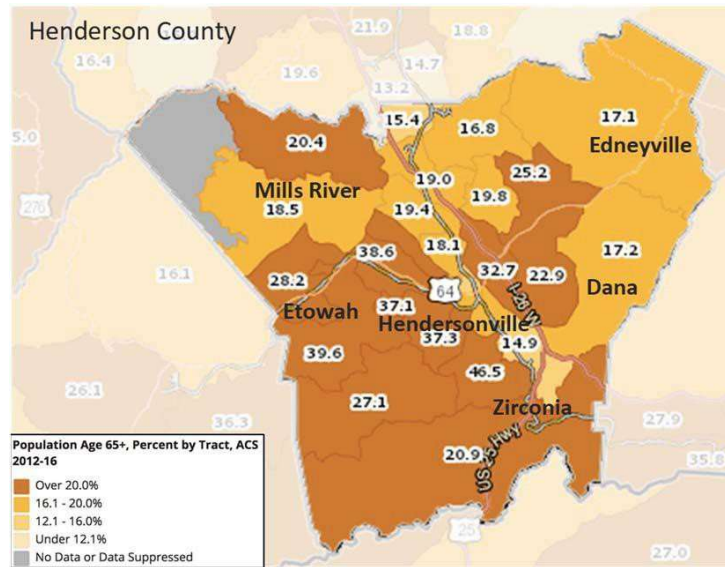
By 2037 projections estimate there will be more than 43,800 persons age 65+ in Henderson County.





## Percent of Population Age 65+

Source: ACS 2012-2016  
 Geographic Unit: Census Tract  
 Map Produced by: Community Commons



## Military Veterans

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

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

### Urban-Rural Population

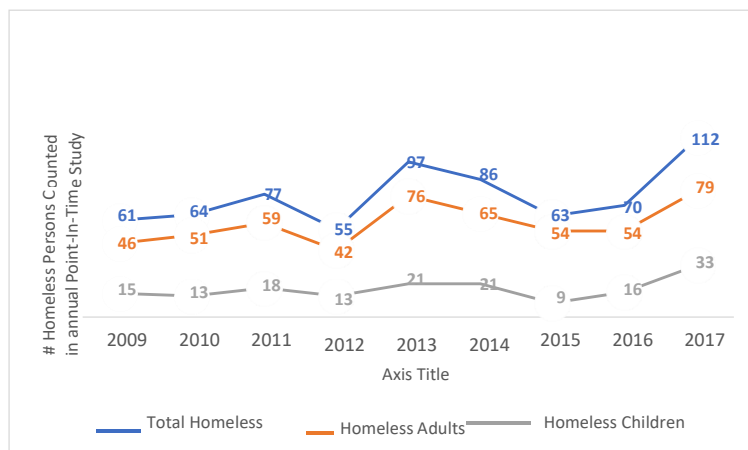
The proportion of Henderson County categorized as 2010 more of Henderson County was “urban” than “rural” decreased by 29% between 2000 and 2010. By were WNC or NC as a whole.

### Homeless Population

According to an annual point-in-time census of the homeless population in Henderson County, the total number of homeless persons rose sharply in 2017 to the highest levels seen since 2009. Throughout the period cited most of the county’s homeless were adults.

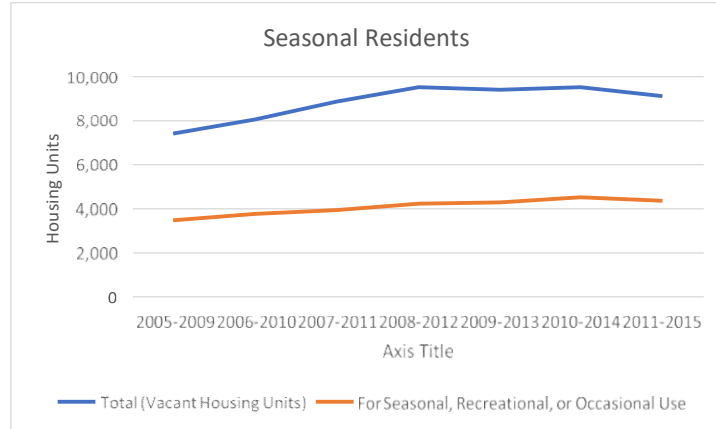
From 2010 through 2017, an average of approximately 25% of the total homeless population was deemed “chronically homeless”.

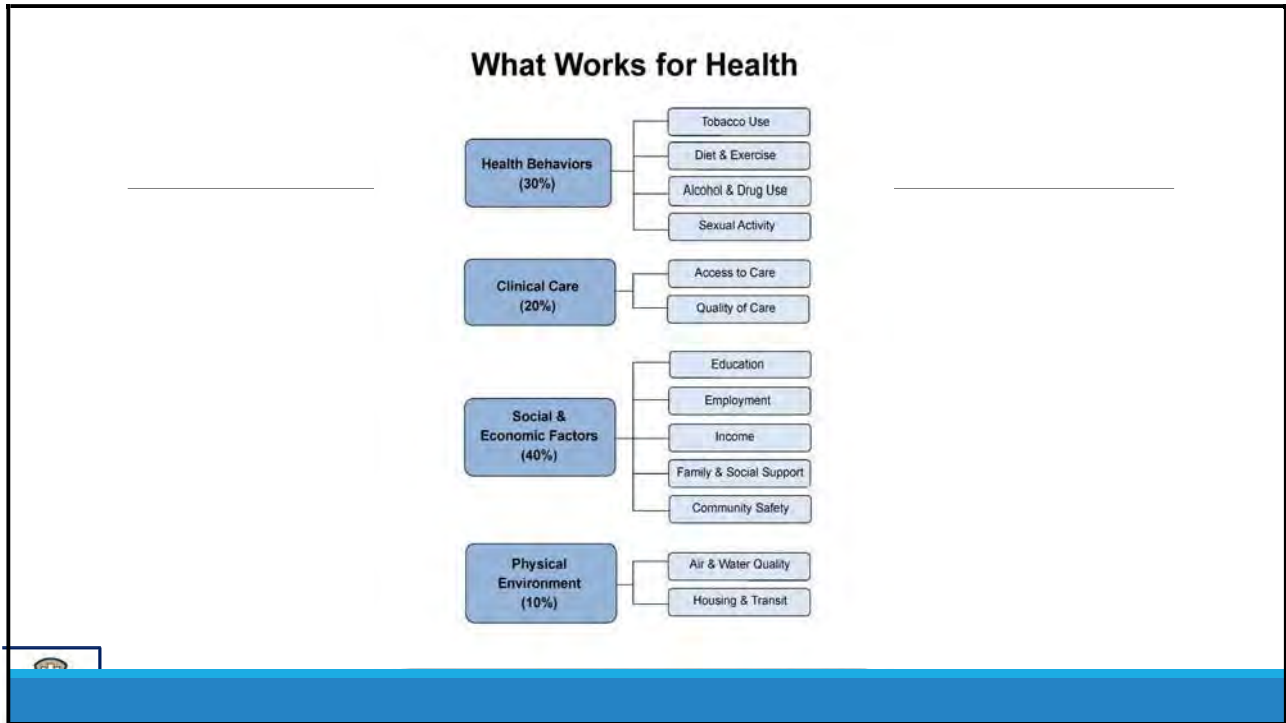
From 2010 through 2017, approximately 7% of all homeless adults in Henderson County were military veterans.



## Seasonal Residences

Seasonal Residents in Henderson County continue to increase over time.





## Education Public Schools

### NUMBER OF SCHOOLS

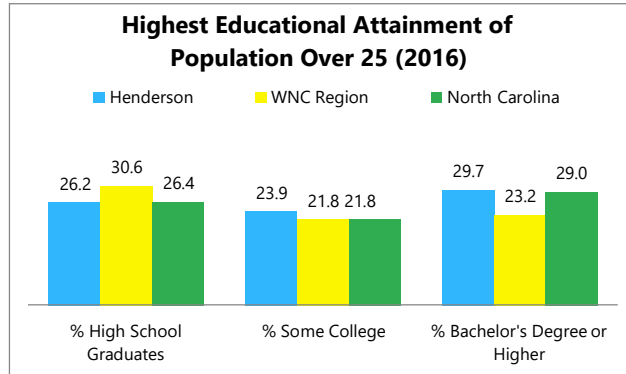
Elementary Schools .....	13
Middle Schools .....	4
High Schools/Early College .....	6
Public Charter Schools .....	2

**ANNUAL ENROLLMENT** ..... > 13,700

### 2018 AVERAGE SAT SCORES

County .....	1124
North Carolina .....	1090
Nation .....	1049

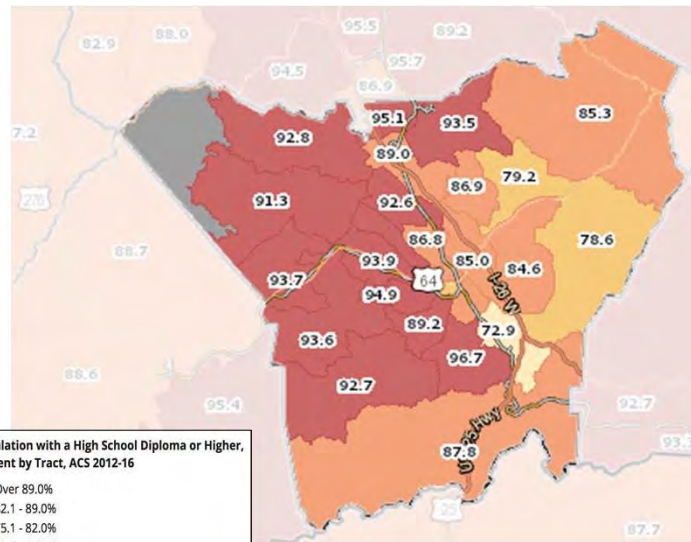
Source: Henderson County Partnership  
for Economic Development, and NC  
Department of Public Instruction



## Educational Achievement

Henderson county has a higher percentage of persons who have graduated high school and college compared to the WNC and North Carolina averages.

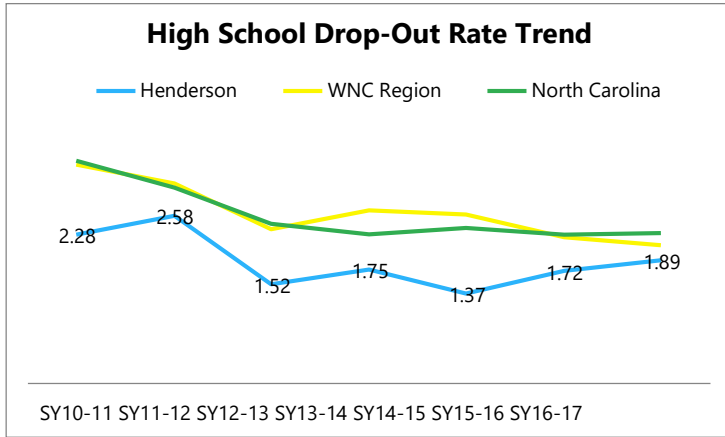
## Educational Achievement



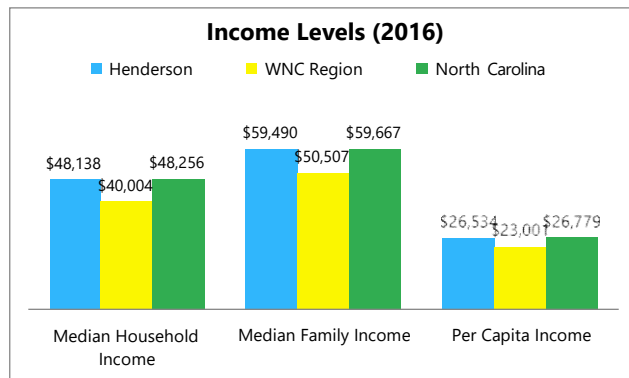
Source: ACS 2012-2016

Geographic Unit: Census Tract

Map Produced by: Community Commons



# High School Drop-Out



## Income

**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.*

## Employment

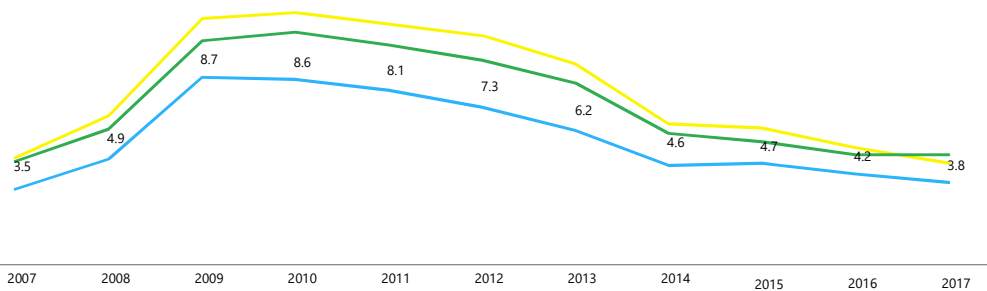
As of 2017, the three employment sectors in Henderson County with the largest proportions of workers (and average weekly wages) were:

- **Health Care and Social Assistance:** 18.98% of workforce (\$897.23)
- **Manufacturing:** 14.88% of workforce (\$1,013.49)
- **Retail Trade:** 14.21% of workforce (\$542.78)

## Unemployment

**Unemployment Rate (Unadjusted) Trend**

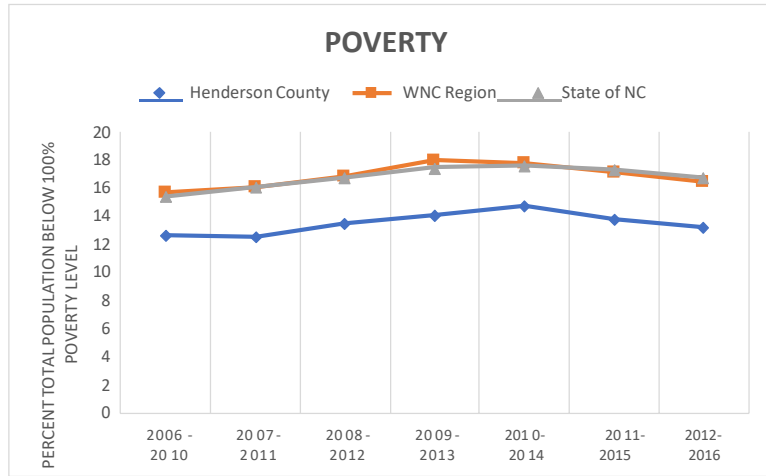
— Henderson — WNC Region — North Carolina



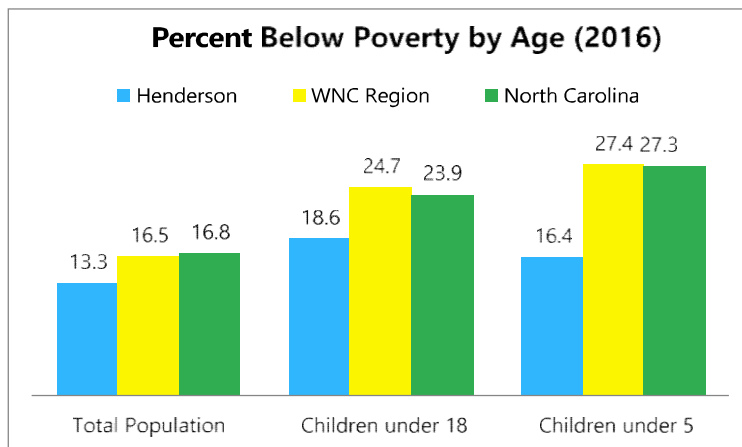
## Poverty

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.

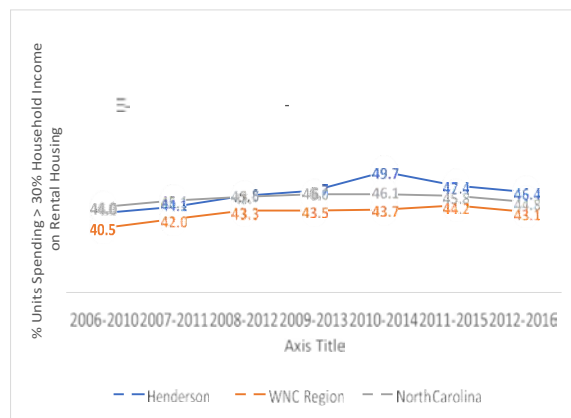
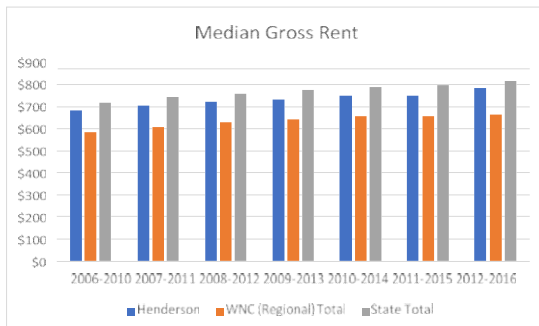
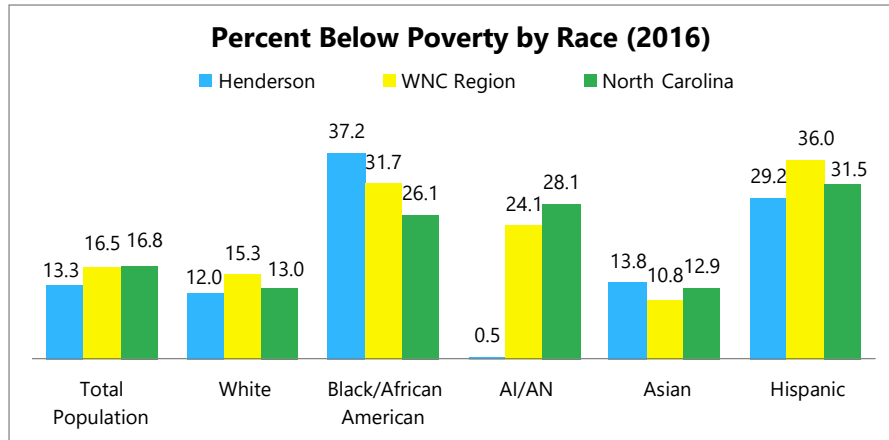


## Poverty and Age

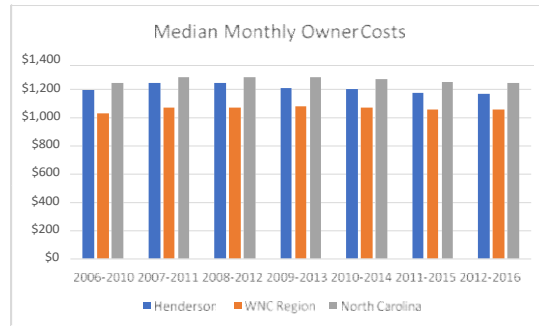
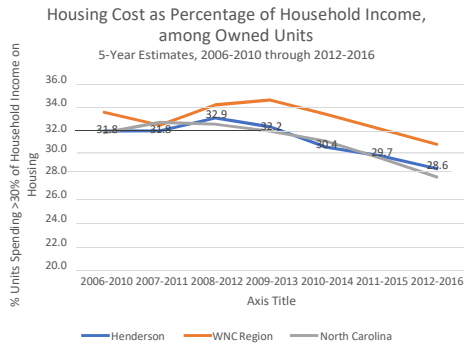




## Poverty and Race



## Housing Costs - Rentals



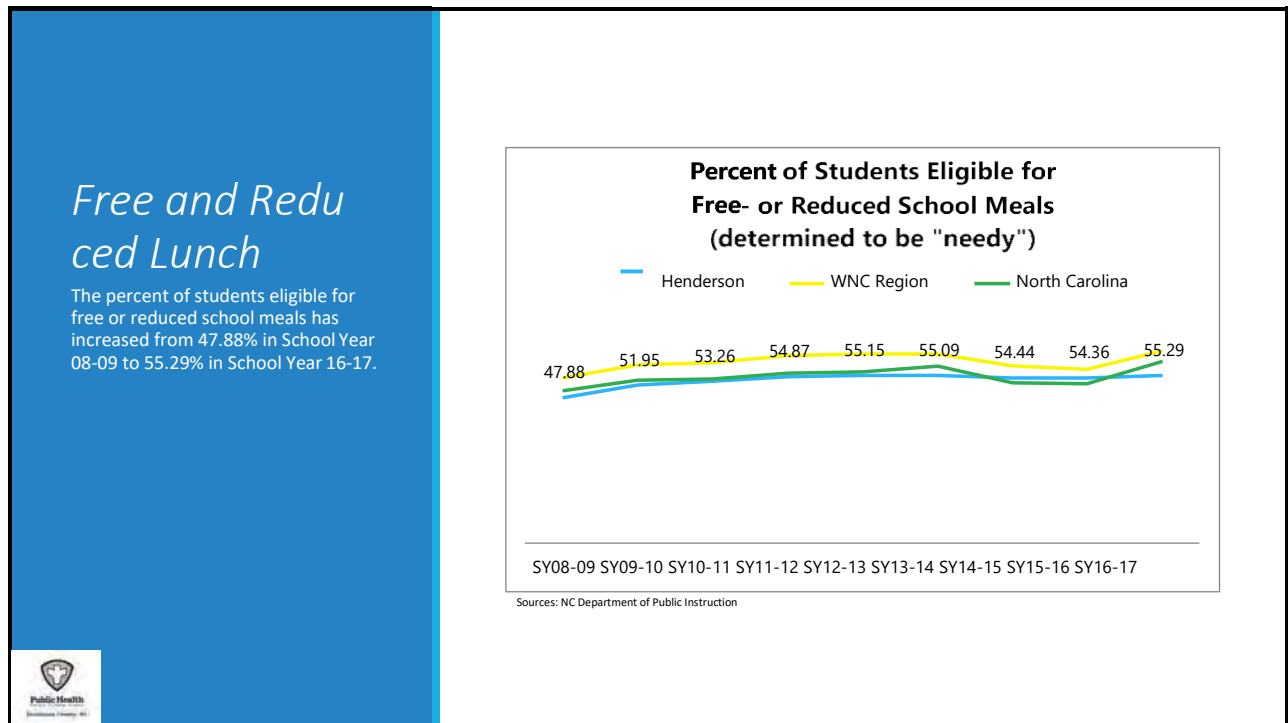
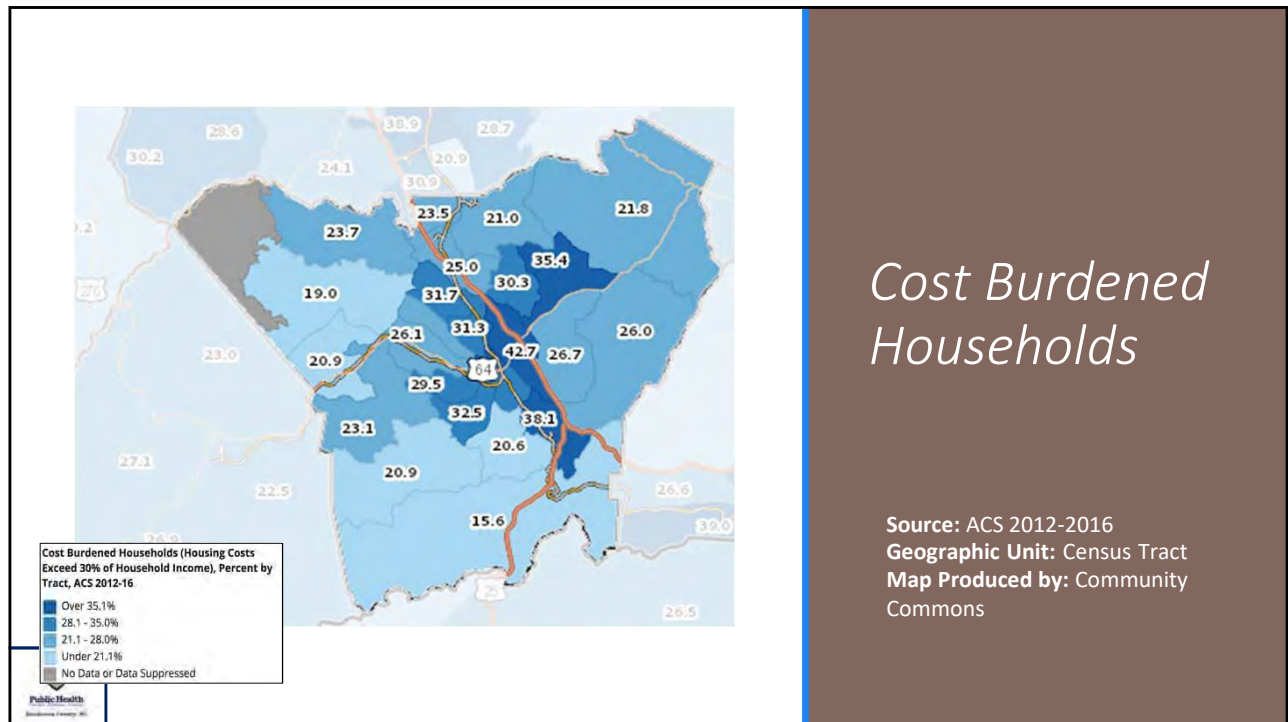
## Housing Costs - Mortgages

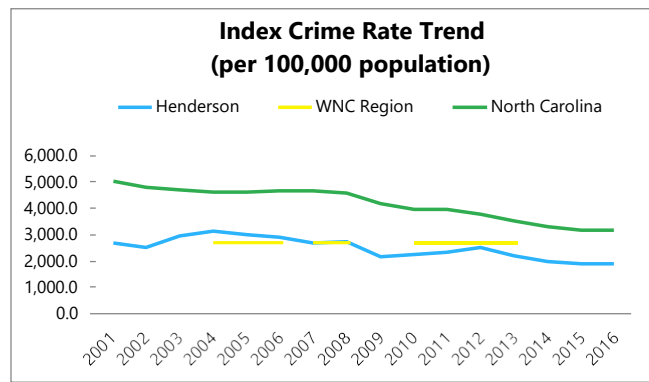
**Housing Adequacy (of Occupied Housing Units both owned and rented)**  
**2012-2016**

County or Township	Total Occupied Housing Units	% Mobile Homes or other type of housing	% Built in 1959 or earlier **	% without complete plumbing facilities	% without complete kitchen facilities	% with no vehicle available	% with no telephone service	% heating house with fuel oil, kerosene, coal, coke, or other fuels *	% with no heating fuel
Henderson	46,985	15.5	13.3	0.3	0.5	5.6	2.4	8.3	0.4
Blue Ridge	4,631	35.3	8.5	0.0	0.0	4.8	3.1	9.5	1.1
Clear Creek	2,918	38.2	7.9	0.0	1.0	6.3	3.9	5.4	0.2
Crab Creek	1,801	19.1	11.4	0.8	0.0	3.8	1.6	7.4	0.0
Edneyville	1,840	25.0	20.3	0.0	0.6	2.9	1.7	18.6	0.5
Green River	1,879	20.9	14.5	0.0	0.0	6.2	0.0	17.7	0.2
Hendersonville	21,496	7.4	17.7	0.3	0.8	7.4	2.2	6.5	0.3
Hoopers Creek	6,604	13.2	6.8	0.8	0.6	2.5	3.5	9.2	0.3
Mills River	5,816	15.2	9.1	0.0	0.0	4.1	2.1	7.3	0.8
<b>WNC (Regional) Average</b>	<b>10,441</b>	<b>21.1</b>	<b>12.2</b>	<b>0.2</b>	<b>0.4</b>	<b>4.8</b>	<b>2.3</b>	<b>10.0</b>	<b>0.4</b>
<b>State Total</b>	<b>3,815,392</b>	<b>12.6</b>	<b>15.7</b>	<b>0.3</b>	<b>0.6</b>	<b>6.3</b>	<b>2.5</b>	<b>5.9</b>	<b>0.4</b>

Source: 2012-2016 American Community Survey 5-Year Estimates (S2504)

## Housing Adequacy





*Crime and Safety*  
*Index Crime*

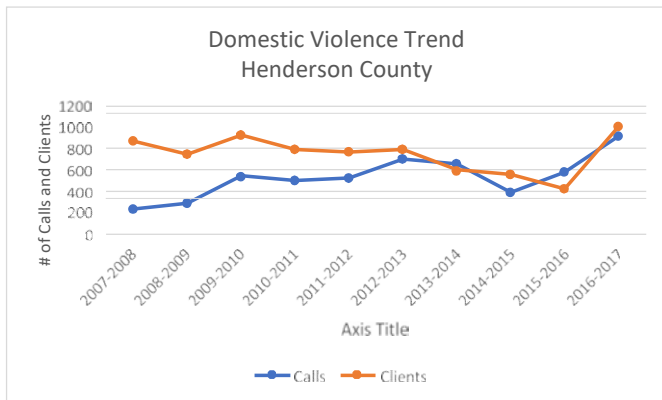
Index crime is the sum of all violent and property crime. The index crime rate in Henderson County was lower than the comparable NC average in every year cited.

## Crime and Safety Sexual Assault

In FY2016-2017, 218 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 sexual offense (50.9%). Regionally, the most frequently reported type was rape (29.3%); statewide the most frequently reported type was rape (29.8%).

State-wide and region-wide the most commonly reported offender was a relative. In Henderson County the most common offender also was a relative.



## Crime and Safety Domestic Violence

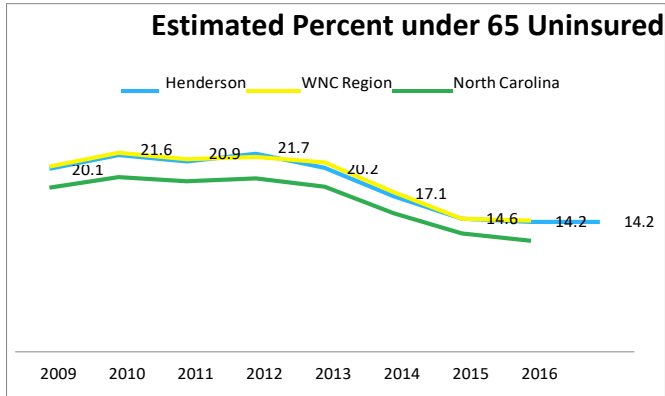


# Crime and Safety Child Abuse

Henderson County	Type of Findings										
	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11	FY11-12	FY12-13	FY13-14	FY14-15	FY15-16	FY16-17
Total Substantiated Findings (#)	54	65	38	58	71	51	34	74	54	80	69
Total Substantiated Findings (%)	6%	7%	4%	7%	9%	7%	5%	10%	8%	11%	9%
Abuse and Neglect	1	2	1	0	5	5	1	8	1	4	3
Abuse	1	4	2	7	3	6	1	4	2	0	4
Neglect	51	59	34	51	63	39	32	62	50	74	62
Dependency	1	0	1	0	0	1	0	0	1	2	0
Unsubstantiated (#)	198	185	228	203	170	162	140	176	196	164	245
Unsubstantiated (%)	23%	21%	27%	25%	22%	22%	20%	24%	28%	23%	31%
Number of Children with Investigated Reports of A	876	885	858	797	760	742	713	745	709	715	793



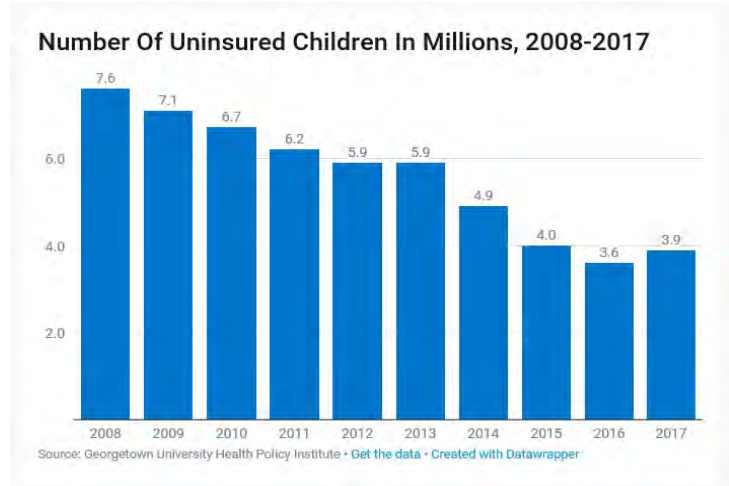
## Health Resources and Health Care Access



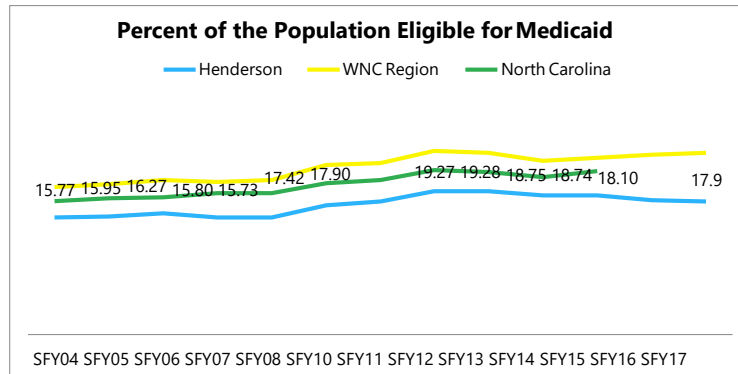
## Health Insurance



## National Trend - Uninsured Children



Source: Georgetown University Health Policy Institute



## Medicaid Eligibility

### Number of Active Health Professionals per 10,000 Population

County	2017				2016
	Physicians	Primary Care Physicians	Dentists	Registered Nurses	Pharmacists
Henderson	23.3	7.6	4.6	94.9	11.5
WNC (Regional Arithmetic Mean)	15.5	6.5	3.7	77.5	8.6
State Total	23.8	7.0	5.0	100.7	11.4

## Health Care Practitioners





## *Life Expectancy*

For persons born in 2014-2016, 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 WNC.

**Life Expectancy at Birth for Persons Born in in 2014-2016**

County	Overall	Sex		Race	
		Male	Female	White	African-American
Henderson	79.2	77.1	81.3	79.4	73.4
WNC (Regional) Arithmetic Mean	77.7	75.1	80.4	78.0	76.2
State Total	77.4	74.8	79.9	78.3	74.9

## Leading Causes of Death: Overall

Rank	Age-Adjusted Rates (2012-2016)	Henderson # Deaths	Henderson Mortality Rate	NC Mortality Rate
1	Cancer	1,518	158.1	166.5
2	Diseases of Heart	1,392	138.2	161.3
3	All Other Unintentional Injuries	341	43.9	31.9
4	Chronic Lower Respiratory Diseases	376	37.3	45.6
5	Cerebrovascular Disease	364	35.1	43.1
6	Alzheimer's disease	338	30.8	31.9
7	Suicide	118	18.8	12.9
8	Pneumonia and Influenza	172	16.8	17.8
9	Unintentional Motor Vehicle Injuries	82	14.4	14.1
10	Chronic Liver Disease and Cirrhosis	88	12.1	10.3
11	Diabetes Mellitus	103	11.3	23.0
12	Nephritis, Nephrotic Syndrome, and Nephrosis	111	11.1	16.4
13	Septicemia	58	6.0	13.1
14	Homicide	17	3.2	6.2
15	Acquired Immune Deficiency Syndrome	2	0.2	2.2

## Mortality Trends, 2009-2013 to 2012-2016

	Leading Cause of Death in Henderson County	2009-2013 Mortality Rate	2012-2016 Mortality Rate	Overall Trend Direction
1	Cancer	152.6	158.1	▲
2	Diseases of Heart	148.6	138.2	▼
3	All Other Unintentional Injuries	37.7	43.9	▲
4	Chronic Lower Respiratory Diseases	43.7	37.3	▼
5	Cerebrovascular Disease	35.6	35.1	▼
6	Alzheimer's disease	31.1	30.8	▼
7	Suicide	15.6	18.8	▲
8	Pneumonia and Influenza	14.8	16.8	▲
9	Unintentional Motor Vehicle Injuries	12.1	14.4	▲
10	Chronic Liver Disease and Cirrhosis	12.2	12.1	▼
11	Diabetes Mellitus	11.3	11.3	▬
12	Nephritis, Nephrotic Syndrome, and Nephrosis	9.9	11.1	▲
13	Septicemia	6.4	6.0	▼
14	Homicide	2.8	3.2	▲
15	Acquired Immune Deficiency Syndrome	0.8	0.2	▼

Source: NC State Center for Health  
Statistics

Three Leading Causes of Death  
by Age Group  
Unadjusted Death Rates per  
100,000 Population  
Single 5-Year Aggregate, 2012-  
2016

Henderson County				
Age Group	Rank	Leading Cause of Death	# Deaths	Death Rate
00-19	1	Conditions originating in the perinatal period	16	13.4
	2	Congenital anomalies (birth defects)	13	10.9
	3	Other Unintentional injuries	9	7.5
20-39	1	Other Unintentional injuries	37	33.0
	2	Motor vehicle injuries	19	17.0
	3	Diseases of the heart	14	12.5
40-64	1	Cancer - All Sites	340	181.3
	2	Diseases of the heart	191	101.8
	3	Suicide	75	40.0
65-84	1	Cancer - All Sites	830	709.1
	2	Diseases of the heart	607	518.6
	3	Chronic lower respiratory diseases	214	182.8
85+	1	Diseases of the heart	580	3176.0
	2	Cancer - All Sites	336	1839.9
	3	Alzheimer's disease	220	1204.7

Source: North Carolina State Center for Health Statistics

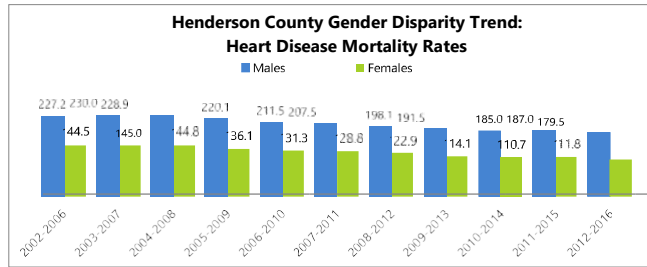
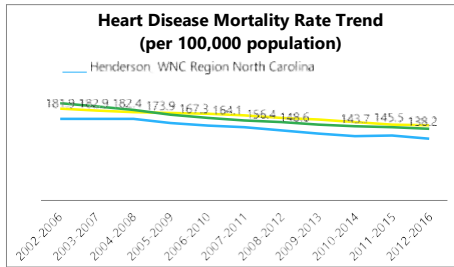
## Deaths by Age Group

### *Injury Mortality Unintentional Falls*

From 2013 through 2016, 169 Henderson County residents died as a result of an unintentional fall.

Of the 169 fall-related deaths, 155 (92%) occurred in the population age 65 and older.

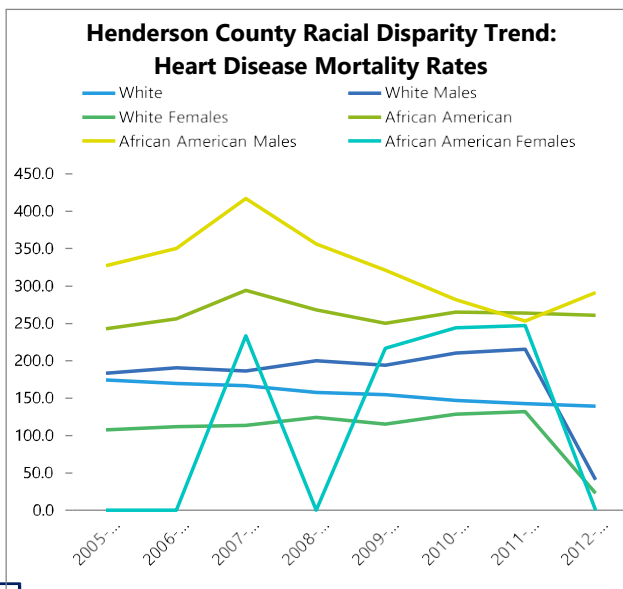
Of the 169 fall-related deaths, 102 (60%) occurred in the population age 85 and older.



105.0

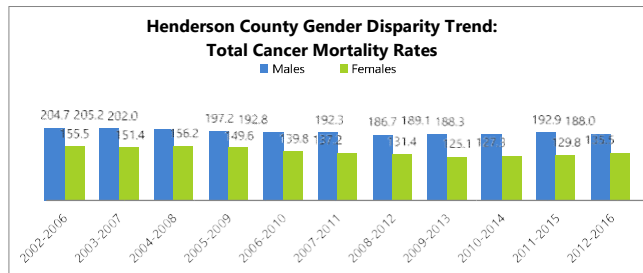
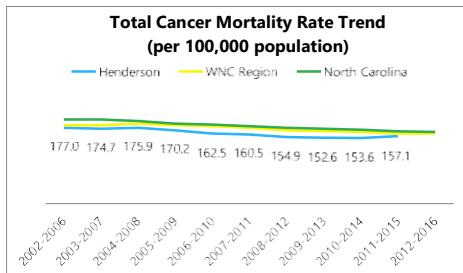
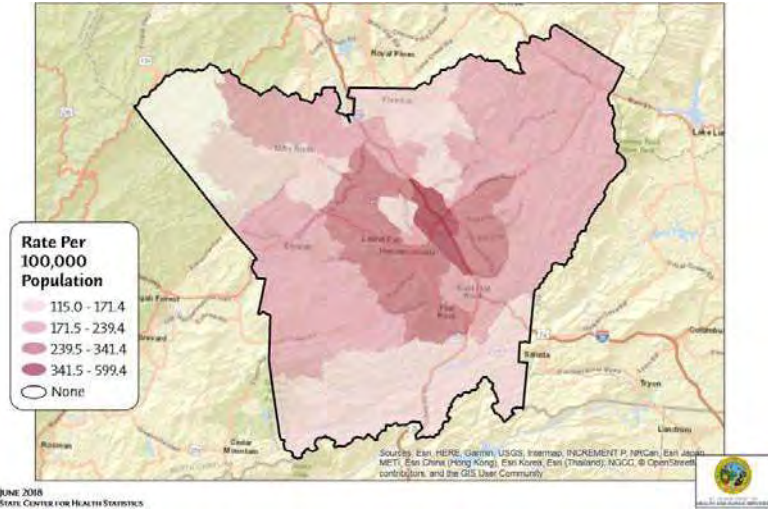
## Heart Disease

Heart disease rates appear to be declining overall. Men suffer disproportionately from heart disease than women.



## Heart Disease by Race

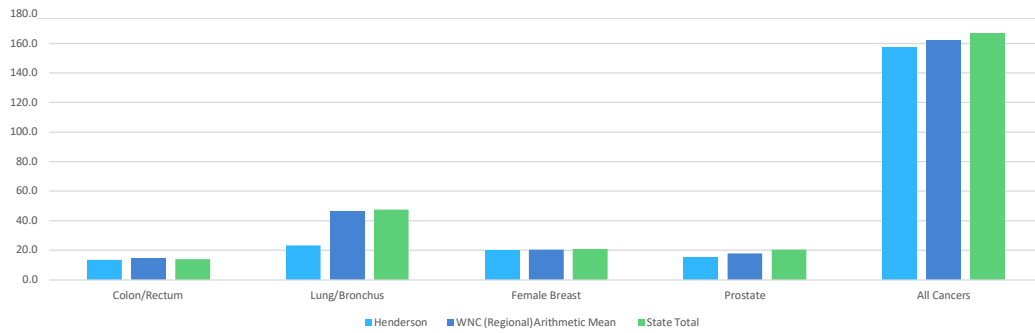
# Heart Disease Mortality Rates



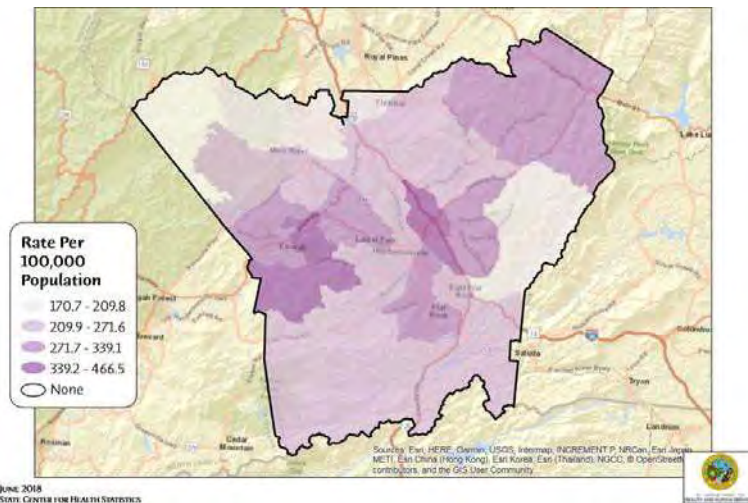
Cancer

# Cancer

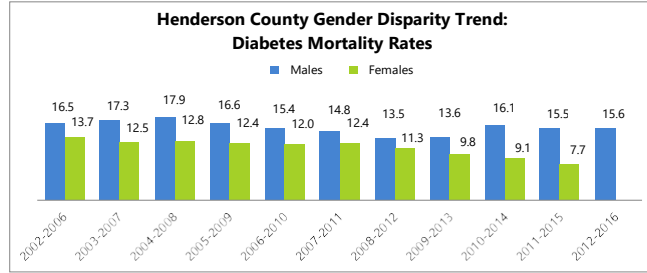
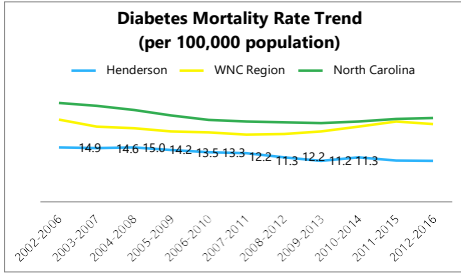
Cancer Mortality Rates, by Cancer Site Age-Adjusted Rates per 100,000 Population  
Single 5-year aggregate, 2012-2016



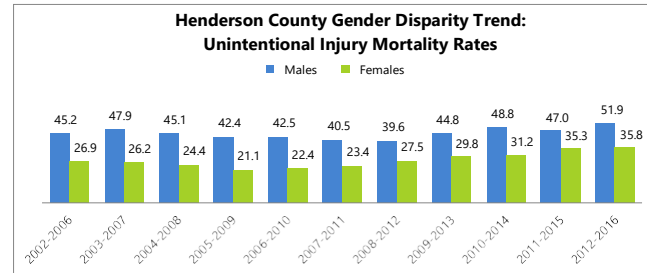
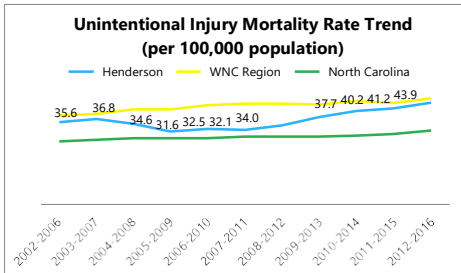
## All Cancers Mortality Rates







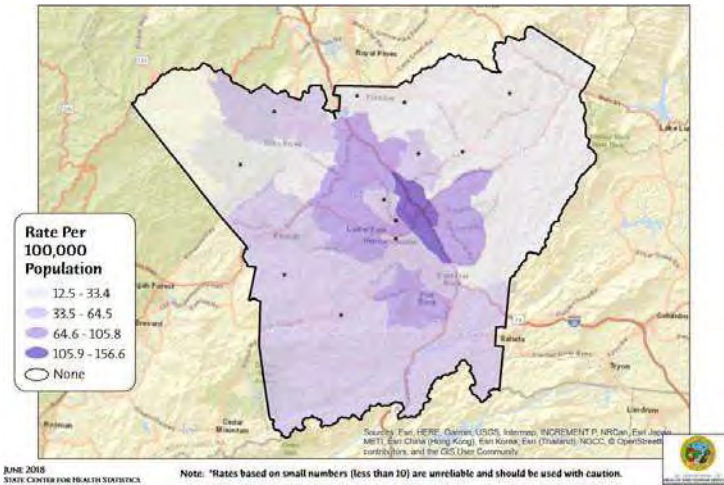
## Diabetes Mortality



## Unintentional Injuries



## Other Unintentional Injuries Mortality Rates

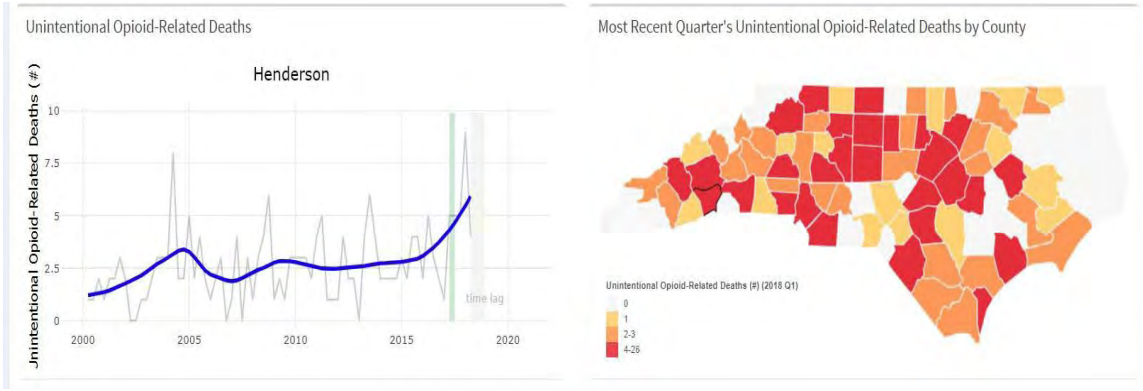


County	Unintentional Poisoning Deaths for Select Locations and Percent that are Medication/Drug Overdoses (2009-2013)*			Rate of Unintentional Medication/Drug Overdose Deaths (2009-2013)**	
	#	Rate per 100,000 NC Residents	% that are Medication/Drug Overdoses	#	Rate per 100,000 NC Residents
Henderson	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

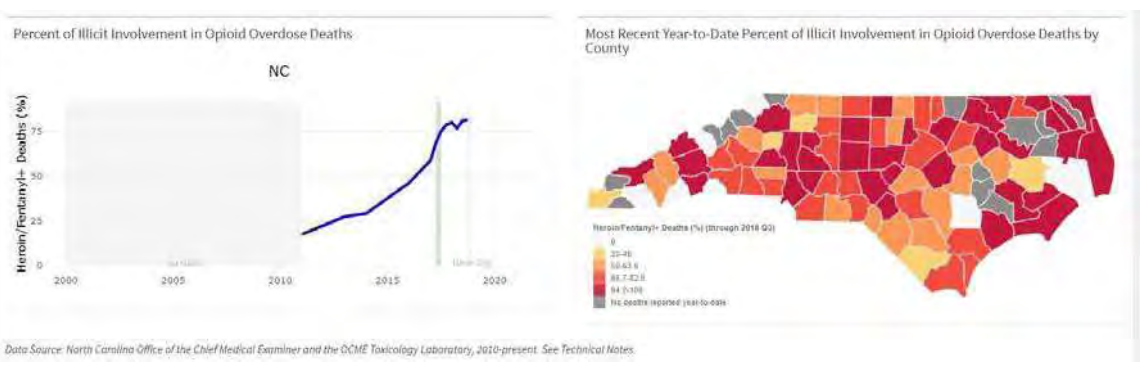
### Injury Mortality Unintentional Poisoning

In the period 2012-2016, 80 Henderson County residents died as a result of unintentional poisoning, with a corresponding age-adjusted mortality rate of 16.3 deaths per 100,000 population, lower than the WNC rate but higher than the NC average rate.

# Unintentional Opioid-Related Deaths



Source: NC Opioid Action Plan Dashboard



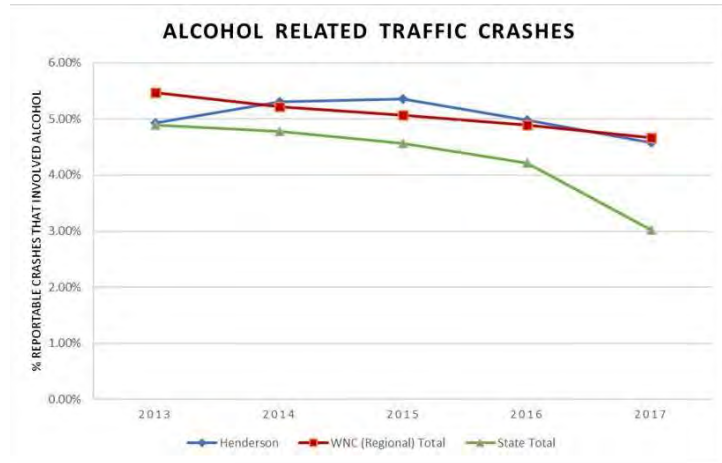
Data Source: North Carolina Office of the Chief Medical Examiner and the OCME Toxicology Laboratory, 2010-present. See Technical Notes.

*Substance Abuse*  
*Illicit Involvement in Opioid*  
*OD Deaths*

Involvement of illicit substances in opioid deaths increasing statewide

## Vehicular Injury Alcohol-Related Motor Vehicle Crashes

Over the period 2013 through 2017 an annual average of 5.03% of all traffic crashes in Henderson County were alcohol-related. Region-wide the comparable figure was 5.06%.

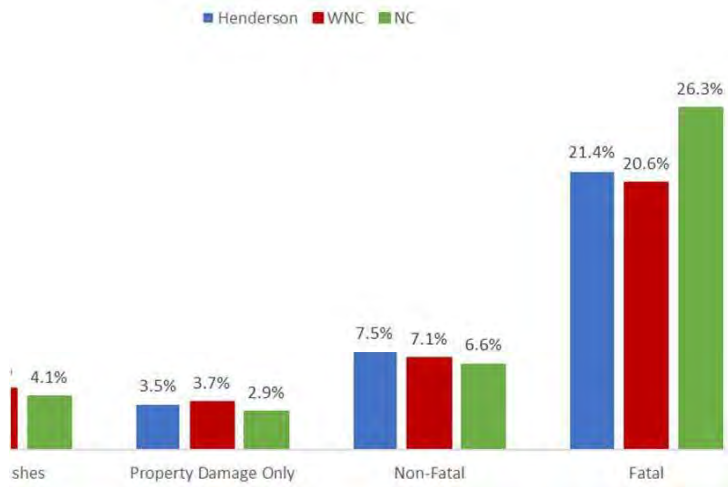


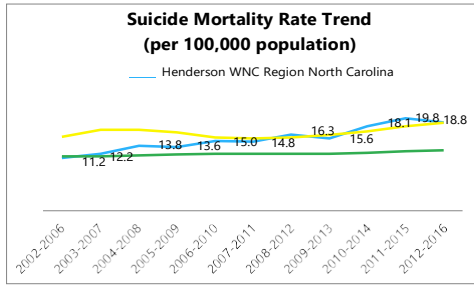
## Vehicular Injury Mortality Alcohol-Related Motor Vehicle Crashes

In 2017, 21% of all *fatal* traffic crashes in Henderson County were alcohol-related.

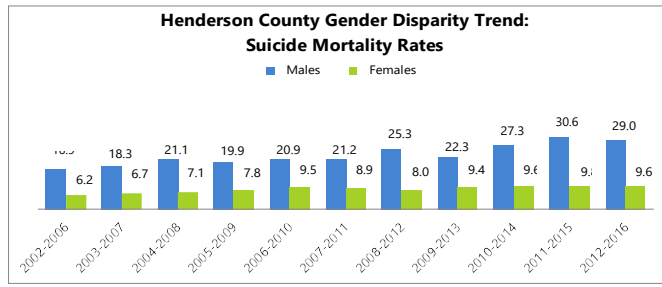


### OUTCOMES OF ALCOHOL-RELATED TRAFFIC CRASHES 2017



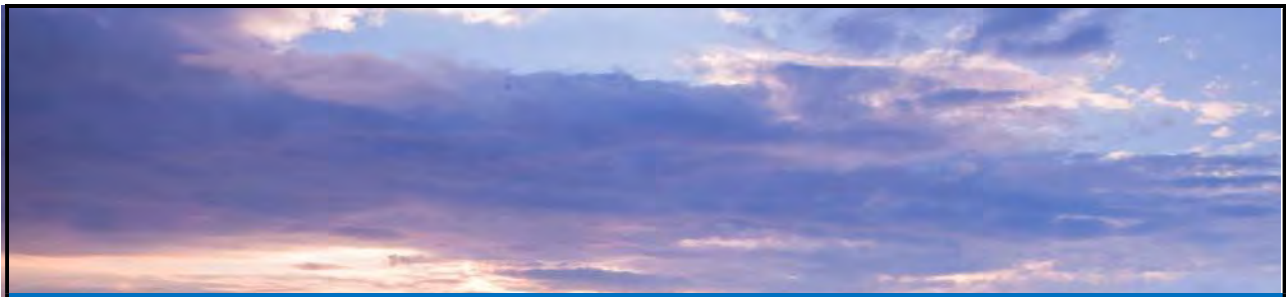


Source: NC State Center for Health Statistics



# Suicide

Suicide rates are increasing.



# Morbidity

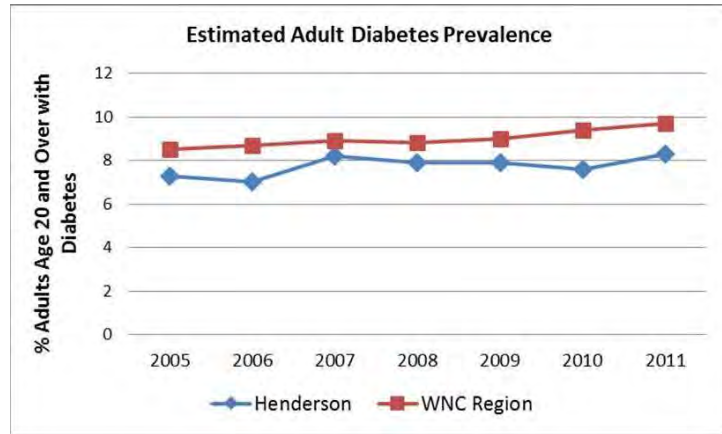


## Adult Diabetes

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.

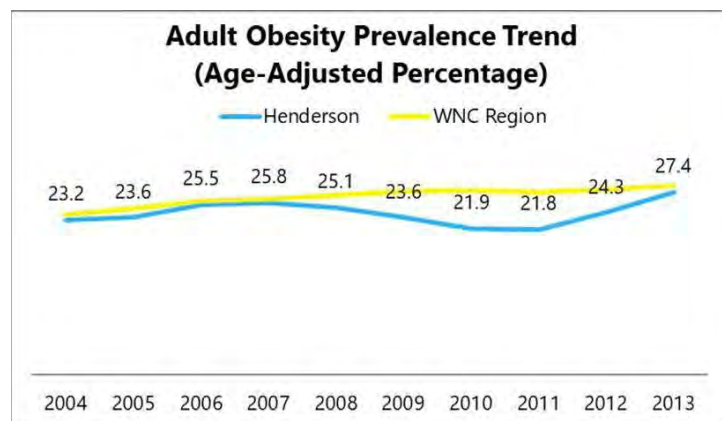


## Adult Obesity

The average self-reported prevalence of Henderson County adults considered "obese" on the basis of height and weight (BMI > 30) was 24.3% in the period from 2005 - 2013.

Over the same period the WNC average was 27.0%.

The prevalence of obesity among adults in Henderson County may be decreasing.



### Prevalence of Underweight, Health Weight, Overweight and Obese Children Ages 2-4, 2015

County	Underw eight		Healthy Weight		Overw eight		Rank Order	Obese		Total #	
	<5th Percentile		≥5th to <85th Percentile		≥85th to <95th Percentile			≥95th Percentile			
	#	%	#	%	#	%		#	%		
Henderson	63	4.8	907	68.9	175	13.3	19	172	13.1	27	1,317
WNC (Regional) Total	63	4.8	907	68.9	175	13.3	19	172	13.1	27	1,317
WNC (Regional) Arithmetic Mean	63	4.8	907	68.9	175	13.3	19	172	13.1	27	1,317
State Total	3,019	4.5	88,058	66.5	19,831	15.0	n/a	18,570	14.0	n/a	132,478

Source: NC NPASS

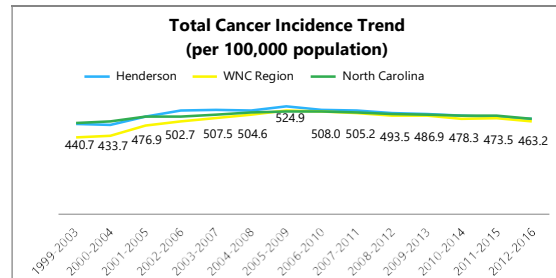
## Child Obesity Ages 2-4

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 2015, 13.3% of the participating children in Henderson County age 2-4 were deemed "overweight", and an additional 13.1% were deemed "obese".

There were too few participating children in other age groups (5-11 and 12-18) to yield stable percentages.



	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate		All Cancers	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Henderson	322	36.5	550	57.3	714	158.1	457	101.0	4,143	463.2
WNC (Regional) Arithmetic Mean	129	38.3	251	66.7	278	141.3	174	87.9	1,645	451.1
State Total	20,617	36.1	38,865	66.3	48,200	157.5	30,806	109.4	267,539	464.6

## Cancer

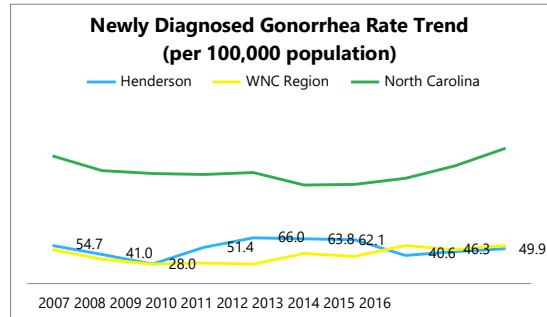
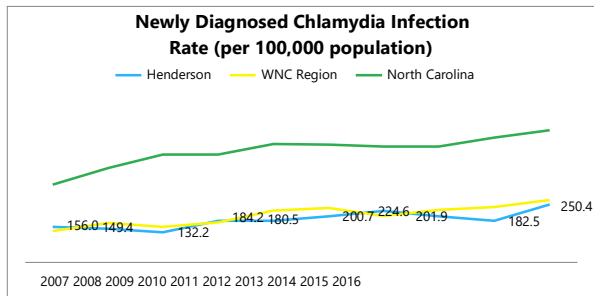
Source: NC State Center for Health Statistics

# Inpatient Hospital Utilization

Source: NC State Center for Health Statistics

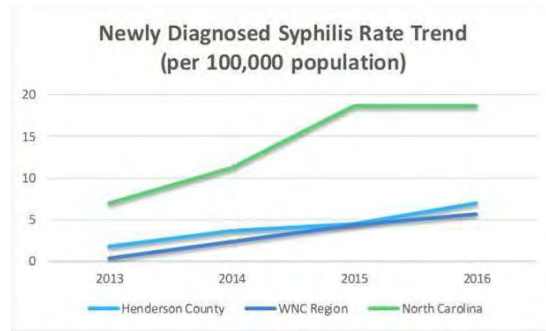
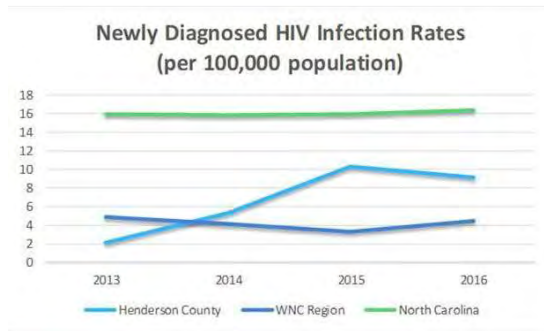
## 2014

Diagnostic Category	Proportion of Hospital Discharges
Cardiovascular and Circulatory Diseases	16.7 %
Other Diagnoses (including Mental Illness)	11.8 %
Pregnancy and Childbirth	10.4 %
Digestive System Diseases	9.5 %
Respiratory Diseases	8.8 %
Injuries and Poisoning	8.7 %

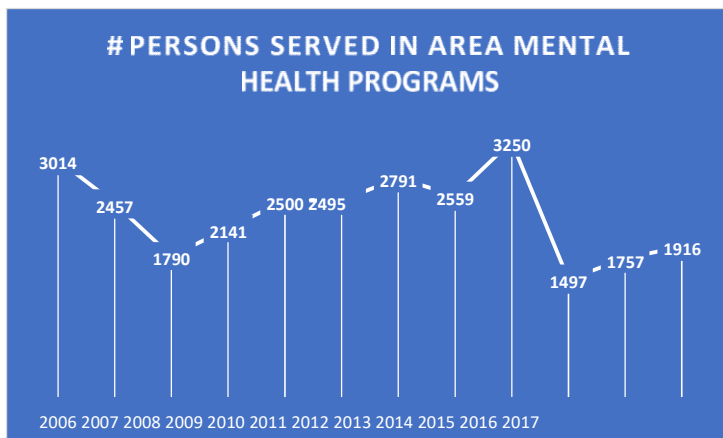


## Sexually Transmitted Infections Chlamydia and Gonorrhea





*Sexually Transmitted Infections  
HIV and Syphilis*



Source: North Carolina Office of State Budget and Management, State Data Center

*Mental Health Treatment*

The numbers of residents being served by mental health programs has decreased overall, but is beginning to inch back up again.

It is important to note that decreased access does not necessarily mean decreased need.





	# Persons Served in NC State Psychiatric Hospitals											
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Henderson	128	104	85	70	51	39	2	3	34	43	30	22
State Total	18,292	18,498	14,643	9,643	7,188	5,754	4,572	3,964	3,529	3,276	3,039	3,083

## State Psychiatric Hospitals

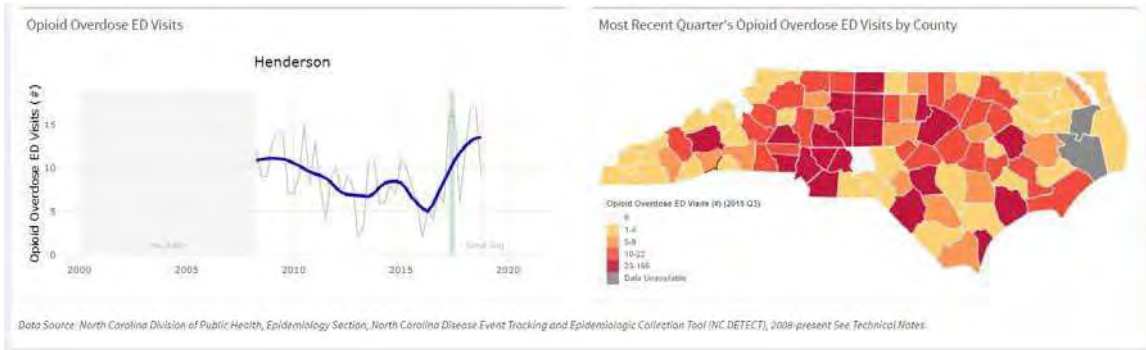
The number of persons served in NC State Psychiatric Hospitals has been decreasing overall since 2006.

	# Persons Served in NC Alcohol and Drug Treatment Centers										
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Henderson	51	47	58	54	81	71	52	50	69	89	96
State Total	4,003	3,733	4,284	4,812	4,483	4,590	4,265	4,343	4,049	3,698	3,505

Source: NC Office of State Budget and Management, State Data Center

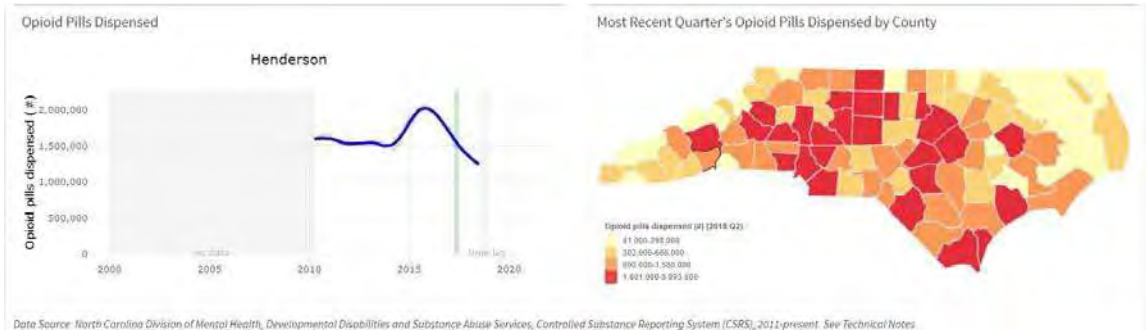
## Alcohol & Drug Treatment

The number of persons served in Alcohol and Drug Treatment Centers in NC is increasing.



*Substance Abuse*  
*ED Visits*

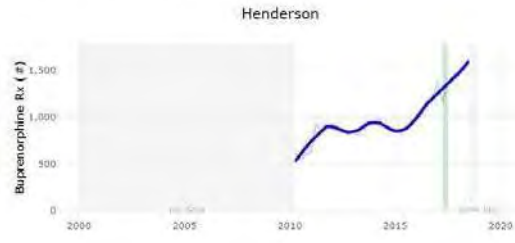
Emergency Department visits for opioid overdose are on the rise statewide.



*Substance Abuse*  
*Opioid Pills*

Opioid pills dispensed statewide are now decreasing.

Buprenorphine Prescriptions



Most Recent Quarter's Buprenorphine Prescriptions by County

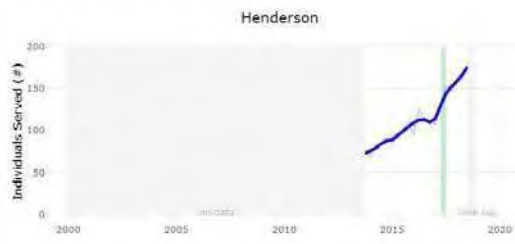


Data Source: North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Controlled Substance Reporting System (CSRS), 2011-present. For additional information on this metric see the Technical Notes.

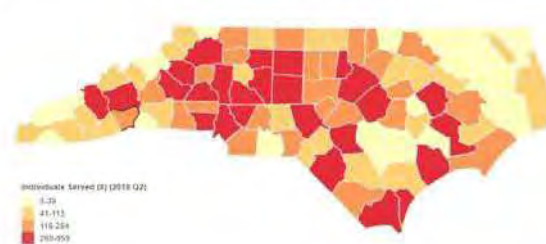
## Substance Abuse Medication Assisted Therapy

Buprenorphine prescriptions are increasing in Henderson County and across the state.

Individuals Served by Treatment Programs



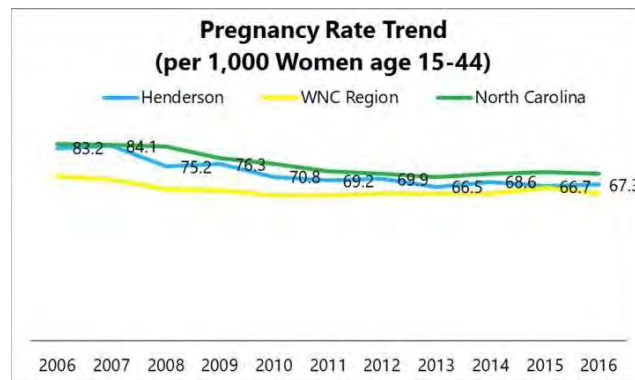
Most Recent Quarter's Individuals Served by Treatment Programs by County



Data Source: North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Claims Data, 2013-present. See Technical Notes.

## Substance Abuse Treatment Programs

Growing number of individuals served by treatment programs statewide

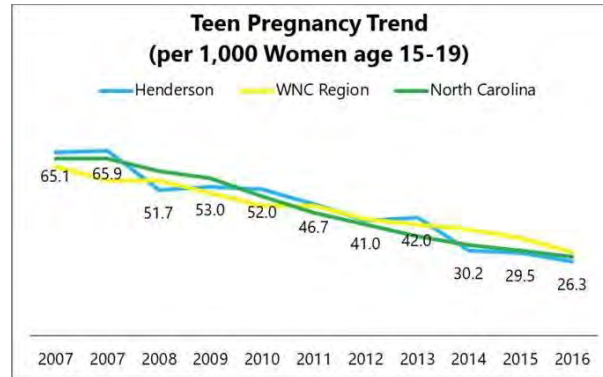


## Pregnancy Rate Age 15-44

### 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.

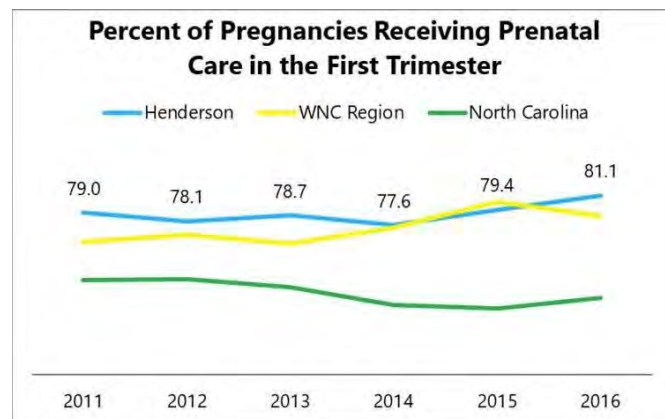


## Pregnancy Rate Teen

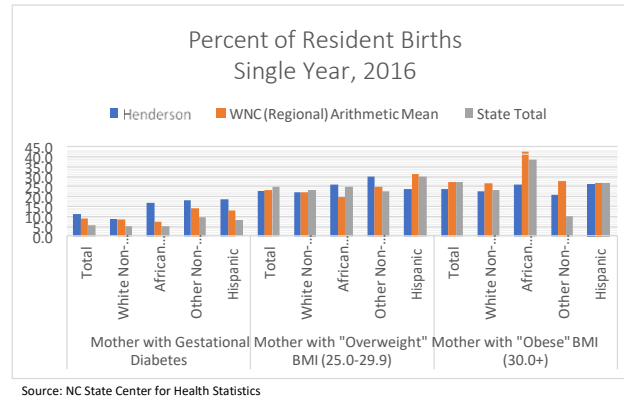
### Pregnancies per 1,000 women Age 15-19 (Teens)

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.

## Prenatal Care



Source: NC State Center for Health Statistics, Baby Book



## Pregnancy Risk Factors: Gestational Diabetes and Maternal Pre-Pregnancy

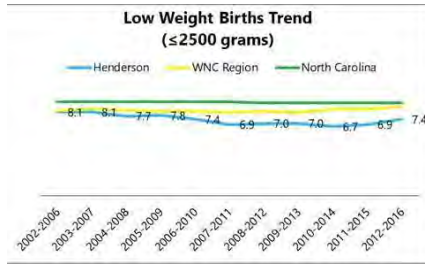
Data is delineated by the following categories: White Non-Hispanic, African American Non-Hispanic, Other Non-Hispanic, Hispanic

## Pregnancy Risk Factors Smoking During Pregnancy

The percentage of Henderson County women who smoked during pregnancy fluctuated but increased overall between 2011 and 2016. In addition, these rates are higher than across the rest of the state.

Comparable percentages for the region did not change significantly over the same time period. The state as a whole showed a decrease each year.

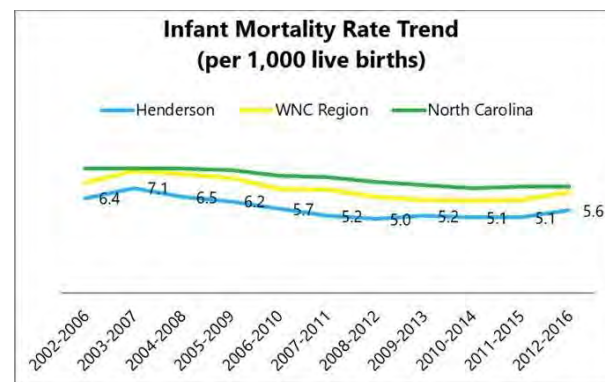
County	Percent of Births to Mothers Who Smoked While Pregnant					
	2011	2012	2013	2014	2015	2016
Henderson County	9.6	12.3	10.3	9.8	9.4	10.5
WNC Region	20.1	19.2	19.4	20.0	18.1	19.9
State of NC	10.9	10.6	10.3	9.8	9.3	8.9



## Pregnancy Outcomes Low Birth Weight Births

Though the trends for Low Birth Weight (<5.5 lbs.) and Very Low Birth Weight (<3.3 lbs.) births have decreased steadily overall since the 2002-2006 time period, it appears that both have been on the rise for the last few years.

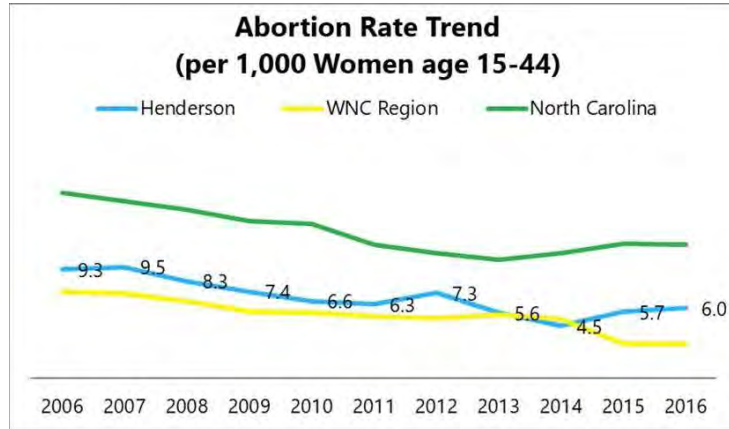
The highest percentages in both weight categories occur at the state level.



## 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.





## 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 4.5 in 2014 before increasing again. Henderson County's rates remain below the state's rates but above the region's rates.



## Environmental Data



## Air Quality



### Toxic Release Inventory (TRI), Henderson County, 2017

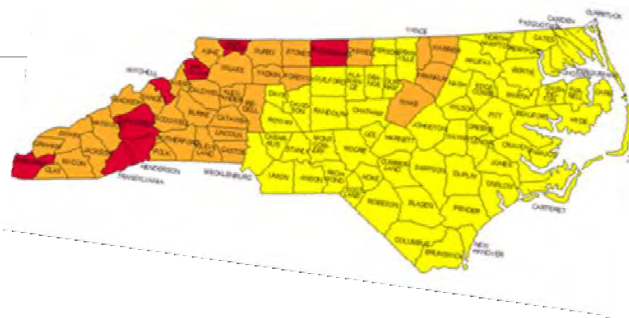
#### TRI Releases

- Henderson County ranked 25<sup>th</sup> 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.

## 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.



#### Predicted Average Indoor Radon Screening Levels (USEPA)

Key:

Yellow = <2pCi/L

Orange = between 2 and 4pCi/L

Red = >4pCi/L

Source: 3

## Water Quality



### Henderson County Drinking Water Systems February, 2018

- **Community Water Systems**
  - Include municipalities, subdivisions and mobile home parks
  - Community water systems in Henderson County serve an estimated 67,485 people, or 61% of the 2018 county population.
  - The fraction of the Henderson County population served by a community water system is 10.5% **higher** than the average for the WNCregion.

## Water Quality



### National Pollutant Discharge Elimination System (NPDES) Permits in Henderson County (2018)

- There are at present 32 permits issued in Henderson County that allow municipal, domestic, or commercial facilities to discharge products of water/wastewater treatment and manufacturing into waterways.
  - 1 Major Municipality
  - 1 Minor Municipality
  - 2 Water Treatment Plants
  - 28 Minor Domestic permits

## *Solid Waste*



### Solid Waste Disposal Rates

- 2016-17 Per-Capita Disposal Rate
  - Henderson County = 0.99 tons (q13% since 1991-1992)
  - NC = 1.11 tons (q 3% since 1991-1992)

### Landfill Capacity

- Henderson County's municipal solid waste and construction and demolition waste are transported out of the county.



## Community Leaders

Source: 2018 PRC Online Key Informant Survey

## Top 3 Characteristics of a Healthy Community:

1. Access to Care / Services
2. Recreational / Outdoor Activities
3. Awareness / Education

Rank	Health Issue	Identified as Critical to Address	Felt <i>Somewhat or Very Likely</i> that Collaborative Efforts Could Make Positive Change
1	Obesity / Nutrition / Physical Activity	93.1 %	92.6 %
2	Substance Use	89.7 %	96.1 %
3	General Mental Health	75.9 %	86.4 %
4	Injury and Violence	69.0 %	89.5 %
5	Depression / Anxiety / Stress	69.0 %	90.0 %
6	Access to Health Care	65.5 %	77.7 %
7	Housing	65.5 %	66.6 %
8	Adverse Childhood Experiences (ACEs)	62.1 %	100.0 %

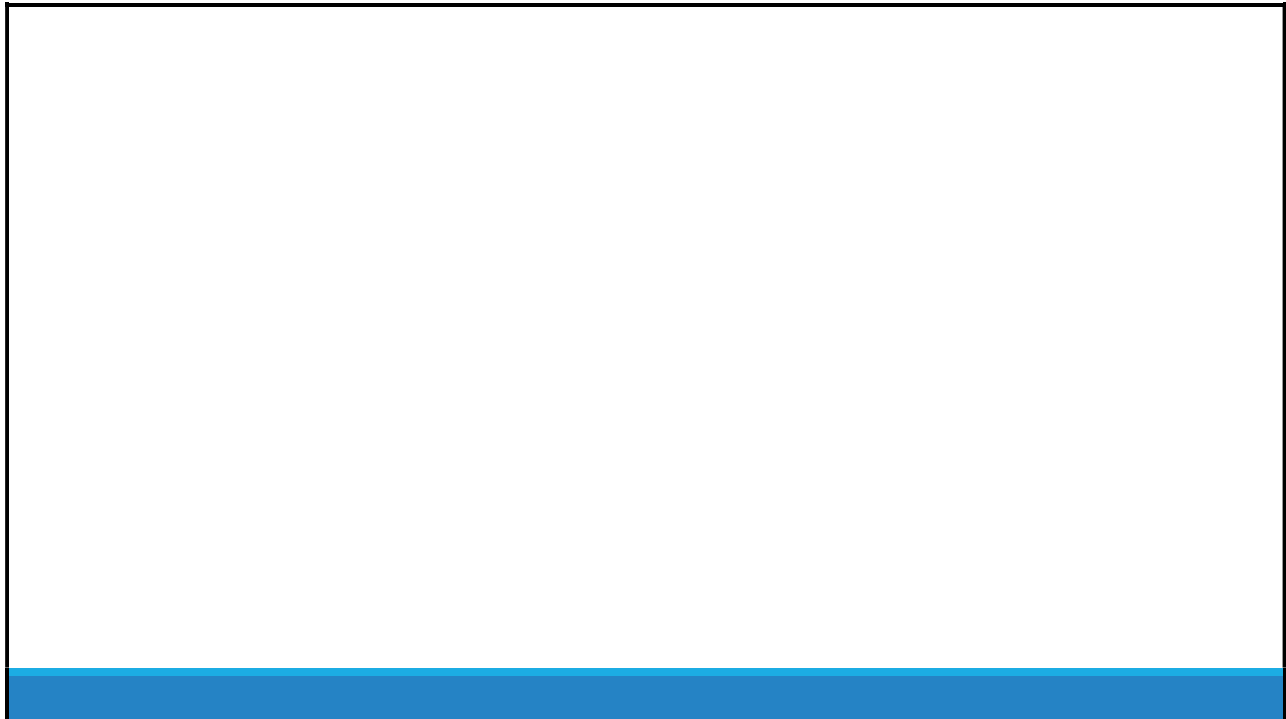
Community Leaders

*Populations At  
Higher Risk for  
Poor Health Ou*

## **Top 4 Health Priorities**

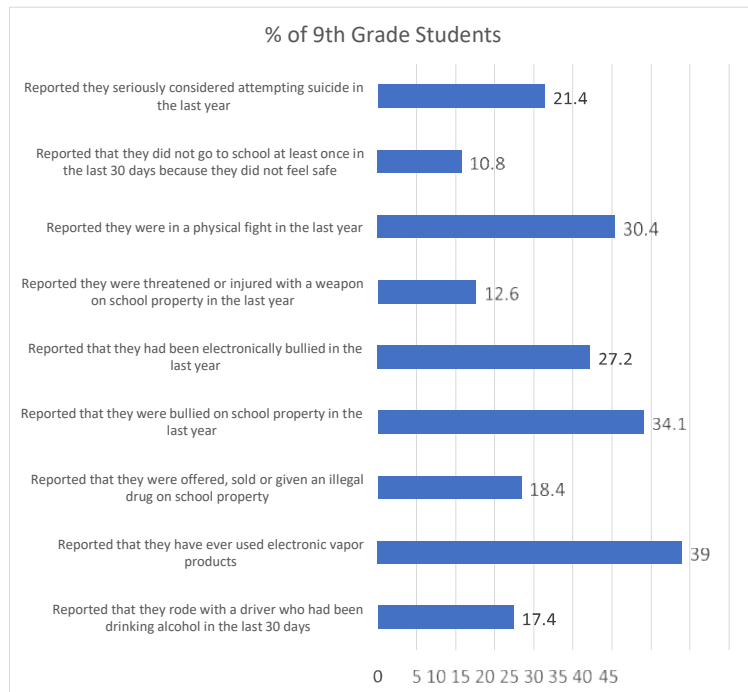
1. Mental Health / Substance Use
2. Public Transportation
3. Access to Health Care
4. Other Social Determinants

Source: 2018 Community Health  
Assessment Focus Groups and Listening  
Sessions



# Youth 9<sup>th</sup> Graders

SOURCE: 2017 HENDERSON COUNTY YOUTH RISK BEHAVIOR SURVEY



## Top Three County Issues Perceived as in Most Need of Improvement (2018)

	Henderson	WNC
Availability of Employment		✓
Road Maintenance	✓	✓
Higher Paying Employment		
Drugs		
Affordable/Better Housing	✓	✓
Better/More Affordable Healthcare		
Internet Availability		
The Justice System/Law Enforcement		
Government		
Nothing	✓	

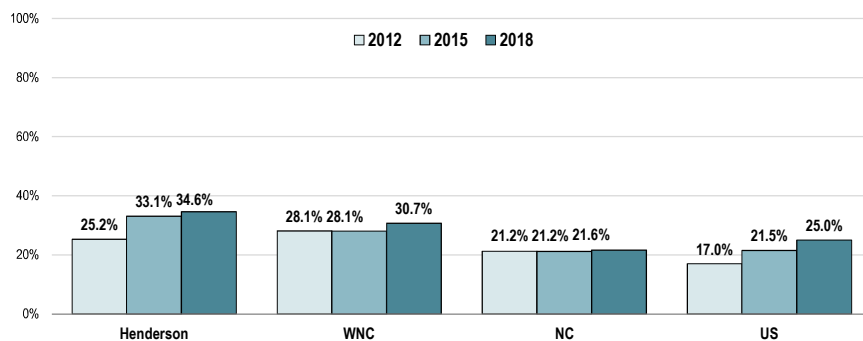
# General Community

SOURCE: 2018 PRC COMMUNITY HEALTH NEEDS ASSESSMENT PHONE SURVEY

## General Community

# Mental Health & Mental Disorders

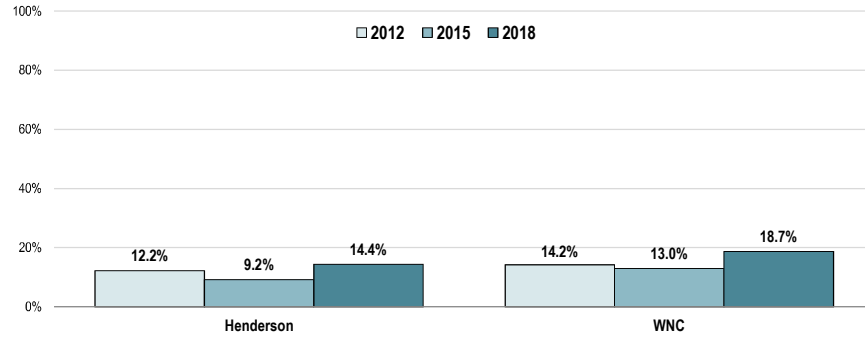
### Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]  
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

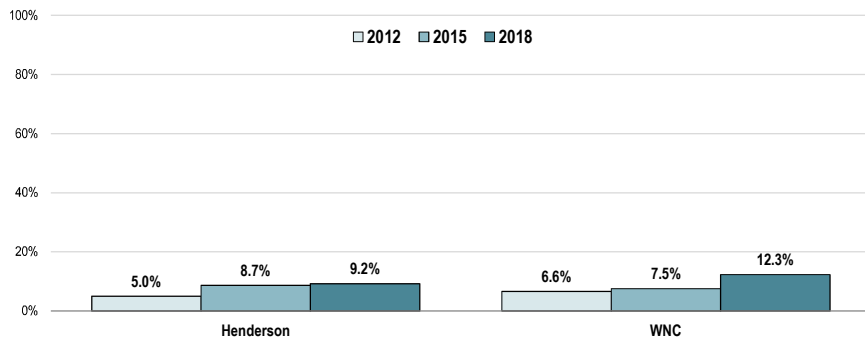
Notes: • Asked of all respondents.

### >7 Days of Poor Mental Health in the PastMonth



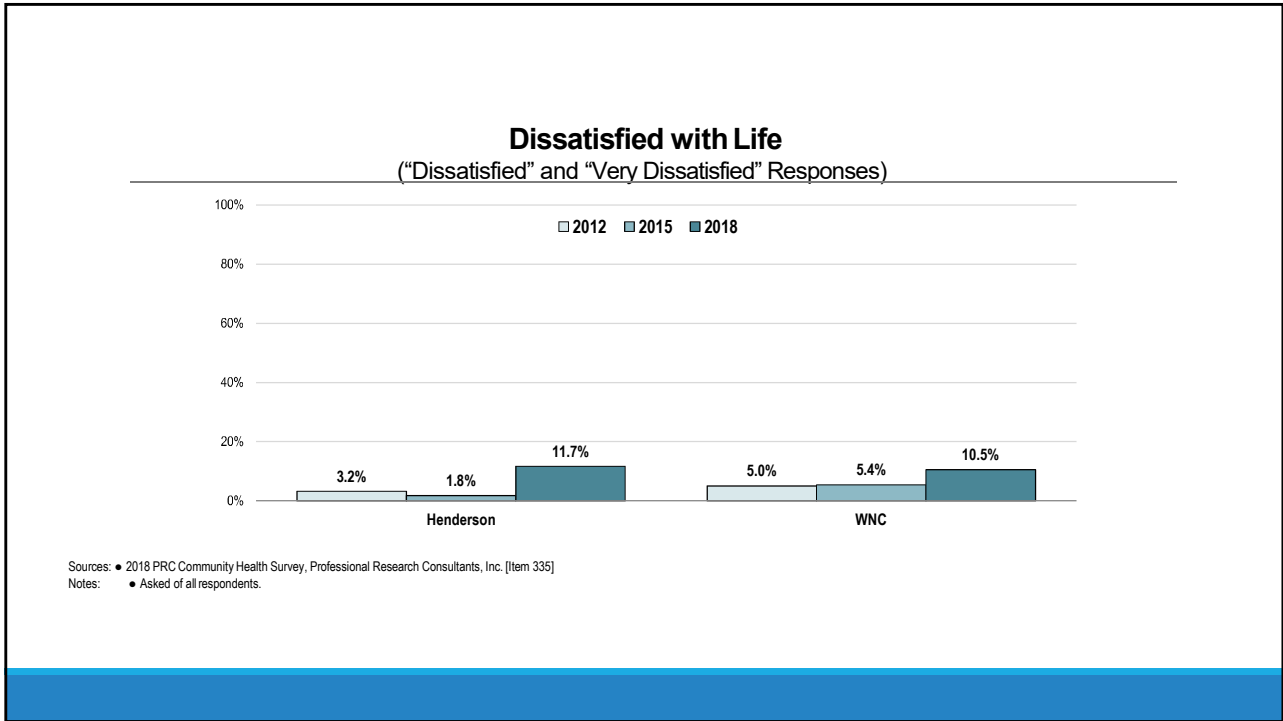
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 337]  
 Notes: • Asked of all respondents.

### Did Not Get Mental Health Care or Counseling that was Needed in the PastYear



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]  
 Notes: • Asked of all respondents.





General Community

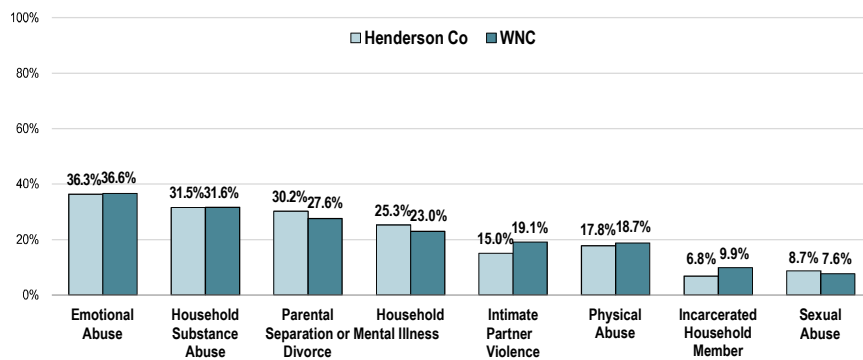
# ACEs

# Adverse Childhood Experiences (ACEs)

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 339-349, 351-360]

Category	Question
Household Mental Illness	Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?
Household Substance Abuse	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?
	Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?
Incarcerated Household Member	Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
Parental Separation or Divorce	Before you were 18 years of age, were your parents separated or divorced?
Intimate Partner Violence	Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up?
Physical Abuse	Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking.
Emotional Abuse	Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down?
Sexual Abuse	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex?

## Experienced Adverse Childhood Experiences (ACEs) Prior to Age 18 (2018)

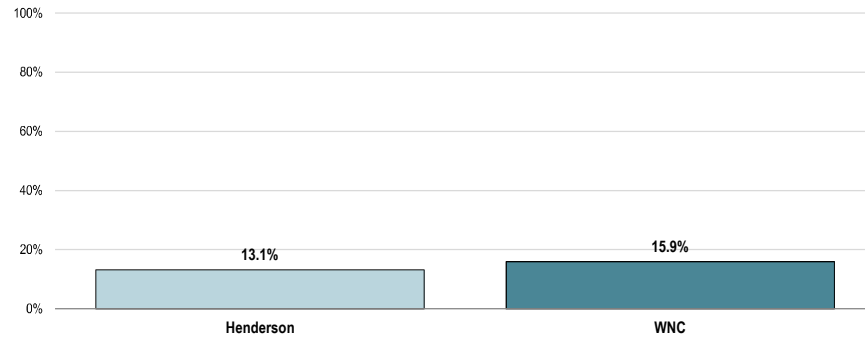


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 351-358]

Notes: • Asked of all respondents (Adults 18+).

• ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.

### Prevalence of HighACE Scores (4 or More) (2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 359]

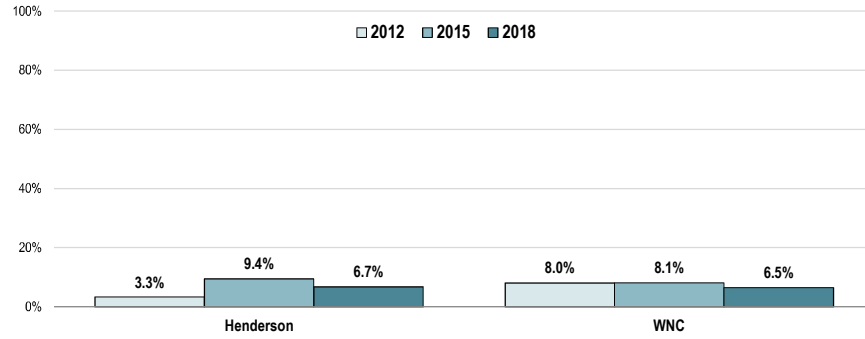
Notes: • Asked of all respondents (Adults 18+)

- ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.
- Adults with at least one adverse childhood experience (ACE) are categorized as having a low ACE score (1-3 ACEs) or a high score (4+ ACEs).

## General Community

### Nutrition

### Consume Five or More Servings of Fruits/Vegetables Per Day

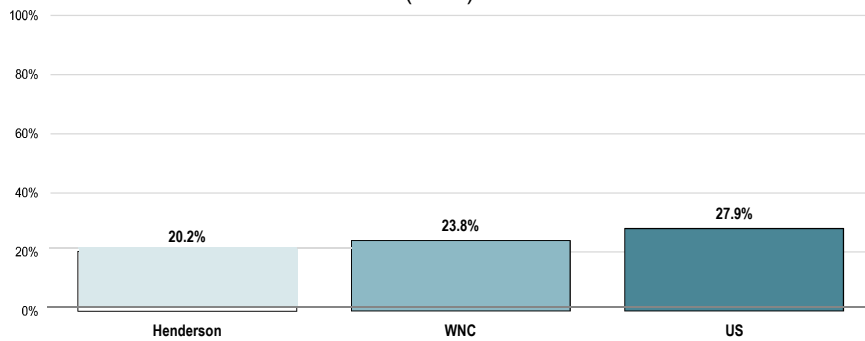


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]

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 and/or vegetables in the past week, excluding lettuce salad and potatoes.

### Food Insecurity (2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

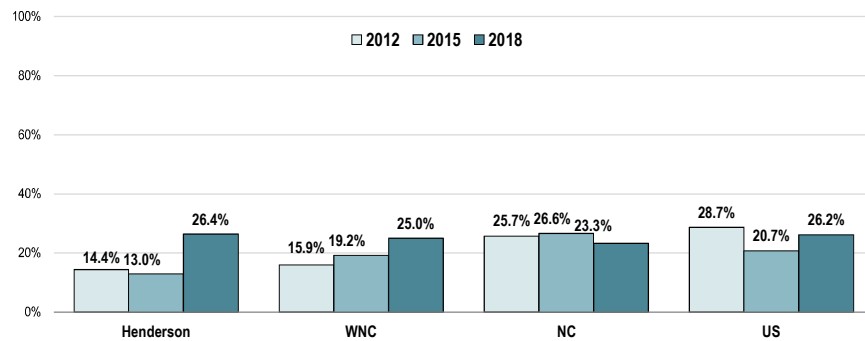
• Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

## General Community

# Physical Activity & Fitness

### No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



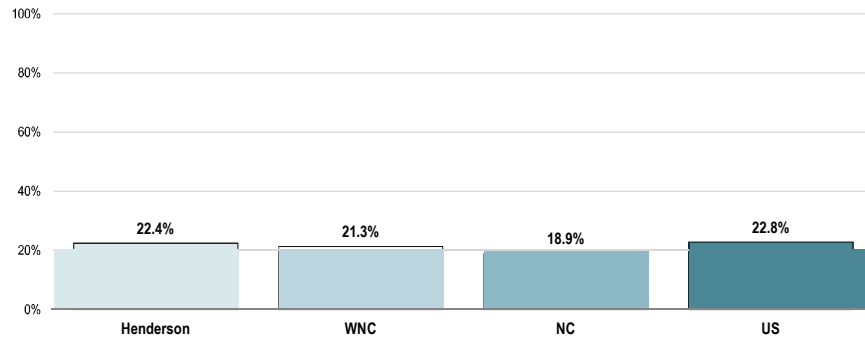
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]

- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 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 PA-1]

Notes: • Asked of all respondents.

## Meets Physical Activity Recommendations (2018)

Healthy People 2020 Target = 20.1% or Higher



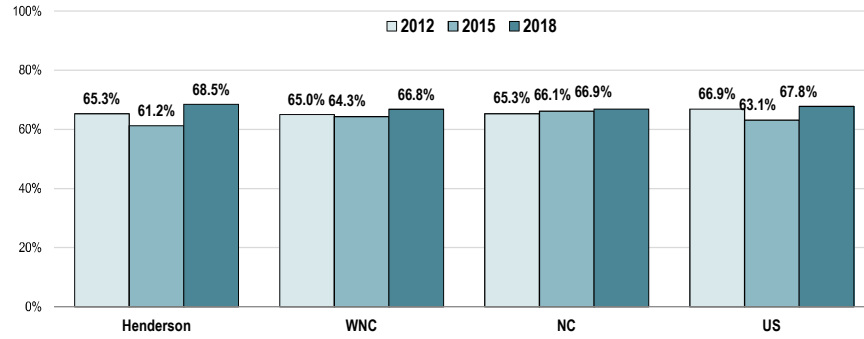
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]  
• Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 North Carolina data.  
• 2017 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 PA-2.4]

Notes: • Asked of all respondents.

## General Community

## Body Weight

### Total Overweight (Overweight or Obese) (Body Mass Index of 25.0 or Higher)



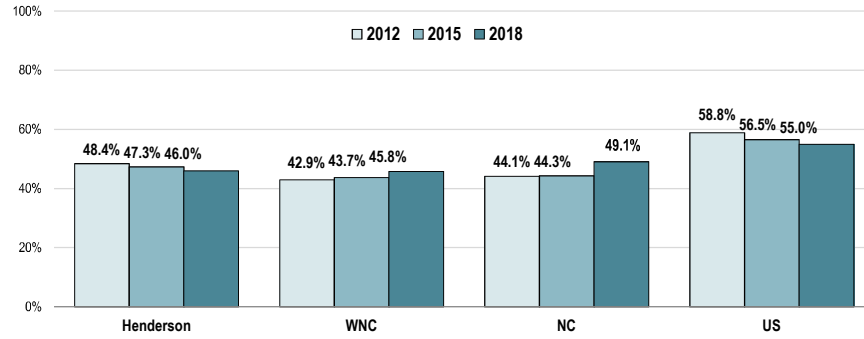
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]  
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 North Carolina data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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.

## General Community

# Substance Abuse

### Current Drinkers

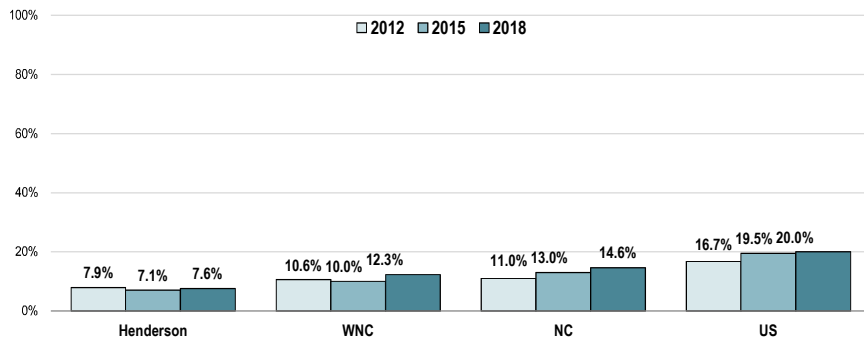


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 North Carolina data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

### Binge Drinkers

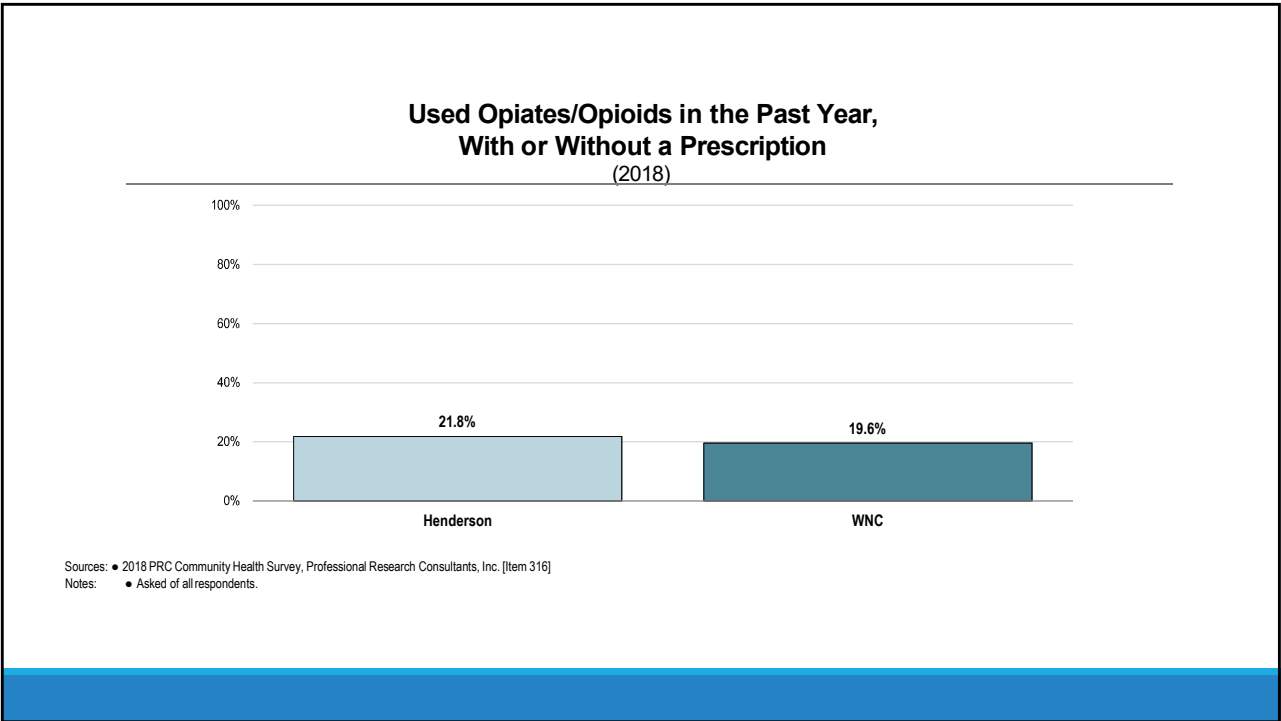
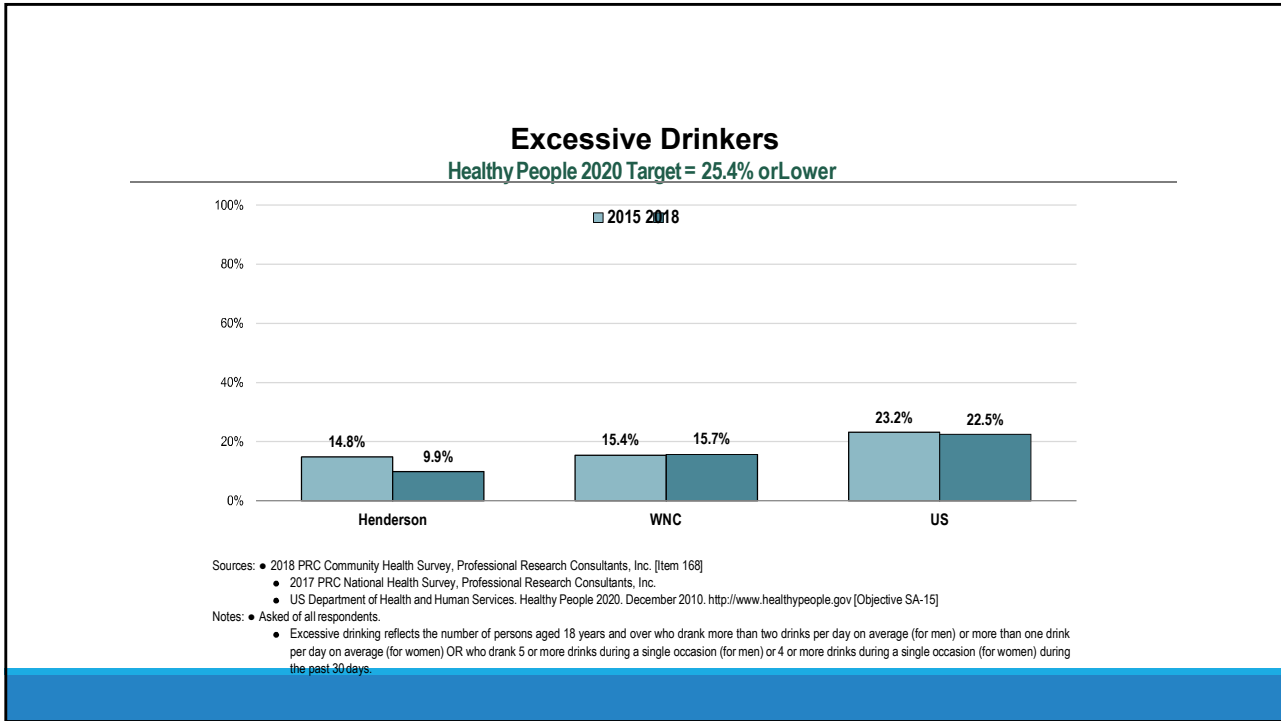
Healthy People 2020 Target = 24.2% or Lower



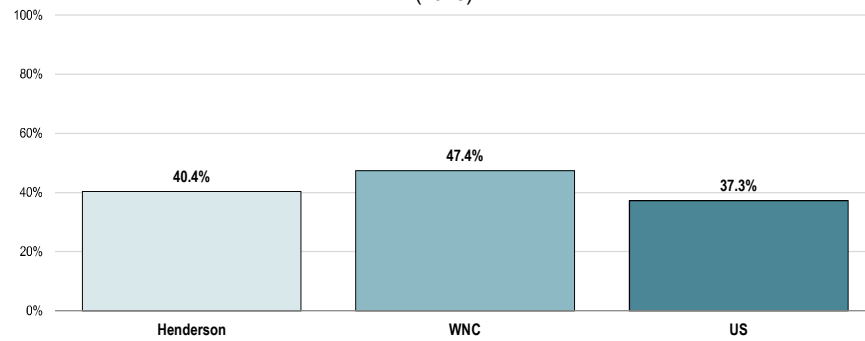
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 North Carolina data.  
 • 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 men consuming 5+ alcoholic drinks on any one occasion in the past month or women consuming 4+ alcoholic drinks on any one occasion in the past month.  
 • Previous survey data classified both men and women as binge drinkers if they had 5+ alcoholic drinks on one occasion in the past month.





**Life Has Been Negatively Affected  
by Substance Abuse (by Self or Someone Else)**  
(2018)

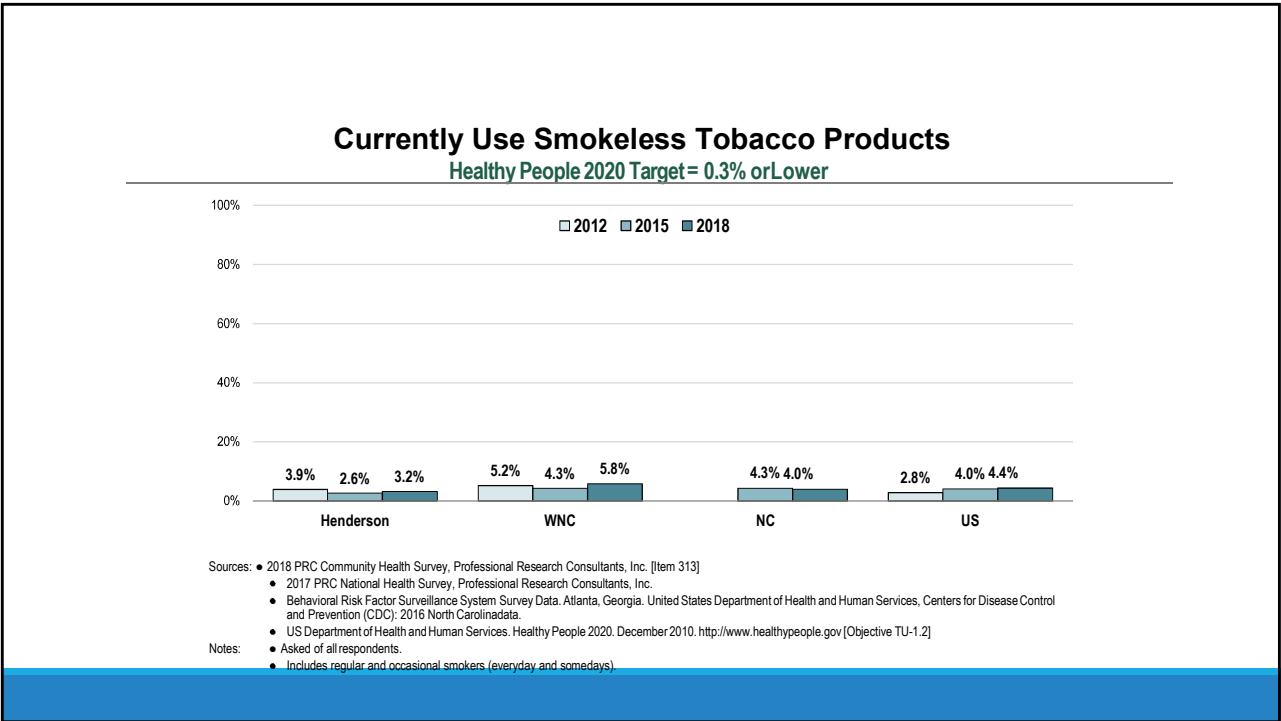
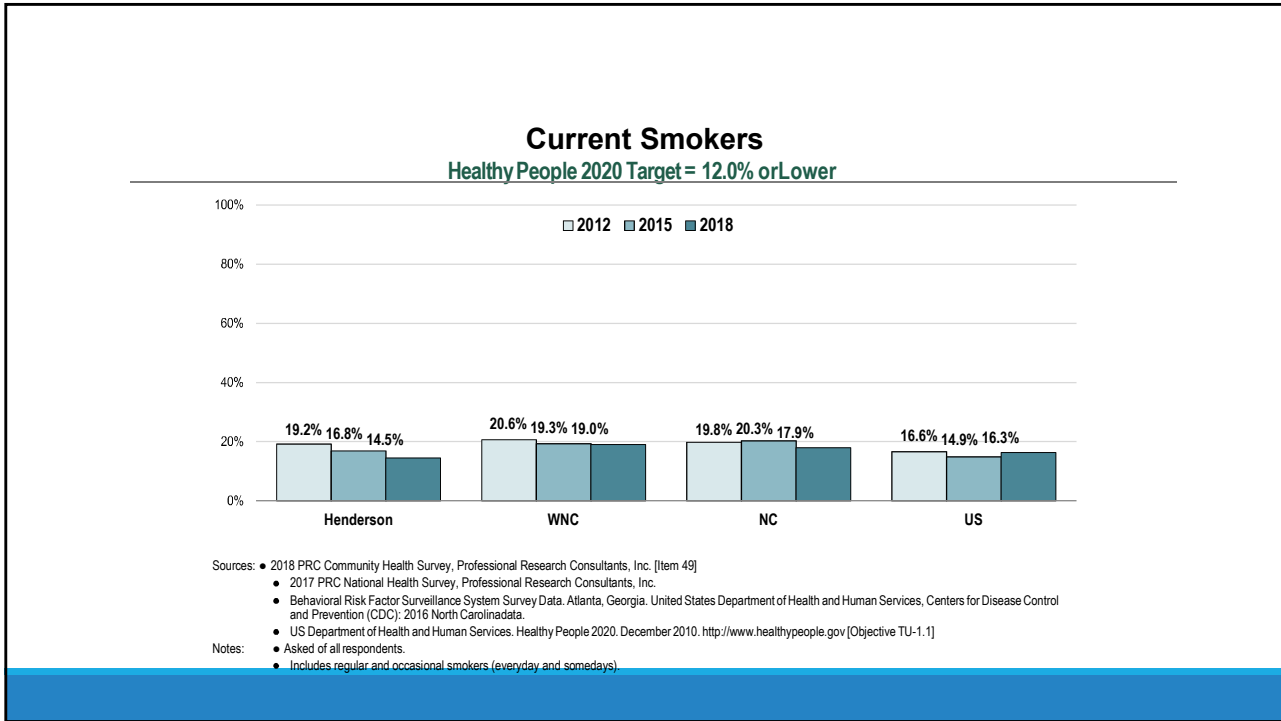


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]  
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

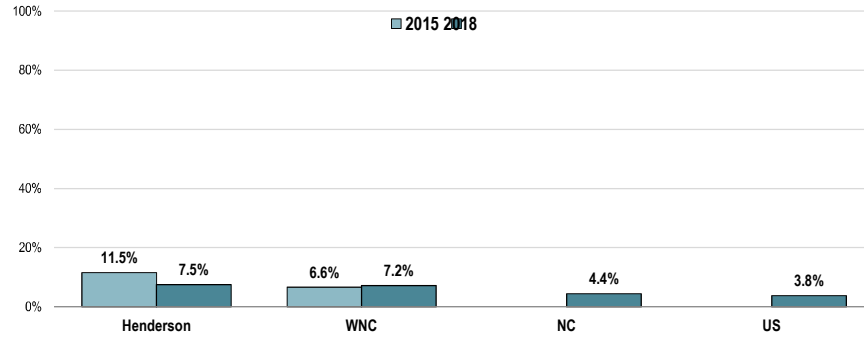
Notes: • Asked of all respondents.

General Community

**Tobacco Use**



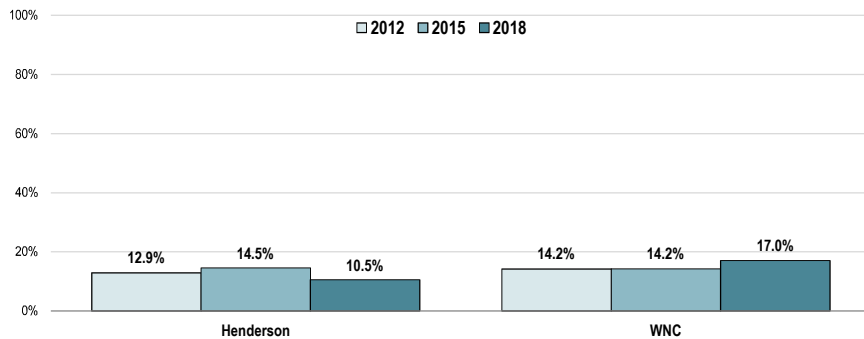
### Currently Use Vaping Products (Such as E-Cigarettes)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]  
 • 2017 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); 2016 North Carolina data.

Notes: • Asked of all respondents.  
 • Vaping products (such as 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 smokers (everyday and some days).

### Have Breathed Someone Else's Smoke at Work in the Past Week (Employed Respondents)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]  
 Notes: • Asked of employed respondents.

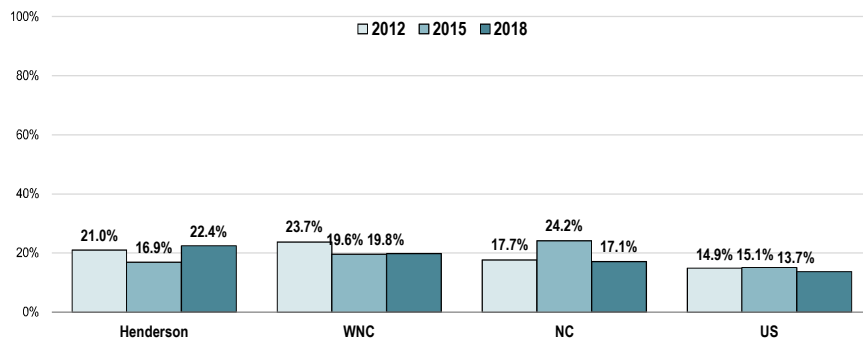
## General Community

# Health Insurance Coverage

### Lack of Healthcare Insurance Coverage

(Adults Age 18-64)

Healthy People 2020 Target= 0.0%



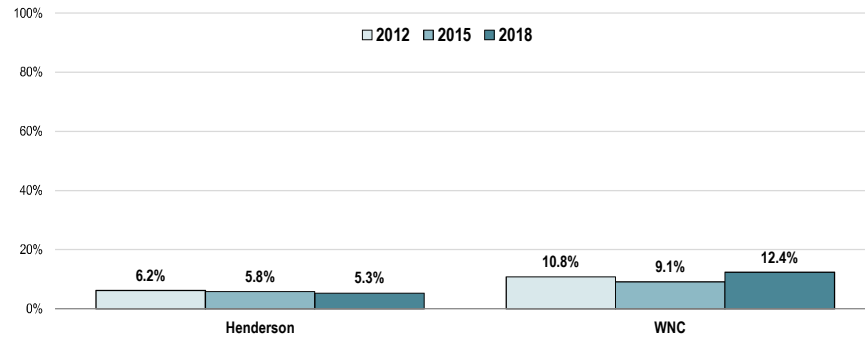
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]

- 2017 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); 2016 North Carolinadata.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes:

- Reflects all respondents 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.)

### Was Unable to Get Needed Medical Care at Some Point in the Past Year



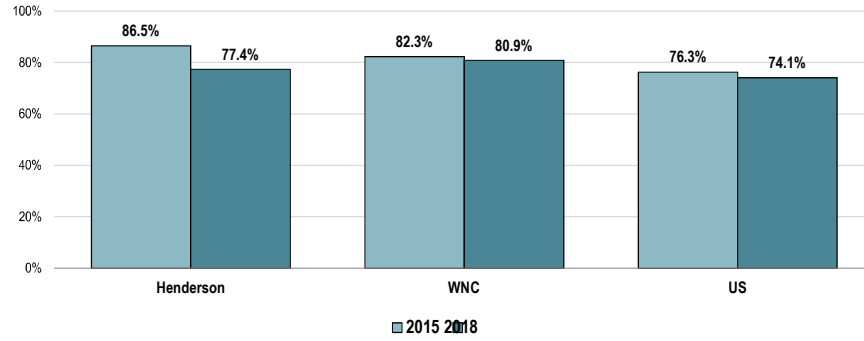
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]  
Notes: • Asked of all respondents.

## General Community

### Primary Care Services

### Have a Specific Source of Ongoing Medical Care

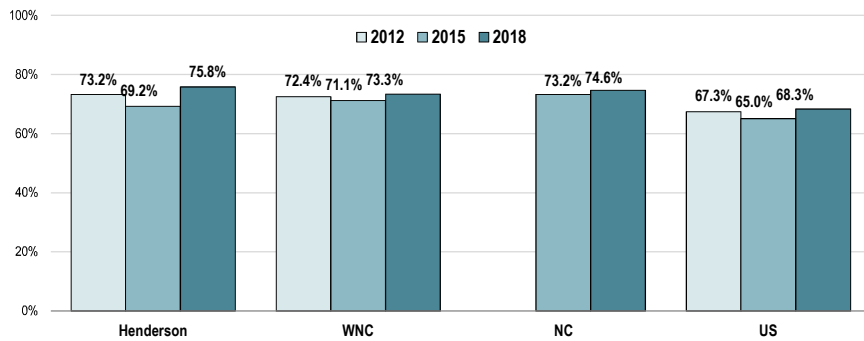
Healthy People 2020 Target = 95.0% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]  
 • 2017 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 AHS-5.1]

Notes: • Asked of all respondents.

### Have Visited a Physician for a Checkup in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]  
 • 2017 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); 2016 North Carolinadata.

Notes: • Asked of all respondents.

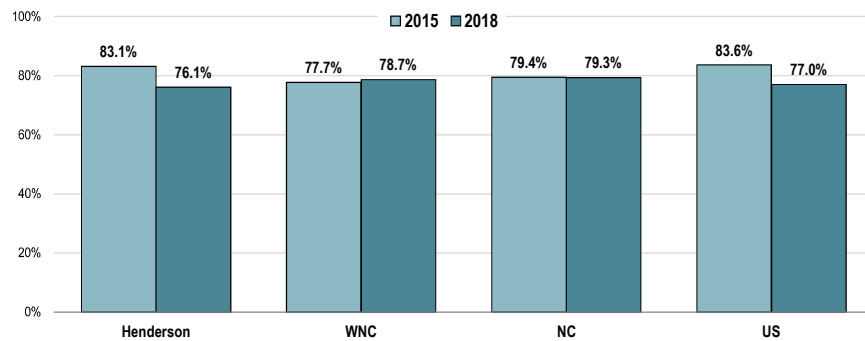
## General Community

# Preventive Screenings

### Have Had a Mammogram in the Past Two Years

(Women Age 50-74; By County, 2018)

Healthy People 2020 Target= 81.1% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]  
 • 2017 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). 2016 North Carolinadata.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]

Notes: • Reflects female respondents age 50-74.

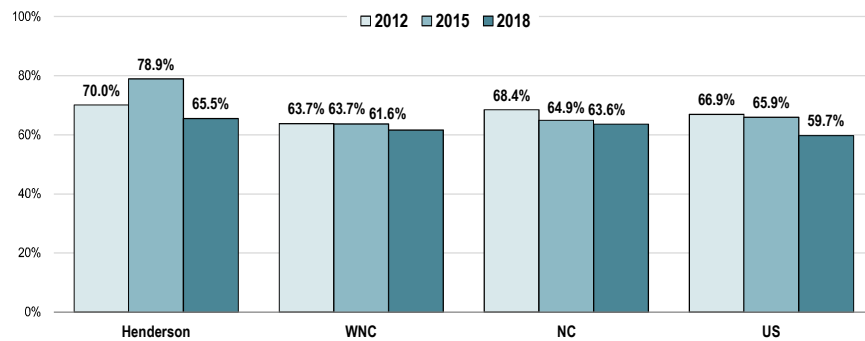


## General Community

# Oral Health

### Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]  
 • 2017 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): 2016 North Carolinadata.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

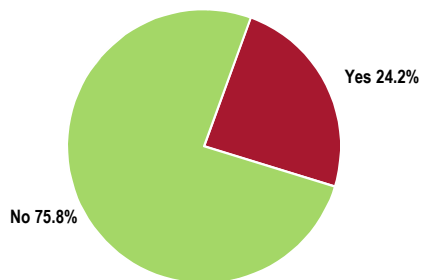
Notes:  
 • Asked of all respondents.

General Community

**COUNTY-SPECIFIC QUESTIONS**

**Respondent's Dental Needs Went Untreated in the Past Year  
Due to Lack of Insurance or Insurance Issues**

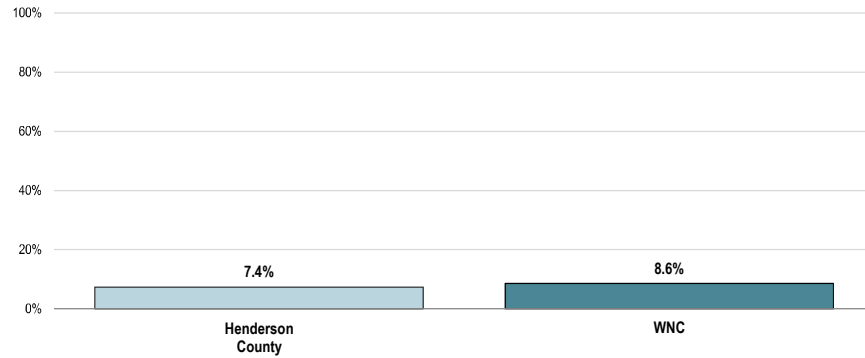
(Henderson County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]  
Notes: • Asked of all respondents.

### Used an Illicit Drug in the Past Month (Self or Someone They Know)

(2018)

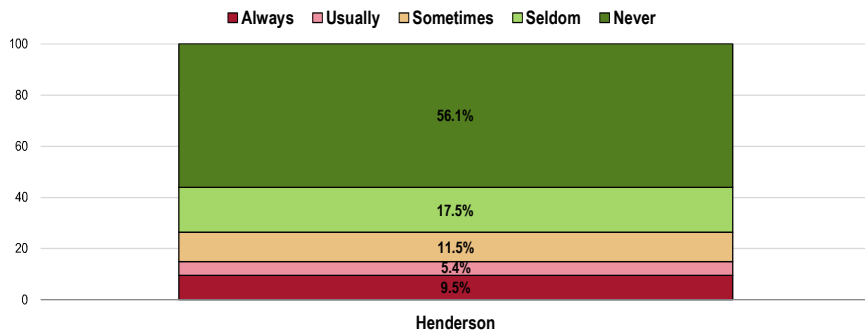


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 318]

- Notes:
- Asked of all respondents.
  - In this case, the term "illicit" includes an illegal drug or a prescription drug that has not been prescribed to the user or someone they know.

### Frequency of Worry or Stress Over Having Enough Money to Pay Rent or Mortgage in the Past Year

(2018)



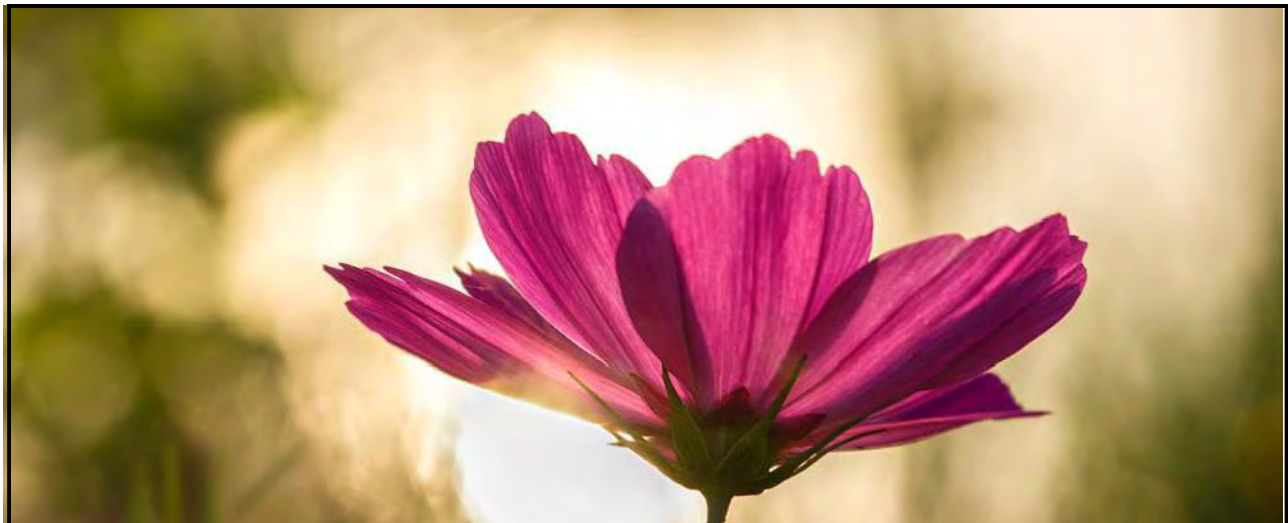
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]

- Notes:
- Asked of all respondents.

## *...Now what?*

---

- HOMEWORK
- Contact Stacy for data questions this week.
- Attend Final Meeting -- Mon, Dec 10  
(same time, same place)



*For more information about the Community Health Assessment, please contact:*

Stacy Taylor, MPH  
Henderson County Department of Public Health  
828-692-4223  
[www.hendersoncountync.gov/health](http://www.hendersoncountync.gov/health)

## **APPENDIX C – County Maps**

*See PowerPoint slides attached*

# Henderson County Maps

Community Health (Needs) Assessment  
2018

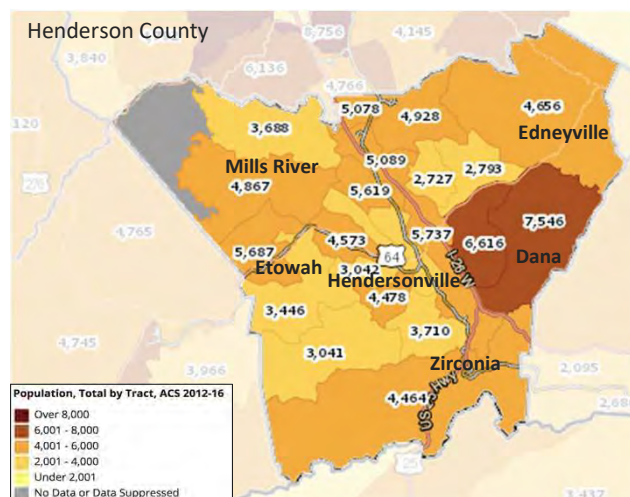
## Why use maps?

- 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

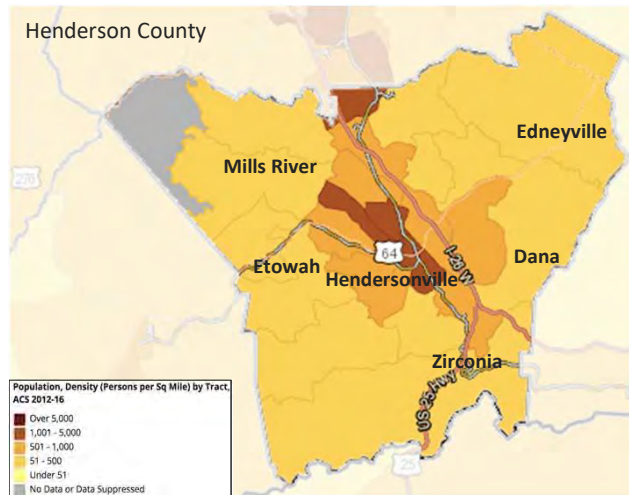
- Maps can be misleading and are best used to highlight which communities to investigate further.
  - Reliability of data decreases as it is cut into smaller and smaller pieces. Therefore, maps of census tract data have greater margins of error than county statistics.
- Maps should be supported by talking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

## Population, Total



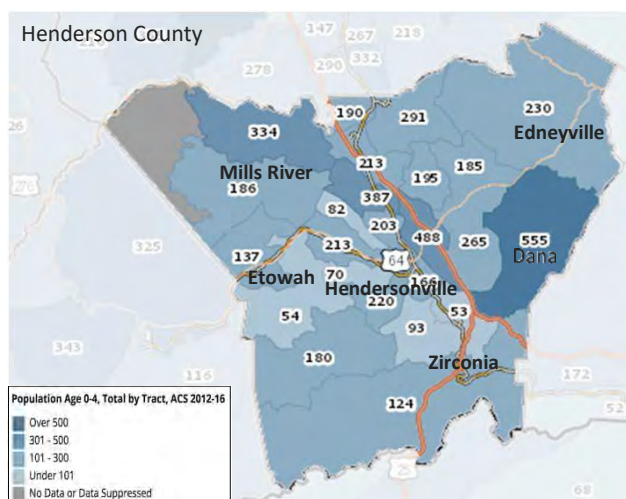
[Click to see map in Community Commons](#)

## Population, Density



[Click to see map in Community Commons](#)

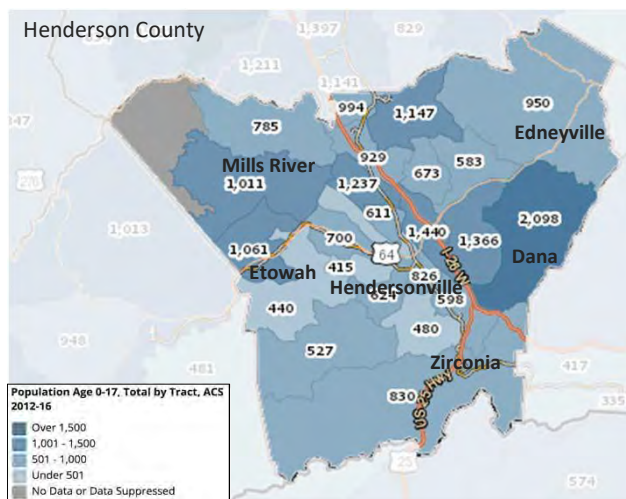
## Population, Age 0-4



[Click to see map in Community Commons](#)

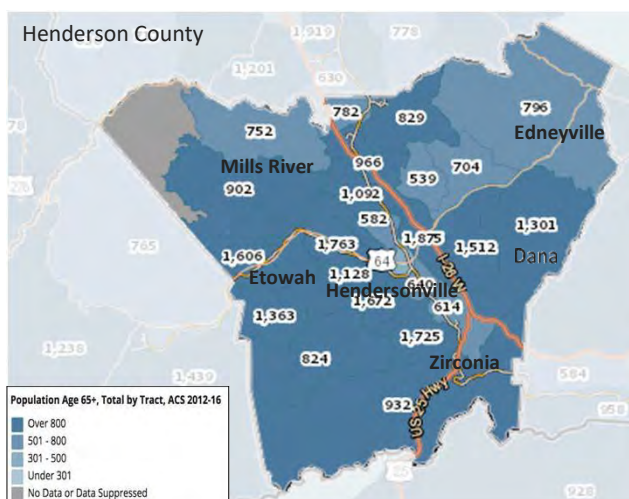


## Population, Age 0-17



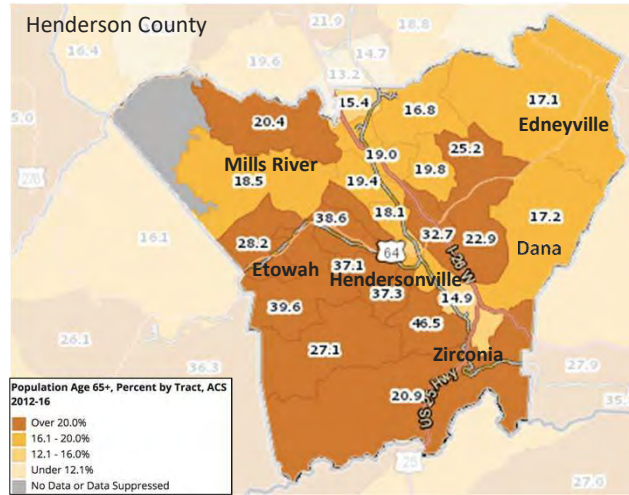
[Click to see map in Community Commons](#)

## Population, Age 65+



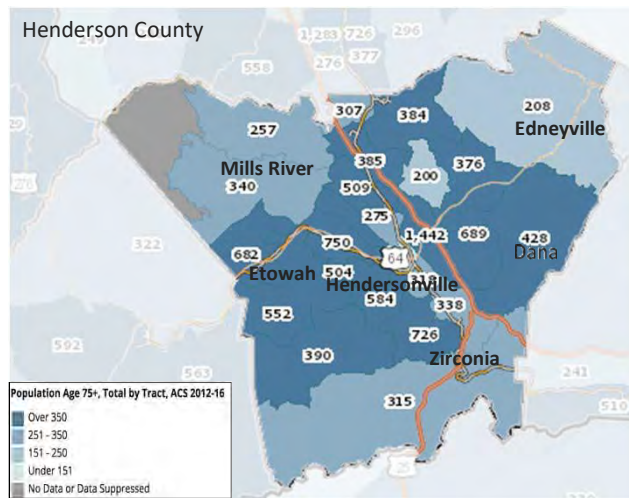
[Click to see map in Community Commons](#)

## Percent of the Population, Age 65+



[Click to see map in Community Commons](#)

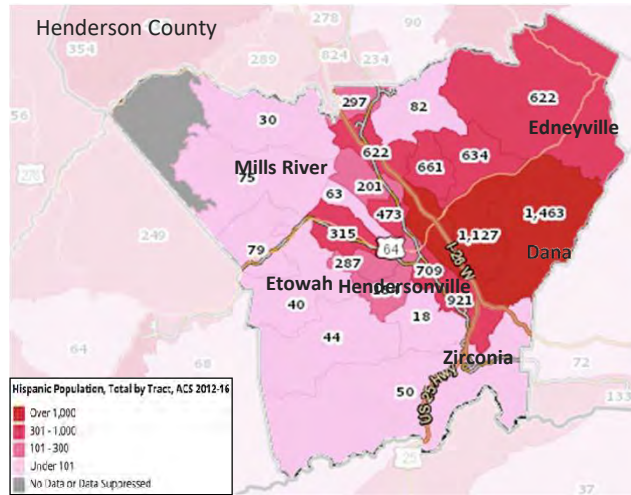
## Population, Age 75+



[Click to see map in Community Commons](#)

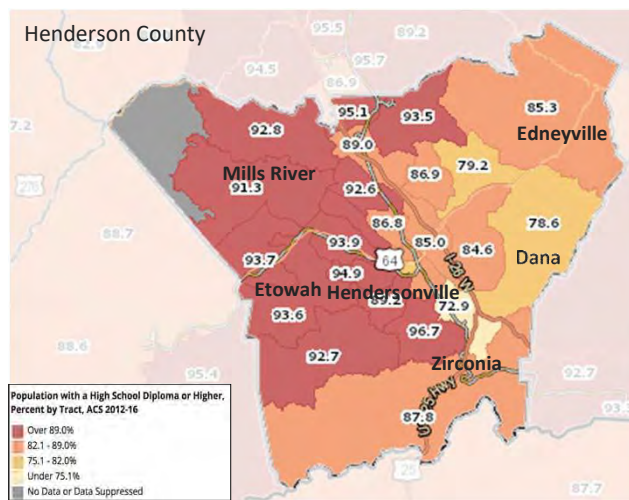


## Population, Hispanic



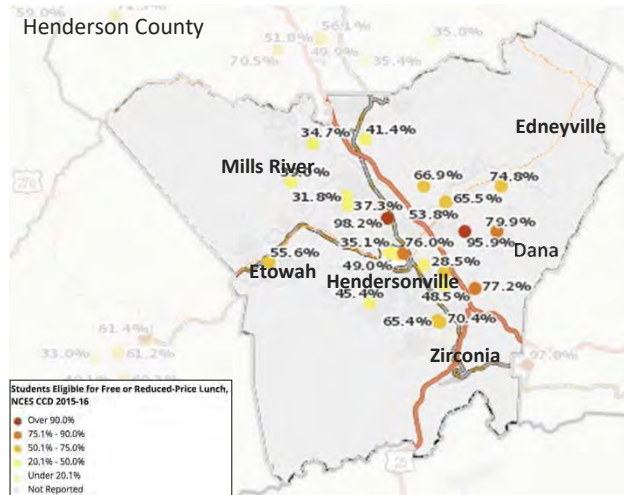
[Click to see map in Community Commons](#)

## Percent of the Population (Age 25+) with a High School Diploma or Higher Education Level



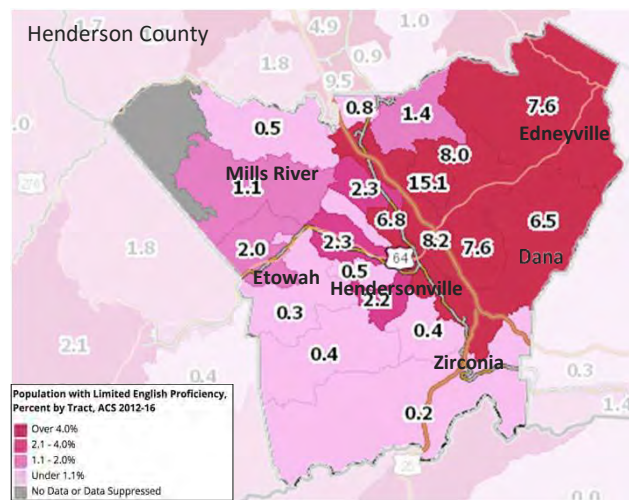
[Click to see map in Community Commons](#)

## Percent of Students Eligible for Free or Reduced-Price Lunch



[Click to see map in Community Commons](#)

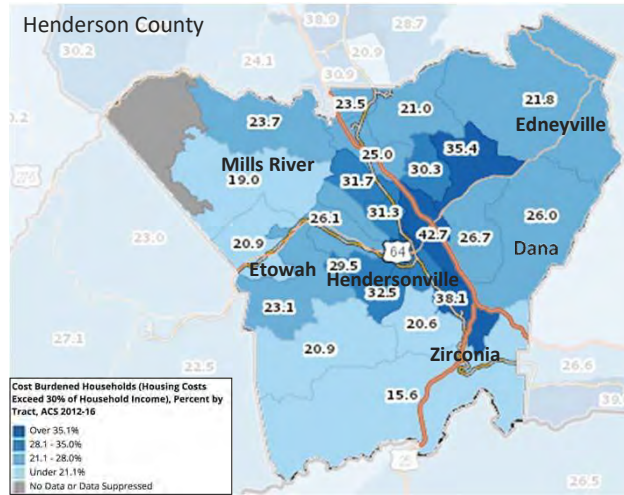
## Percent of Population with Limited English Proficiency



[Click to see map in Community Commons](#)

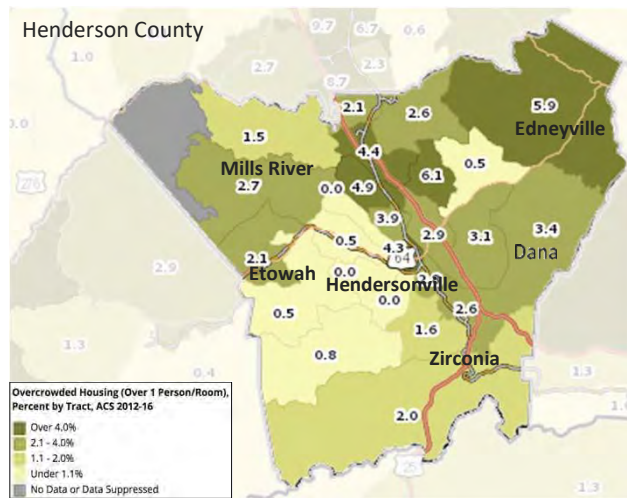


## Percent of Cost Burdened Households



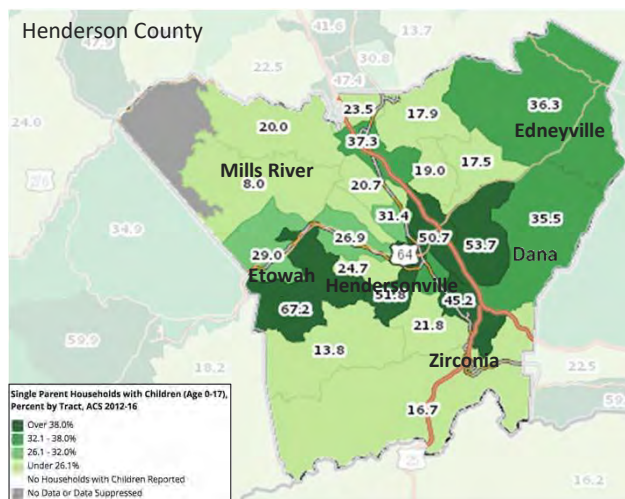
[Click to see map in Community Commons](#)

## Percent of Overcrowded Households



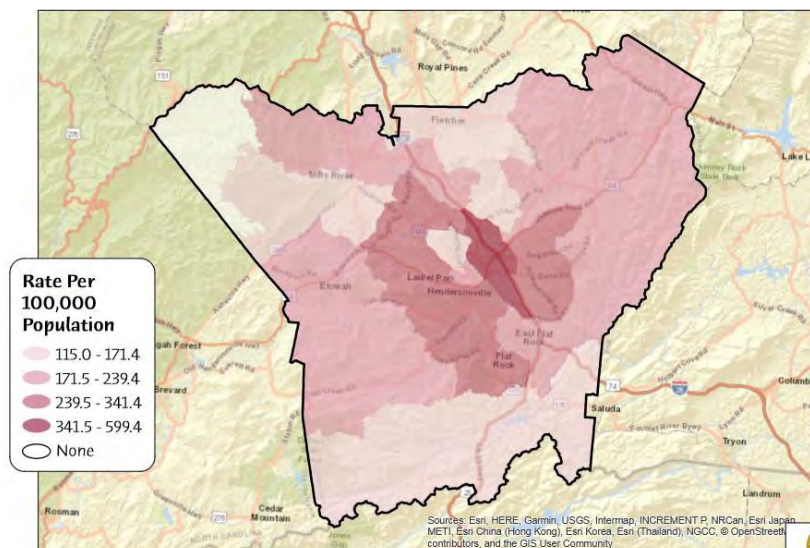
[Click to see map in Community Commons](#)

## Percent of Single Parent Households



[Click to see map in Community Commons](#)

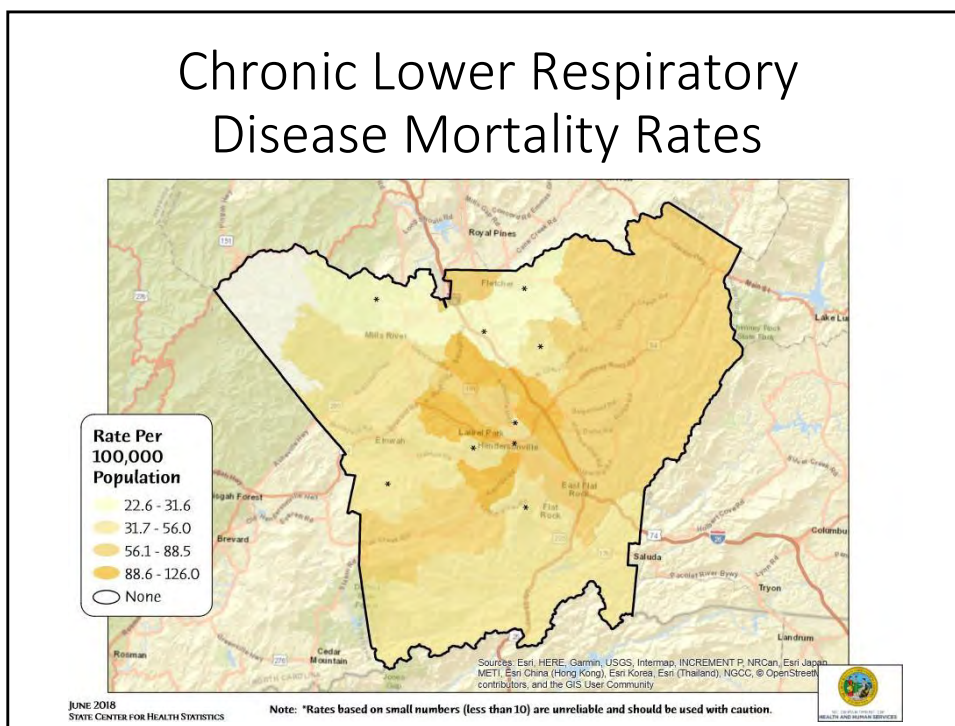
## Heart Disease Mortality Rates



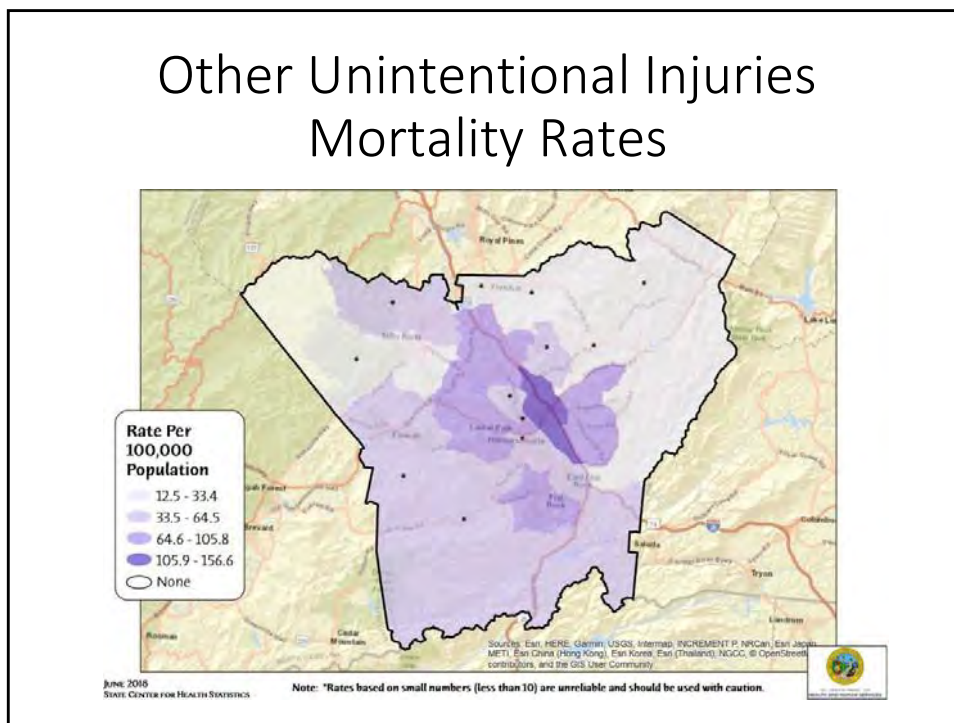
JUNE 2018  
STATE CENTER FOR HEALTH STATISTICS



## Chronic Lower Respiratory Disease Mortality Rates

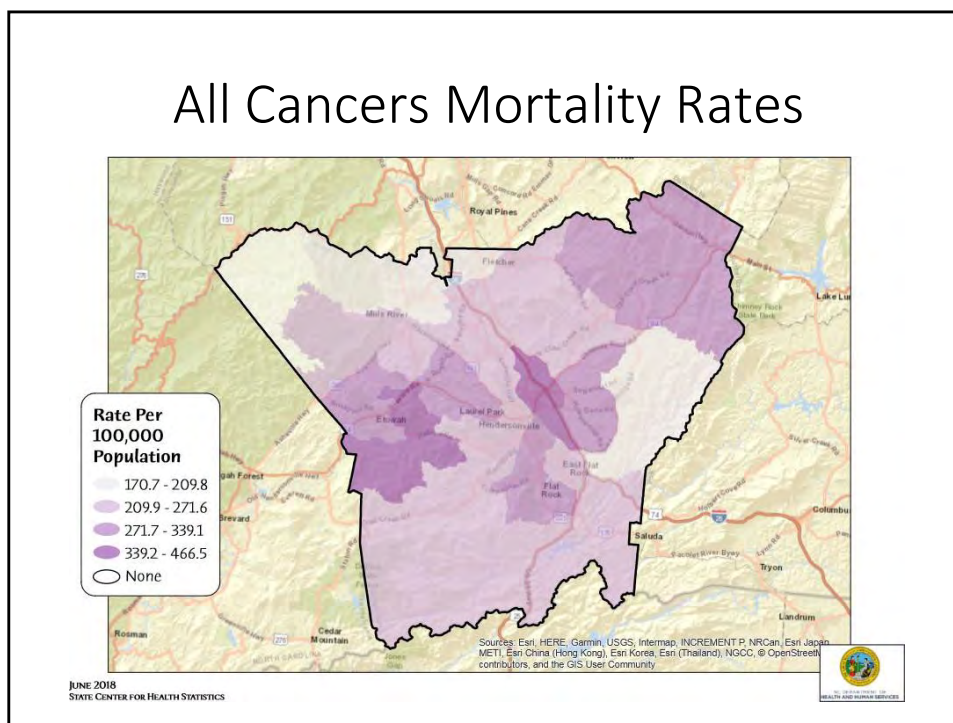


## Other Unintentional Injuries Mortality Rates

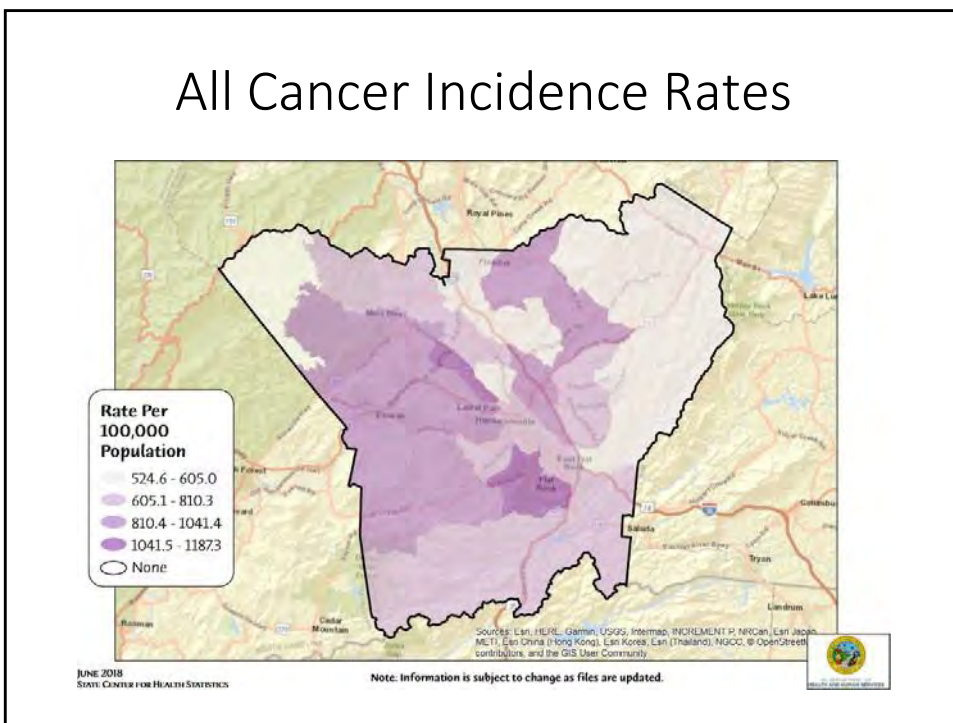




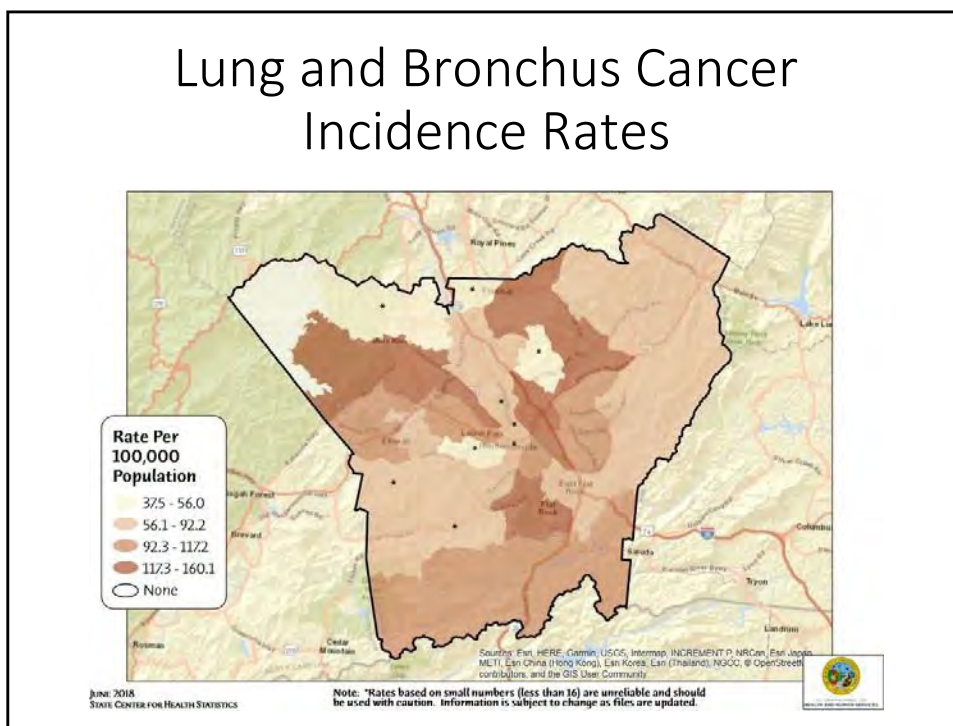
## All Cancers Mortality Rates



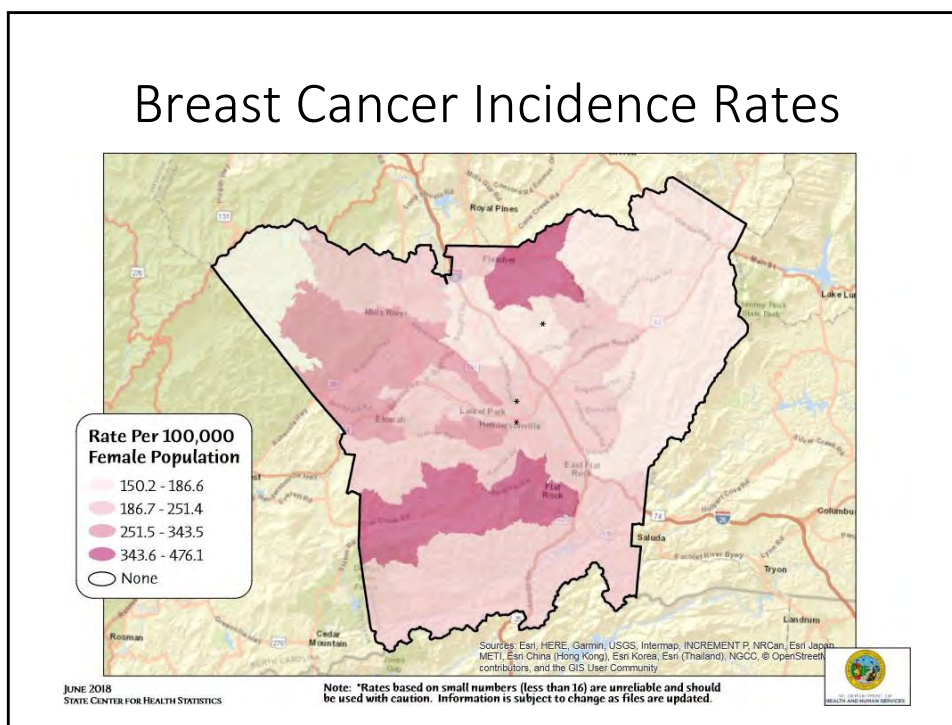
## All Cancer Incidence Rates



## Lung and Bronchus Cancer Incidence Rates



## Breast Cancer Incidence Rates



## **APPENDIX D – Community Phone Survey**

*See attached for:*

- WNC Core Survey Questions
- Community Phone Survey Results

Count	2018 WNC Core Survey Question Wording	Survey Year to be Included		
		2012	2015	2018
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?	X	X	X
2	How many children under the age of 18 are currently LIVING in your household? (One through Five or More)	X	X	X
3	Would you please tell me which county you live in?	X	X	X
4	Zipcode	X	X	X
5	Sex of Respondent.	X	X	X
6	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)		X	X
7	What is the one thing that needs the most improvement in your county? (multiple options)	X	X	X
8	Would you say that, in general, your health is: (excellent, very good, good, fair, or poor)	X	X	X
9	Was there a time during the past 12 months when you needed medical care, but could not get it? (Yes/No)	X	X	X
10	What was the main reason you did not get this needed medical care? (Cost/no 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))	X	X	X
11	Do you have ONE place where you usually go if you are sick or need advice about your health? (Yes/No)		X	X
12	What kind of place is it: (Open ended)		X	X
13	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)	X	X	X
14	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. (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)	X	X	X
15	Have you ever suffered from or been diagnosed with COPD or Chronic Obstructive Pulmonary Disease, Including Bronchitis, or Emphysema? (Yes/No)		X	X
16	Has a doctor, nurse or other health professional EVER told you that you had any of the following: (a) A Heart Attack, Also Called a Myocardial Infarction, OR Angina OR Coronary Heart Disease (Yes/No)		X	X
17	(b) A Stroke (Yes/No)		X	X
18	Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (Yes/No)		X	X
19	Do you still have asthma? (Yes/No)		X	X
20	Have you ever been told by a doctor that you have diabetes? (Yes/No)	X	X	X

	Was this only when you were pregnant? (Yes/No)	X	X	X
21	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (Yes/No)	X	X	X
	Was this only when you were pregnant? (Yes/No)	X	X	X
22	Have you ever been told by a doctor, nurse or other health care professional that you had high blood pressure? (Yes/No)	X	X	X
23	Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising? (Yes/No)	X	X	X
24	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/No)	X	X	X
25	Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising? (Yes/No)	X	X	X
26	Do you NOW smoke cigarettes? ("Every Day," "Some Days," or "Not At All")	X	X	X
27	Do you currently use chewing tobacco, dip, snuff, or snus? ("Every Day," "Some Days," or "Not At All")	X	X	X
28	The next questions are about electronic "vaping" products, such as 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 use electronic "vaping" products, such as e-cigarettes, "Every Day," "Some Days," or "Not At All"?		X	X
29	During how many of the past 7 days, at your workplace, did you breathe the smoke from someone (IF SMOKER: other than yourself) who was using tobacco? (0 to 7)	X	X	X
30	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)	X	X	X
31	On the day(s) when you drank, about how many drinks did you have on the average? (0 to 10)	X	X	X
32	(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 a typical month did you have 4 or more drinks on an occasion? (0 to 30)	X	X	X
33	(description of prescription opiates) In the PAST YEAR, have you used any of these prescription opiates, whether or not a doctor had prescribed them to you?			X

34	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:			X
35	Next, I'd like to ask you some general questions about yourself. @@What is your age?	X	X	X
36	Are you of Hispanic or Latino origin, or is your family originally from a Spanish-speaking country?	X	X	X
37	What is your race? Would you say: @@(Do Not Read the Latino/Hispanic Code.)	X	X	X
38	Which of the following best describes you? Are you: (Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living ON the Qualla Boundary; An Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living OFF the Qualla Boundary, or an enrolled member of a different federally-recognized tribe)? (Qualla is pronounced KWAH-lah)	X	X	X
39	What is the highest grade or year of school you have completed?	X	X	X
40	Are you currently: (Employment Status)	X	X	X
41	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, Medicaid, military, or Indian Health Services? (Y/N)	X	X	X
42	Now I would like to ask, about how much do you weigh without shoes? @@(INTERVIEWER: Round Fractions Up)	X	X	X
43	About how tall are you without shoes? @@(INTERVIEWER: Round Fractions Down)	X	X	X
44	A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?		X	X
45	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.	X	X	X
46	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.	X	X	X
47	Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months. The first statement is: "I worried about whether our food would run out before we got money to buy more." Was this statement:			X
48	The next statement is: "The food that we bought just did not last, and we did not have money to get more." Was this statement:			X
49	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?	X	X	X

50	What type of physical activity or exercise did you spend the MOST time doing during the past month?			x
51	How many times per week or per month did you take part in this activity during the past month?			x
52	And when you took part in this activity, for how many minutes or hours did you usually keep at it?			x
53	What OTHER type of physical activity gave you the NEXT most exercise during the past month?			x
54	How many times per week or per month did you take part in this activity during the past month?			x
55	And when you took part in this activity, for how many minutes or hours did you usually keep at it?			x
56	During the past month, how many times per week or per month did 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.	x	x	x
57	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)	x	x	x
58	How often do you get the social and emotional support you need? Would you say: (Always, Usually, Sometimes, Seldom, or Never)	x	x	x
59	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)	x	x	x
60	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/No)	x	x	x
61	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/No)	x	x	x
62	What is the major impairment or health problem that limits you? (open ended)	x	x	x

<b>63</b>	"SAMPLE PROLOGUE: I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age." Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?			x
<b>64</b>	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?			x
<b>65</b>	Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?			x
<b>66</b>	Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?			x
<b>67</b>	Before you were 18 years of age, were your parents separated or divorced?			x
<b>68</b>	Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up? Would you say:			x
<b>69</b>	Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say:			x
<b>70</b>	Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down? Would you say:			x
<b>71</b>	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually? Would you say:			x
<b>72</b>	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually? Would you say:			x
<b>73</b>	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex? Would you say:			x
<b>74</b>	Total Family Household Income.	x	x	x
<b>75</b>	Other than what we've covered in this survey, what other health issue, if any, do you feel is a major problem in your community? (open ended)			x





**Professional Research Consultants, Inc.**

# 2018 PRC Community Health Needs Assessment

## Henderson County

Prepared for:  
**WNC Healthy Impact**

By Professional Research Consultants, Inc.

**Custom Research  
for Achieving Excellence**  
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**WNCHEALTHYIMPACT**


PRC Community Health Needs Assessment

## Methodology

### Survey methodology

- 2,602 surveys were completed via telephone (landline [71%] and cell phone [29%]); while 663 were completed online
- 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
- English and Spanish

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**Professional Research Consultants, Inc.**

PRC Community Health Needs Assessment

## Methodology

**3,265 surveys throughout WNC**

- Adults age 18+
- Gathered data for each of 16 counties
- Weights were added to enhance representativeness of data at county and regional levels


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PRC Community Health Needs Assessment

## Methodology

**Individual county samples allow for drill-down by:**

- Gender
- Income
- Other categories, based on question responses

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## 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

## 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 Buncombe County have maximum error rate of +5.6% at the 95% confidence level
- Results for Graham County have maximum error rate of +7.8% at the 95% confidence level
- Results for other individual counties have maximum error rate of +6.9% at the 95% confidence level

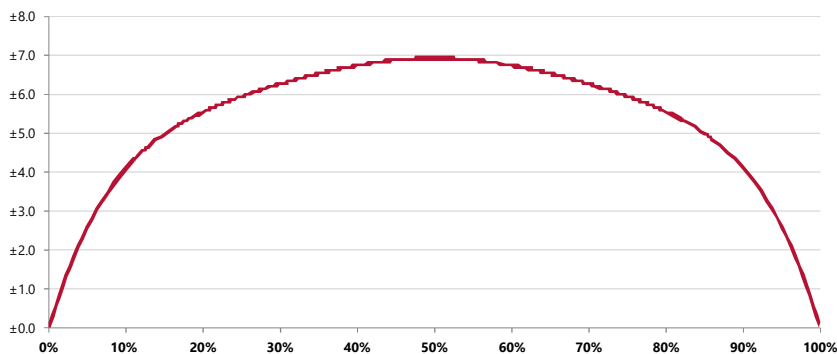
### PRC indicates in regional report when differences – between county and regional results, different demographic groups, and 2012 to 2015 – are statistically significant

## Keep in mind

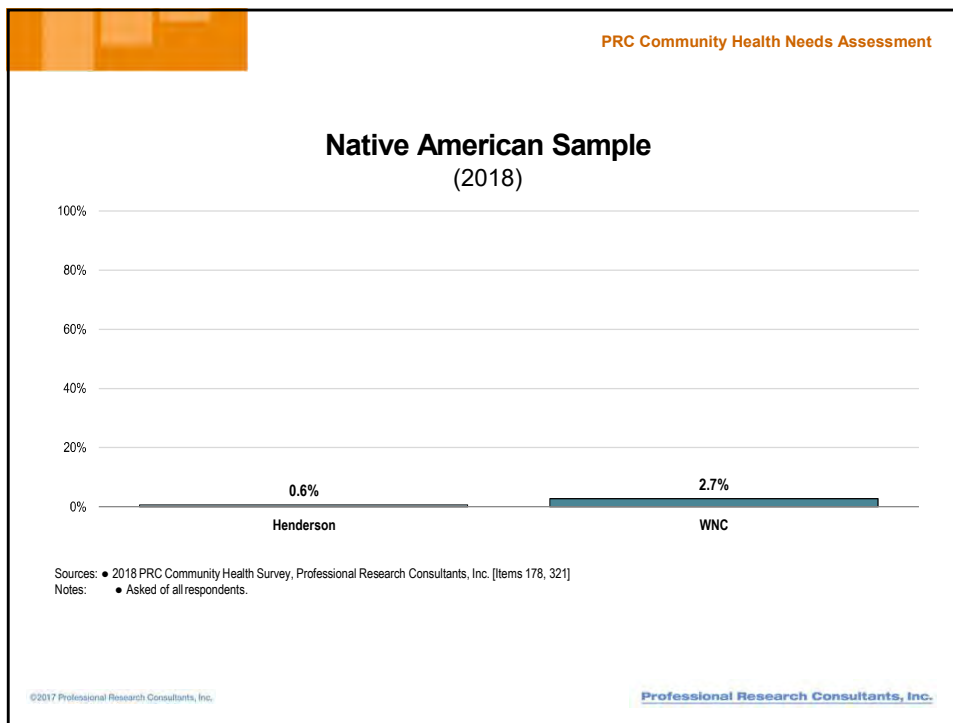
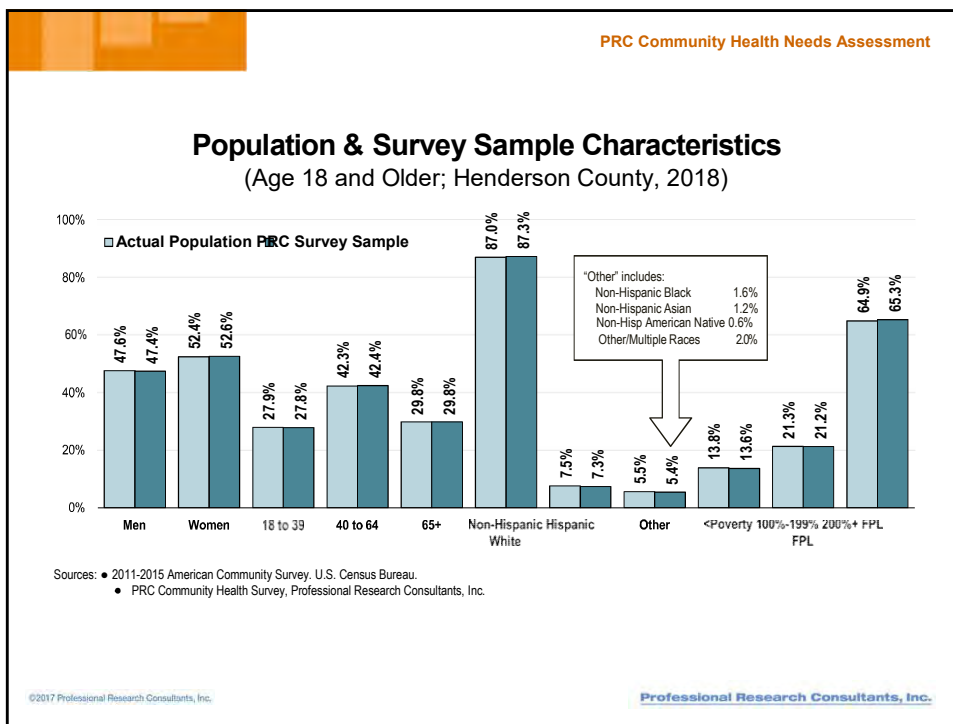
For more detailed information on methods, see:

- PRC's Primary Data Collection: Research Approach & Methods document (2018)
- 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.

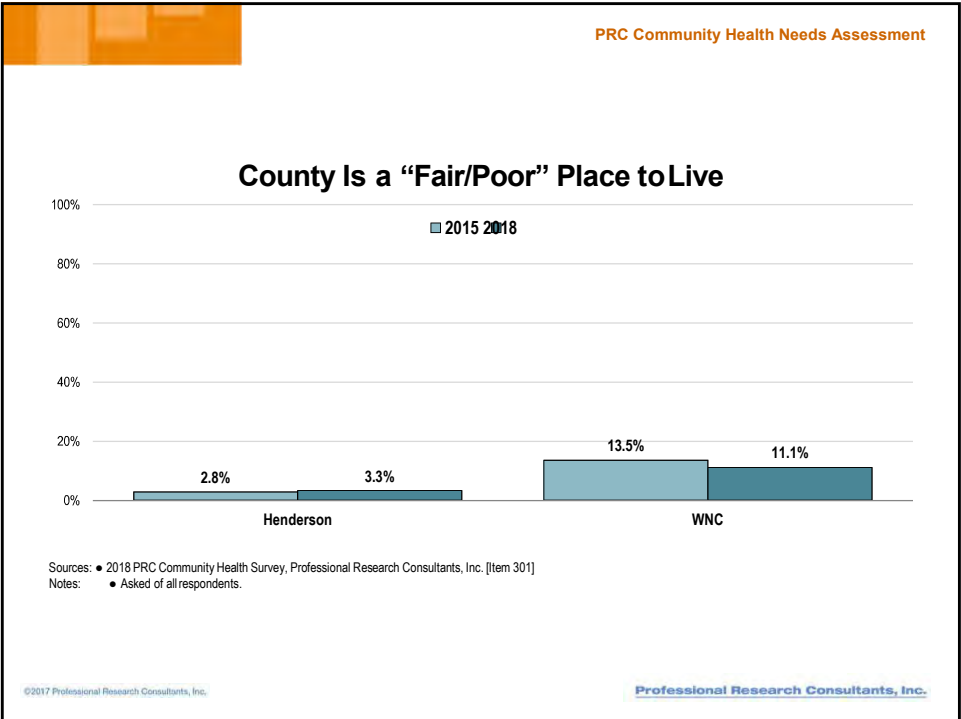




# QUALITY OF LIFE



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### Top Three County Issues Perceived as in Most Need of Improvement (2018)

	Henderson	WNC
Availability of Employment		✓
Road Maintenance	✓	✓
Higher Paying Employment		
Drugs		
Affordable/Better Housing	✓	✓
Better/More Affordable Healthcare		
Internet Availability		
The Justice System/Law Enforcement		
Government		
Nothing	✓	

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]  
Notes: • Asked of all respondents.

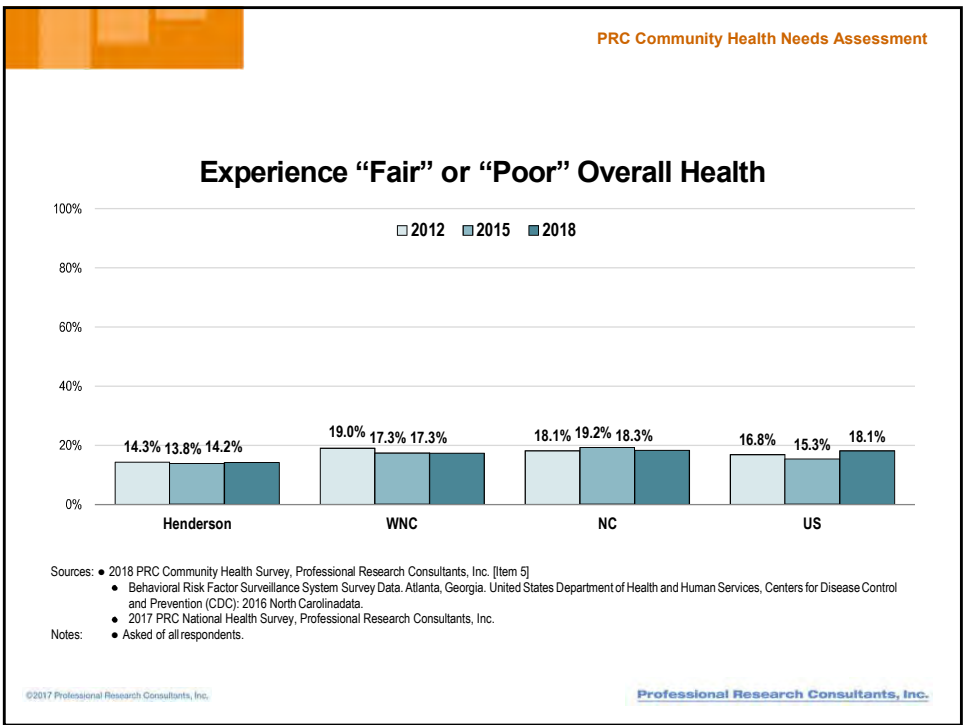
## SELF-REPORTED HEALTH STATUS



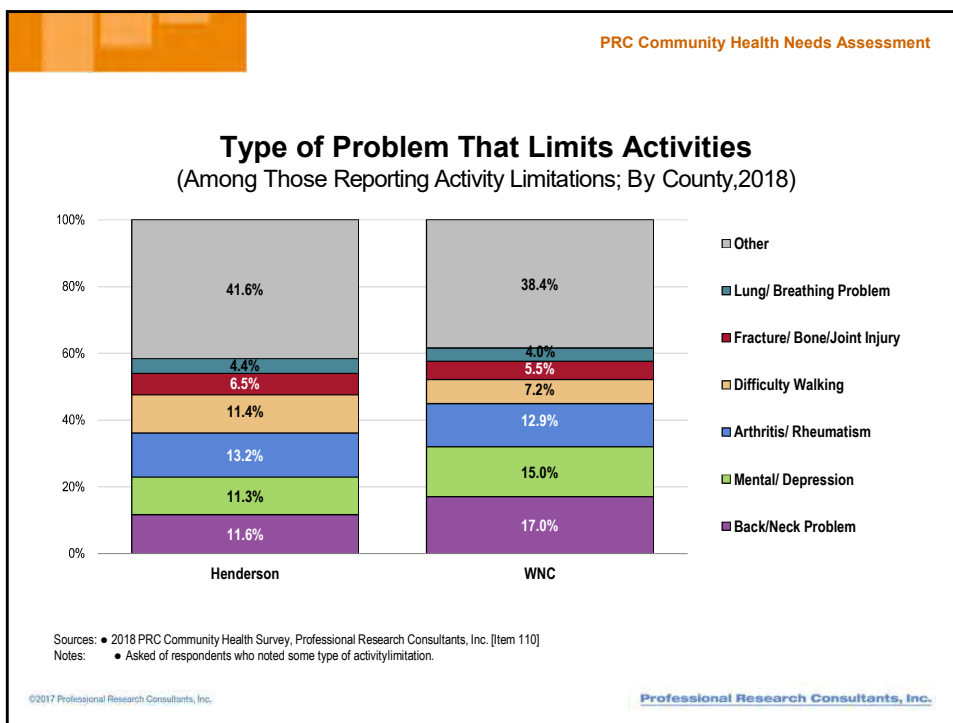
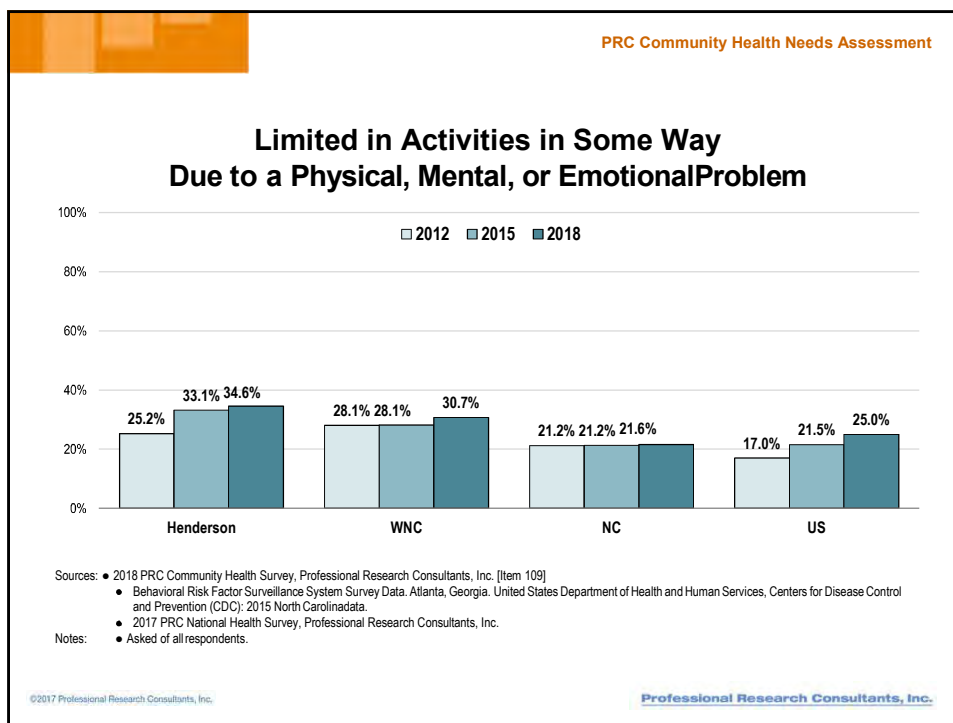
# Overall Health

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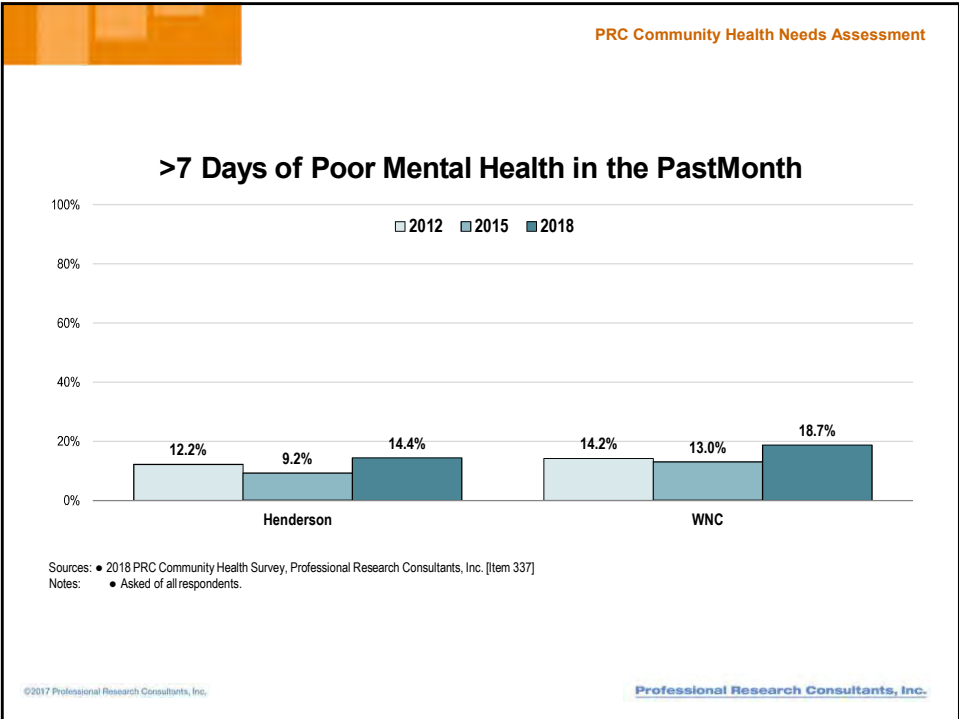


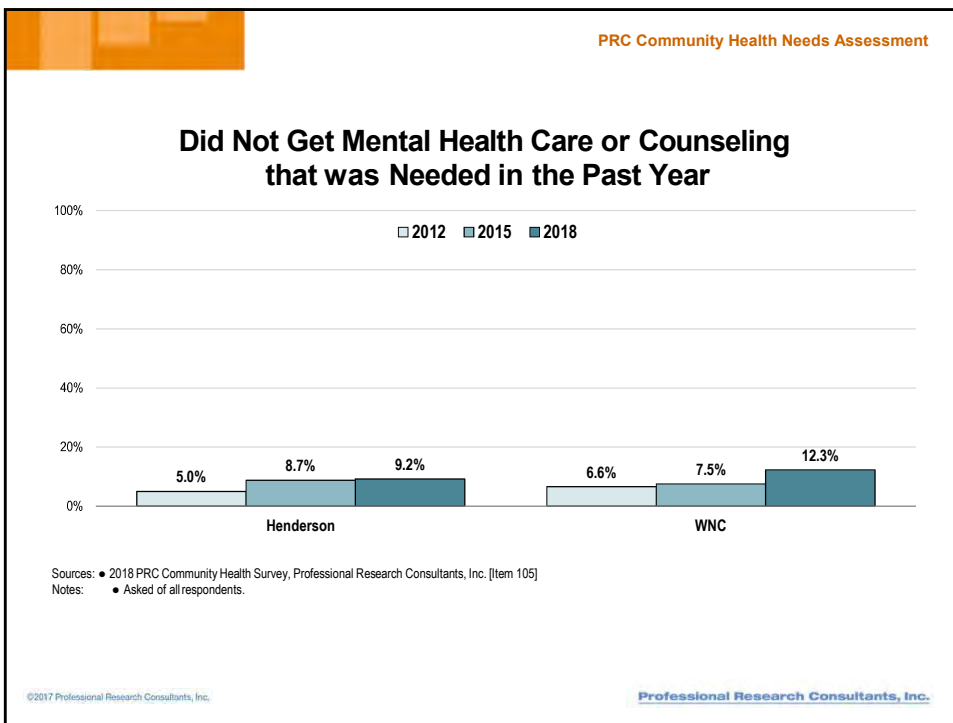
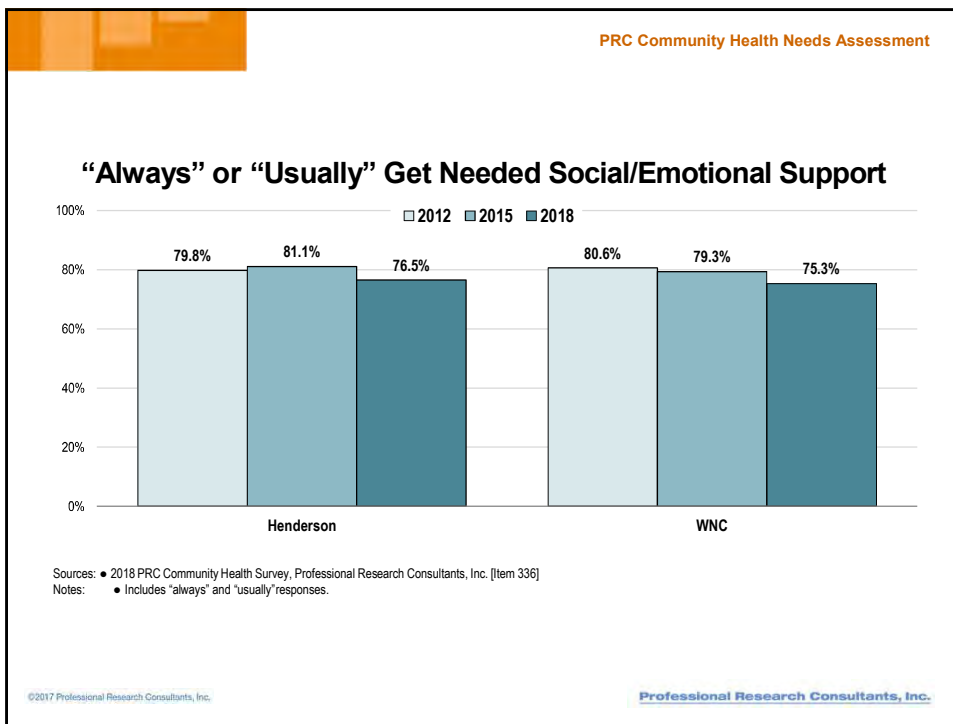
# Mental Health & Mental Disorders

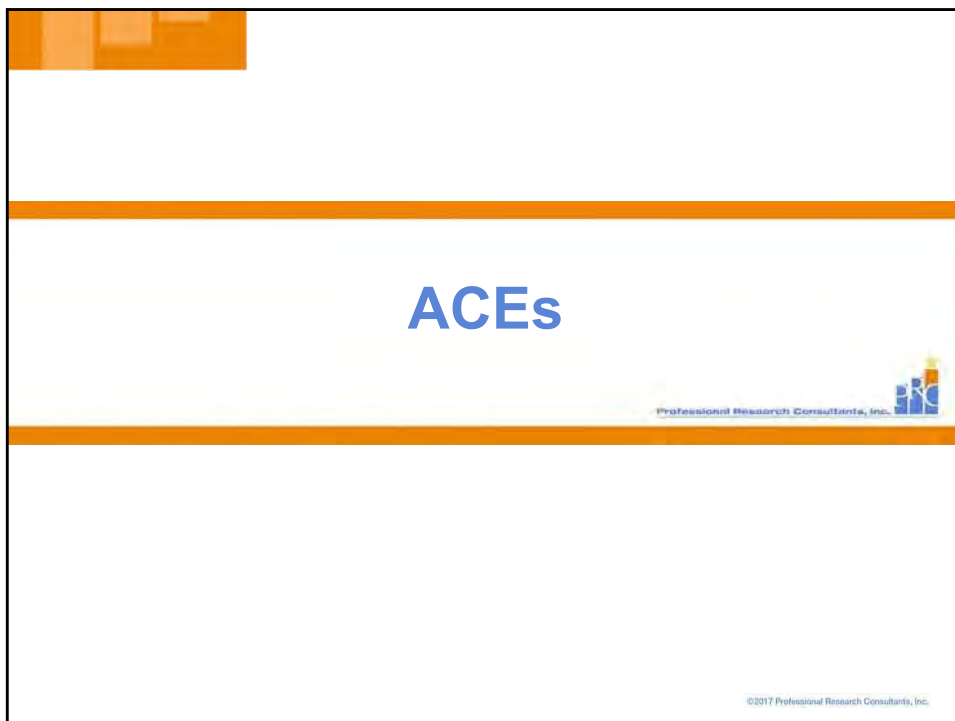
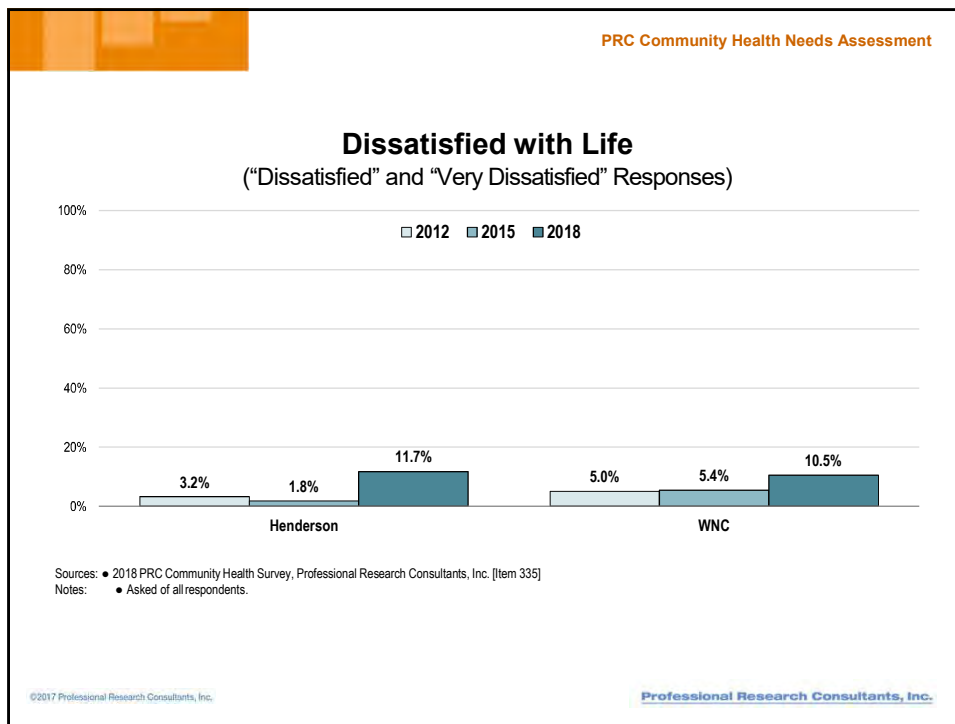
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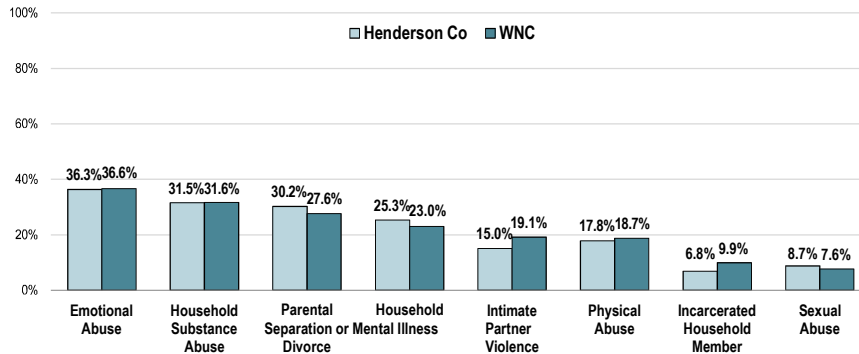


### Adverse Childhood Experiences (ACEs)

Category	Question
Household Mental Illness	Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?
Household Substance Abuse	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?
	Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?
Incarcerated Household Member	Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
Parental Separation or Divorce	Before you were 18 years of age, were your parents separated or divorced?
Intimate Partner Violence	Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up?
Physical Abuse	Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking.
Emotional Abuse	Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down?
Sexual Abuse	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex?

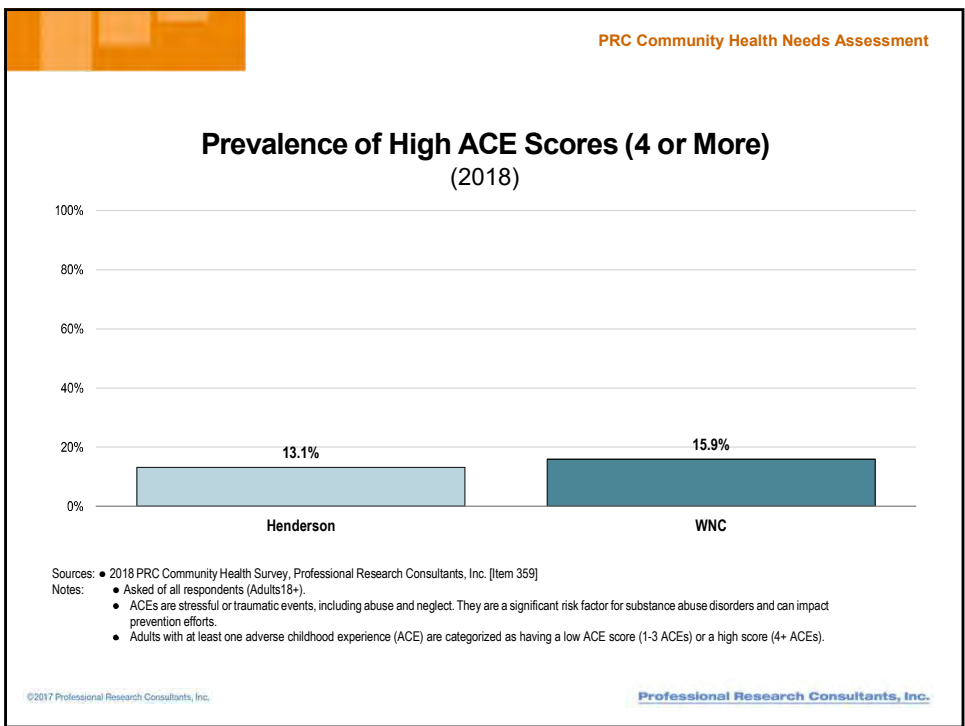
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 339-349, 351-360]  
 Notes: • Reflects the total sample of respondents.

### Experienced Adverse Childhood Experiences (ACEs) Prior to Age 18 (2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 351-358]  
 Notes: • Asked of all respondents (Adults 18+).

• ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.




# CHRONIC CONDITIONS

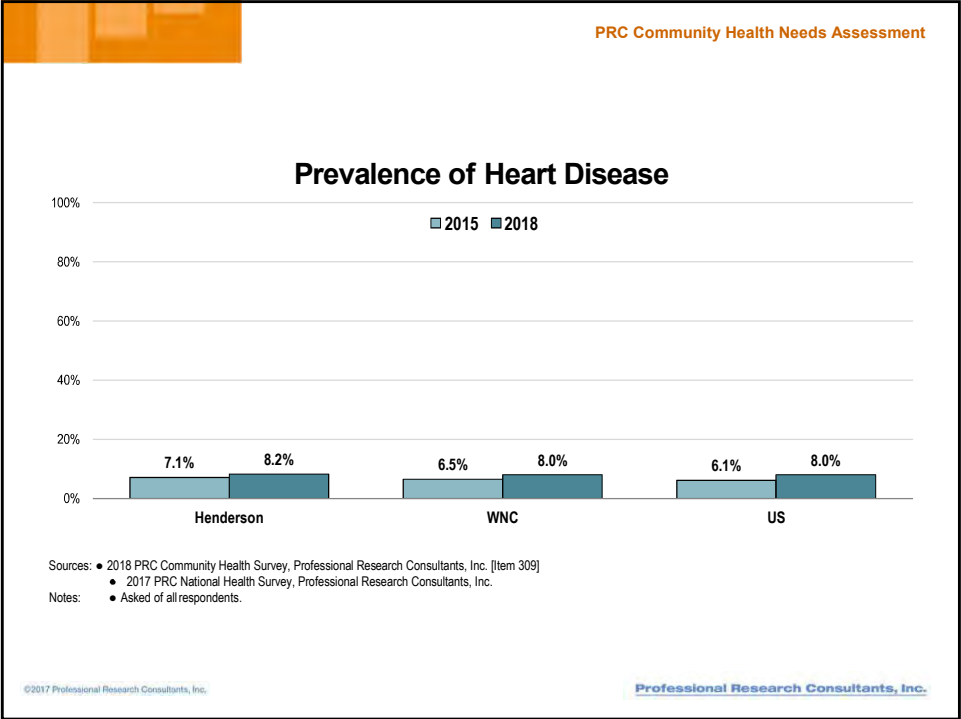
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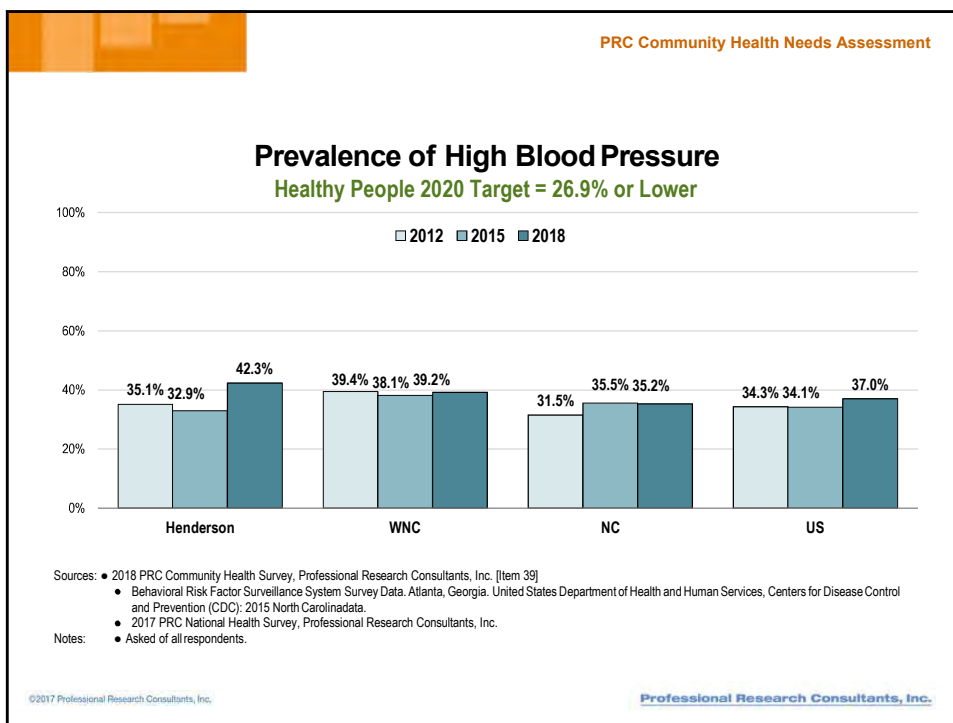
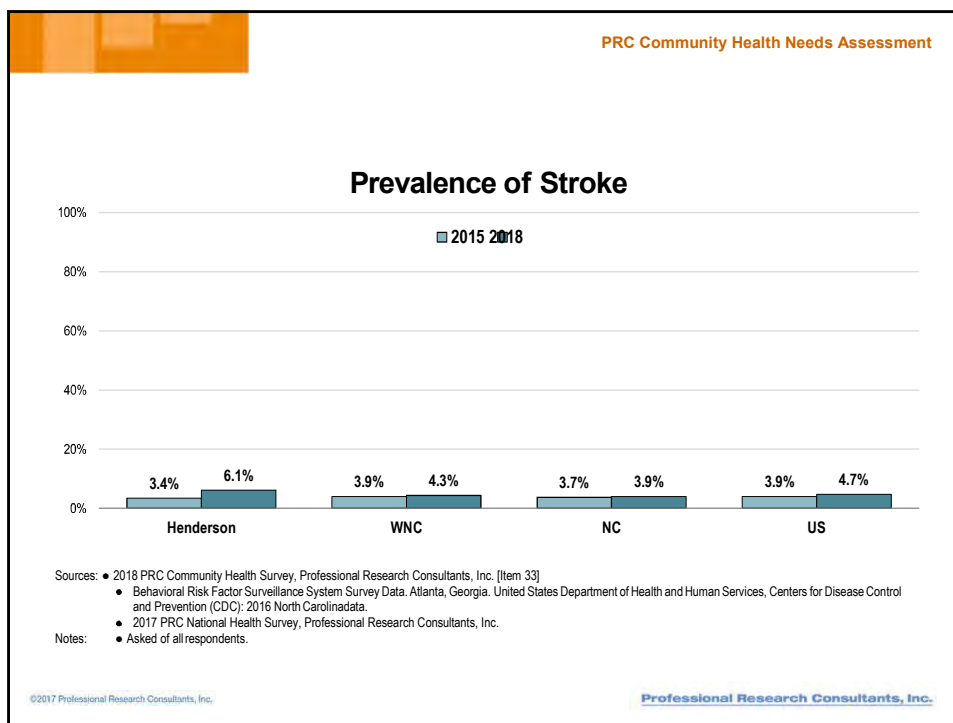
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# Cardiovascular Risk

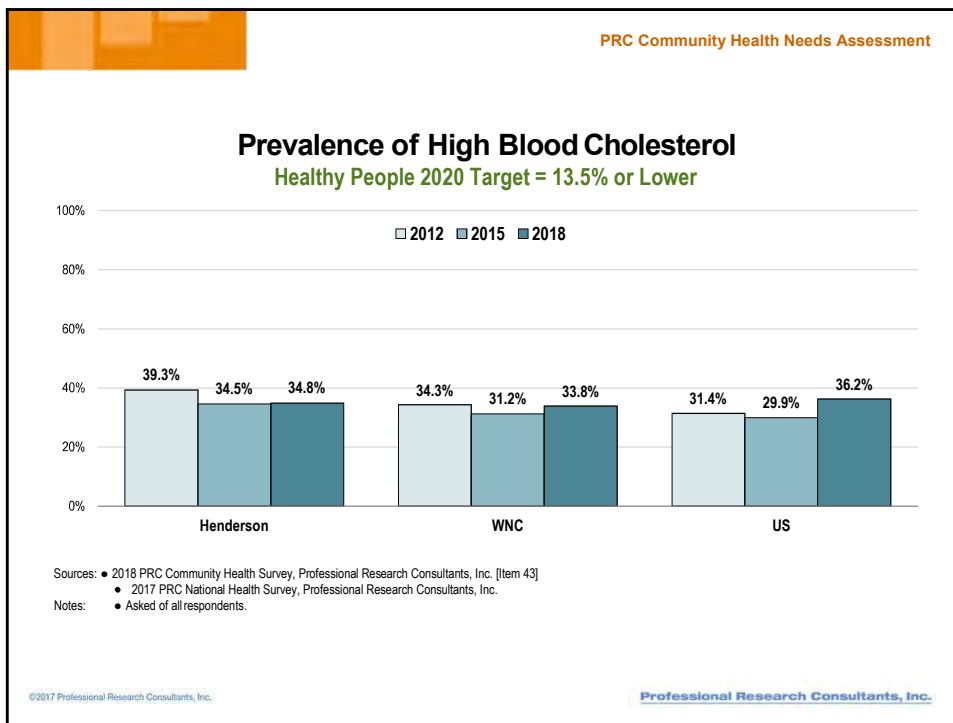
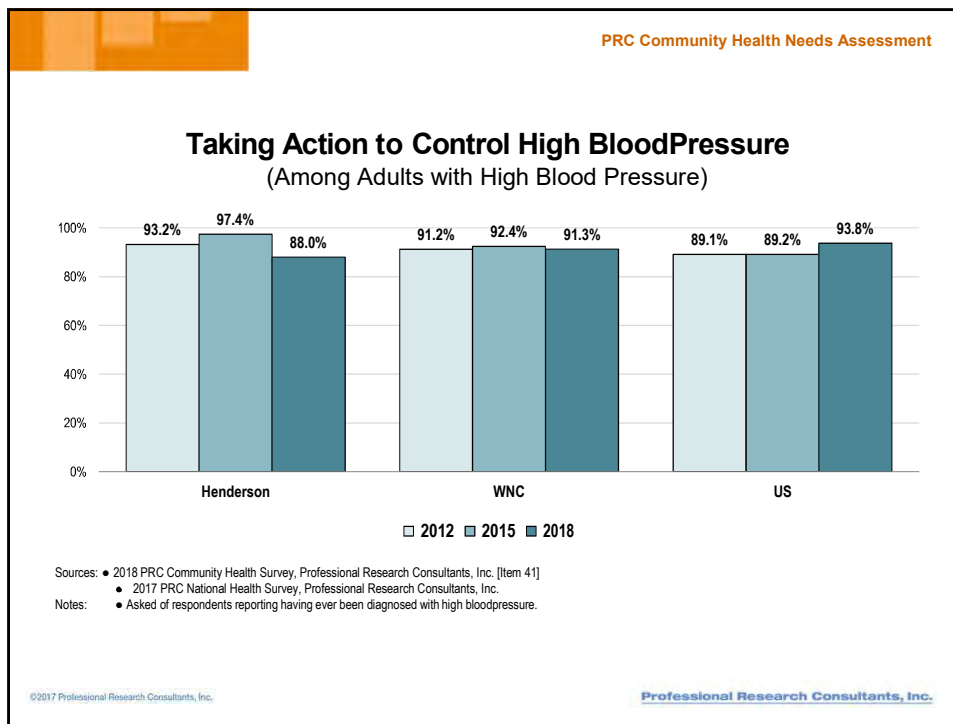


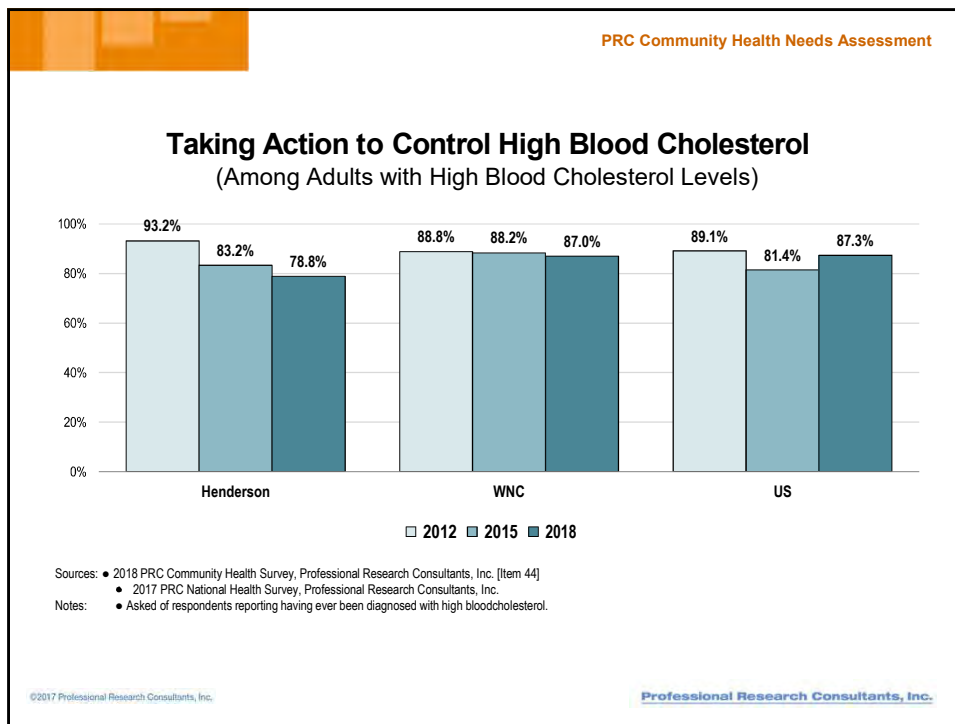
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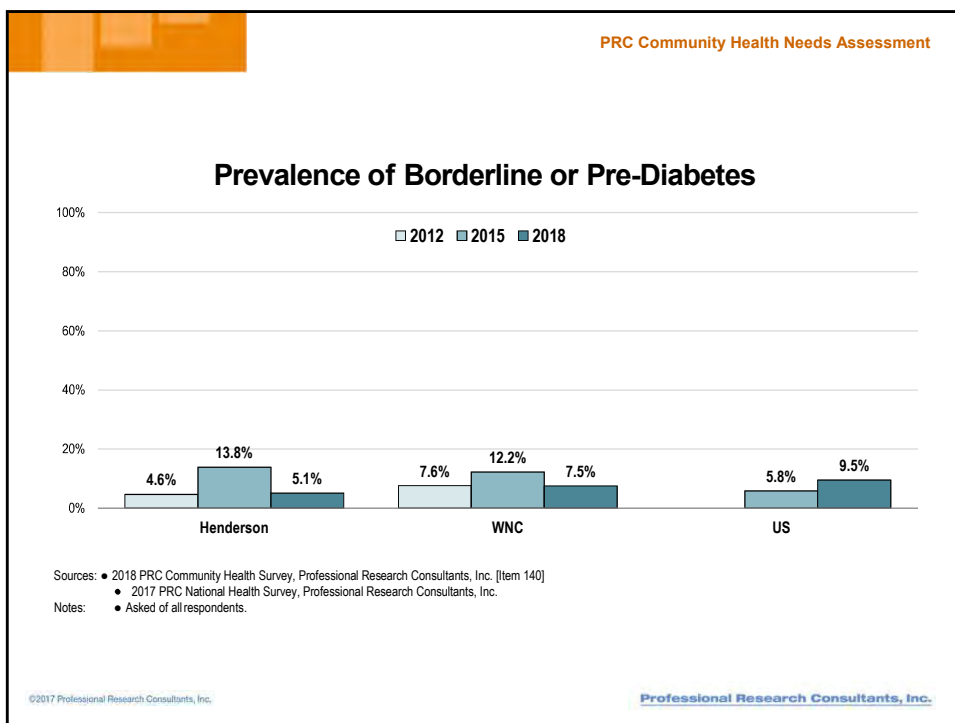
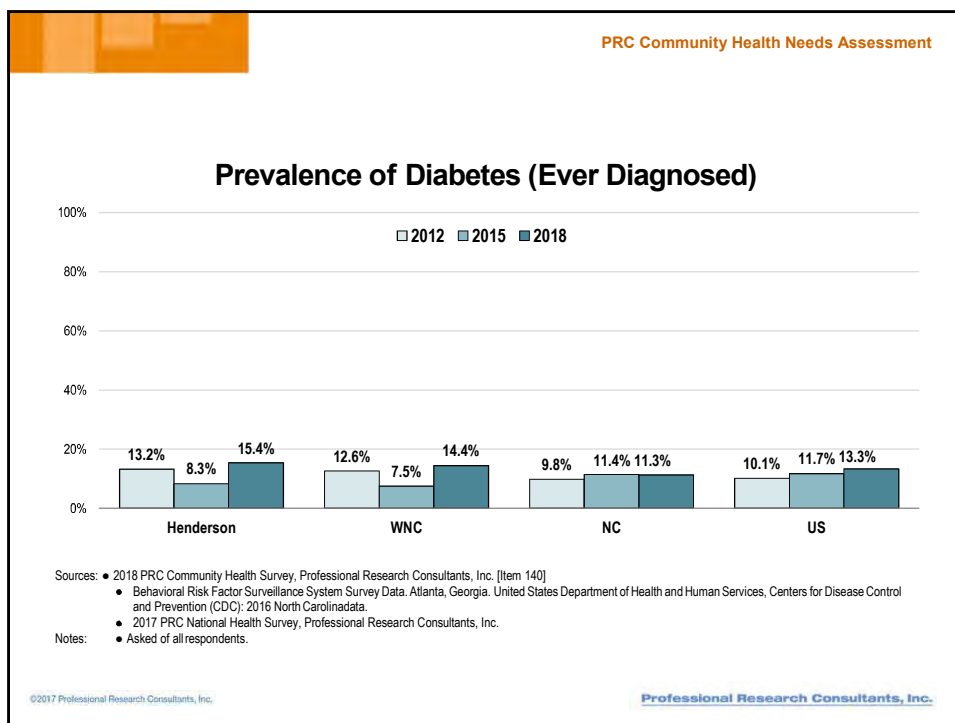






# Diabetes

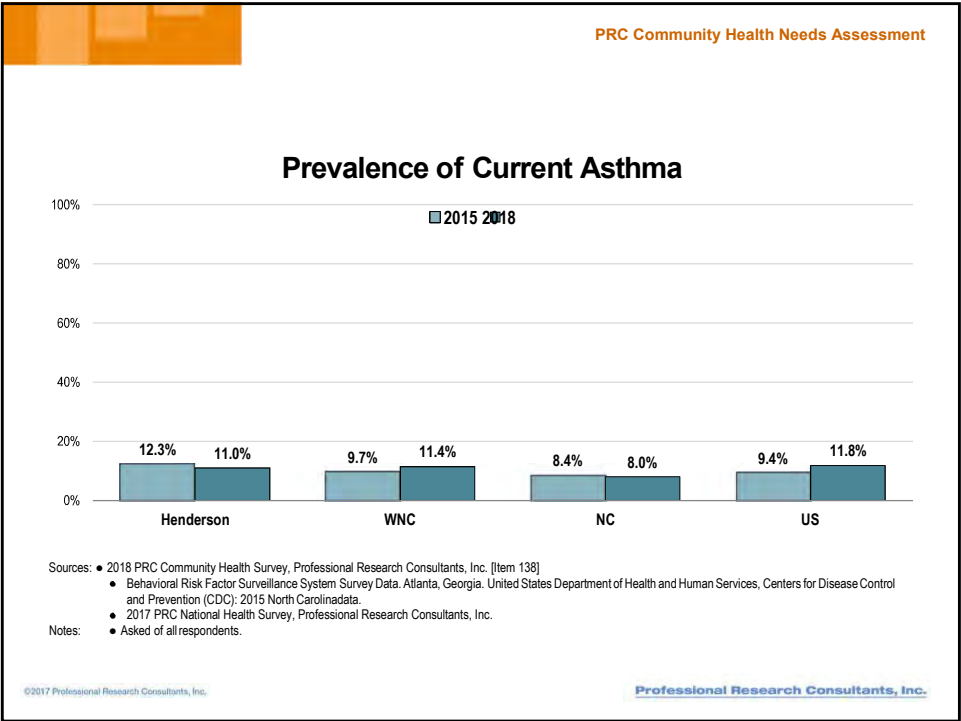
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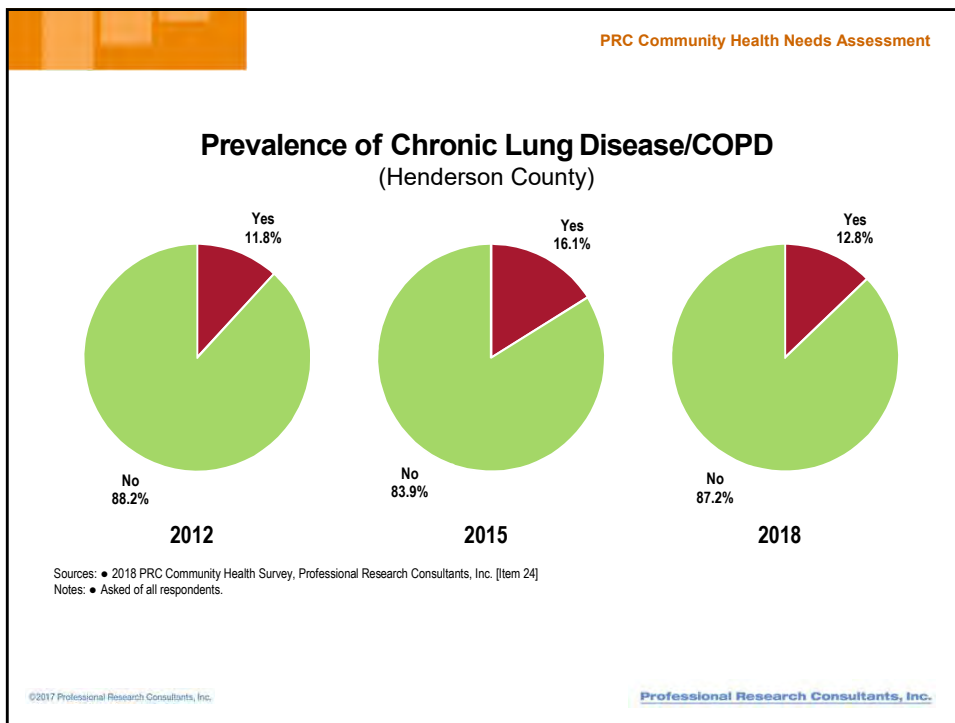
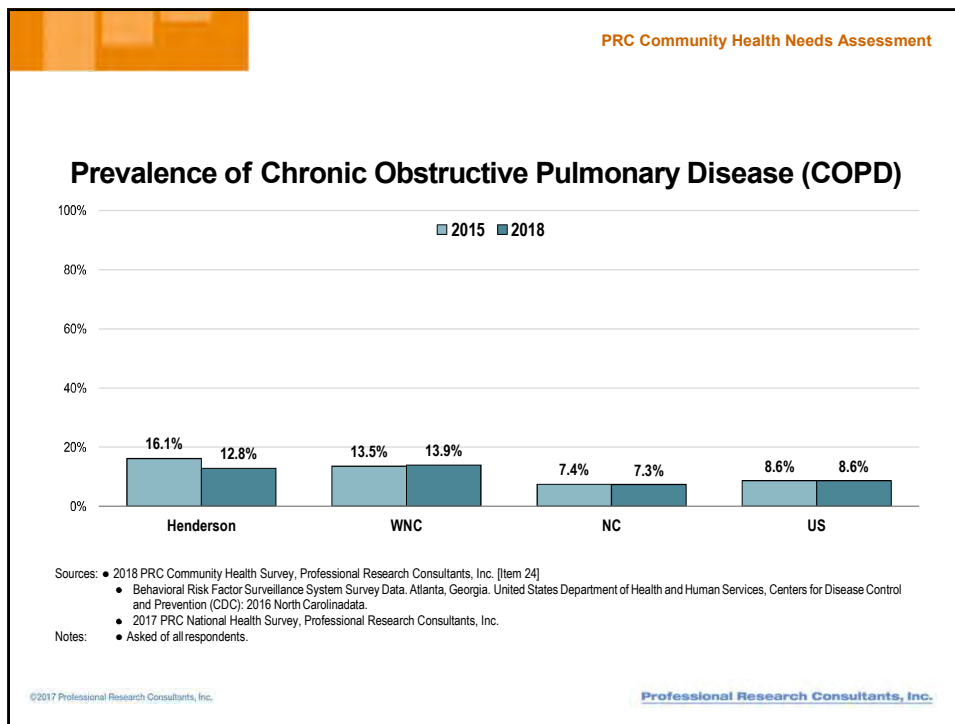



# Respiratory Conditions

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# MODIFIABLE HEALTH RISKS



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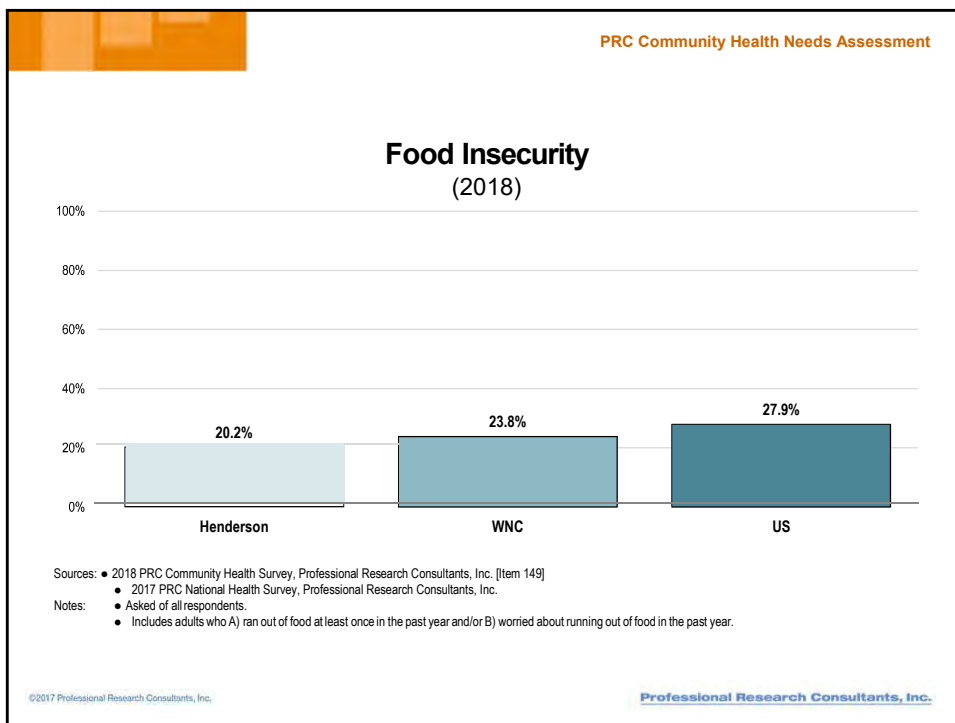
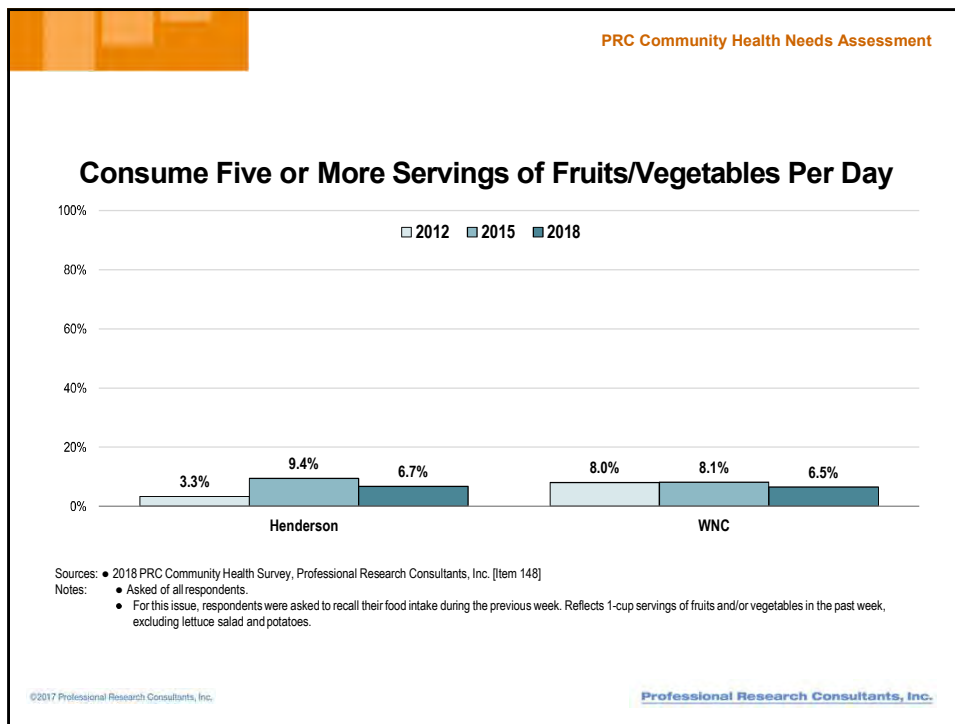
# Nutrition




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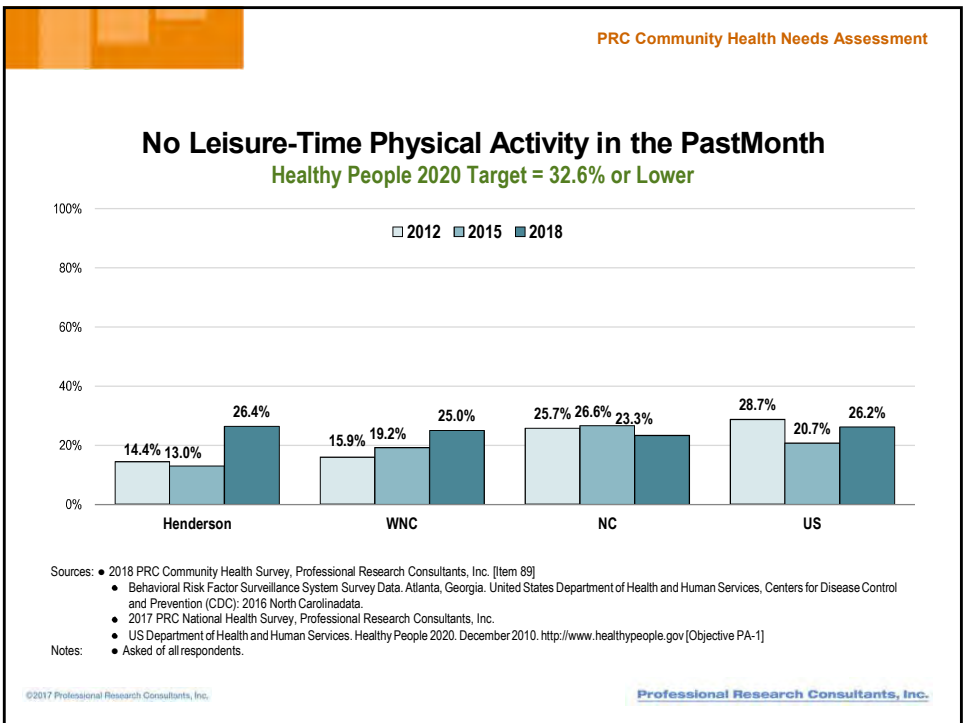




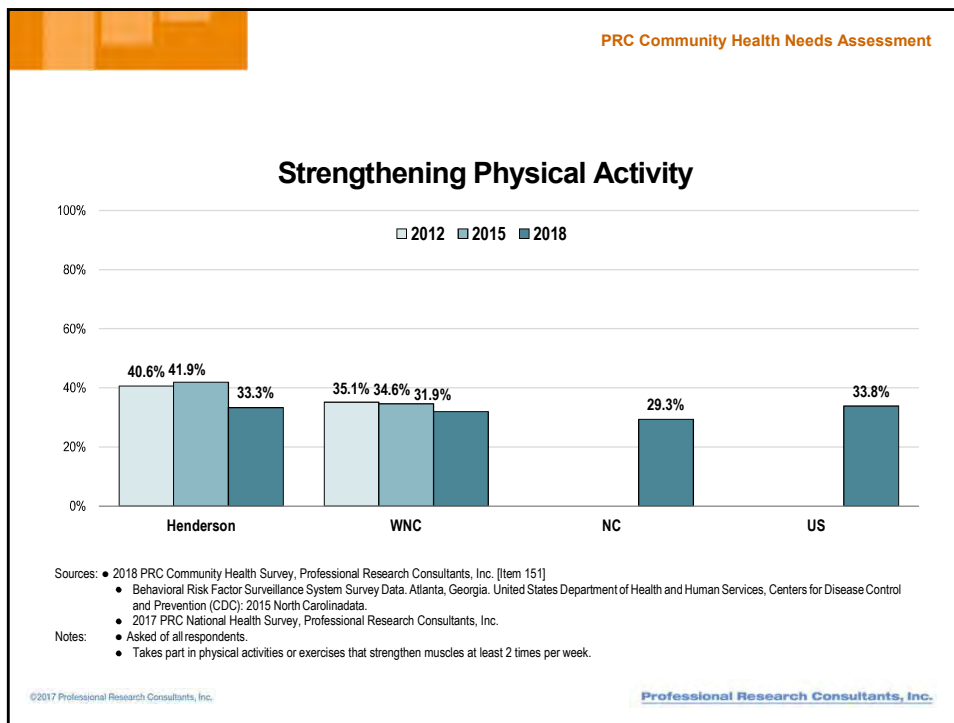
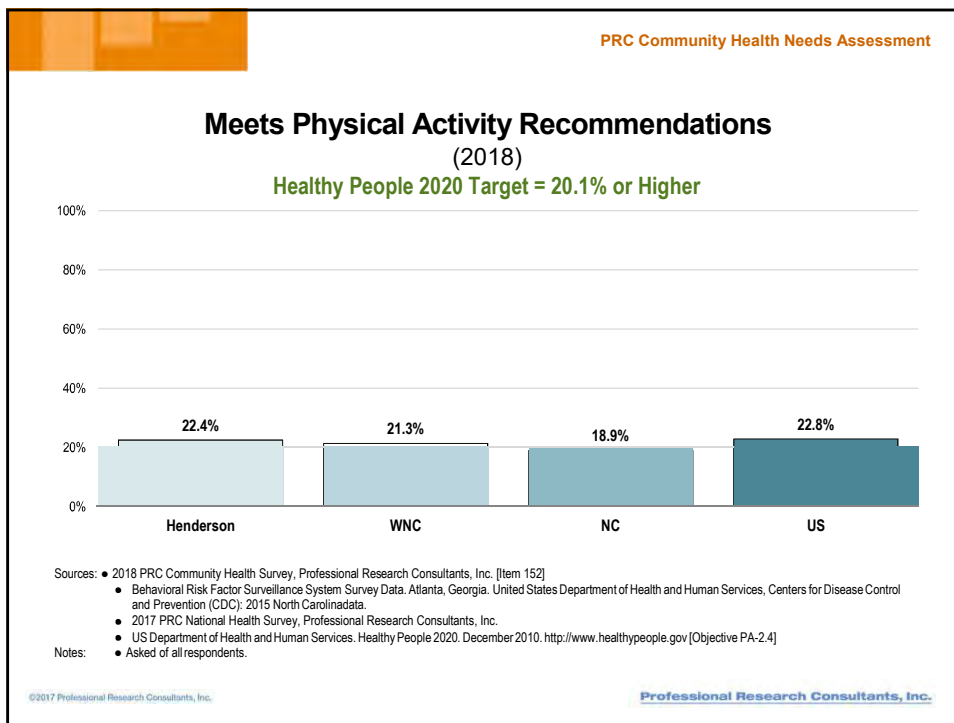
# Physical Activity & Fitness




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# Body Weight

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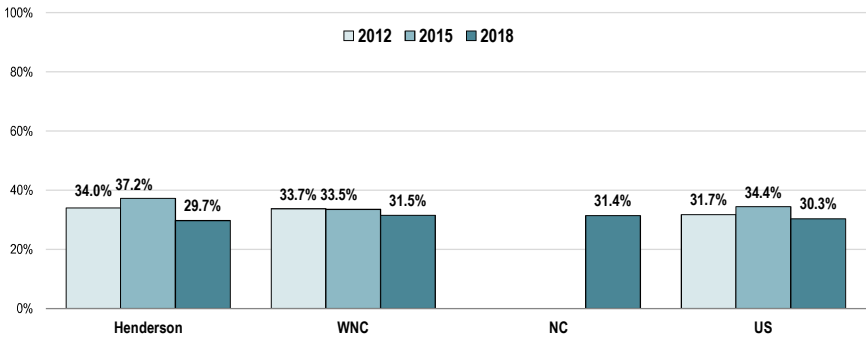
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PRC Community Health Needs Assessment

## Healthy Weight

(Body Mass Index Between 18.5 and 24.9)

Healthy People 2020 Target = 33.9% or Higher



Location	2012	2015	2018
Henderson	34.0%	37.2%	29.7%
WNC	33.7%	33.5%	31.5%
NC	31.4%		30.3%
US	31.7%	34.4%	30.3%

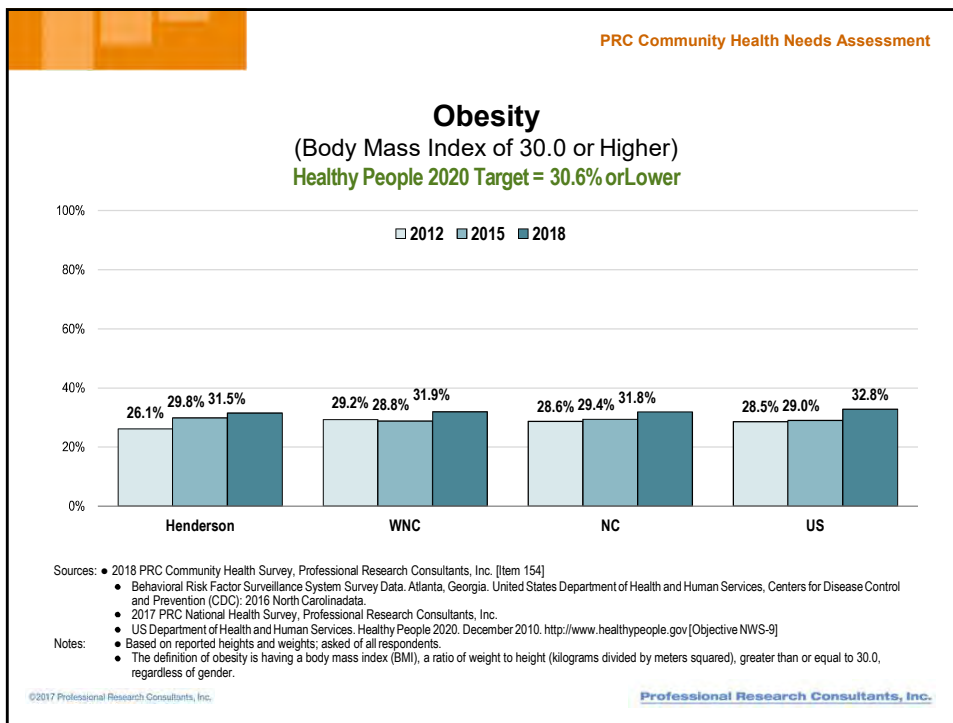
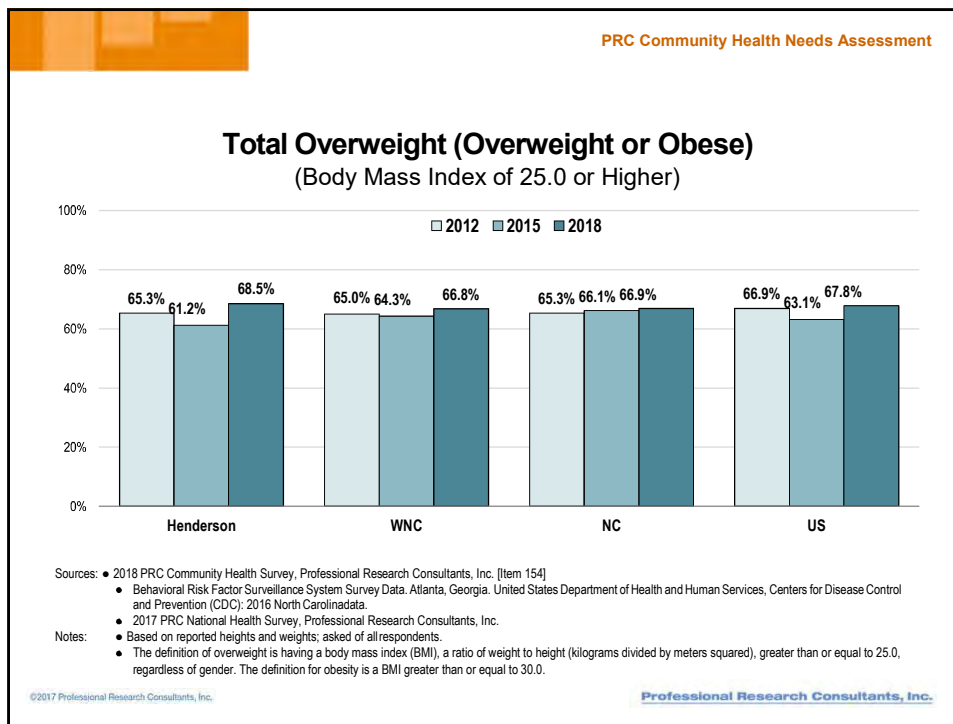
Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 North Carolinadata.
- 2017 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 NWS-8]


Notes:

- Based on reported heights and weights; asked of all respondents.
- 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.

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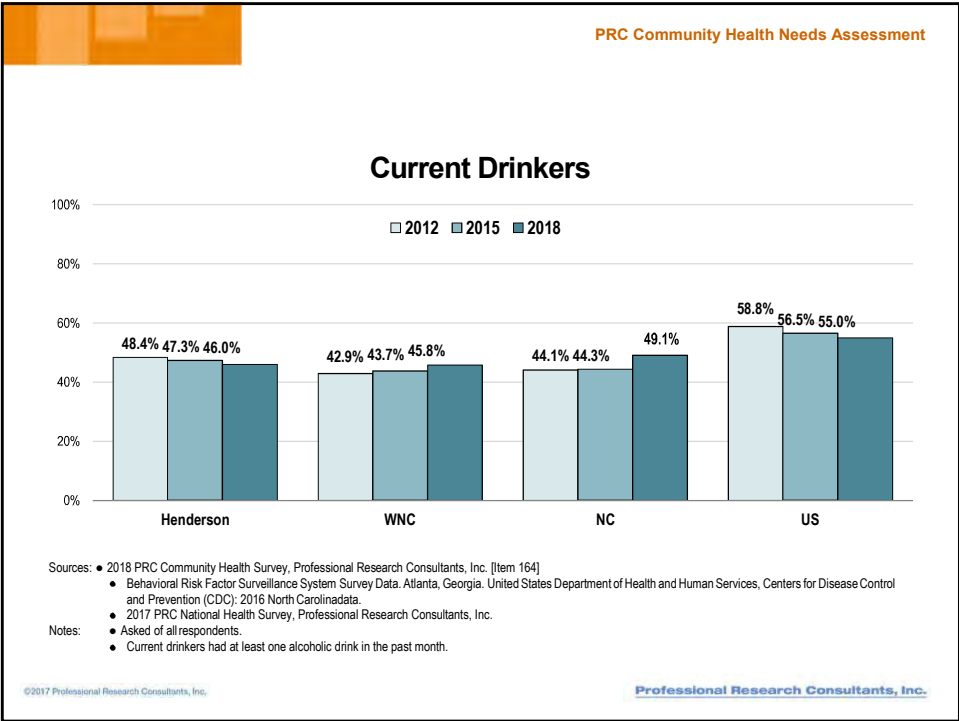


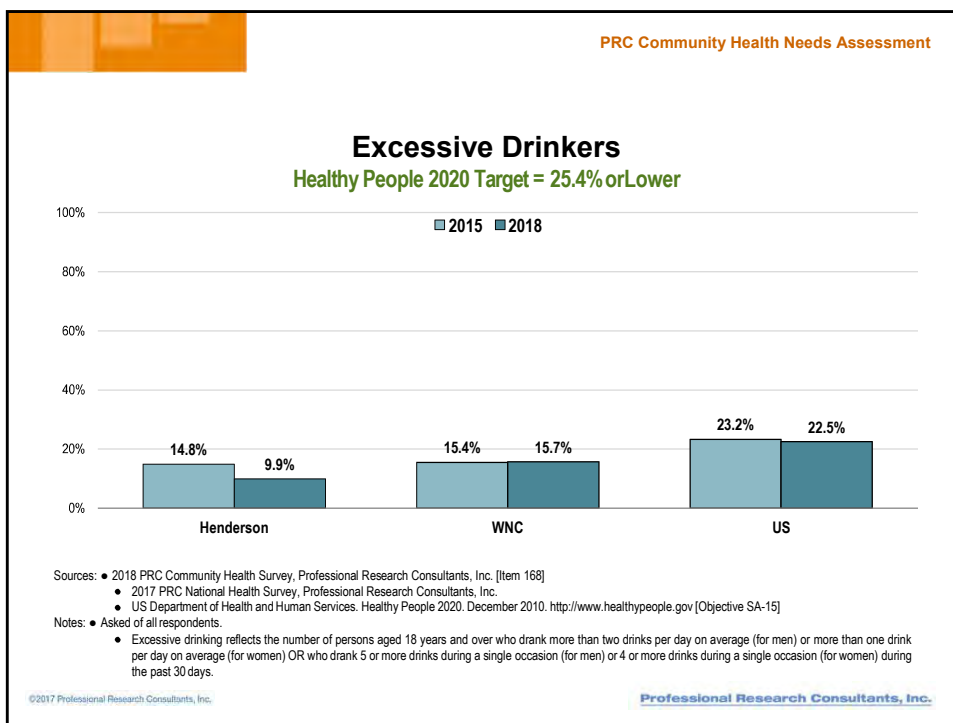
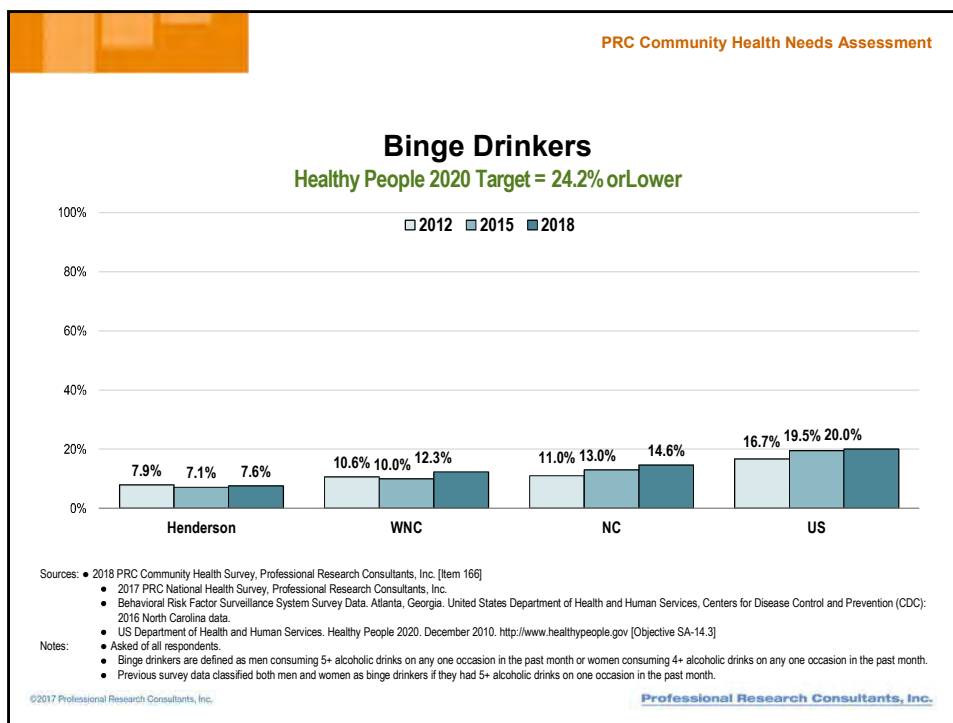
# Substance Abuse

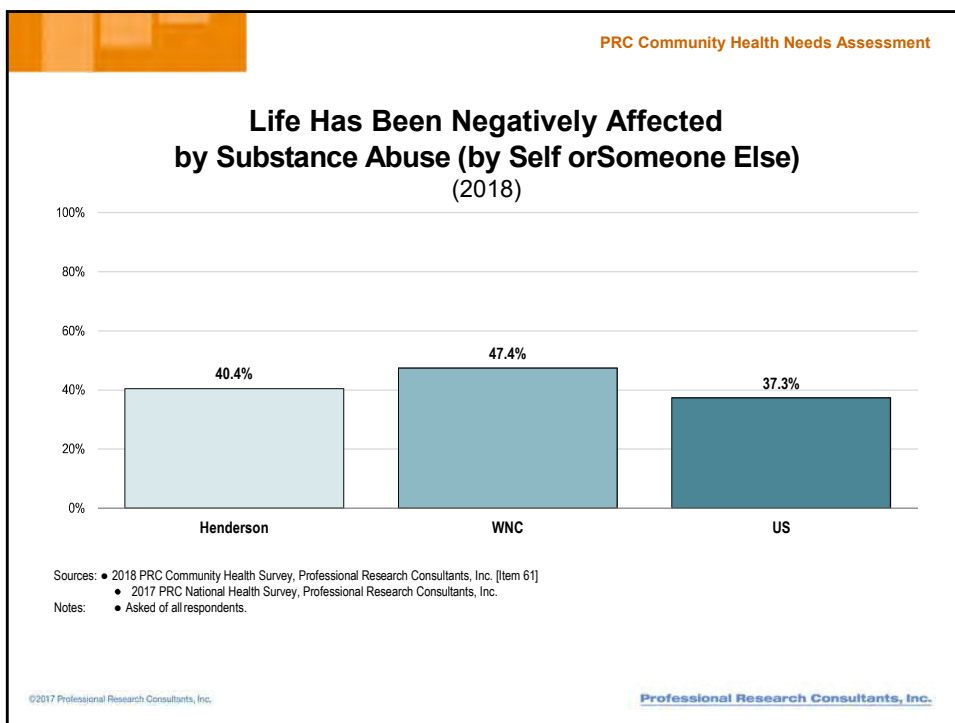
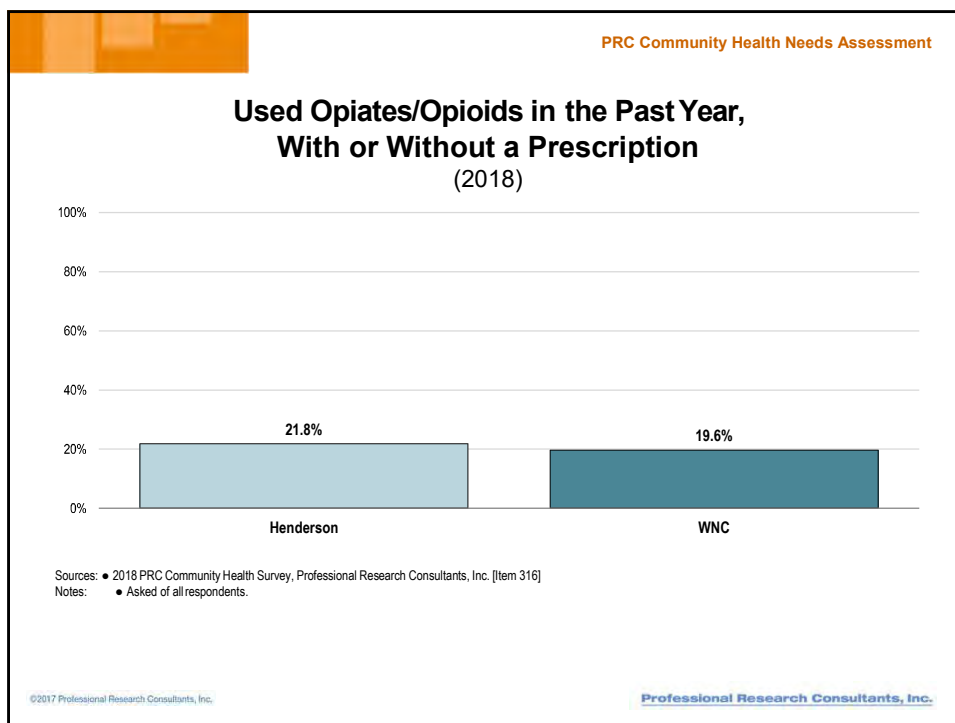


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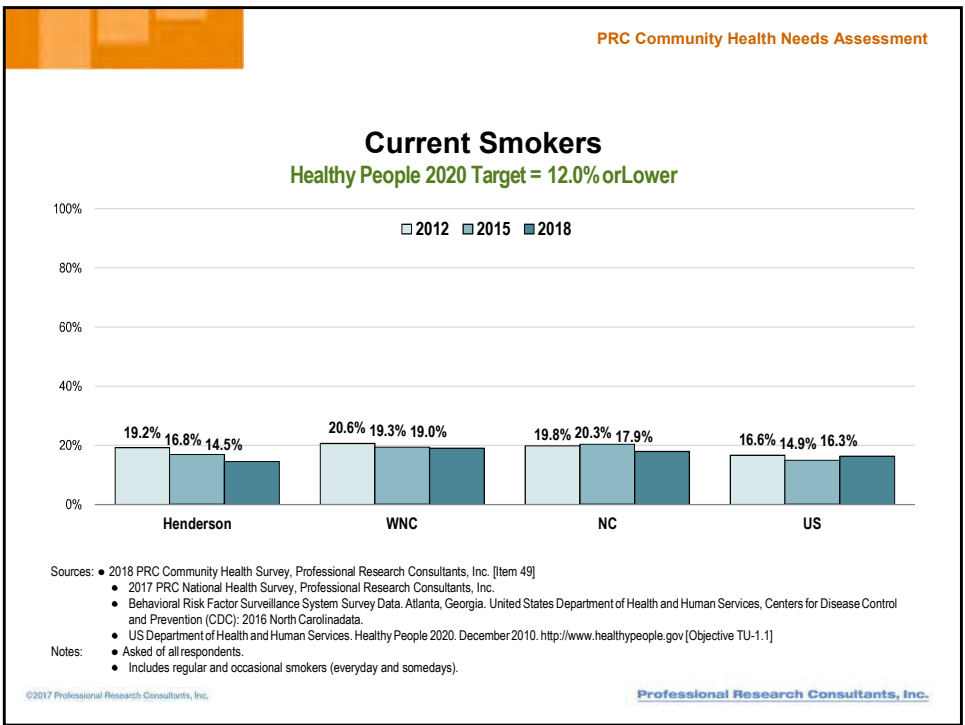


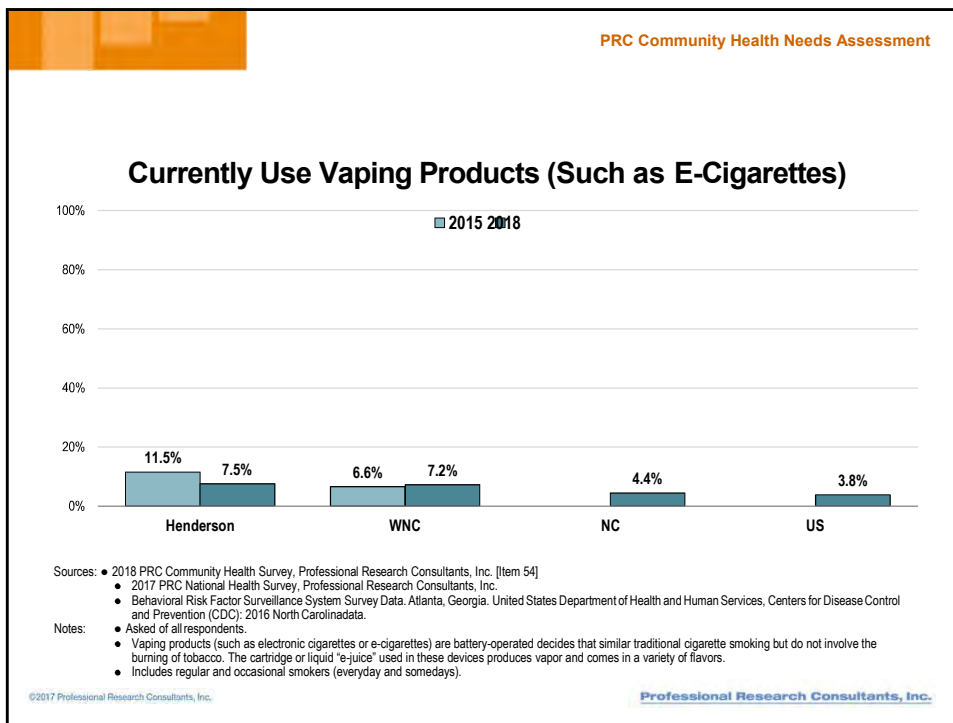
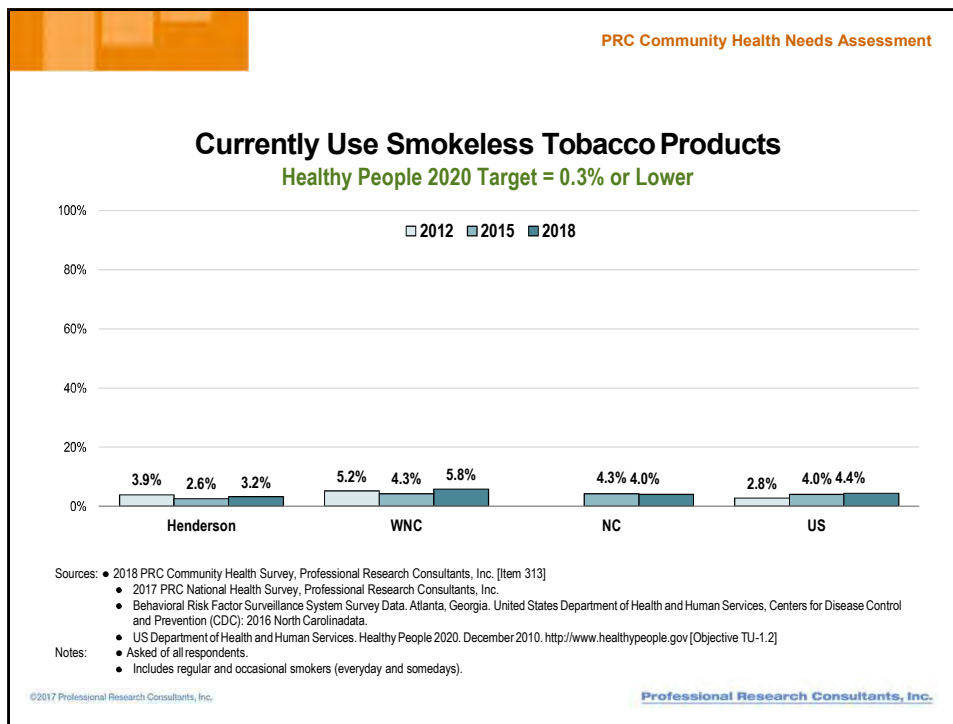
# Tobacco Use



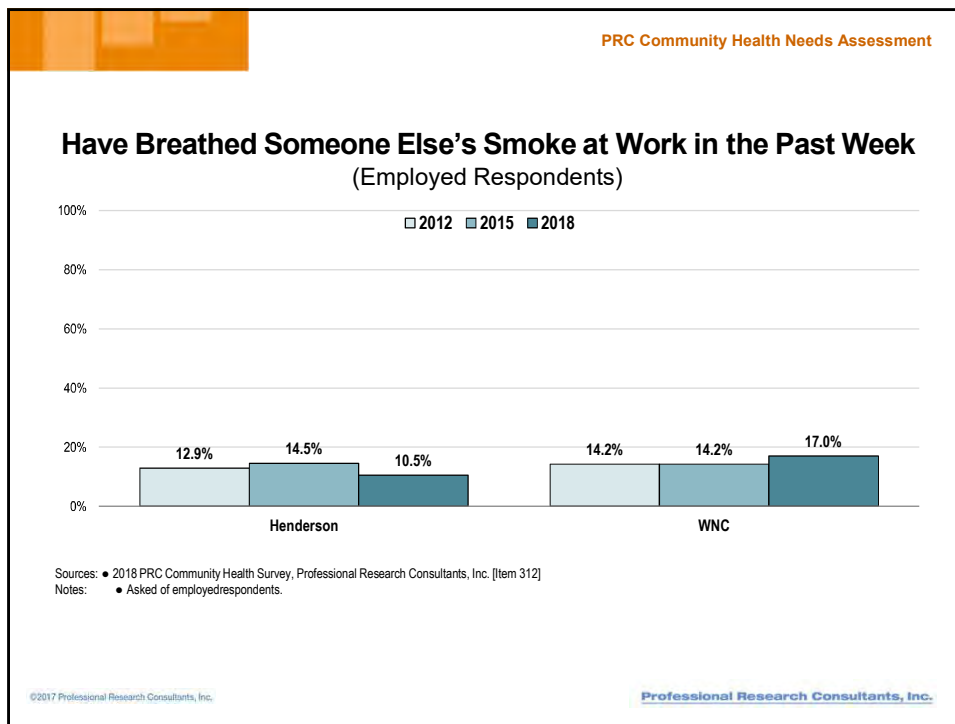
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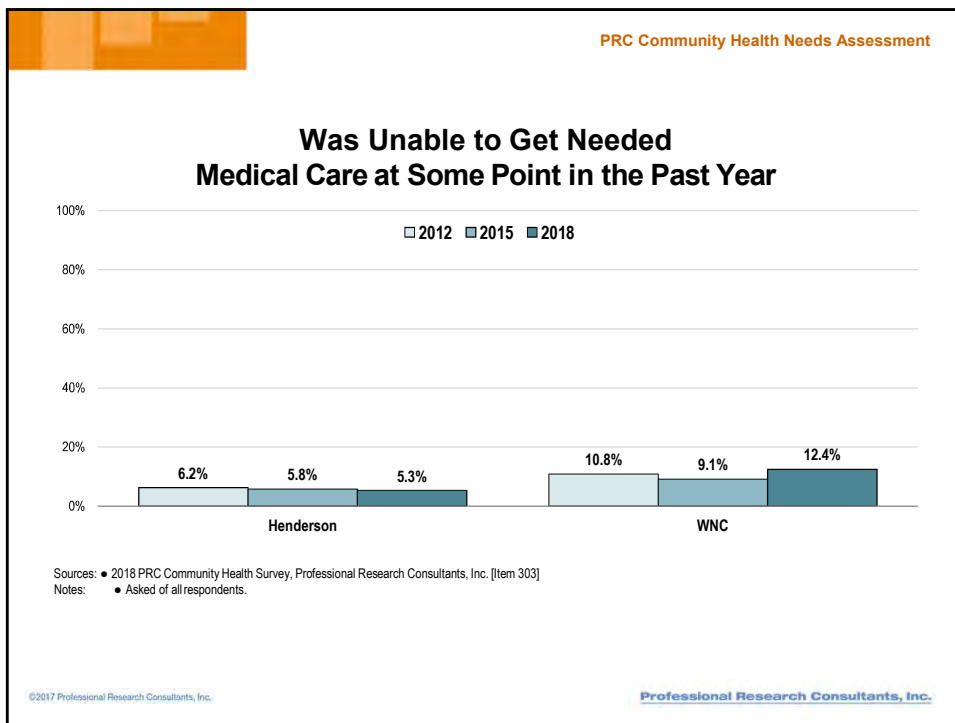
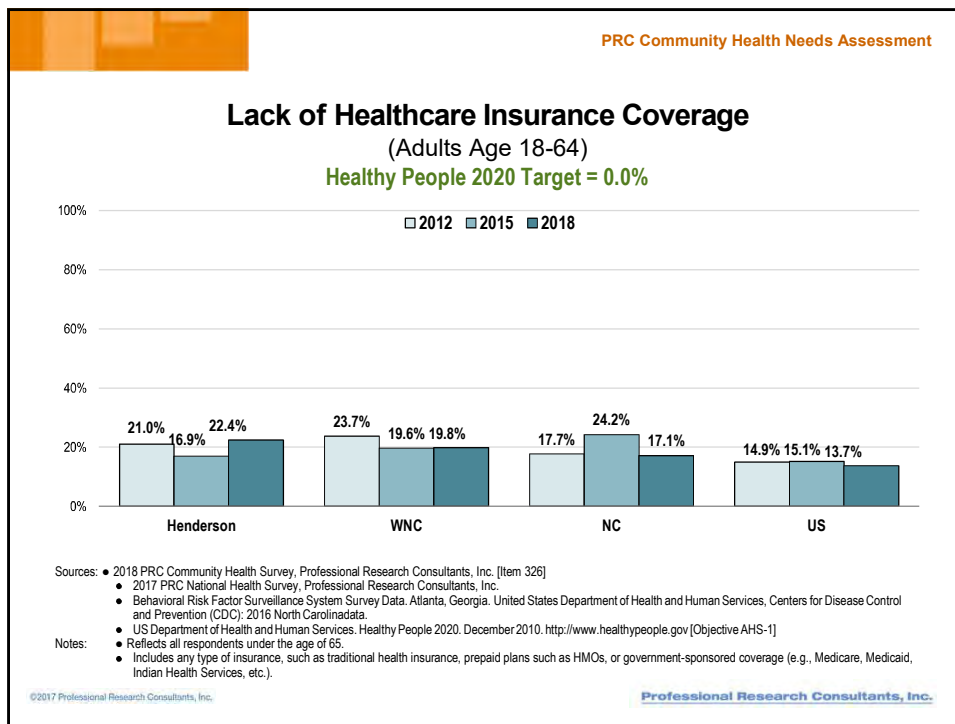




# Health Insurance Coverage

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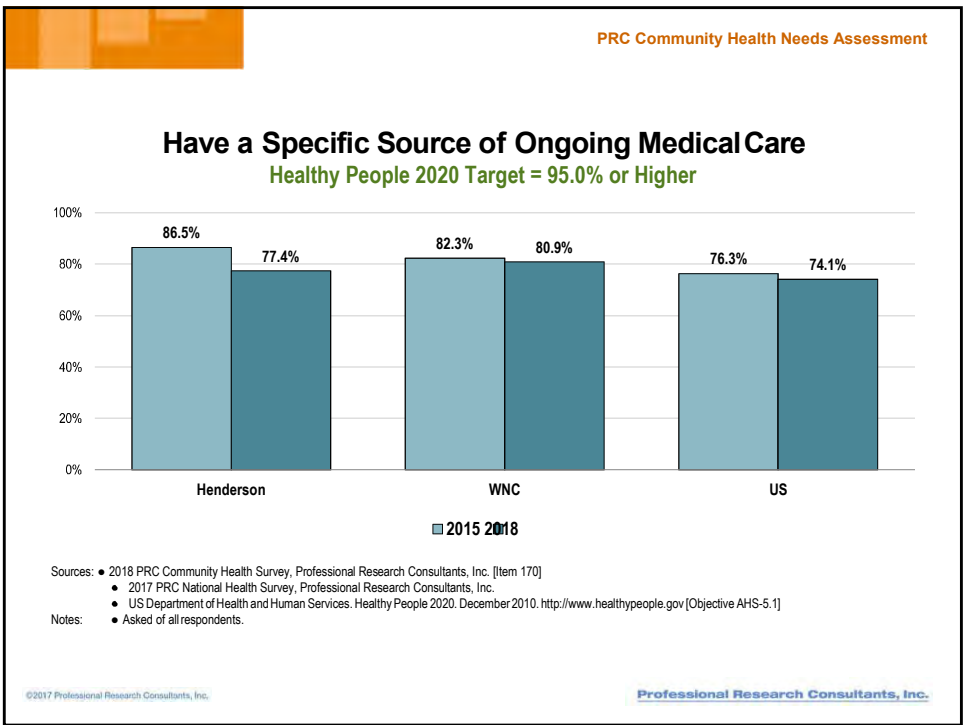
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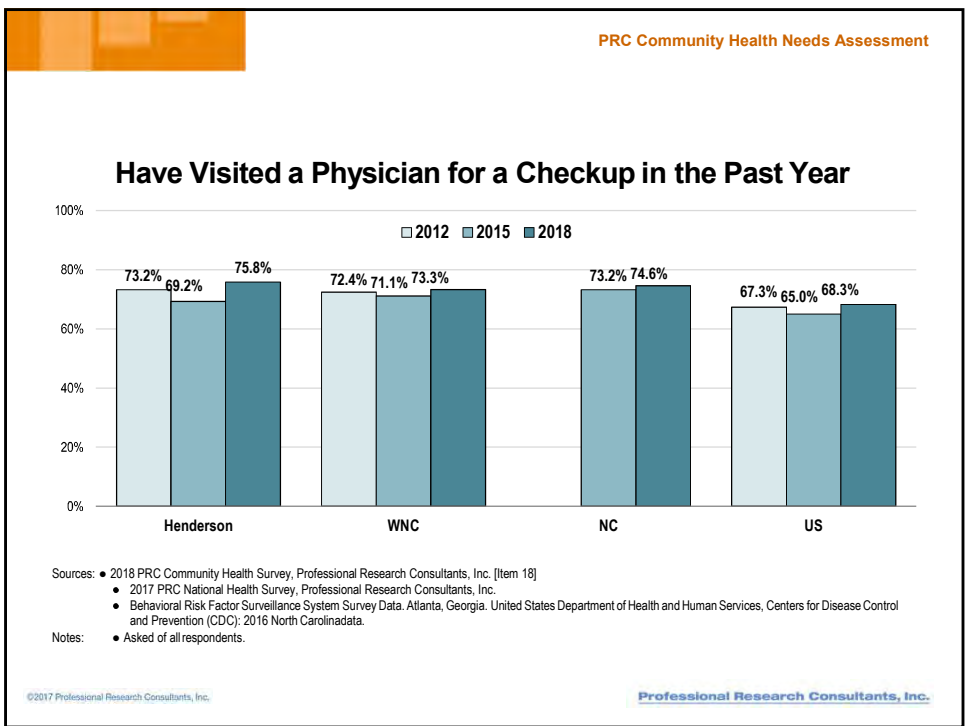


# Primary Care Services

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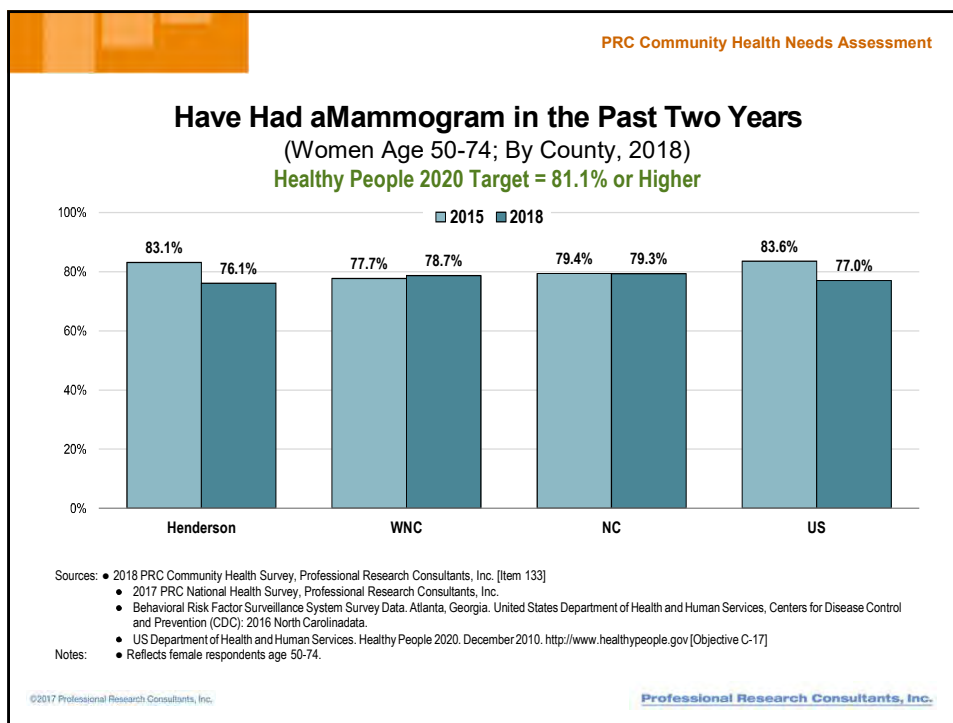




# Preventive Screenings

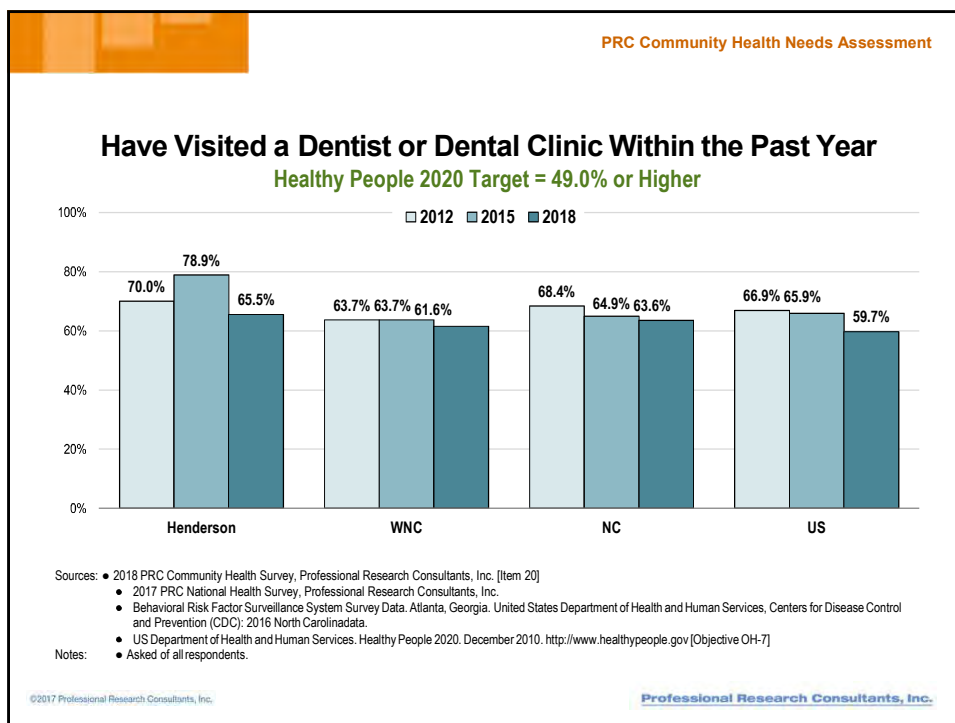
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# Oral Health

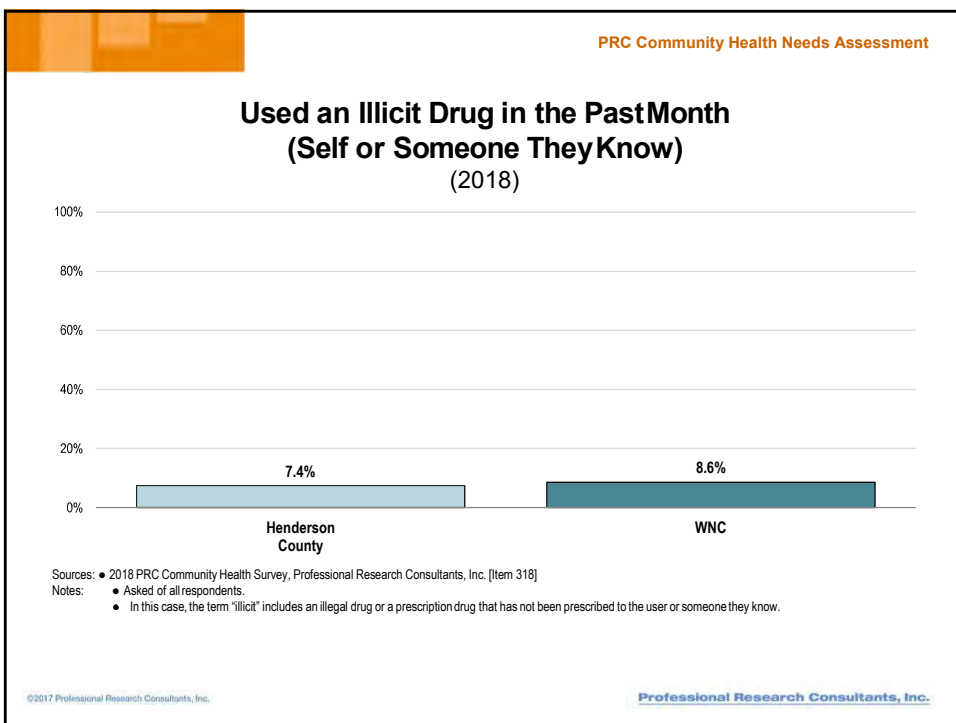
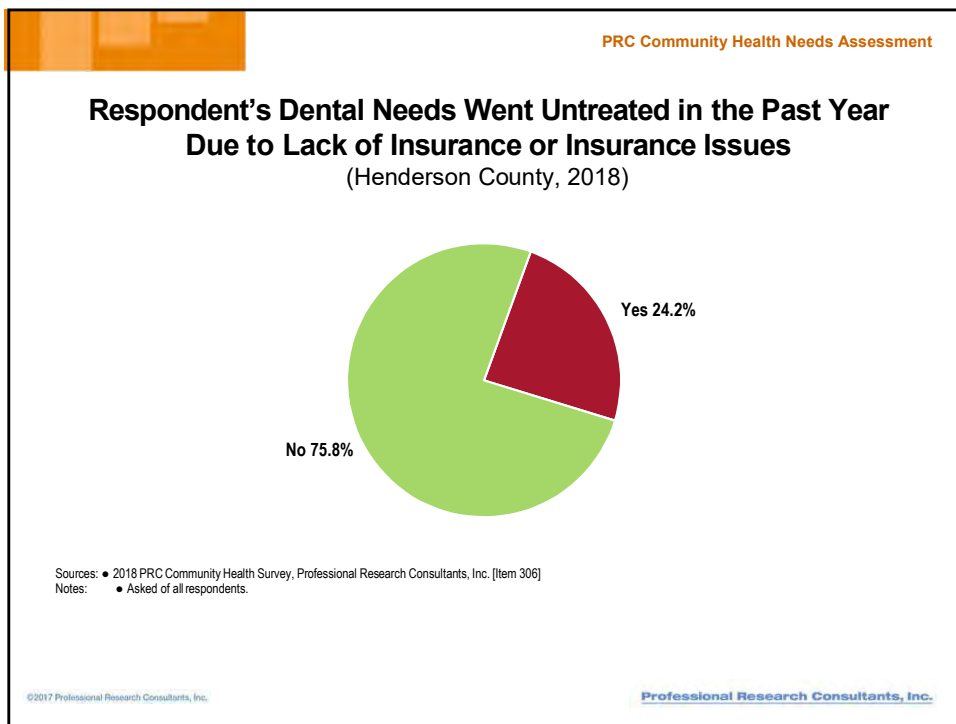
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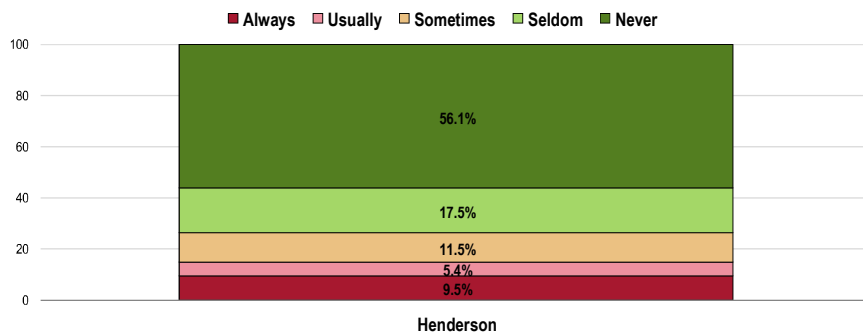
# COUNTY-SPECIFIC QUESTIONS

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### Frequency of Worry or Stress Over Having Enough Money to Pay Rent or Mortgage in the Past Year (2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]  
Notes: • Asked of all respondents.



## **APPENDIX E – Online Key-Informant Survey**

*See attached for:*

- Online Key-Informant Survey Questions
- Online Key-Informant Survey Results

Thank you for your participation in this online questionnaire.

The online questionnaire is part of a larger Community Health Needs Assessment that WNC Healthy Impact is completing. One of the first steps in conducting a Community Health Needs Assessment is to gather input from individuals who are particularly knowledgeable about the health needs of community residents and/or special populations.

You have been identified as an individual with key insights into the health of your community. The purpose of this assessment is to identify critical health issues in your community, the feasibility of collaborative efforts around health issues, and what is helping/hurting your community's ability to make progress on health issues. Once this assessment is complete, stakeholders will consider data from the key informant survey, regional community health survey, and secondary data sources in order to work together to develop strategies and goals for improving community health.

ONLY the name of your organization will appear in the Community Health Needs Assessment report—your individual name will not be used for reporting purposes.

*The following questions are NOT about you or your family specifically, but rather about your community as a whole. For the purposes of this questionnaire, please consider [COUNTYNAME] County to be your community in all of the questions.*

**1. In your opinion, what are the most important characteristics of a healthy community? (Please list up to 3.)**

- a. Characteristic #1 (open-ended)
- b. Characteristic #2 (open-ended)
- c. Characteristic #3 (open-ended)

**2. Regional Priority 1 - Chronic Disease Prevention and Management.** This section includes a variety of chronic diseases and known factors that contribute to them.

*Given your different roles and perspectives both personally and professionally, please select the health issues or behaviors that you feel are the most critical to address collaboratively in your community over the next three years or more. (Please choose up to 3.)*

For each topic respondent selects as "most critical", create skip logic to the following questions:

- ┆ Arthritis/Osteoporosis
- ┆ Cancer
- ┆ Chronic Kidney Disease
- ┆ Chronic Pain
- ┆ Chronic Obstructive Pulmonary Disease (COPD)
- ┆ Diabetes
- ┆ Heart Disease and Stroke
- ┆ Obesity/Nutrition/Physical Activity
- ┆ Upper Respiratory Diseases (e.g. asthma)

1. Feasibility: Considering your community's values, current resources and existing work, how likely is it that collaborative effort could make a positive change on this issue? (not at all likely, not likely, somewhat likely, very likely)

2. What is contributing to progress on this issue in your community? (open-ended)
3. What is getting in the way of progress on this issue in your community? (open-ended)

**3. Regional Priority 2 - Mental Health and Substance Abuse.** This section includes a variety of mental health conditions and known factors that contribute to them.

*Given your different roles and perspectives both personally and professionally, please select the health issues or behaviors that you feel are the most critical to address collaboratively in your community over the next three years or more. (Please choose up to 3.)*

For each topic respondent selects as “most critical”, create skip logic to the following questions:

- ┆ General Mental Health
- ┆ Dementia/Alzheimer’s Disease
- ┆ Depression/Anxiety/Stress
- ┆ Substance Use
- ┆ Suicide

1. Feasibility: Considering your community’s values, current resources and existing work, how likely is it that collaborative effort could make a positive change on this issue? (not at all likely, not likely, somewhat likely, very likely)
2. What is contributing to progress on this issue in your community? (open-ended)
3. What is getting in the way of progress on this issue in your community? (open-ended)

**4. Regional Priority 3 - Social Determinants of Health:** This section includes a variety of conditions in which people are born, grow, live, work and age and known factors that contribute to a person’s health.

*Given your different roles and perspectives both personally and professionally, please select the health issues or behaviors that you feel are the most critical to address collaboratively in your community over the next three years or more. (Please choose up to 3.)*

For each topic respondent selects as “most critical”, create skip logic to the following questions:

- ┆ Adverse Childhood Experiences (ACEs)
- ┆ Access to Health Care Services
- ┆ Early Childhood Education
- ┆ Employment Opportunities
- ┆ Food Insecurity
- ┆ Housing
- ┆ Interpersonal Violence (IPV)
- ┆ Transportation

1. Feasibility: Considering your community’s values, current resources and existing work, how likely is it that collaborative effort could make a positive change on this issue? (not at all likely, not likely, somewhat likely, very likely)
2. What is contributing to progress on this issue in your community? (open-ended)
3. What is getting in the way of progress on this issue in your community? (open-ended)

5. **Other Issues:** This includes any conditions or factors not included in the previous categories.

*Given your different roles and perspectives both personally and professionally, please select the health issues or behaviors that seem the most critical to address collaboratively in your community over the next three years or more. (Please choose up to 3.)*

For each topic respondent selects as “most critical”, create skip logic to the following questions:

- ┆ Family Planning
- ┆ Hearing and Vision Conditions
- ┆ HIV/AIDS
- ┆ Immunizations and Infectious Diseases
- ┆ Infant and Child Health
- ┆ Injury and Violence
- ┆ Oral Health/Dental Care
- ┆ Sexually Transmitted Infections

1. Feasibility: Considering your community’s values, current resources and existing work, how likely is it that collaborative effort could make a positive change on this issue? (not at all likely, not likely, somewhat likely, very likely)
2. What is contributing to progress on this issue in your community? (open-ended)
3. What is getting in the way of progress on this issue in your community? (open-ended)

6. **Other Issues Cont.:** Is there any OTHER health issue, that has not already been covered in this survey, that you feel is critical to address collaboratively in your community? (yes/no)

*If “Yes” to the other health issue question on the previous screen)*

*What is the health issue? Please list only ONE health issue AND the reason that you feel this is a critical issue to address collaboratively in your community.*

**6. The next questions are about your organization and are for classification purposes only. Please identify which of these populations are served by your organization:**

- Low-income residents (yes/no)
- Minority populations (yes/no)
- Medically underserved (those experiencing health disparities or who are at risk of not receiving adequate medical care as a result of being uninsured/underinsured due to geographic, language, financial, or other barriers (yes/no)

**7a.** (asked of those answering “Yes” to either/both “minority populations” and “medically underserved”): In the spaces below, please list up to 5 types of minority or medically underserved populations represented by your organization:

- Population #1 (open-ended)
- Population #2 (open-ended)
- Population #3 (open-ended)

- Population #4 (open-ended)
- Population #5(open-ended)

**8. Name of organization** (for reporting purposes)

**9. Respondent contact information** (name, title, organization, phone, email)

# 2018 Community Health Needs Assessment

## Online Key Informant Survey Results

### Henderson County, North Carolina

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*Prepared for:*  
WNC Healthy Impact

*By:*  
Professional Research Consultants, Inc.  
11326 P Street Omaha, NE 68137-2316  
[www.PRCCustomResearch.com](http://www.PRCCustomResearch.com)

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2017-0792-02  
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**Professional Research Consultants, Inc.**

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## Introduction

### Approach

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 as part of the broader Community Health Needs Assessment process. A list of recommended participants was provided by local sponsors; 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.

### Participation

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. In all, 29 community stakeholders took part in the Online Key Informant Survey.

### Participating Organizations

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

Participating organizations included the following:

- Adolescent Parenting Program
- Blue Ridge Community College
- Blue Ridge Health
- Boys and Girls Club of HC
- Children and Family Resource Center
- Crossnore School
- HCDPH
- Henderson County DPH
- Henderson County DSS
- Henderson County Public Schools
- Henderson County Sheriff's Department
- Hendersonville Pediatrics
- HopeRx
- Housing Assistance
- Immaculate Conception Church
- Interfaith Assistance Ministry
- Pardee Hospital
- Park Ridge Health
- Safelight
- Salvation Army
- The Free Clinic
- Thrive
- United Way

In the online survey, key informants were asked to list characteristics of a healthy community. They were also asked to select the health issues or behaviors that they feel are the most critical to address collaboratively in their own community over the next three years or more. Follow-up questions asked them to describe which contributors to progress and impediments of progress exist for these issues. Results of their ratings, as well as their verbatim comments, are included throughout this report.

*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.*

## Characteristics of a Healthy Community

Key informants characterized a healthy community as containing the following (percentages represent the proportion of respondents identifying each characteristic as one of their top 3 responses):

*“In your opinion, what are the most important characteristics of a healthy community?”*

*Key informants could list up to 3 responses.*

Characteristic	Mentioned By (%)
Access to Care/Services	28.4%
Recreational/Outdoor Activities	28.3%
Awareness/Education	22.6%
Equity in Access to Health Care	17.8%
Safe Environment	17.8%
Transportation	15.1%
Low Alcohol/Drugs Rates	14.5%
Affordable Care/Services	14.3%
Healthy Lifestyles	14.3%
Good Economy	11.1%
Access to Mental Health Care	10.7%
Access to Healthy Foods/Healthy Eating	10.5%
Employment	10.5%
Good Health Care	10.3%
Access to Healthy Foods	7.7%
Affordable Housing	6.9%
Commitment to the Community	3.8%
Community Health Risk Assessment	3.8%
Family Involvement	3.8%
General Feeling of Hope	3.8%
Local Network of Nonprofits	3.8%
Low Crime Rate	3.8%
Strong Business Community	3.8%
Activities for Children	3.6%
Availability of Emergency Care	3.6%
Physical Activity	3.6%
Basic Needs are Met	3.4%
Collaboration	3.4%

Characteristic	Mentioned By (%)
Low Poverty/Homeless Rates	3.4%
Respect of Each Other	3.4%
Social Connectiveness	3.4%
Treatment for Legal/Illegal Substances	3.4%

## Chronic Disease

### Ranking of Chronic Disease Issues as Critical to Address

Key informants in the online survey were given a list of chronic diseases and known factors that contribute to them, then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of chronic disease conditions identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address
1	Obesity/Nutrition/Physical Activity	27
2	Diabetes	16
3	Chronic Pain	15
4	Heart Disease/Stroke	8
5	Cancer	8
6	Upper Respiratory Diseases (such as Asthma)	2
7	Chronic Obstructive Pulmonary Disease (COPD)	1
8	Chronic Kidney Disease	1
9	Arthritis/Osteoporosis	0

## Obesity, Nutrition, and Physical Activity

### Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

#### *Recreational/Outdoor Activities*

- Improved recreation options, such as Greenways. – Community Leader (Henderson County)*
- Recreation and wellness opportunities throughout the county. – Community Leader (Henderson County)*
- Parks, resources for people to exercise and move their bodies. – Public Health Representative (Henderson County)*
- Greenways, walking areas and bike paths. – Social Services Provider (Henderson County)*
- The wonderful walking parks available in the community. – Other Health Provider (Henderson County)*

### Awareness/Education

*There are awareness campaigns and ongoing education on this topic. There are several health agencies that screen and treat. Schools and other public agencies are aware of challenges of this topic and have added services to assist in addressing. – Social Services Provider (Henderson County)*

*People from different groups are saying the same things, but for different reasons. – Social Services Provider (Henderson County)*

*I know there are health care providers who talk to their patients about this. There are weight-loss programs in the community. – Physician (Henderson County)*

*More marketing about trails, outdoor play, activities; work in the schools to address obesity in childhood and at the medical practice level, as well. – Other Health Provider (Henderson County)*

*High level of awareness; committed partners. – Public Health Representative (Henderson County)*

### Specific Programs/Agencies

*Again, there is a great deal of interest and commitment to the issue. The task force created after the last CHA has been incredibly engaged and made some good progress. There are some innovative programs at play in the community. – Other Health Provider (Henderson County)*

*Numerous organizations and local governments are aware and focused. – Other Health Provider (Henderson County)*

*Strong community partners, excellent school system and public health. – Other Health Provider (Henderson County)*

*Existing programs at the free clinics (Healthways, YMCA, after-school initiatives for children and youth at Boys and Girls Club, expansion of Greenways, SNAP use at farmer's markets. – Community Leader (Henderson County)*

### School Programs

*School nutrition programs are healthier, emphasis on physical education for younger children, biking path for exercise and other parks/recs access to exercise. – Public Health Representative (Henderson County)*

*Programs at schools, in the hospitals, the health department. – Social Services Provider (Henderson County)*

*School and health department efforts to promote healthy living and eating lifestyles. – Community Leader (Henderson County)*

### Collaborative Efforts

*The partnership between Pardee Hospital and the YMCA, existing subcommittee work on having local farmer's markets accepting EBT. The United Way's work on free activities at local parks. A new website being launched with free outdoor activities targeted at households living in Henderson County. – Social Services Provider (Henderson County)*

*Different groups coming together to tackle the issue of opioid addiction in an organized way. – Physician (Henderson County)*

*Very likely collaboration. – Social Services Provider (Henderson County)*

### Physical Activity

*Increase in time spent being physically active and access to free, healthy foods. – Community Leader (Henderson County)*

### Community Focus

*Encouraging good health and exercise, providing many opportunities with walking trails, special events. – Social Services Provider (Henderson County)*

### Nothing/No Progress

*Nothing at the time. – Community Leader (Henderson County)*

### Access to Healthy Food

*Increasing options for fresh foods through community gardens and activity through parks, YMCA, etc. – Physician (Henderson County)*

**YMCA**

YMCA. – Other Health Provider (Henderson County)

**Impediments of Progress**

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

**Lifestyle**

Changing individual behavior is extremely hard. – Social Services Provider (Henderson County)

People need good eating habits. Workshop/meeting to discuss healthy options. – Community Leader (Henderson County)

Fast food, TV, resistance to lose weight because it is not easy. Lack of knowledge. – Physician (Henderson County)

**Awareness/Education**

Lack of education and motivation. – Community Leader (Henderson County)

Continue to educate the community on wellness. – Community Leader (Henderson County)

Education on the issue of obesity is talked about but the price of healthy food is cost prohibitive to the ones that need it the most. – Social Services Provider (Henderson County)

Lack of education and motivation. – Other Health Provider (Henderson County)

**Denial**

Lack of will to make healthy choices through environmental challenges. – Community Leader (Henderson County)

Lack of self-motivation to improve health through better eating habits, exercise. Not aware of the long-term effects of obesity on life expectancy. – Social Services Provider (Henderson County)

Not enough interest. – Other Health Provider (Henderson County)

**Access to Healthy Food**

Inexpensive fast food and processed foods, expensive health foods, need for education, poverty. – Social Services Provider (Henderson County)

The number of fast food restaurants in Hendersonville. – Other Health Provider (Henderson County)

Cost of healthy foods, sedentary lifestyles of youth at home. – Community Leader (Henderson County)

Cost of food and access to physical activity programs. Healthier food is 2-3x costlier than the cheaper foods, which have lower nutritional value. Physical activity programs are cost prohibitive to families that are 200%-100% below the federal poverty level. – Social Services Provider (Henderson County)

High cost of good food (i.e. fresh fruits and vegetables). – Public Health Representative (Henderson County)

**Built Environment**

Lack of safe biking and pedestrian sidewalks or trails routes for getting around downtown or to shopping or schools. Lacking infrastructure to transform how we get to work and school or shopping. – Public Health Representative (Henderson County)

Insufficient policy related to planning, zoning, etc. Not enough free quality recreational access for certain neighborhoods and communities. – Public Health Representative (Henderson County)

**Funding**

Funding, awareness, difficult topic to address (addiction). – Physician (Henderson County)

**Lack of Collaboration**

As of yet, no unified strategy has been formed. While there is a great deal of interest, it still feels like a "shatter-shot" approach. Community needs strong leadership to determine 1-3 approaches and come together to support and collaborate. – Other Health Provider (Henderson County)

*People from different groups are saying the same things but for different reasons. – Social Services Provider (Henderson County)*  
*No overarching, integrated strategy. – Other Health Provider (Henderson County)*  
*Again, organizational silos and lack of focusing community resources and efforts. – Other Health Provider (Henderson County)*

**Affordable Care/Services**

*Affordable health food. – Community Leader (Henderson County)*

**Programs/Services for Youth**

*We need more programs for the children. – Physician (Henderson County)*

**Diabetes**

**Contributors to Progress**

**Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”**

**Awareness/Education**

*There is a large awareness of diabetes in the community, and most health care providers screen for it. – Social Services Provider (Henderson County)*  
*More information available to the general public. – Social Services Provider (Henderson County)*  
*Education. – Social Services Provider (Henderson County)*  
*Education. – Social Services Provider (Henderson County)*

**Access to Care/Services**

*Reasonable array of programs, services, and supports. – Public Health Representative (Henderson County)*

**YMCA Diabetes Program**

*Diabetes crosses all life spans and social classes; it is being addressed by multiple practitioners in the community, including the YMCA. – Other Health Provider (Henderson County)*  
*Programs at the YMCA, Healthways program at the free clinics, after-school programs at Boys and Girls Club. – Community Leader (Henderson County)*

**Collaborative Efforts**

*There are a great many conversations and programs addressing diabetes and pre-diabetes in our community. Better coordination and collaboration among programs would help. But there is significant will and interest and commitment to the issue. – Other Health Provider (Henderson County)*  
*The partnership between Pardee Hospital and the YMCA, existing subcommittee work on having local farmer’s markets accepting EBT. The United Way’s work on free activities at local parks. A new website being launched with free outdoor activities targeted at households living in Henderson County. – Social Services Provider (Henderson County)*  
*Different resources collaborating and offering a variety of services at low cost. – Physician(Henderson County)*  
*Strong community collaborations and a robust healthcare system. – Other Health Provider (Henderson County)*

**Specific Agencies/Programs**

*Blue Ridge Community Health. – Other Health Provider (Henderson County)*  
*Henderson County Health Department, Hendersonville YMCA, Pardee UNC Health Care, and Park Ridge Health. – Social Services Provider (Henderson County)*  
*Nutritionists available at community health center, Blue Ridge Health. – Other Health Provider*



(Henderson County)

**Affordable Care/Services**

Numerous grant funding opportunities and heightened awareness. – Other Health Provider (Henderson County)

**Lifestyle**

Increase in time spent being physically active and access to free, healthy foods. – Community Leader (Henderson County)

**Impediments of Progress**

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

**Access to Healthy Food**

Expensive food prices, expensive housing, lack of public awareness, difficulty reaching the most at-risk populations. – Social Services Provider (Henderson County)

Food insecurity, food options. – Physician (Henderson County)

Cost of healthy foods, sedentary lifestyles of youth at home. – Community Leader (Henderson County)

**Lifestyle**

Non-compliance by patients; don't see the need to do anything different than before. – Other Health Provider (Henderson County)

**Awareness/Education**

Patients lacking education and understanding are contributing factors of diabetes. Also, lack of patient motivation to prevent becoming diabetic. – Other Health Provider (Henderson County)

Lack of awareness of the total overall effects of untreated or undetected diabetes. – Social Services Provider (Henderson County)

Lack of education, limited programs and services. – Community Leader (Henderson County)

**Funding**

Numerous organizations chasing grant funds, however, no "single" community approach to address and plan the systematic intervention. – Other Health Provider (Henderson County)

**Affordable Care/Services**

Need more affordable dietary education for diabetics. – Social Services Provider (Henderson County)

**Prevention/Diagnosis**

Lack of scale for early interventions when people are in pre-diabetic stage. – Public Health Representative (Henderson County)

**Community Focus**

Not enough community engagement in the area of diet and exercise. – Other Health Provider (Henderson County)

**Lack of Collaboration**

Many different individual efforts and that should be focused more collectively and efficiently. – Other Health Provider (Henderson County)

Lack of coordination and collaboration; "competition" among providers; it seems that every provider has "the" answer, and few are willing to work together to provide comprehensive, patient-centered approach. – Other Health Provider (Henderson County)

## Chronic Pain

### Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

#### Awareness/Education

Greater awareness among medical community for best practices with chronic pain management. – Public Health Representative (Henderson County)

Pain is leaving many as shut-ins and alone. – Community Leader (Henderson County)

#### Prescribing Practices/Policies

Prescribing practices and oversight is occurring at both hospital systems as well as other medical providers. – Social Services Provider (Henderson County)

More providers understanding how to address chronic pain, other than by prescription medications. – Other Health Provider (Henderson County)

Communication and addressing current prescribing policies. – Social Services Provider (Henderson County)

#### Opioid Awareness

To me, this is an issue strongly connected to prescription drug abuse (the underlying condition that can lead to addiction) and the current opioid crisis. I have a family member who dealt with chronic pain, and the appropriate medical response was not in place. – Social Services Provider (Henderson County)

Henderson County has a collective group discussing and planning for solutions to this issue. It is related to the opioid issues. – Social Services Provider (Henderson County)

Hope RX, community awareness, physician care transformation that is changing prescribing patterns, access to medication treatment for addiction, treatment for Hepatitis C, and access to medication drop-offs. – Public Health Representative (Henderson County)

Opioid awareness, pain medicine availability. – Physician (Henderson County)

#### Community Involvement and Interest

There is a great deal of dialogue about the need to address chronic pain, especially given the age of our community, with appropriate and meaningful alternatives to opioids and other medications. There is will and interest. – Other Health Provider (Henderson County)

Partnership for Health and HopeRx efforts to look at alternative modalities for pain treatment. – Community Leader (Henderson County)

#### Specific Agencies/Programs

Innovative programs, such as the Suboxone chronic pain group at Blue Ridge Health. – Other Health Provider (Henderson County)

Nonprofit substance abuse organizations. – Community Leader (Henderson County)

Hope RX, our legislature, and physicians. – Social Services Provider (Henderson County)

### Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

#### Drug/Alcohol Addiction

Addiction, untreated mental illness, funding. – Physician (Henderson County)

Heroin IV drug abuse and associated crime, access to clean needles and places to dump these where others cannot get stuck by one, discrimination against people with addiction, lack of funding, and

access to mental health and poverty. – Public Health Representative (Henderson County)

Opioid prescribing practices and deep-seated addiction. – Community Leader (Henderson County)

### **Lack of Alternative Treatment Options**

I think we are making progress; as the addiction rates have risen, doctors are more aware of how much medication they are prescribing for chronic pain. I am simply not sure what alternative; therapeutic interventions doctors have before they prescribe a pain medication. – Social Services Provider (Henderson County)

People don't want to be "in pain;" resistant to try new methods of pain relief that aren't narcotic-based. – Other Health Provider (Henderson County)

Referrals to alternative care providers need to be increased, such as chiropractic care and meditation/yoga. – Social Services Provider (Henderson County)

### **Lack of Collaboration**

Lack of consistency among providers for chronic pain management and lack of individual accountability established by employers. Also, resistance among primary care community to adequately integrate this care component into their mainstream practice (time constraints). – Public Health Representative (Henderson County)

### **Access to Care/Services**

Lack of adequate resources to treat chronic pain. Lack of reimbursement for adjunctive therapies. Other Health Provider (Henderson County)

### **Funding**

Funding. – Community Leader (Henderson County)

### **Insurance Issues**

Systemic issues like lack of reimbursement by insurers for alternative modalities to treatment of chronic pain; strong pharmaceutical lobby intervening and preventing. – Other Health Provider (Henderson County)

### **Lack of Planning/Research**

Time. – Social Services Provider (Henderson County)

### **Mental Health**

Availability of prescription drugs. – Social Services Provider (Henderson County)

## **Heart Disease and Stroke**

### **Contributors to Progress**

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

#### **Awareness/Education**

Health education for the entire community. Collaborative efforts are happening with Pardee and Park Ridge. Maybe the college could get more involved in offering programming. – Community Leader (Henderson County)

Education on health from medical offices to media. – Physician (Henderson County)

#### **Specific Agencies/Programs**

There are programs to help people learn about good nutrition and exercise. – Physician (Henderson County)

Pardee UNC Healthcare's new cardiac program, increased public awareness of the symptoms, the Henderson County Health Department's education. – Social Services Provider (Henderson County)

*Blue Ridge Community Health. – Other Health Provider (Henderson County)*

**Collaborative Efforts**

*Strong partnerships and community collaborations. – Other Health Provider (Henderson County)*

**Impediments of Progress**

**Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”**

**Awareness/Education**

*Similar to diabetic impediments. Lack of education and lack of motivation. – Other Health Provider (Henderson County)*

**Lifestyle**

*Fast food and TV. – Physician (Henderson County)*

*Poor habits among citizens. – Physician (Henderson County)*

**Access to Care/Services**

*Resistance from bigger hospitals in Buncombe County. Lack of access to health care for all. – Social Services Provider (Henderson County)*

**Lack of Collaboration**

*Organizational silos. – Other Health Provider (Henderson County)*

**Cancer**

**Contributors to Progress**

**Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”**

**Programs**

*Pardee Cancer Center. Also, Blue Ridge Community College is looking at a cancer education program. – Community Leader (Henderson County)*

**Community Interest**

*Local physician and health system focus. – Other Health Provider (Henderson County)*

**Support Systems**

*New cancer center at local hospital show very strong community support. Most people have either had cancer themselves or have a close family member who has and would support the need to address. – Social Services Provider (Henderson County)*

*Support systems for patients and their caregivers. – Community Leader (Henderson County)*

**Access to Care/Services**

*Increased treatment facilities and available care. – Social Services Provider (Henderson County)*

**Quality of Care**

*We do have excellent hematologists and oncologists in this community. – Physician (Henderson County)*

### Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

#### Awareness/Education

*Lack of education and information distributed to the younger age group, but also to adults. – Social Services Provider (Henderson County)*

#### Funding

*Local non-profit focus on grant funding as the priority, versus targeted interventions of community needs. – Other Health Provider (Henderson County)*

#### Affordable Services/Insurance

*Costs. – Physician (Henderson County)*

#### Prevalence/Incidence

*There are so many types of cancer, so I don't think there is really anything getting in the way, except it is a daunting task and everyone is impacted by it. – Community Leader (Henderson County)*

#### Screening/Research

*I don't know that there are any barriers to progress, as long as all people can get the level of cancer prevention and cancer care they need. – Social Services Provider (Henderson County)*

#### Fear/Denial

*Fear of the disease. Too many still see it as a death sentence. – Community Leader (Henderson County)*

## Upper Respiratory Diseases (Such as Asthma)

### Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

#### Access to Care/Services

*Available medical care. – Physician (Henderson County)*

### Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

#### Environmental Contributors

*Air quality, pollution, and lack of low cost and accessible medical care. Before you counter with services from BRCH, the health department, or free clinics we should acknowledge barriers to people accessing these including transportation, awareness of services, stigma around free medical care, and treatment when receiving care or services. – Social Services Provider (Henderson County)*

*Very rich foliage in this area. – Physician (Henderson County)*

## Chronic Obstructive Pulmonary Disease (COPD)

### Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

#### *Nothing/No Progress*

More education about smoking cessation. – Public Health Representative (Henderson County)

### Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

#### *Tobacco Use/Vaping*

People smoking, particularly more people vaping. – Public Health Representative (Henderson County)

## Chronic Kidney Disease

### Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

#### *Diagnosis/Treatment*

Physicians are diagnosing chronic kidney disease at earlier stages, and medications are available to halt the progression or prevent the development of chronic kidney disease. – Public Health Representative (Henderson County)

### Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

#### *Awareness/Education*

People are unaware of this hidden problem, which contributes to risks for other diseases, including stroke and coronary heart disease and premature death. – Public Health Representative (Henderson County)

## Arthritis/Osteoporosis

### Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

No comments

### **Impediments of Progress**

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

No comments

## Mental Health and Substance Use

### Ranking of Mental Health Conditions as Critical to Address

Key informants in the online survey were given a list of mental health conditions and known factors that contribute to them, then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of mental health conditions identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address
1	Substance Use	26
2	General Mental Health	22
3	Depression/Anxiety/Stress	20
4	Suicide	11
5	Dementia/Alzheimer's Disease	6

### Substance Use

#### Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

#### Awareness/Education

*Community awareness and provider collaborations seem to be increasing hope for better prognosis. – Social Services Provider (Henderson County)*

*National, state, local awareness & media. – Other Health Provider (Henderson County)*

*Education for providers about opioid addiction and changes in prescribing. – Physician (Henderson County)*

*Awareness, community organizations organizing around this issue. – Physician (Henderson County)*

*Improved education and outreach. – Community Leader (Henderson County)*

#### Collaborative Efforts

*Organizations that work towards finding a solution to this. – Public Health Representative (Henderson County)*

*Driving force across multiple organizations to decrease substance abuse and treat addicted patients. – Physician (Henderson County)*

*The many partners working together trying to bring hope and healing to those in the throes of addiction. – Social Services Provider (Henderson County)*

*Strong collaborative work. – Public Health Representative (Henderson County)*



### Specific Agencies/Programs

*We have MAT agencies, agencies that integrate MAT into primary practice, outpatient, and prevention services in our community. The community is working well collaboratively and will likely see more results based on that collaborative work. – Social Services Provider (Henderson County)*

*HopeRx through the Partnership for Health has made excellent headway with our community efforts to address prescription drug abuse as well as prevention in the schools. Strong partnerships including recognition from our county commissioners on the need to address the opioid epidemic is shedding more light on the need for funding. – Community Leader (Henderson County)*

*The health department, law enforcement, first contact, HopeRx, the public schools, churches. – Social Services Provider (Henderson County)*

*The medication assisted treatment program at Blue Ridge Health. – Other Health Provider (Henderson County)*

*Multiple agencies addressing this issue in our community. – Other Health Provider (Henderson County)*

*The substance use workgroup is really active in the community and is working to address this issue. Hope RC County, commissioners, legislature. – Social Services Provider (Henderson County)*

*Access to physician medication treatment for opioid addiction at Blue Ridge Community Health Services, access through Methadone clinic and emphasis on prevention through managing pain especially postoperative pain with minimal narcotic prescriptions. – Public Health Representative (Henderson County)*

*Hope Rx and community partnerships. Strong public interest and attention. – Other Health Provider (Henderson County)*

*Blue Ridge Community Health. – Other Health Provider (Henderson County)*

### Opioid Awareness

*Opioid crisis has created all new interest in substance abuse. – Social Services Provider (Henderson County)*

### Community Task Forces

*The county's task force on opioid abuse and Hope RX is going to be helpful. – Community Leader (Henderson County)*

### Community Focus

*Again, the comprehensive behavioral health strategic plan created by the community throughout 2017 brought together an amazing cross-section of the community to collaboratively define priority strategies and initial goals, as well as a dashboard to define success. There is a great deal of will and commitment to addressing the issue of substance abuse, as well as a tremendous program in HopeRx and some new funding being sought. – Other Health Provider (Henderson County)*

*Successful community wide summit on opioid addiction with support from local elected officials-availability of state and federal funding- strong support for Hope RX and other local programs. – Community Leader (Henderson County)*

*The community has a strong leadership group working on access to SA services. There is a plan forming and action will be taken to address the systemic issues. – Social Services Provider (Henderson County)*

### Communication

*Young people talking about substance use. – Social Services Provider (Henderson County)*

### Nothing/No Progress

*Everyone wants something done. – Social Services Provider (Henderson County)*

### Impediments of Progress

**Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”**

**Access to Care/Services**

*Lack of comprehensive treatment facilities. Lack of federal funding to combat opioid addiction. – Other Health Provider (Henderson County)*

*Lack of treatment facilities and a lack of providers and counselors, easy access to controlled substances, physicians over-prescribing pain meds. – Social Services Provider (Henderson County)*

*The lack of detox and recovery facilities that are affordable and close. – Social Services Provider (Henderson County)*

**Funding**

*[Earmarking] dollars to increase treatment efforts. – Social Services Provider (Henderson County)*

*Not enough financial resources. No long-term care substance abuse facilities. – Other Health Provider (Henderson County)*

*Lack of funding for substance abuse assistance to those affected. Inpatient and outpatient. Lack of funding for recovery resources. – Community Leader (Henderson County)*

*They want someone else to do it and they do not want to pay for it. – Social Services Provider (Henderson County)*

*Funding, clear plan. – Physician (Henderson County)*

*Additional funding. – Community Leader (Henderson County)*

**Availability of Substances**

*Many people have access to pain pills and prescription drugs. – Public Health Representative (Henderson County)*

*Easy access to drugs. Perception that certain drugs are not harmful. Very limited resources for treatment. – Community Leader (Henderson County)*

**Denial/Stigma**

*Stigma on substance abuse and perceptions associated with mental health. – Other Health Provider (Henderson County)*

**Prevalence/Incidence**

*Volume of people affected, the social issues such as crime and heroin IV drug abuse that has risen since prescribing patterns are changing, and the stigma of addiction. The need for maternal and child health care for addicted mothers and affected newborns has been rising but access to integrated behavioral health is limited and poorly funded in some settings which makes it difficult for practices to sustain these services, no matter how wonderful they are. – Public Health Representative (Henderson County)*

*Increasing social stratification creating increased stress potentially leading to increased substance use. – Social Services Provider (Henderson County)*

*The national crisis ....availability of drugs. – Social Services Provider (Henderson County)*

**Lack Vision/Strategic Planning**

*Some agencies or organizations that use outdated tactics for addressing substance use/abuse. These include any program that relies on scare tactics, pledges not to take drugs (these, like abstinence pledges, not only don't reduce substance use, but put kids at higher risk. The majority that do participate will have sex or try-out alcohol or drugs and then don't have strategies to navigate these safely), or simplistic (and unrealistic) approaches like "just say no". Our community's approach rarely considers the factors that contribute to substance use, like Adverse Childhood Experiences. Our community's approach is too punitive and less caring. Being the target of racism, homophobia contributes to higher rates of substance use. Policing that criminalizes substance use, then results in arrests (loss of jobs or family stability). Schools that use emotional storytelling of loss due to substance use - These are not effective long-term in changing behavior or reducing substance use. – Social Services Provider (Henderson County)*

**Affordable Care/Services**

*Cost of providing treatment. – Social Services Provider (Henderson County)*

### **Prescriber Policies**

Poor practicing physician ownership in community initiatives. – Other Health Provider (Henderson County)

### **Lack of Collaboration**

Fragmentation of the system - Multiple providers addressing the issue, but in different ways, need coordination of services for patients needing care. Also, the issue is more widespread than currently can be addressed. – Other Health Provider (Henderson County)

### **Government/Policies**

The challenges of dealing with the state system, the LME, and the comprehensive provider. – Other Health Provider (Henderson County)

### **Youth**

Need to link to earlier generations of youth and better understand local risk factors for substance use. – Public Health Representative (Henderson County)

### **Health Insurance**

Continued Medicaid changes. The uncertainty of VAYA's role in the future and what provider changes will occur because of Medicaid changes. We need more detox and long-term sober living options. – Social Services Provider (Henderson County)

## **General Mental Health**

### **Contributors to Progress**

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

#### **Awareness/Education**

Greater awareness about mental health conditions and corresponding resources and integration of some services in schools and community agencies. – Community Leader (Henderson County)

Opioid Leadership Forum and awareness of the mental health problems. – Community Leader (Henderson County)

Some efforts to educate and provide needed services. – Social Services Provider (Henderson County)

Awareness. – Physician (Henderson County)

#### **Specific Agencies/Programs**

Programs like The Clubhouse at Thrive, training for law enforcement on how to deal with persons experiencing mental illness, NAMI, and other mental health services. – Community Leader (Henderson County)

Blue Ridge Community Health. – Other Health Provider (Henderson County)

Henderson County Health Department, Partnership for Health, the hospitals. – Social Services Provider (Henderson County)

Partnership for Health mental health strategic plan. – Community Leader (Henderson County)

Multiple agencies addressing this issue. – Other Health Provider (Henderson County)

#### **Collaborative Efforts**

Collaboration of many partners in the community. It's actually being talked about and is seen as a needed resource. – Social Services Provider (Henderson County)

Our community has spent many hours collaborating and developing a strategic plan regarding behavioral health concerns. Agencies and community leaders are invested in making change occur and in helping our community become healthier. – Social Services Provider (Henderson County)

### Community Focus

*Unfortunately, it is the world we are in and people just seem more negative and depressed. – Community Leader (Henderson County)*  
*Community focus, attention, and collaboration. – Other Health Provider (Henderson County)*

### Access to Care/Services

*Our local comprehensive provider. – Social Services Provider (Henderson County)*  
*Increasing availability of resources and awareness. – Physician (Henderson County)*

### School Programs

*Increased attention to mental health, especially vis-a-vis schools and students. – Community Leader (Henderson County)*  
*School-based health center, Blue Ridge Community Health mental health services, Medicaid. – Social Services Provider (Henderson County)*

### Denial/Stigma

*There are more mental health providers and less stigma about mental health issues. NAMI is a great resource for our community. – Public Health Representative (Henderson County)*

## Impediments of Progress

**Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”**

### Access to Care/Services

*Available appointments with health care professionals. Bed availability for inpatient care. Costs. Childcare for single parents who need services or for stay-at-home moms, who are home alone with children all day. – Physician (Henderson County)*  
*Lack of resources and political will. Stigma on mental illness. – Other Health Provider (Henderson County)*  
*Very limited services where demand far exceeds supply of available treatment and programs. – Community Leader (Henderson County)*  
*Limited access to good mental health care for all ages. – Social Services Provider (Henderson County)*  
*Programs to stimulate the mind. – Community Leader (Henderson County)*  
*Our managed care organization. – Social Services Provider (Henderson County)*

### Funding

*Lack of funding for mental health services and inpatient and outpatient services. – Community Leader (Henderson County)*  
*Lack of government funding, lack of consensus, lack of treatment facilities and behavioral health providers. – Social Services Provider (Henderson County)*  
*Funding and a clear group of providers and facilities to give access to the needed help. – Social Services Provider (Henderson County)*  
*Funding, the way the mental health system is run in this country. – Physician (Henderson County)*  
*Funding. – Community Leader (Henderson County)*

### Denial/Stigma

*Stigma about mental illness, limited access to high quality care, limited resources for uninsured/underinsured. – Community Leader (Henderson County)*  
*Stigma of mental health. Lack of federal funding to support mental health initiatives. – Other Health Provider (Henderson County)*  
*Stigma, intervention and prevention resources, and providers. – Community Leader (Henderson County)*

### Lack of Providers

So many people need access to the services, and there aren't enough service providers. – Other Health Provider (Henderson County)

### Affordable Care/Insurance Issues

High copays - My insurance charges \$50 for a counseling session. This is a stretch for many people and families, plus it's a major deterrent. Some states' mental health services have no co-pay, like family planning and prevention services. This would help! Stigma. People blaming gun violence on folks with mental illness. Research show folks with mental illness have an incredibly low likelihood of committing a violent act. Letting community members, schools, organizations blame gun violence on folks with mental illness further shames folks who want or need mental health support. How hard it is to get connected to a provider if you don't have insurance or do but can't afford it? – Social Services Provider (Henderson County)

Continued Medicaid changes. The uncertainty of VAYA's role in the future and what provider changes will occur because of Medicaid changes. – Social Services Provider (Henderson County)

Cost of caring for the mental issues we face and poor public understanding of the people suffering from these conditions. No one wants to admit their existence, let alone do something to provide quality care. – Social Services Provider (Henderson County)

### Awareness/Education

People do not know how to access mental health services available in our community. – Public Health Representative (Henderson County)

### Lack of Collaboration

Some people want to talk without real action. We need to collaborate more and allow the groups who really do the work to do the work. – Physician (Henderson County)

### Policies

State continuing mental health reform is, resulting in less rather than more effective services. – Social Services Provider (Henderson County)

## Depression, Anxiety, and Stress

### Contributors to Progress

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

#### Awareness/Education

More widespread recognition of the symptoms, new and expanded park facilities such as Flat Rock Park, corporate wellness programs, programs offered by the hospitals, more emphasis in the schools. – Social Services Provider (Henderson County)

More and more awareness of how to treat these issues. – Public Health Representative (Henderson County)

Political attention and perhaps new resources. – Community Leader (Henderson County)

#### Nothing/No Progress

The subject is still "taboo" for many. – Social Services Provider (Henderson County)

#### Specific Agencies/Programs

I know the health department has programs with pregnancy care management and CC4C programs to help new parents. – Physician (Henderson County)

Integrated behavioral health in primary care settings, such as Blue Ridge and health department, and Safelight access to treatment for domestic violence and child abuse evaluations and treatments. – Public Health Representative (Henderson County)

*Our comprehensive provider. – Social Services Provider (Henderson County)*

**Collaborative Efforts**

*Nonprofit and local collaboratives have made progress to integrate community-wide strategy. – Other Health Provider (Henderson County)*

*Henderson County has worked to create a comprehensive strategic plan to define self-determined behavioral health strategies and priorities. There is strong collaboration and shared intent. – Other Health Provider (Henderson County)*

*Sincere community collaborations and partnerships. – Other Health Provider (Henderson County)*

**Decreasing Denial/Stigma**

*Changing perceptions about how/why to seek treatment. Connecting youth to services. Bringing services into agencies to eliminate transportation barrier. – Community Leader (Henderson County)*

**Support for Patients/Caregivers**

*Trying to engage more in programs of all sorts so that there is a support system. – Community Leader (Henderson County)*

**School Programs**

*School-based health services, school counselors, school social workers, businesses that provide positive working environments and living wages. Supportive family and friends. Positive programs and activities for young people and residents. Safe neighborhoods and places to be outside. – Social Services Provider (Henderson County)*

**Access to Care/Services**

*Increased mental health access. – Physician (Henderson County)*

**Priorities**

*Not a higher-level need. Not that I agree I think this leads to bigger issues. – Social Services Provider (Henderson County)*

**Prevention/Screenings**

*There are stronger efforts to link depression/anxiety/stress to trauma and other causes. The county has some key initiatives that will benefit employees. This helps the community to accept and normalize access to treatment. It also generates stronger understanding/empathy for those challenged with it. – Social Services Provider (Henderson County)*

**Impediments of Progress**

**Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”**

**Access to Care/Services**

*Behavioral health is still very limited in our community. The LME/MCO states the county has all the services they need; however, there are 100’s that do not have insurance that cannot be treated. These citizens end up in jail and in the ER. – Social Services Provider (Henderson County)*

*The challenge is the state mental health system, LME, and comprehensive provider. They perceive and drive services in a generalized way, which seem to ignore the will of the local community. – Other Health Provider (Henderson County)*

*Lack of resources and continuing stigma of mental illness. – Other Health Provider (Henderson County)*

**Denial/Stigma**

*Patients may refuse services out of fear. They may think the above services are actually social services and that their behavior is going to be monitored. Presentation and education can be helpful. Some people are living on the edge of poverty and trying hard to make ends meet but do not have time to rest. Networks or Circles are programs that can help people move out of poverty with the support of*



community allies. – Physician (Henderson County)

Continuing stigma, addiction and family stress/violence. – Community Leader (Henderson County)

### **Social Determinants of Health**

Poverty, societal blaming of poverty on poor people, lack of access to medical care, unsafe neighborhoods, lack of safe affordable housing, lack of good paying jobs, racism, sexism, homophobia, immigration presence in community. – Social Services Provider (Henderson County)

Poverty, lack of education about the symptoms, high costs of living in Henderson County. – Social Services Provider (Henderson County)

### **Funding**

Financial pressures, the current political climate, lack of jobs that pay a living wage. – Public Health Representative (Henderson County)

Lack of funding for mental health and substance abuse problems. – Community Leader (Henderson County)

### **Multi-Faceted Issue**

This is multi-faceted, and until we fix the underlying stressors, we will not fix the depression. – Physician (Henderson County)

### **Affordable Care/Services**

Affordable and timely access to mental health care is still an issue in Hendersonville. Lack of school-based counseling means no attention to the emotional needs for youth at a critical stage in their emotional development. Prevention of violence in the schools, suicide, bullying, and treatment of trauma at this stage could transform the mental health of these children as they become adults and functional parents in the future. – Public Health Representative (Henderson County)

Low/no insurance. Difficulty accessing services. – Community Leader (Henderson County)

### **Alcohol/Drug Abuse**

Something else that underlies our addiction epidemic is fall out from lack of access to mental health services. – Social Services Provider (Henderson County)

### **Diagnosis/Treatment**

Our managed care organization. – Social Services Provider (Henderson County)

### **Communication**

Lack of trust. – Community Leader (Henderson County)

### **Lack of Collaboration**

Individual organization's own sustainability agenda, little shared governance structure. – Other Health Provider (Henderson County)

### **Early Diagnosis/Prevention**

Consistent screening of patients when involved with medical care. Lack of provider knowledge and community resources to navigate people to if risk factors or concerns are identified. – Public Health Representative (Henderson County)

### **Priorities**

More pressing, life-threatening issues. – Social Services Provider (Henderson County)

## **Suicide**

### **Contributors to Progress**

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

### **Awareness/Education**

Awareness of suicide risks in teens and elderly and access to mental health services for adults through VAYA. – Public Health Representative (Henderson County)

### **Collaborative Efforts**

Provider collaborations are helping to create somewhat more effective services. – Social Services Provider (Henderson County)

### **Recognition Of The Problem**

Positive attention, more insightful analysis, reduction of stigma, and increased training. – Community Leader (Henderson County)

### **School Programs**

The issue is affecting school-age children - One suicide is too many! All school staff are being trained on mental health first aid; school-based health centers have suicide protocols for these situations but are not located in all schools. – Other Health Provider (Henderson County)

School based health programs. – Other Health Provider (Henderson County)

### **Communication**

Great shared discussions among partners and potential partners. – Other Health Provider (Henderson County)

## **Impediments of Progress**

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

### **Awareness/Education**

The lack of knowledge to many just how many suicides occur in our county. People have no idea the number of suicide calls law enforcement and EMS respond to. A lot of this can tie into the substance use and mental health issues. – Social Services Provider (Henderson County)

Not a primary topic of conversation in the community at the moment, except as secondary to other behavioral health issues. – Other Health Provider (Henderson County)

### **Access to Care/Services**

Not enough mental health services in schools/community. Earlier detection and screening is needed. – Other Health Provider (Henderson County)

We need a behavioral health community living room to assist people after clinic hours. – Other Health Provider (Henderson County)

Continued Medicaid changes. The uncertainty of VAYA's role in the future and what provider changes will occur because of Medicaid changes. – Social Services Provider (Henderson County)

### **Socioeconomic Factors**

Suicide is a complicated issue that is tied to a multitude of factors. Don't have comprehensive data to understand circumstances of recent suicides. – Public Health Representative (Henderson County)

### **Funding**

State mental health reform and reductions in Medicaid funding are making it more difficult for providers to maintain services. – Social Services Provider (Henderson County)

### **Substance Use**

Cultural factors, substance abuse, mental health disorders and isolation. – Community Leader (Henderson County)



**Gun Violence**

*Guns are a serious problem. Most successful suicides is from guns. But we also have a gap in mental health for children related to lack of school counselors, affordable mental health care and medications for treatment, lack of parental concern for or insurance to cover preventive health care and mental health care for school age children and teens, stigma associated with mental health care and lack of FDA approved treatment for depression in children, lack of time for working parents to get the care they need for their children (counseling takes time). – Public Health Representative (Henderson County)*

**Dementia and Alzheimer’s Disease**

**Contributors to Progress**

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

**Nothing/No Progress**

*There is not much attention to the topic at the moment in broader context of communication amongst agencies. – Social Services Provider (Henderson County)*

**Specific Agencies/Programs**

*Local non-profit and Senior Living; community interest based on funding. – Other Health Provider (Henderson County)*

**Aging Population**

*Being an older community with many retirees, we are well aware of the issues and desire to find a cure. – Social Services Provider (Henderson County)*

*We have an aging population in our county and more and more of our friends and family members deal with this issue. – Social Services Provider (Henderson County)*

**Impediments of Progress**

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

**Family/Caregiver Support**

*There are so many being diagnosed, which oftentimes leaves caregivers lost, especially in their golden years, to be without spouse. Again, depression sets in. – Community Leader (Henderson County)*

**Access to Care/Services**

*General community population often not connected to the resources. – Other Health Provider (Henderson County)*

**Awareness/Education**

*Our community should have more education and communication regarding what this disease is, what it does, and how it affects family and the community as a whole. – Social Services Provider (Henderson County)*

**Denial/Stigma**

*Apathy by those who have yet to be touched by these horrible diseases. – Social Services Provider (Henderson County)*

**Lack of Providers**

*Lack of neurologists and specialists in this field in the community. – Other Health Provider (Henderson County)*

## Social Determinants of Health

### Ranking of Social Determinants of Health as Critical to Address

Key informants in the online survey were given a list of conditions in which people are born, grow, live, work, and age, as well as known factors that contribute to a person’s health. They were then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of social determinants of health identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address
1	Access to Health Care	19
2	Housing	19
3	Adverse Childhood Experiences (ACEs)	18
4	Employment Opportunities	9
5	Food Insecurity	6
6	Interpersonal Violence (IPV)	5
7	Early Childhood Education	4
8	Transportation	4

### Access to Health Care Services

#### Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

#### Many Resources

- Strong healthcare system and safety net providers. – Other Health Provider (Henderson County)*
- Expansion of community health care services. – Other Health Provider (Henderson County)*
- Increasing our capacity to serve health needs, especially senior care. – Social Services Provider (Henderson County)*
- Strong and varied healthcare options. – Community Leader (Henderson County)*
- More clinics, etc. – Community Leader (Henderson County)*

#### Specific Agencies/Programs

- Blue Ridge Health Services and the free clinics. – Community Leader (Henderson County)*

Health department. School based health centers. Blue Ridge Community Health. Medicaid (we need an expansion). School nurses. – Social Services Provider (Henderson County)  
 Blue Ridge Health, The free clinics, two local hospitals. – Community Leader (Henderson County)  
 Blue Ridge Community Health. – Other Health Provider (Henderson County)

**Access to Care/Services**

Already have a lot of access for a community our size. – Physician (Henderson County)

**Collaborative Efforts**

Some provider collaboration is taking place. – Social Services Provider (Henderson County)  
 There is commitment among the safety net organizations to review gaps in service and work collaboratively to bridge those gaps. – Other Health Provider (Henderson County)  
 School nurses, school-based clinics. – Community Leader (Henderson County)

**Affordable Care/Services**

More places that offer medical care on sliding scale i.e. free clinics, health department, and Blue Ridge. – Public Health Representative (Henderson County)  
 Many providers see walk in patients and uninsured. – Other Health Provider (Henderson County)

**Nothing/No Progress**

No current progress that I am aware of. – Social Services Provider (Henderson County)

**Free Clinics**

Free clinics, Henderson County Health Department, Buncombe County Health Department. – Social Services Provider (Henderson County)  
 Free clinic, health department, BRCHS, Hospital practices that offer some charity care or discounts. – Physician (Henderson County)

**Impediments of Progress**

**Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”**

**Insurance/Medicaid Issues**

Lack of Medicaid expansion. Lack of medical services at the health department for teens and adults outside of reproductive health services & STI testing. Confusing processes for accessing free to low cost medical care. – SO much paperwork. Stigma of accessing free/low cost care. Copays. Lack of transparency of how to access services. Worries about confidentiality. Transportation. Lack of respect and caring for users of services - Can feel judged or belittled by medical providers or medical reception staff and unwilling to go back. Demonization of fat people, trying to "eliminate obesity" - Which is elimination of an entire category of people. Unrealistic health goals from providers - Not focusing on patient goals. Not enough listening to patients. No paid time off or sick leave for most hourly workers. Waitlists for some doctors. – Social Services Provider (Henderson County)  
 Insurance. – Social Services Provider (Henderson County)

**Funding**

Funding challenges; volatility of the healthcare system in general. – Other Health Provider (Henderson County)  
 Funding and affordable, quality services. We have several substandard facilities. – Social Services Provider (Henderson County)  
 Funding, growing population. – Physician (Henderson County)  
 Funding. – Community Leader (Henderson County)  
 Funding. – Other Health Provider (Henderson County)

### Transportation

*Transportation, lack of interpreters in person, costs for some. Some people fall between the cracks: They make too much to get Medicaid but still do not have a lot of money. They have bills and families. Some people have limited insurance policies such as Family planning Medicaid. This does pay for family planning but nothing else. – Physician (Henderson County)*

*We need to expand transportation hours and services to allow more access to health care services. we also need to allow Medicaid transportation to transport to more than one doctor in one day. – Social Services Provider (Henderson County)*

*Transportation for patients. – Other Health Provider (Henderson County)*

### Access to Care/Services

*The health care system is the problem. It is so complex, and I don't know that I have the answer but expanding Medicaid would help and provide more access. – Community Leader (Henderson County)*

*Need more access for these services. – Other Health Provider (Henderson County)*

*Limited resources to expand existing programs. – Community Leader (Henderson County)*

### Affordable Care/Services

*High costs for medical services and potentially increasing numbers of uninsured or under insured people. – Social Services Provider (Henderson County)*

*Many people don't have or can't afford health care, or they have health care plans with high deductibles. The high cost of health care. – Public Health Representative (Henderson County)*

*Need another free clinic in the area. – Community Leader (Henderson County)*

### Navigating the System

*Navigating the system of providers, specialists and insurance. – Community Leader (Henderson County)*

### Lack of Collaboration

*Organizational silos. – Other Health Provider (Henderson County)*

## Housing

### Contributors to Progress

**Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”**

#### Nothing/No Progress

*I am not aware of any progress in our community on this issue. – Other Health Provider (Henderson County)*

#### Specific Agencies/Programs

*Habitat and Housing Assistance Corporation are increasing number of units available. City of Hendersonville is more open to higher density zoning and other strategies. – Community Leader (Henderson County)*

*Housing Assistance Corp., Habitat for Humanity, Interfaith Assistance Ministry (helps pay rents to prevent evictions), increasing public awareness. – Social Services Provider (Henderson County)*

*Housing Assistance Corporation and Habitat for Humanity. – Community Leader (Henderson County)*

*Housing Assistance Corporation <3Housing Authority sometimes. Affordable housing communities. – Social Services Provider (Henderson County)*

*United Way and Habitat for Humanity made this a priority and we also have land available. – Public Health Representative (Henderson County)*

### Recognition Of The Problem

*I think people recognize the need for affordable housing with recent advocacy and press coverage. Our housing prices tend to rise. – Social Services Provider (Henderson County)*

### Affordable/Low Income Housing

*Relatively affordable housing market compared to national average. – Other Health Provider (Henderson County)*

*Our local government and leaders are very open to solutions. They have plans that will increase the availability of affordable housing. – Social Services Provider (Henderson County)*

*Nonprofit organizations focusing on affordable housing. – Social Services Provider (Henderson County)*

### Increased Housing

*New housing is being developed. – Social Services Provider (Henderson County)*

### Collaborative Efforts

*We have agencies and community leaders that are working with elected officials to educate and advocate for safe and affordable housing. There are HUD grants in the community with several agencies. – Social Services Provider (Henderson County)*

### Economic Development

*Growth. – Other Health Provider (Henderson County)*

### Communication

*There are a number of ongoing conversations, a good deal of interest, and tremendous will to broach this very challenging issue. – Other Health Provider (Henderson County)*

### Work Force Housing

*Providing workforce housing to the working population is essential. Because of the high cost of housing it is becoming harder and harder to recruit people to work in Henderson County. Therefore, contributing to lack of workforce for our businesses and industry. This also includes our ability to recruit teachers, college instructors, law enforcement and other working professions. – Community Leader (Henderson County)*

## Impediments of Progress

**Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”**

### Affordable Housing

*Lack of workforce housing and sites to build on. – Community Leader (Henderson County)*

*It is market-driven and don't have a lot of influence over this, except to build workforce housing that is appealing to people. – Community Leader (Henderson County)*

*High cost of housing which appears to be increasing. – Social Services Provider (Henderson County)*

*Not enough housing stock that meets inspection guidelines. NIMBY for new building sites. – Social Services Provider (Henderson County)*

*Cost of housing. – Other Health Provider (Henderson County)*

*Large divide between quality of housing in affluent communities versus less affluent communities. – Other Health Provider (Henderson County)*

*Affordable housing is scarce and local landlords do not maintain their properties to a decent standard. City and county are not enforcing health laws that require repairs to be made. Trailer parks are the worst violators. – Social Services Provider (Henderson County)*

*Citizens do not want to pay for affordable housing, need more public-private partnerships and funding for low-income housing subsidies. We have a very high poverty rate for families with young and school age children, but not for the retirees living here, so the income gap is huge. Very hard to get ahead if*

*all your income goes to housing and daycare. – Public Health Representative (Henderson County)*

*It is relative. Housing prices are affordable here to the percentage of our population who are moving here from other areas of the country. Therefore, the need doesn't seem so extreme to the majority, perhaps. Also, people may recognize the need for affordable housing but may be skeptical (and unsupportive) of it being built near their own homes. – Social Services Provider (Henderson County)*

*Expensive costs of land, Not in My Back-Yard movements to block affordable housing efforts, lack of support from elected officials. – Social Services Provider (Henderson County)*

*Need more low-income housing. For a small town, far too much homelessness, especially teens. Numbers are embarrassing. – Community Leader (Henderson County)*

*Housing Authority apartments are sometimes an unstable and unpredictable place to live. The intake process is great, but I know residents that have been charged for basic maintenance or maintenance won't response to the work order helpline. Also, one of the staff walks around with a police officer. It's scary...! It's supposed to be a great place for folks with limited means... Lack of living wage. Lack of affordable housing. Few housing options for homeless teens under 18. No housing options for teens parents under 18 other than temporary shelter. A "not in my backyard" mentality. Fear of property values falling if affordable housing is built. Fear of low income people as neighbors. Housing discrimination especially towards people of color and people with children. – Social Services Provider (Henderson County)*

### **Government/Policies**

*NIMBY Cost, value of land, and lack of political will to meet the challenge. – Other Health Provider (Henderson County)*

### **Prevalence/Incidence**

*Not perceived as a community need that affects everyone. – Other Health Provider (Henderson County)*

*A huge, overwhelming problem. Henderson County commissioners and manager are not willing to take action. – Community Leader (Henderson County)*

### **Time**

*Time. – Social Services Provider (Henderson County)*

## **Adverse Childhood Experiences (ACEs)**

### **Contributors to Progress**

**Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”**

### **Awareness/Education**

*Awareness about trauma informed practices and how to build resilience in youth. – Community Leader (Henderson County)*

*Increased awareness of ACEs by providers and the general public. – Social Services Provider (Henderson County)*

*Information available about ace's and provision of trauma focused intervention. – Social Services Provider (Henderson County)*

*Skillful advocacy and training, conspicuous and tragic news events. – Community Leader (Henderson County)*

*Awareness in schools and pediatric offices. – Physician (Henderson County)*

*ACEs is being more commonly used in a variety of settings in the community. Education regarding this has helped many agencies and community leaders see the importance of this tool. – Social Services Provider (Henderson County)*

*More education about the effect of ACEs on the population. I am encouraged that many more medical providers are getting trained on this. – Public Health Representative (Henderson County)*

*A growing body of research and information/training for professionals is making progress in many*

communities. – Social Services Provider (Henderson County) Education. – Community Leader (Mitchell County)  
 Awareness of ACEs and what it means. – Other Health Provider (Henderson County)  
 Increased awareness about ACEs. – Public Health Representative (Henderson County)  
 Awareness. – Physician (Henderson County)

### **Specific Agencies/Programs**

Safelight and trauma informed mental health care providers are contributing. Prevention of child abuse and childhood trauma is being worked on. – Public Health Representative (Henderson County)  
 Believe Child Advocacy Center and other mental health initiatives. – Community Leader (Henderson County)  
 Safelight, DSS and other providers working to bring this issue to the for front. – Social Services Provider (Henderson County)

### **Collaborative Efforts**

Community collaborations with the interest and courage to begin discussing the issue and understanding ACEs. – Other Health Provider (Henderson County)

### **School Resources**

School based health programs. – Other Health Provider (Henderson County)

### **Focus on Youth**

I must separate ACEs progress with respect to children from ACEs progress with respect to adults. There is a great deal of discussion and commitment to addressing ACEs among children and youth; new collaborations are being formed; strong evidence-based programming is being introduced. However, there seems little will to address ACEs among adults, except for a few almost stand-alone programs. – Other Health Provider (Henderson County)

## **Impediments of Progress**

**Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”**

### **Awareness/Education**

I think there is a growing body of research here, but the general population is unaware of what ACEs are and how they impact a person or a community, or how they can be helpful in their interactions with others. – Social Services Provider (Henderson County)  
 Lack of education for parents regarding this issue. – Other Health Provider (Henderson County)  
 Lack of information on this subject to the general population. – Social Services Provider (Henderson County)  
 A general lack of education the community around this issue. – Public Health Representative (Henderson County)  
 Lots of education of the general public is still needed. Most people do not understand ACEs and the way they impact health. – Other Health Provider (Henderson County)  
 Lack of awareness. – Physician (Henderson County)

### **Funding**

Funding workers to stay strong and not get burned out along the way. Tough career. – Social Services Provider (Henderson County)  
 Funding for programs reducing ACEs is very limited. – Social Services Provider (Henderson County)  
 Funding. – Community Leader (Henderson County)

### **Access to Care/Services**

There is a need for all youth serving agencies/schools/provider to utilize a trauma resiliency model/community resiliency model. – Community Leader (Henderson County)



*Need more organization, efforts in the schools and with families. – Physician (Henderson County)*  
*Provider access. – Community Leader (Henderson County)*

**Not Addressing Trauma Issues**

*No providers regularly screening for ACEs, to my knowledge. Need community resource platform for referrals when ACEs screening is completed, so the person gets connected to the services identified as a need on the ACEs screen. Would be nice to have a standardized tool that all providers are using. – Other Health Provider (Henderson County)*  
*Not screening for ACEs in medical visits, not addressing treatment for trauma which can relieve some of the symptoms and prevent some of the outcomes. Still have a drug culture which leads to trauma. Need access to parenting classes for everyone, not just low-income or those referred to the classes due to social services or mediation process. – Public Health Representative (Henderson County)*

**Lack of Collaboration**

*Minimal incorporation of this model/tool into local medical practice. – Public Health Representative (Henderson County)*

**Employment Opportunities**

**Contributors to Progress**

**Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”**

**Economic Development**

*Businesses are hiring. – Community Leader (Henderson County)*

**Specific Agencies/Programs**

*BRCC, the Henderson County Jail, NC Works and other partners looking to provide skills for those leaving incarceration and re-entering the community. – Social Services Provider (Henderson County)*

**Government/Policies**

*Local government focus. – Other Health Provider (Henderson County)*

**Awareness/Education**

*I know there is a school for young mothers that has daycare. I know there are programs to help people get a GED. – Physician (Henderson County)*

**Living Wage**

*Just Economics Living Wage Certification. Some local businesses providing stable good paying jobs (like Hot Dog World). – Social Services Provider (Henderson County)*

**Tourism Focus**

*Tourism, healthcare sector, farm-to-table or foodie movement, and the arts contribute to a revitalized downtown and enrich our opportunity to support businesses. – Public Health Representative (Henderson County)*

**Collaborative Efforts**

*Our local government and business leadership are always seeking opportunities to expand employment opportunities. They are open to solutions. – Social Services Provider (Henderson County)*

**Impediments of Progress**

**Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”**



### Low Wages

*High cost of living, lack of affordable housing, lack of larger employers for higher paying wages, and growth in the retiree population rather than adult generation to support this, high poverty rate. – Public Health Representative (Henderson County)*

*Factories using staffing agencies that keep employees as "temporary" with lower wages and no benefits for long stretches. Incredibly low minimum wage. Lack of promotion of scholarship opportunities at BRCC or locally to get folks into training programs. Unintentional bias (Racism, sexism, etc.) in hiring. No grace for working families who have emergencies or sick kids. Often leads to loss of job. Lack of childcare. Childcare vouchers (through DSS and Smart Start) requiring a person have a job before they apply for the voucher. Most people can't accept a job until they have childcare. If they already had someone to watch their kid why would they apply for vouchers? Cumbersome process that is hard to navigate. Pay inequity among for women and especially women of color when hired or in jobs. – Social Services Provider (Henderson County)*

*Not having benefits. – Community Leader (Henderson County)*

### Economy

*Housing, economic development. – Other Health Provider (Henderson County)*

### Funding

*Funding and those willing to hire convicted criminals with a record. – Social Services Provider (Henderson County)*

### Priorities

*Perception. Some young people do not realize the importance of finishing their education. Available jobs that can really help families grow and advance in a career may be a problem. – Physician (Henderson County)*

## Food Insecurity

### Contributors to Progress

**Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"**

#### Specific Agencies/Programs

*IAMOther food provision agencies. – Social Services Provider (Henderson County)*

*There is the W.I.C. program at the health department. There are some churches that have meals.*

*There are places where people can pick up boxes of food. – Physician (Henderson County)*

*Knowing that [many] children in our region are food insecure has resulted in a large number of citizens involved in local backpack program. There is knowledge and interest. – Social Services Provider (Henderson County)*

#### Collaborative Efforts

*Agencies are collaborating to meet existing food needs. Desire to help exists and the community is supportive. – Social Services Provider (Henderson County)*

#### Awareness/Education

*There are so many agencies offering food for those that experience food insecurity. The Community College is essential in providing training that residents need to improve their financial situation. Without education and training, you would not impact the generational poverty that continues to be prevalent in our local families. We are so fortunate to have the community college in our area. – Community Leader (Henderson County)*

#### Community Gardens

*Community gardens, food banks. – Physician (Henderson County)*

## Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

### Access to Healthy Food

*Cheap food is generally junk food. unless we can turn that around, so the healthy food is inexpensive, it will continue to be challenging to appropriately feed everyone. – Physician (Henderson County)*

### Awareness/Education

*Getting people into the Community College for education and training. This can be life changing for these families. – Community Leader (Henderson County)*

*Food education is a challenge. Getting individuals to learn better eating habits, money management and food preparation. Classes are available, but not well attended. – Social Services Provider (Henderson County)*

### Employment

*Costs, employment. – Physician (Henderson County)*

### Government/Policies

*Congress's attempt to add work requirements for food stamp recipients that will create fewer recipients and more hunger. – Social Services Provider (Henderson County)*

## Interpersonal Violence (IPV)

### Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

### Specific Agencies/Programs

*Safelight, Family Justice Center, Believe Child Advocacy Center. – Community Leader (Henderson County)*

*Safelight and domestic violence initiatives by law enforcement through collaborative efforts. – Social Services Provider (Henderson County)*

*Safelight and the free clinics are exceptional resources and partners. – Other Health Provider (Henderson County)*

*High rates of identification by DSS and others, variety of skillful non-profit work. – Community Leader (Henderson County)*

### Recognition Of The Problem

*Empowering more women, educating both men and women. – Public Health Representative (Henderson County)*

## Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

### Community Focus

*Public and political will. – Other Health Provider (Henderson County)*

### Culture

*Patriarchy, sexism, a way that people still put men in positions of power. This attitude is still prevalent in our community. – Public Health Representative (Henderson County)*

### Law Enforcement

*Prosecution of offenders and holding those accountable for crimes of violence they have committed. – Social Services Provider (Henderson County)*

### Substance Abuse

*Mental health and substance abuse. – Community Leader (Henderson County)*

## Early Childhood Education

### Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

#### Specific Agencies/Programs

*Nonprofits such as WCCA, Head Start, CFRC and the public schools. – Social Services Provider (Henderson County)*

*YMCA. – Other Health Provider (Henderson County)*

#### School Programs

*New programs in schools (dual language). – Physician (Henderson County)*

### Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

#### Funding

*Lack of funding from the state and lack of support from local elected officials. – Social Services Provider (Henderson County)*

*Funding on the state and national levels. – Physician (Henderson County)*

*Inadequate funding for ECC. – Other Health Provider (Henderson County)*

## Transportation

### Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

#### Specific Agencies/Programs

*Truly, not much. The free clinics has a bicycle program to give free bikes to folks. The county and WCCA are considering adding a stop on Apple Country transit to Interfaith Assistance Ministry to provide transportation for residents who don't have transportation to get crisis services assistance. – Social Services Provider (Henderson County)*

**Access to Transportation**

*There are plans to increase the transportation infrastructure. Local government and leadership is informed, and solutions are being put in place. – Social Services Provider (Henderson County)*

**Recognition Of The Problem**

*Heightened awareness of need and challenges to quality of life and access to health care. – Other Health Provider (Henderson County)*

**Impediments of Progress**

**Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”**

**Funding**

*Lack of government funding and lack of support from elected officials. Public awareness needs to be raised. – Social Services Provider (Henderson County)*

**Access to Transportation**

*Lack of resources, lack of consolidated funding. – Other Health Provider (Henderson County)*

**Other Options**

*Time is one element. Possibly support from the state or DOT. – Social Services Provider (Henderson County)*

## Other Issues

### Ranking of Other Issues as Critical to Address

Key informants in the online survey were given a list of other health conditions not previously addressed in the survey, then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of other health conditions identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address
1	Injury and Violence	20
2	Infant and Child Health	16
3	Dental Care/Oral Health	15
4	Family Planning	10
5	Immunizations and Infectious Diseases	10
6	Sexually Transmitted Infections	4
7	HIV/AIDS	2
8	Hearing/Vision Conditions	1

### Injury and Violence

#### Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

#### Specific Agencies/Programs

*Safelight and access to counseling for domestic violence victims, now offering support for perpetrators as well. “Me Too” movement has helped women speak out against a culture that allowed molestation and rape to go unreported and unpunished. – Public Health Representative (Henderson County)*

*Safelight and domestic violence initiatives by law enforcement through collaborative efforts. – Social Services Provider (Henderson County)*

*Safelight. The Youth Risk Behavior Survey administered in the schools. Resources and connections for young people and men. Mediation Center. – Social Services Provider (Henderson County)*

*Excellent organizations like Safelight. – Other Health Provider (Henderson County)*

*Domestic violence shelter, Child Advocacy Center - Some resources in the community. – Other Health Provider (Henderson County)*

*Safelight. Our district attorney and law enforcement. – Social Services Provider (Henderson County)*

**Awareness/Education**

*Awareness, media, and non-profits with this focus. – Other Health Provider (Henderson County)*  
*With increased education and services focused on behavioral health and substance use, injury and violence should decrease as a direct result. – Social Services Provider (Henderson County)*  
*More education regarding this. – Public Health Representative (Henderson County)*  
*Increased attention to substance abuse and mental health conditions. – Community Leader (Henderson County)*

**Effective Law Enforcement**

*Law enforcement, elected officials, community activists. – Social Services Provider (Henderson County)*

**Collaborative Efforts**

*There are many agencies that are highly dedicated to working together to decrease the frequency of injury and violence. – Social Services Provider (Henderson County)*

**School Programs**

*Keeping the college campus and our public schools safe are a priority for our county commissioners and they fund public safety. We are grateful for them. – Community Leader (Henderson County)*

**Impediments of Progress**

**Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”**

**Awareness/Education**

*More education is needed. – Public Health Representative (Henderson County)*  
*Not perceived as an issue unless it affects you personally. – Other Health Provider (Henderson County)*

**Denial/Stigma**

*Social stigma. – Other Health Provider (Henderson County)*  
*Again, public will to address the issue. – Other Health Provider (Henderson County)*

**Law Enforcement**

*Prosecution of offenders and holding those accountable for crimes of violence they have committed. – Social Services Provider (Henderson County)*  
*Higher rates of charges filed and prosecutions from the DA's office. – Social Services Provider (Henderson County)*

**Social Norms**

*Societal changes overall. – Community Leader (Henderson County)*

**Cultural Norms**

*[...] Telling boys to “man-up.” Sexism. Homophobia. Racism. Gun violence. Lack of medical and support services for men (the group most likely to get injured or commit violence). – Social Services Provider (Henderson County)*

**Early Diagnosis/Prevention**

*Lack of prevention efforts, lack of law enforcement intervention such as fines and prosecutions for perpetrators, blame of victims, human trafficking going unrecognized, other crimes associated with violence such as gang activity and drug abuse, rise of sexual addiction. – Public Health Representative (Henderson County)*

**Risk Factors**

Continuing risk factors. – Community Leader (Henderson County)

**Guns Violence**

Easy access to guns, substance abuse, addiction to drugs with violent side effects. – Social Services Provider (Henderson County)

**Fear**

People who are victims are afraid and are controlled. Is there a safe place for them? What about long-term? Do restraining orders really work? Victims are known to return to a violent relationship with the false promise that the person hurting them will change. Are there any programs to help people learn to manage their anger. – Physician (Henderson County)

**Prevalence/Incidence**

More violence in the world, more local violence, untreated mental illness. – Social Services Provider (Henderson County)

**Safety of Facilities**

Thinking more of seniors and how often they fall and break bones. Need to be more aware of how we maintain our facilities so that they are user friendly for our elderly visitors. – Community Leader (Henderson County)

**Infant and Child Health**

**Contributors to Progress**

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

**Specific Agencies/Programs**

St. Gerard House. What a blessing. – Community Leader (Henderson County)  
Focus on pregnancy medical home, appropriate care for pregnant women, use of CC4C and WIC. – Physician (Henderson County)

**Health Department**

The health department, the hospitals, CFRC. – Social Services Provider (Henderson County)

**Awareness/Education**

Better education. – Social Services Provider (Henderson County)  
Knowledge of the importance of first years of life, and that a child's health is critical to proper growth, learning, and future prosperity. – Social Services Provider (Henderson County)

**Collaborative Efforts**

Exceptional public health agency and community collaborations. – Other Health Provider (Henderson County)

**Access to Care/Services**

Increased services for medical and behavioral health through community health center. – Other Health Provider (Henderson County)

**Physician Focus**

We do have lots of very good pediatricians, family practice providers, and the health department. There are practices that offer care after hours and on weekends. – Physician (Henderson County)  
Many pediatric providers and school-based health centers to address child health. – Other Health Provider (Henderson County)

### **Community Focus**

- | Focus of community. – Other Health Provider (Henderson County)
- | Focus on child health. – Physician (Henderson County)

### **Prevention/Screenings**

- | Better care provider in early years to children and their families. – Public Health Representative (Henderson County)

## **Impediments of Progress**

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

### **Access to Care/Services**

- | Lack of resources, poverty, need for more education. – Social Services Provider (Henderson County)
- | Lack of good childcare, lack of education around child health. – Public Health Representative (Henderson County)

### **Awareness/Education**

- | Don't know of enough parenting classes. – Community Leader (Henderson County)
- | Educating parents. – Physician (Henderson County)

### **Funding**

- | Lack of funding and cultural barriers. – Other Health Provider (Henderson County)
- | Funding. – Physician (Henderson County)

### **Lack of Providers**

- | Lack of available pediatricians and child psychiatrists. – Other Health Provider (Henderson County)

### **Socioeconomic Factors**

- | Poorer families not seeking proper care. – Social Services Provider (Henderson County)
- | Other underlying issues of homelessness, food insecurity, mental health disorders, substance abuse. – Physician (Henderson County)

### **Nothing**

- | Not sure. – Social Services Provider (Henderson County)

### **Comorbidities**

- | Mental health and substance abuse in the community. – Other Health Provider (Henderson County)

## **Dental Care and Oral Health**

### **Contributors to Progress**

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

### **Specific Agencies/Programs**

- | Community Dental Health Clinics. – Other Health Provider (Henderson County)
- | Blue Ridge Community Health. – Other Health Provider (Henderson County)
- | Blue Ridge Health dental clinic. – Community Leader (Henderson County)



### Access to Care/Services

*Addition of some providers. – Social Services Provider (Henderson County)*

*Increased access to dental care providers. – Community Leader (Henderson County)*

*Good dental care is readily available. – Social Services Provider (Henderson County)*

### School Programs

*Recent dental screening projects in elementary schools to gain more insights about levels of decay. – Public Health Representative (Henderson County)*

### Access to Care/Services for Uninsured/Underinsured

*Access to adult dental health care for uninsured/low income at Stokes Dental clinic. We also have ABC dental and Stokes who accept Medicaid for children. – Public Health Representative (Henderson County)*

*Some providers provide access to uninsured patients for dental services. – Other Health Provider (Henderson County)*

### Communication

*Dental care is beginning to be discussed more and more. – Social Services Provider (Henderson County)*

*There are conversations, collaborations, and commitment to bridging gaps in care. There are services provided and volunteers committed to supplementing services. – Other Health Provider (Henderson County)*

## Impediments of Progress

**Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”**

### Affordable Care/Services

*Our teeth are part of our body, so I'm not sure why we separate our oral health care from our general health care, but we do. I don't know that there is a barrier to progress outside of access due to affordability for people to pay for care. – Social Services Provider (Henderson County)*

*Not enough free or low-cost dental clinics. – Community Leader (Henderson County)*

*Lack of a “dental home” for many children. Cost of dental care is a barrier to most. Access to dentist is nebulous for less affluent. Poor diet choices. Poor education to children and parents regarding preventing dental caries. – Other Health Provider (Henderson County)*

*Expense and poor insurance options. – Community Leader (Henderson County)*

*Affordable dental services not available to everyone. Better education on good dental care is needed. – Social Services Provider (Henderson County)*

### Access to Care/Services

*Too many need care and too few want to get it at Stokes, need to have other safety net providers of dental health care for adults especially. If we lose ABC Dental, then we will have critical need for Medicaid providers of dental care. We don't have affordable dental care for school age children not on Medicaid. – Public Health Representative (Henderson County)*

*Innovative thinking. Currently the main safety net dental provider operates a full schedule and no longer has space to rent. Volunteer (and prospective volunteer) dentists are unwilling to rent their office suites after hours. Space is the greatest challenge at present.. – Other Health Provider (Henderson County)*

### Awareness/Education

*More intentional education and discussion regarding the benefits of dental health care, and access to the service. There are families/individuals that do not have insurance that cannot access dental care. – Social Services Provider (Henderson County)*

**Insurance Issues**

Need more providers to take Medicaid and see uninsured patients on a reasonable fee schedule. – Other Health Provider (Henderson County)

**Funding**

Funding/space. – Other Health Provider (Henderson County)

**Lack of Providers**

Not enough providers even with the increase. – Social Services Provider (Henderson County)

**Prevalence/Incidence**

Comprehensive data for dental health in the county. Beginning work now on how that might be collected. – Public Health Representative (Henderson County)

**Family Planning**

**Contributors to Progress**

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

**Health Department**

Health department. – Physician (Henderson County)

Health department. Blue Ridge Community Health. School based health centers...sort of. They can prescribe birth control but not the most effective kinds and can't offer condoms. – Social Services Provider (Henderson County)

**Specific Agencies/Programs**

Blue Ridge Community Health. – Other Health Provider (Henderson County)

**Awareness/Education**

Education and outreach. Accurate information. – Community Leader (Henderson County)

**Don't Know**

Teenage pregnancy seems to be trending downward. – Community Leader (Henderson County)

**Access to Care/Services**

More access to family planning services. – Public Health Representative (Henderson County)

Readily available family planning programs and services in community. Expansion of school nurses in school system. – Public Health Representative (Henderson County)

Available resources. – Social Services Provider (Henderson County)

**Impediments of Progress**

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

**Awareness/Education**

Misinformation surrounding mission of Planned Parenthood. Lack of education. Lack of access to family planning resources. – Other Health Provider (Henderson County)

Lack of education, and a lack of importance placed on education regarding sexual behaviors. – Public Health Representative (Henderson County)

### **Lack of Prevention in Schools**

*Lack of evidenced-based sexuality education in schools. Lack of teen friendliness at most if not all health providers, including health department (love them but it is not always easy for a teen to get in and feel welcome). Lack of pediatricians offering birth control (especially IUD and hormonal implants). Health providers not knowing teen rights around access to contraception and prenatal care. Fear of lack of confidentiality. Worries about ability to pay. Confusing or cumbersome intake process. Lack of comfort among medical reception staff, or providers. Fear of community reaction to offering and advertising services. Assumption everyone knows how to access contraception. Focus on women or people with uterus as the only responsible party for family planning. – Social Services Provider (Henderson County)*

*Restricted information in the school environment. Lack of engagement by younger generations in family planning services. – Public Health Representative (Henderson County)*

### **Access to Care/Services**

*Perceived inaccessibility to services for teens. – Community Leader (Henderson County)*

### **Denial/Stigma**

*There may be some fear among young people. Registration and appointments can be lengthy. Transportation may be an issue for some. – Physician (Henderson County)*

### **Alcohol/Drug Abuse**

*Failure of addicted women to seek family planning services resulting in drug addicted babies. – Social Services Provider (Henderson County)*

### **Government/Policies**

*Current political environment is making access to, and affordability of, family planning services more difficult to obtain. – Social Services Provider (Henderson County)*

### **Lack of Collaboration**

*Improvement encourages coasting, continuing social/structural impediments to more effective intervention. – Community Leader (Henderson County)*

## **Immunizations and Infectious Diseases**

### **Contributors to Progress**

**Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”**

#### **Awareness/Education**

*Good education across the board. – Community Leader (Henderson County)*

#### **Health Department**

*The health department, education through pediatricians, the schools, the hospitals. – Social Services Provider (Henderson County)*

*Health department excellent resource, school nurses. – Other Health Provider (Henderson County)*

#### **Specific Agencies/Programs**

*Blue Ridge Community Health. – Other Health Provider (Henderson County)*

#### **Needle Exchange Options**

*I responded to this question with regard to upswing in Hepatitis C resulting from sharing dirty needles in drug use. [There was] discussion about needle exchanges... [until a] recent upset election... – Other Health Provider (Henderson County)*

**Physician Focus**

*Practice initiatives and the health department initiatives. – Physician (Henderson County)*

**Health Coalition**

*We have an existing Immunization Coalition and have succeeded in getting the public aware of required vaccines for teens. We have a baseline high acceptance rate for vaccines. Medicaid covers childhood vaccines. School nurses providing flu vaccines in the schools and nursing homes are fantastic. – Public Health Representative (Henderson County)*

*Henderson County immunization coalition. – Physician (Henderson County)*

**Outreach Programs**

*Local primary care and the health department provide outreach services. – Social Services Provider (Henderson County)*

**Quality of Care**

*Quality health care is available. – Social Services Provider (Henderson County)*

**Impediments of Progress**

**Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”**

**Awareness/Education**

*Even more education across the board with our parents. – Community Leader (Henderson County)*

*Misinformation on safety of vaccines based on parents’ emotions, privilege and entitlement. – Other Health Provider (Henderson County)*

*Internet and false info about vaccine dangers. – Physician (Henderson County)*

*Education regarding vaccine safety needs to increase. – Social Services Provider (Henderson County)*

**Access to Medications/Supplies**

*Shingles vaccine is expensive and not covered by Medicare. Effectiveness of Flu and Pertussis vaccines is low, and distrust is likely to result. Flu vaccine is our lowest acceptance vaccine and is recommended for all. – Public Health Representative (Henderson County)*

*Overprescribing antibiotics. – Physician (Henderson County)*

**Access to Care/Services**

*People not seeking these services, fear and misunderstanding. – Social Services Provider (Henderson County)*

**Understaffing**

*Need for school nurses, parental views on immunizations. – Other Health Provider (Henderson County)*

**Government/Policies**

*Political volatility. – Other Health Provider (Henderson County)*

**Poverty**

*Poverty and lack of access to health care. – Social Services Provider (Henderson County)*

**Sexually Transmitted Infections**

**Contributors to Progress**

**Those identifying this as a critical issue were asked: “What is contributing to progress**

**on this issue in your community?”**

**Awareness/Education**

Awareness. – Physician (Henderson County)

**Health Department**

The health department and the free clinics. – Community Leader (Henderson County)

**Access to Care/Services**

Access to programs for youth that provide accurate information about the risks and consequences of unprotected sex. – Community Leader (Henderson County)

**Specific Agencies/Programs**

Medical providers. Western North Carolina AIDS Project. Health department. Teen parent and pregnancy prevention program at Children and Family (they offer all their teens a variety of free condoms and offer an evidence based reproductive health curriculum for teen parents!). Free clinics having condoms easily accessible. – Social Services Provider (Henderson County)

**Impediments of Progress**

**Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”**

**Denial/Stigma**

Stigma about having an STI. Stigma about getting tested. The health department and Blue Ridge Community Health keeping their condoms behind the desk, as patients having to ask for them. Boring condoms. Lack of knowledge about how someone can get or prevent an STI. Condom use not usually being taught in school. Discomfort of adults talking to young people about STI prevention. Access to testing is vague. Cost of getting tested (even if it's free most people don't know this). – Social Services Provider (Henderson County)

**Needle Exchange Program**

Safe needle exchange is needed. – Community Leader (Henderson County)

**HIV/AIDS**

**Contributors to Progress**

**Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”**

**Specific Agencies/Programs**

The free clinics. – Community Leader (Henderson County)

**Awareness/Education**

There had been movement on this issue... [before] the recent upset election... – Other Health Provider (Henderson County)

**Impediments of Progress**

**Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”**

**Government/Policies**

*Political volatility. – Other Health Provider (Henderson County)*

**Needle Exchange Program**

*There is a need for safe needle exchange to avoid a public health crisis. – Community Leader (Henderson County)*

**Hearing and Vision Conditions**

**Contributors to Progress**

**Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”**

**Specific Agencies/Programs**

*Some churches are installing TCoil. What a gift to those with bad hearing. – Community Leader (Henderson County)*

**Impediments of Progress**

**Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”**

**Affordable Care/Services**

*Unbelievable cost of hearing aids. – Community Leader (Henderson County)*

## Additional Comments

Other issues uncovered through the online key informant survey include the following:

### **Substance Abuse**

*Substance-affected infants that have to be weaned on methadone or other medically assisted treatment due to mother's substance use/misuse. – Social Services Provider (Henderson County)*

### **Opioid Addiction due to Accessibility**

*Specifically, opioid abuse. – Other Health Provider (Henderson County)*

*Use and abuse of opioids. This falls under substance abuse but deserves a category of its own. – Community Leader (Henderson County)*

### **Misuse of Tobacco Products Leading to Cancer**

*Misuse of tobacco products, leading to mouth, throat, lung and other forms of cancer. – Social Services Provider (Henderson County)*

### **Access to Affordable, Licensed, Professional Daycares**

*Access to affordable licensed professional daycare. – Public Health Representative (Henderson County)*

### **Autism and It's Increased Numbers**

*Autism and it's increased numbers. 1 in 39 is critical. Need more awareness and support. Loneliness among our senior citizens. – Community Leader (Henderson County)*

### **Obesity**

*The terms "obese" and "obesity" are outdated terms, considered offensive by many medical providers and folks studying eating disorders, health, and size diversity... A more effective approach is a focus on nutrition access & access to safe, outdoor spaces. Studies show the more health providers (and health departments) focus on eliminating "obesity," the more it shames fat people & results in avoiding or delaying medical care. A growing number of medical providers, nutritionists, and health educators are embracing the "Health at Every Size" model. This model is more inclusive and respectful... – Social Services Provider (Henderson County)*

### **Safety in Schools and Market Places**

*Safety in our schools and market places. I think this relates directly to the need for access to mental health care, safety in schools, and gun control. – Physician (Henderson County)*

## **APPENDIX F – CHA Focus Groups/Listening Sessions**

*See attached for:*

- Questions Used during Sessions
- Focus Group/Listening Session Group Descriptions and Quotes



# 2018 CHA Focus Group and Listening Session

## Questions

- 1) When you hear the words “healthy community”, what comes to mind? How do you describe a healthy community?
- 2) What do folks in this community do to stay healthy? What do you personally do?
- 3) On a scale of 1 to 10 (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?
- 4) From your perspective, what are the most serious health problems or concerns facing this community?
- 5) What are the causes of these problems? In other words, what keeps people in your community from being healthy?
- 6) On the other end of the spectrum, what helps people maintain or enhance (better) their health?
- 7) Is there any group not receiving enough health care? If so, why?
- 8) 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?
- 9) 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?
- 10) What is the main way you get information about how to stay healthy?
- 11) Is there anything else you would like to add, or you think would be helpful for us to know?

# 2018 CHA Focus Group and Listening Session

## Group Descriptions and Quotes

Nine community Focus Groups and Listening Sessions were held between August 28, 2018 and October 24, 2018. The participating groups were strategically selected in order to gather feedback from a broad spectrum of the community – particularly those who may not be well-represented in the Community Phone Survey or the Online Key-Informant Survey. Below is a guide that describes each of the groups. The quotes that follow are color-coded to match the group that it came from.

- **Orange - Mountain Community School, 8/28/18: 15 adults (3 males, 12 females), age range 25–60**
- **Purple - Safe Light staff, 8/29/18: 7 adults (females), age range 30-50**
- **Red - Blue Ridge Health staff, 9/5/18: 15 adults (6 males, 11 female), age range 30-65**
- **Gray - Sammy Williams Center members, 9/10/18: 20 seniors (9 males, 11 female), age range 55-85**
- **Blue - Fletcher Park Inn seniors, 9/11/18: 10 seniors (4 males, 6 females), age range 60-90**
- **Pink - Boys & Girls Club teen girls, 9/18/18: 15 girls, age range 12-17** **Green - Boys & Girls Club teen boys, 9/18/18: 20 boys, age range 12-17**
- **Black - Interfaith Assistance Ministry intake volunteers (group 1), 9/27/18: 30 adults (12 males, 18 females) age range 60-80**  
**Black - Interfaith Assistance Ministry intake volunteers (group 2), 9/27/18: 20 adults (6 males, 14 females) age range 60-80**
- **Safelight residents, 10/24/18, 4 women, age range 25-39**

## Health Care

“Not knowing what the cost is going to be – going for healthcare can make people feel vulnerable”

“The hassle of fighting for healthcare provisions becomes overwhelming”

“working poor, many don’t qualify because they make too much for services”

“often told to go the urgent care, it’s hard to see PCP because they book so heavily”

“cost of medications, can’t afford meds for pink-eye”

“Oral health access is a big issue we can address”

“A healthy community has great resources for everyone of all ages.”

“When hospitals send people home early what are they going to do – Medicare can’t keep them in the hospital. Need on-call volunteer service to help people in that situation. Some can’t pay for an agency to do this”

Medicaid, “Financial help for healthcare so people don’t have to spend all their money.”

“Affordable dental insurance”

“Having Medicaid doesn’t pay for all the meds you need”

“My mom doesn’t have enough health insurance for us”

“Some of the aging population can afford to get good health, but not all.”

“When there is a lack of basic checkups you won’t always know if you have a serious health problem.”

“When someone has a \$5,000 deductible and they’re reluctant to go to the doctor.”

“I was prescribed a medicine that costs \$500 per month but because I have good health insurance I only pay \$6. That’s unfair.”

“people need access to healthcare, and being able to afford the costs of procedures and surgeries”

“being afraid to get care and then not being able to pay for it. If the Free Clinic pharmacy isn’t open, you have to wait for your meds or go back to the E.R. There’s a limit to what the Free Clinics offer”

### Working Poor/ Affordable Housing/ Homeless

“Depends on what demographic you’re in, there are barriers for many. Income-wise it’s harder for most families unless you’re retired or doing well”

“Our affluent county may not always understand the average individual’s issues”

“Hard for those stuck in part-time jobs, lower economic groups and mid-income groups”

“Better housing for poor families.”

“Affordable housing - \$500 to \$600 a month”

“Lack of affordable housing limits people’s ability to think about other issues like education, exercise, nutrition, etc. They can’t think until their children are safe.”

“Henderson County has two strata’s, there’s a big socio-economic gap”

“There needs to be more affordable childcare – you can’t take 10 kids to a doctor’s appointment with you”

“People who don’t have kids have a harder time getting financial assistance. People with kids get a lot more help. People are out there having babies just so they can get help”

“How can you get a job if you can’t even find somewhere to take a shower. The place that has showers for the homeless is only open ½ day and only about four people can take a shower. There are hundreds who need a shower”

“Section-eight recipients have a hard time. There are long waiting lists for assistance

“It makes you so mad because people really need help. The filthy rich don’t care about the poor people here”

**“We need more shelters in Henderson County for all – men, women, and children. A person shouldn’t have to go to the next county over for help”**

**“Shelters get more calls than they can provide for”**

**“There aren’t any places for domestic violence except Safelight. It’s something that needs to be re-evaluated. There’s a lot of trauma that a person has to be healed from”**

**“Daycare assistance. I have to work 30 hrs. a week to qualify for vouchers. Sometimes I just get 26 hours on my job. Then I still got to use the bus to get my kids there.”**

**“Actual affordable housing. The wages need to be true living wages. You can make \$15 an hour and still be on the poverty line here”**

**“I pay \$650 for a studio apartment here. It used to be \$200-\$300 for a whole house where I came from”**

**“How do you find out who is renting affordable places here? Like individual people with private rentals”**

**“Homelessness can be a cycle with the barriers of trying to get on your feet”**

**“People think DSS and other agencies are scary, or not very helpful. There needs to be navigators and liaisons to help people through the system. We need more people helping us who can relate and who have been through what we’re going through, so they know what it’s like to be in your shoes. Somebody on my level, like a peer counselor, peer support”**

### **Transportation**

**“Transportation is a huge barrier for our clients.”**

**Going to grocery store huge ordeal—safety issue.**

**No means for transport on weekends and after 6:30 p.m.**

**2 Uber drivers here but it's a cost.**

**"Not a single bus stop at grocery store, but stops at fast food."**

**"A lot of people don't know about the healthy choices, plus have transportation issues – we do have mobile markets"**

**"road infrastructure improvements might help. Four Seasons on a Friday – forget it! The drive to Asheville home affects some's quality of life"**

**"Lack of public transportation prevents people from getting to their health care."**

**"There's a lack of public transportation throughout the county and people who don't have a way to get to the doctor."**

**"There are people who don't drive and don't go out and they're stuck in the house. We need more public transportation."**

**"Assistance from the county for transportation for those who can't get places, especially from residential areas"**

**"I miss my car. We need a shuttle. I wish the bus system here ran longer in the evening, and on Saturdays, and went to more places in the county. Not everything you need to get to is on the bus line. We need more routes and better schedules."**

### **Senior Citizen issues**

**"You have to go to Asheville for any major heart care and that's expensive."**

**"There needs to be more communication about how to use medications. The average person doesn't understand their medications."**

**"a lot of elderly people getting into declining health and with limited income"**

**"Elderly with Medicare, without other insurance or underinsured"**

### **Drugs**

**"Substance abuse issues cause people not to care"**

**"Drugs, substance abuse, mental health – lack of services, suicides in community"**

**"About 75% of the people at school do drugs and bad things." Violence in the community.**

“A bunch of kids are getting access to drugs.” “A lot of people are smoking weed and taking pills.”

“Rehab for addictions and for physical therapy”

“Drugs are bad, all kinds, there are needles in the alleys, and alcohol bottles”

“Treatment approaches to help addicts are not good; many are shamed-based”

“there is a disturbing amount of people addicted to substances. They seriously neglect themselves. There is a large homeless population”

### Nutrition

“being conscience of foods you’re eating, where it comes from, and what we’re feeding our kids, get kids involved”

“healthy eating if you can afford it”

“It’s so hard to get the bus to the grocery store and get back, trying to figure out the schedule of the routes. And you can only carry so much with you on a bus.”

“sometimes it’s easier to just eat what’s there” “It’s time consuming to read labels and be healthy”

“It’s harder to eat good when you have little kids and no energy left in the evenings to prepare and cook meals”

### Mental Health

“Most MH services are for crisis vs preventative; physicians should check their patients MH as well as physical”

“Kids need to know what they’re feeling – schools have a lot of kids that want to talk to the counselor rather than to their parents or teachers”

“There should be Informed Trauma training for all those who work with and serve the community”

Depression “Stress and anxiety, especially in the younger community.” “I

free-style-rap for my mental health”

“Not being able to get what you need brings stress – which breaks down the immune system – and then a person needs anti-depressant and anti-anxiety meds”

“We need a 24-hour MH clinic, or call line; and a safe place to drop off children when a person is not able to cope”

“Some people have a lot of complicated health issues – mental, emotional, and physical needs together – needing more than just one approach for their care”

### Youth Issues

“A lot of school violence happens by kids who have had issues and then felt disenfranchised”

“Teach youth the things we’ve learned that no one told us – common sense education”

“Health-coaching and health education volunteers” “Being able to do what you want without being scared.” “loss of a parent who is in jail”

“No killings, murders, suicides – less weapons”

### Physical fitness

“We have a lot of outdoor opportunities in Henderson County, but not everyone takes the time”

“Opportunities, building the greenways”

“in the older days all economic levels could play organized sports, but things are too expensive now for many – uniforms and the necessary sport equipment just to play”

“This world has gotten out of hand. Schools have gotten away from daily P.E. Somebody has to start reversing this, with education and through more promotion and the media”

“Depression, homicide and suicide”

“ The roads are not very conducive to walking.”

“A single mom who works at McDonalds, with two kids, how does she make time for physical activity?”



**“We need programs with positive reinforcement strategies for positive actions toward a healthier life”**

**“It’s hard to afford to do things like joining the Y”**

**“We have a lot of tourists here who do healthy things, but they don’t live here like everyone else”**

### **Other**

**“We need more community conversations like this”**

**“Having connections, not being isolated. We have a lot of isolated areas, socially and physically. People need contact on a personal level, not just computers and Facebook”**

**“Do more for the incarcerated people when they get out”**

**Immigrants. “Everybody should be treated the same.”**

**“Smoking is a problem”**

**“look at the median age in our county and how a lot of older citizens have a lot of health needs; and the barriers to mental health counseling; and also obesity rates”**

### **Where is health information is obtained**

**“self-education”**

**“Kindergarten – school handouts”**

**“through different studies, but they’re always conflicting” “Building**

**community relations that provide support through; clubs,**

**neighborhoods, parishes-churches, working within those structures – people still get healthcare information by word of mouth”**

**“Young people are using the internet as their source”**

**“The hardest thing is to obtain information to communicate so everyone in the community knows about it”**

**“Doctor, but need more education from providers”**

**“From the different programs at Boys and Girls Club, and after-school programs and clubs.”**

**“Being book smart and street smart”**

**“Parents and guardians”**

**“Mentors and counselors”**

**“People don’t know about 211, they should put a billboard on Four Seasons Blvd.”**

**“Mailings from my insurance company”**

**My health providers – Places I feel safe and comfortable communicating**

## **APPENDIX G – Handouts for CHA Community Forum**

*See attached for:*

- Indicators identified as possible “Focus Areas” for CHA Community Forum



# Mental Health

14.4% of adults reported more than 7 days of poor mental health in the past month

9.2% of adults reported inability to get needed mental health care or counseling in the past year

Suicide mortality rate has increased to 18.8 per 100,000

21.4% of 9th graders reported seriously considering suicide in the last year

13% of adults reported having 4 or more adverse childhood experiences

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## Henderson County Community Health Assessment

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# Physical Activity & Nutrition

22.4% of adults in Henderson County report they get the recommended amount of physical activity

6.7% of adults report they consume fruits and vegetables 5 or more times a day

68.5% (7 out of 10) adults report they are overweight or obese

1 out of 5 adults report they have run out of food or worried about running out of food at least once in the past year

1 out of 3 children are overweight or obese

## Henderson County Community Health Assessment



# Substance Abuse

24 unintentional opioid deaths in Henderson County in 2017

71 opioid overdose Emergency Department visits in 2017

21.8% of adults reported using opiates/opioids in the past year - with or without a prescription

21.4% of fatal crashes are alcohol related

17.4% of 9th graders reported that they rode with a driver who had been drinking alcohol in the last 30 days

39% of 9th graders reported that they have used an electronic vapor products

## Henderson County Community HealthAssessment



# Safe & Affordable Housing

46.4% of renters spend more than 30% of their income on housing and 18.8% of renters spend more than half their income on housing

16.4% of mortgage owners spend more than 30% of their income on housing and 6.2% of mortgage owners spend more than half their income on housing

24% of all households in Henderson County are costburdened (spend more than 30% of total income on housing)

112 homeless persons were counted in the annual point in time count in 2017

## Henderson County Community Health Assessment

## APPENDIX H –CHA Participants

We would like to thank and acknowledge several agencies and individuals for their contributions in conducting this health assessment:

<b>Name</b>	<b>Agency</b>	<b>CHA Role or Contribution</b>	<b>Duration</b>
Amanda Jones	Henderson County Public Schools	CHA Event/selection of focus areas, Action Team Participant	Ongoing
Amy Lynn Holt	Henderson County Board of Education	CHA Event/selection of focus areas	February, 2019
Amy McCall	Henderson County DPH	CHA Event/selection of focus areas, Action Team Participant	Ongoing
Amy Treece	Pardee UNC Health Care	CHA Event/selection of focus areas	February, 2019
Angie Garner	Vaya Health	CHA Event/selection of focus areas	February, 2019
Angie Hunter	Habitat for Humanity	CHA Event/selection of focus areas	February, 2019
Anita Glance	Henderson County DPH	CHA Data Team, Technical Assistance, CHA Event/selection of focus areas	Ongoing
Barbara Stanley	HC Board of Health	CHA Support	Ongoing
Bengy Bryant	Henderson County Sheriff's Office	CHA Event/selection of focus areas	February, 2019
Beverly Clark	Henderson County DPH	Action Team Lead, Technical Assistance, Logistical Support, CHA Event/selection of focus areas	Ongoing
Bill Lapsley	Henderson County Commissioner, HC Board of Health	CHA Support, CHA Event/selection of focus areas, Lead for Substance Abuse Task Force	Ongoing



Bo Caldwell	Henderson County Public Schools, HC Board of Health	CHA Support, CHA Event/selection of focus areas	Ongoing
Bob Williford	Henderson County Chamber of Commerce	CHA Event/selection of focus areas	February, 2019
Bobbie Trotter	Laurel Park Police Department	CHA Event/selection of focus areas	February, 2019

Brandon Staton	Henderson County Sheriff's Office	CHA Event/selection of focus areas	February, 2019
Bridget Barron	Pardee UNC Health	Data, Action Team Participant, CHA Event/selection of focus areas	Ongoing
Brittany Brady	Henderson County Partnership for Economic Development	CHA Event/selection of focus areas	February, 2019
Brittany Williams	Henderson County Parks & Rec	CHA Event/selection of focus areas	February, 2019
Chris Berg	Volunteer – Homeless Coalition	CHA Event/selection of focus areas, Action Team Participant	Ongoing
Chris Denny	Henderson County Sheriff's Office	CHA Event/selection of focus areas	February, 2019
Colleen Rivers	Henderson County DPH	CHA Event/selection of focus areas, Action Team Participant	Ongoing
Crystal O'Dell	Henderson County DPH	CHA Event/selection of focus areas	February, 2019
Denise Cumbee Long	United Way of Henderson County, Partnership for Health	CHA Team, CHA Data Team, Action Team Participant, CHA Event/selection of focus areas	Ongoing
Denise Pesce	Mountain Community School	CHA Event/selection of focus areas	February, 2019
Dr. Craig Poole	HC Board of Health	CHA Support	Ongoing
Dr. David Ellis	Pardee UNC Health Care, HC Board of Health	CHA Support, CHA Event/selection of focus areas	Ongoing
Dr. Diana Curran	Henderson County DPH	CHA Support	Ongoing
Dr. Jan King	Henderson County Public Schools	CHA Event/selection of focus areas	February, 2019
Dr. John Bryant	Henderson County Public Schools	CHA Event/selection of focus areas	February, 2019
Dr. Laura Leatherwood	Blue Ridge Community College	CHA Event/selection of focus areas	February, 2019
Dr. Leslie Leidecker	HC Board of Health	CHA Support	Ongoing
Dr. Pete Richards	Chair – HC Board of Health	CHA Support	Ongoing
Dr. Robert Duffey	HC Board of Health	CHA Support	Ongoing
Dr. Ron Moffitt	Pardee UNC Health Care	CHA Data Team	Fall, 2018
Elisha Freeman	Children and Family Resource Center	CHA Event/selection of focus areas	February, 2019

Elizabeth Moss	Interfaith Assistance Ministries	CHA Event/selection of focus areas	February, 2019
Ellen Carter	Advent Health Hendersonville	CHA Event/selection of focus areas	February, 2019
Erin Hendrix	Henderson County Parks & Rec	CHA Event/selection of focus areas	February, 2019
Frank Stout	Henderson County Sheriff's Office	Action Team Participant, CHA Event/selection of focus areas	Ongoing
Graham Fields	Advent Health, Hendersonville, Partnership for Health, HC Board of Health	CHA Team, CHA Data Team, Action Team Participant, CHA Event/selection of focus areas	Ongoing
Jacque Rose	The Free Clinics	CHA Event/selection of focus areas	February, 2019
James Crafton	HC Board of Health	CHA Support	Ongoing
Jay Kirby	Pardee UNC Health Care	CHA Event/selection of focus areas	February, 2019
Jay Thorndike	Interfaith Assistance Ministries	CHA Event/selection of focus areas	February, 2019
Jerrie McFalls	Henderson County DSS, Partnership for Health	CHA Team, Action Team Participant, CHA Event/selection of focus areas	Ongoing
Jim Brewer	Pardee Foundation	CHA Event/selection of focus areas	February, 2019
Jimm Bunch	Advent Health Hendersonville	CHA Event/selection of focus areas	February, 2019
Jimmy Brissie	Henderson County Emergency Mgt	CHA Event/selection of focus areas	February, 2019
Joe Brittain	Mills River Farmers' Market	CHA Event/selection of focus areas, Action Team Participant	Ongoing
Joe Sanders	Blue Ridge Bicycle Club	CHA Event/selection of focus areas, Action Team Participant	Ongoing
Joe Yurchak	Family Preservation Services	CHA Event/selection of focus areas	February, 2019
John Lauterbach	Safelight Family Services, Partnership for Health	CHA Team, CHA Data Team, CHA Event/selection of focus areas, Action Team Participant	Ongoing
Johnna Reed	Pardee UNC Health Care, Partnership for Health	CHA Team, CHA Data Team, CHA	Ongoing

		Event/selection of focus areas	
Jolie Singletary	THRIVE	CHA Event/selection of focus areas	February, 2019
Josh Simpson	YMCA, Partnership for Health	CHA Team, CHA Data Team, CHA Event/selection of focus areas, Action Team Participant	Ongoing
Judith Long	The Free Clinics, Partnership for Health	CHA Team, CHA Data Team, Action Team Lead, CHA Event/selection of focus areas	Ongoing
Julie Huneycutt	HopeRX, Partnership for Health	CHA Team, Action Team Lead, CHA Event/selection of focus areas	Ongoing
Kelly Hart	Smart Start Partnership for Children	CHA Event/selection of focus areas, Action Team Participant	Ongoing
Kevin Marino	Henderson County DSS	Data, Action Team Participant, CHA Event/selection of focus areas	Ongoing
Kim Berry	Henderson County DPH	CHA Event/selection of focus areas	February, 2019
Kim Hinkleman	Pardee Foundation	CHA Event/selection of focus areas	February, 2019
Kim Horton	Henderson County DPH	Technical Assistance, Editing, CHA Event/selection of focus areas	Ongoing
Kristen Martin	THRIVE, Partnership for Health	CHA Team, CHA Data Team, Action Team Lead, CHA Event/selection of focus areas	Ongoing
Latoya Ellis	Advent Health Hendersonville	CHA Event/selection of focus areas	February, 2019
Laura D'Angelo	Children and Family Resource Center	CHA Event/selection of focus areas	February, 2019
Lee Henderson-Hill	Community Foundation of Henderson County	CHA Event/selection of focus areas	February, 2019
Linda Brittain	Mills River Farmers' Market	CHA Event/selection of focus areas, Action Team Participant	Ongoing

Lori Bradley	Henderson County DPH	CHA Event/selection of focus areas, Action Team Participant	Ongoing
Matt Gruebmeier	Henderson County Public Schools, Partnership for Health	CHA Team, CHA Data Team, Action Team Participant, CHA Event/selection of focus areas	Ongoing
McCray Benson	Community Foundation of Henderson County	CHA Event/selection of focus areas, Action Team Participant	Ongoing
Michelle Geiser	HopeRX, Partnership for Health	CHA Team, CHA Data Team, Action Team Lead, CHA Event/selection of focus areas	Ongoing
Mike Barnett	Henderson County Emergency Mgt	CHA Event/selection of focus areas	February, 2019
Mike Murdock	Henderson County Veteran's Services	CHA Event/selection of focus areas	February, 2019
Mike Pace		CHA Event/selection of focus areas	February, 2019
Milton Butterworth	Healthy People Healthy Carolinas, Partnership for Health	CHA Team, CHA Data Team, Action Team Lead, CHA Event/selection of focus areas	Ongoing
Noelle McKay	Mountain Community School	CHA Event/selection of focus areas	February, 2019
Pauline Carpenter	THRIVE	CHA Event/selection of focus areas	February, 2019
Peggy Sanders	Blue Ridge Bicycle Club	CHA Event/selection of focus areas	February, 2019
Rebecca Mathis	Blue Ridge Health	CHA Event/selection of focus areas	February, 2019
Rebecca McCall	County Commissioner	CHA Event/selection of focus areas	February, 2019
Rebecca Walter	Times News	CHA Event/selection of focus areas	February, 2019
Robyn Sutton Bryson	HC Board of Health	CHA Support	Ongoing
Ron Kauffman		CHA Event/selection of focus areas	February, 2019
Ron Laughter	Habitat for Humanity	CHA Event/selection of focus areas	February, 2019
Ruth Birge	VISION Henderson County	CHA Event/selection of focus areas	February, 2019
Sarah Hoffert	Children and Family Resource Center	CHA Event/selection of focus areas	February, 2019

Sarah Kowalak	United Way of Henderson County	Action Team Participant, CHA Event/selection of focus areas	Ongoing
Sarah McDaniel	Henderson County DPH	CHA Data Team, Technical Assistance, Action Team Participant, CHA Event/selection of focus areas	Ongoing
Shane Lunsford	Advent Health Hendersonville	Data, Action Team Participant, CHA Event/selection of focus areas	Ongoing
Sharon Hanson		CHA Event/selection of focus areas	February, 2019
Sonia Gironda	Smart Start Partnership for Children	CHA Event/selection of focus areas, Action Team Participant	Ongoing
Stacy Taylor	Henderson County DPH, Partnership for Health	CHA Lead, Author	Ongoing
Steve Smith	Henderson County DPH, Partnership for Health	CHA Team, CHA Data Team, Action Team Participant, CHA Event/selection of focus areas	Ongoing
Tammy Greenwell	Blue Ridge Health, Partnership for Health	CHA Team, Action Team Participant, CHA Event/selection of focus areas	Ongoing
Tanya Blackford	Crossnore School, Partnership for Health	CHA Team, Action Team Participant, CHA Event/selection of focus areas	Ongoing
Tracey Daniels		CHA Event/selection of focus areas	February, 2019
Trina Stokes	Council on Aging for Henderson County, Partnership for Health	CHA Team, Action Team Participant, CHA Event/selection of focus areas	Ongoing

## **APPENDIX I – Behavioral Health Scorecard**

*See attached for:*

- Handout from Behavioral Health Scorecard

# Henderson County Behavioral Health Summit/Comprehensive Community Plan

## Population Results and Indicators

**R** Resilient, supported, healthy and productive people in Henderson County

Most Recent Period | Current Actual Value | Current Trend | Baseline % Change

**I** MH Count of Patients with Anxiety, Mood and Psychotic Disorders at ED visit

Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
Mar 2019	559	1	9%
Feb 2019	481	1	-7%
Jan 2019	556	1	8%
Dec 2018	514	5	0%
Nov 2018	525	4	2%
Oct 2018	543	3	5%
Sep 2018	544	2	6%
Aug 2018	562	1	9%
Jul 2018	622	3	21%



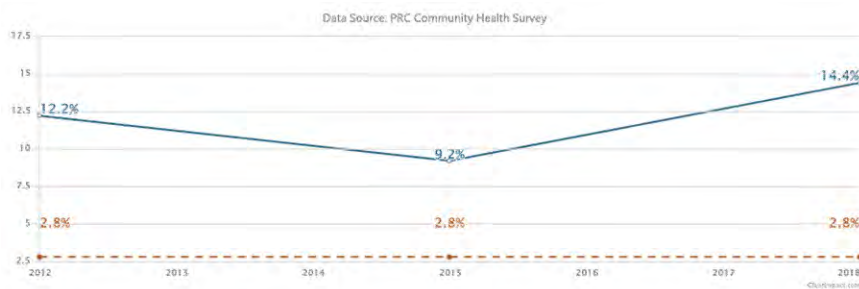
**I** MH Count of Patients Reporting Suicidal Thoughts at ED visit

Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
Mar 2019	35	1	-39%
Feb 2019	41	1	-28%
Jan 2019	41	1	-28%
Dec 2018	27	2	-53%
Nov 2018	38	1	-33%
Oct 2018	44	1	-23%
Sep 2018	28	2	-51%
Aug 2018	37	1	-35%
Jul 2018	45	2	-21%



**I** MH Percent of Adults Reporting > 7 Days of Poor Mental Health in the Past Month

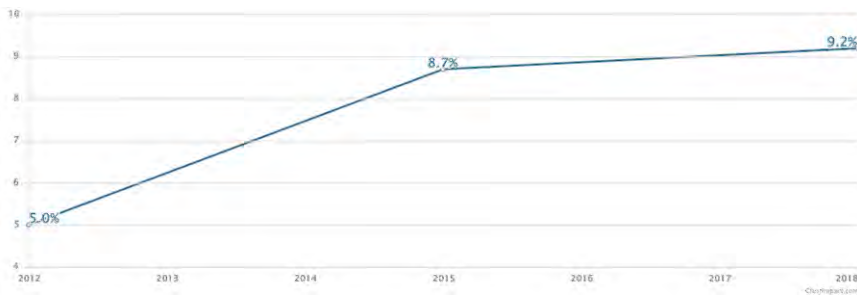
Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
2018	14.4%	1	18%
2015	9.2%	1	-25%
2012	12.2%	0	0%



**I** MH Percent of Adults Reporting an Inability to Get Needed Mental Health Care or Counseling

Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
2018	9.2%	2	84%



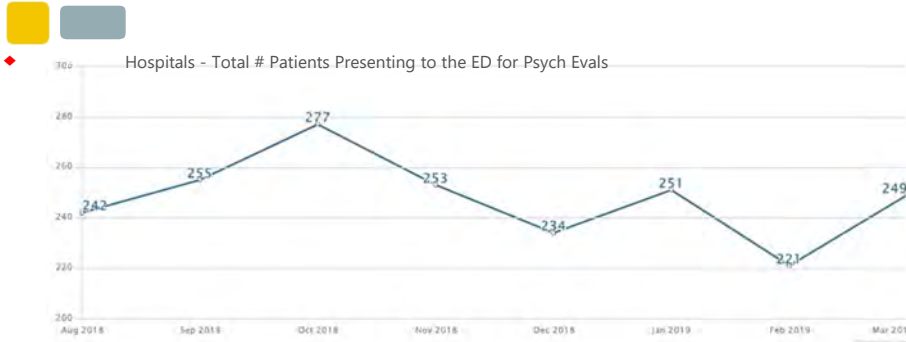


2015	8.7%	<input type="checkbox"/>	1	74%	<input type="checkbox"/>
2012	5.0%	<input type="checkbox"/>	0	0%	<input type="checkbox"/>

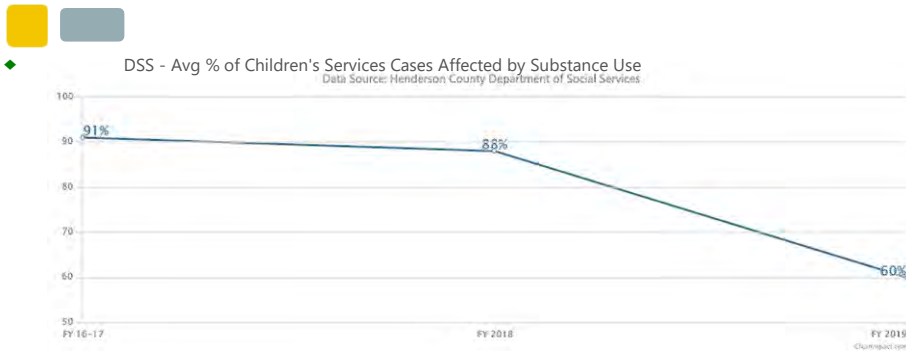
### Service System Measures

#### R People get the right care at the right place and at the right time

Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
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Mar 2019	249	<input type="checkbox"/>	1	-1%	<input type="checkbox"/>
Feb 2019	221	<input type="checkbox"/>	1	-12%	<input type="checkbox"/>
Jan 2019	251	<input type="checkbox"/>	1	0%	<input type="checkbox"/>
Dec 2018	234	<input type="checkbox"/>	2	-7%	<input type="checkbox"/>
Nov 2018	253	<input type="checkbox"/>	1	0%	<input type="checkbox"/>
Oct 2018	277	<input type="checkbox"/>	2	10%	<input type="checkbox"/>
Sep 2018	255	<input type="checkbox"/>	1	1%	<input type="checkbox"/>
Aug 2018	242	<input type="checkbox"/>	1	-4%	<input type="checkbox"/>



Jul 2018	291	<input type="checkbox"/>	2	15%	<input type="checkbox"/>
FY 2019	60%	<input type="checkbox"/>	2	-34%	<input type="checkbox"/>
FY 2018	88%	<input type="checkbox"/>	1	-3%	<input type="checkbox"/>
FY 16-17	91%	<input type="checkbox"/>	0	0%	<input type="checkbox"/>



FY 2019	351	<input type="checkbox"/>	1	60%	<input type="checkbox"/>
FY 2018	219	<input type="checkbox"/>	0	0%	<input type="checkbox"/>

### Comprehensive Community Plan Strategies

#### S Provide Needed Services at the Right Place and Time

Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
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S	Connect People and Providers to Resources and Education	Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
S	Collaborate and Advocate Across Organizational Boundaries	Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
S	Enhance Community-Based System to Fully Support Relationship-Based, Personalized Care	Most Recent Period	Current Actual Value	Current Trend	Baseline % Change