



2013 STATE OF THE COUNTY HEALTH REPORT

PENDER COUNTY, NC

A message from the Health and Human Services Director:

Make Health a Priority!

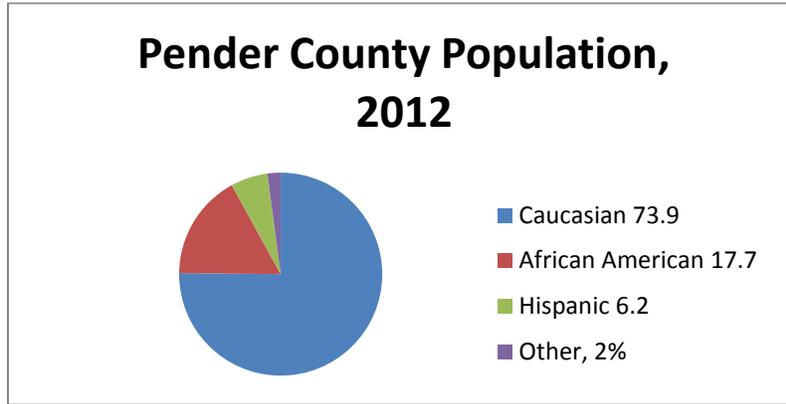
The length and quality of life for all residents in Pender County must be linked to the health of the communities in which we live, work and play. Good health is a gift we should not take for granted. I encourage you to think about the decisions you can make that will have a positive impact on your health, the health of your family and your community for years to come.

The *2013 State of the County Health Report* provides an annual review of the health of our community, tracks progress regarding health priorities and concerns, and identifies new initiatives and emerging issues that affect the health status of Pender County residents. The information is designed to educate and update community members, community leaders, elected officials, and local agencies. Working with our stakeholders, new policies and programs can be developed that will have a positive impact on the leading health concerns in our community.

*Sincerely,
Carolyn Moser, BSN, MPA*

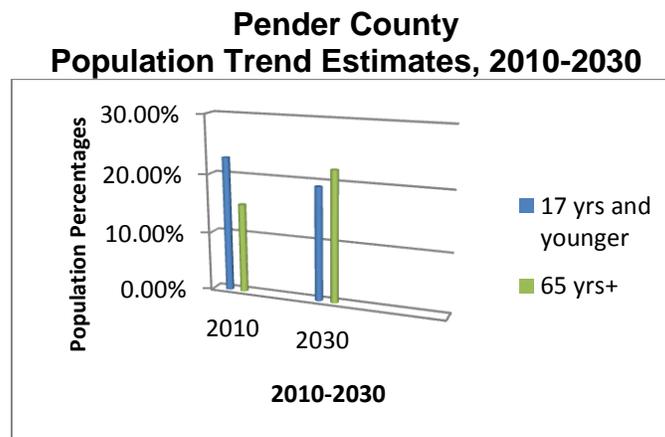
Demographics

The population estimate for Pender County in 2012 was 54,195 persons according to the US Census. The percentage of the population under the age of 18 years was 22.4%. Those adults, 65 years of age and older, made up 16.2% of the population. The median age for Pender County residents is 41 years compared to the state median of 37 years.



U.S. Census Data, 2012

According to the North Carolina Office of State Budget and Management, in 2012 Pender County was the 10th fastest growing county in the state at 3.9% compared to the North Carolina rate of 2.4%. The North Carolina Division of Aging and Adult Services has noted that the fastest growing population over the next 20 years will be those 65 years of age and older. In 2030, this age group will double. Of North Carolina's 100 counties, 53 had more people 60 years of age and over than those 17 years and under. In 2031, this number is projected to increase to 86 counties. Health problems related to aging were the second leading issue of concern identified in the 2010 community assessment survey.



NC DHHS Division of Aging and Adult Services

Demographics (cont)

Life Expectancy Continues to Improve

Life expectancy is the average number of additional years that someone at a given age would be expected to live if current mortality conditions remained constant throughout their lifespan. Pender County children born from 1990-1992, have an average life expectancy of 75.2 years. In comparison, children born from 2009-2011, have a life expectancy of 78.3 years.

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

N.C. State Center for Health Statistics

Reductions in deaths and death rates are often used as an indicator of the success of public health initiatives to improve the health and well-being of the population. Anti-smoking campaigns, infant mortality reduction measures, and cancer screening promotions are three preventive measures that may be attributed to the decline in mortality. Unfortunately, cancer, heart disease, and stroke remain leading causes of death for Pender County, the state, and the nation.

Poverty in Pender County

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

US Census Bureau, Quikfacts

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

KIDS COUNT Data Center

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

US Census Bureau, Small Area Income and Poverty Estimates

County Health Rankings

Through the use of a standard way of measuring how healthy people are and how long they will live, Pender County was ranked overall as the 20th healthiest county in North Carolina for 2013. National measures to assess the overall health ranking for the county include: the rate of people dying before age 75; the percent of people who report being in fair or poor health; the number of days that people report being in poor physical or mental health; and the rate of low birth weight infants. New measures were added for 2012 that include the number of fast food restaurants in the county and the levels of inactivity among residents.

In addition, the county health rankings consider factors that affect people's health in four categories: Health Behavior; Clinical Care; Social and Economic Factors, and Physical Environment. This includes rates for adult smoking, adult obesity, excessive drinking among adults, teenage births, the number of uninsured under the age of 65, availability of primary care physicians, graduation rates, and children living in poverty.

Comparison of Pender County Health Rankings, 2010-2013

Year	Health Factors	Health Behaviors	Overall Health Outcomes
2010	40	43	38
2011	54	81	31
2012	44	78	28
2013	56	82	20

www.countyhealthrankings.org

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

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

N.C. State Center for Health Statistics

10 Leading Causes of Death in Pender County, 2008-2012

1	Cancer- All Sites
2	Diseases of the Heart
3	Cerebrovascular Disease
4	Chronic Lower Respiratory Disease
5	Other Unintentional Injuries
6	Diabetes Mellitus
7	Unintentional Motor Vehicle Injuries
8	Nephritis, Nephrotic Syndrome, and Nephrosis
9	Pneumonia and Influenza
10	Suicide

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

Health Disparities

Americans as a group are healthier and living longer, yet segments of the population continue to suffer poor health status. North Carolina is witnessing the beginning of the baby boomers transitioning into retirement age. Differences in the incidence and prevalence of health conditions and health status between groups are referred to as health disparities.

Pender County has such health disparate groups as the unemployed, the uninsured/underinsured, the graying population and those without a high school education. We must also be aware of those residents facing disabilities, disparities of income and health care, and the responsibilities of caring for grandchildren. These individuals are more likely to need public services and support. Transportation services are limited providing further disadvantage to low income and fixed income families who are less likely to have access to transportation.

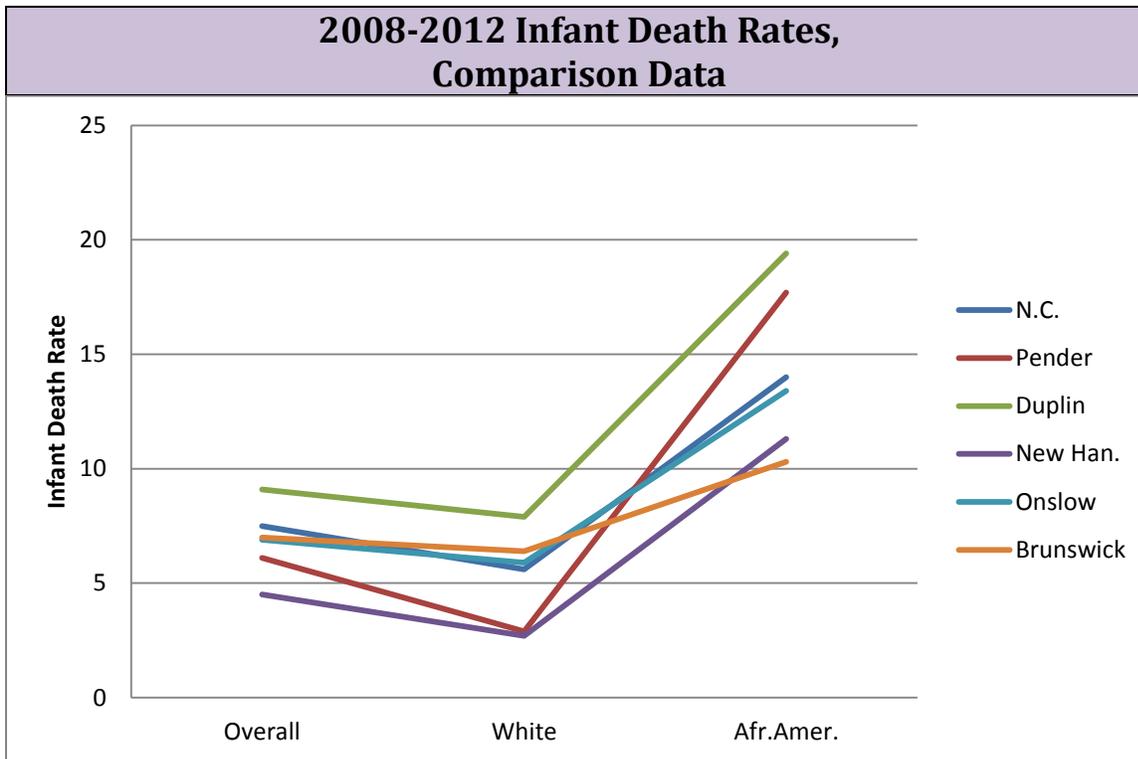
While life expectancy gaps have decreased between Caucasians and African Americans, disparities related to cause of death are listed below. Disparities in male and female death rates are also quite evident. Interventions must include activities that will address health behaviors, access to health care, and community outreach and education for such disparate groups and are considered in health action plans that are tracked annually.

Pender County 2008-2012 Age-Adjusted Death Rates, Race-Specific and Sex-Specific				
<i>Cause of Death</i>	<i>White Rate</i>	<i>African American Rate</i>	<i>Male Rate</i>	<i>Female Rate</i>
Heart Disease	152.0	148.6	181.2	118.5
Cancer	182.3	193.7	236.3	139.7
Diabetes	21.2	52.4	37.1	18.7
Cerebrovascular Disease	37.9	60.3	40.7	42.1

N.C. State Center for Health Statistics

Health Disparities (Cont)

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



N.C. State Center for Health Statistics

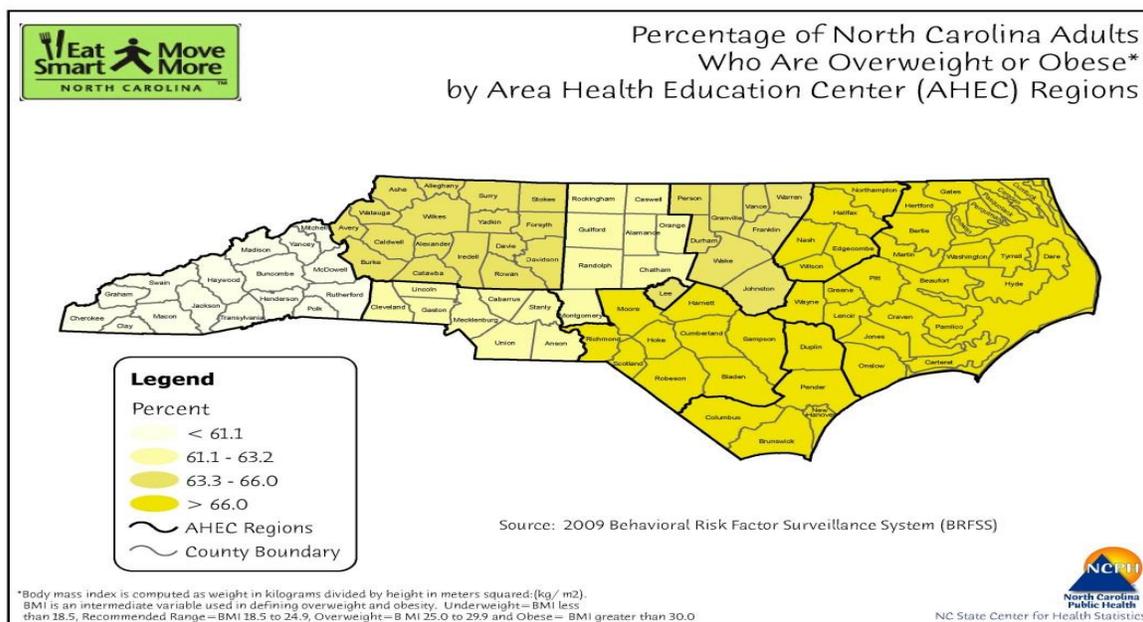
Contributing Factors for Chronic Disease

Chronic diseases are major causes of death and disability in Pender County. Primarily cancer, heart disease and stroke, and diabetes are of chief concern for our residents. As much as 50% of individual health behaviors contribute to these chronic health conditions. Physical inactivity, unhealthy eating, smoking, and excessive alcohol consumption are some of the behavioral risk factors that negatively impact the burden of chronic disease.

Overweight and obesity affects many of today's children and adults. Excessive weight increases one's risk of developing heart disease, high blood pressure, Type 2 diabetes, stroke and certain cancers. Childhood obesity is putting today's youth on a course to potentially be the first generation to live shorter, less healthy lives than their parents.

Overweight/obesity is an important public health concern in Pender County. There are many factors that contribute to obesity, most of which are preventable. The most common causes are correlated with poor eating habits: high fat and low fiber diets, high sugar foods and beverage consumption, eating more meals away from home, larger portions and eating few fruits and vegetables. A sedentary lifestyle is also to blame for the high obesity rates. Many Pender County residents are not getting enough exercise and spending too much time in front of the television or computer.

Answers to the overweight/obesity problem are not easy. This epidemic presents a challenge to all communities as we attempt to identify and implement successful evidence-based practices and to collaborate with various community agencies to address this concern.



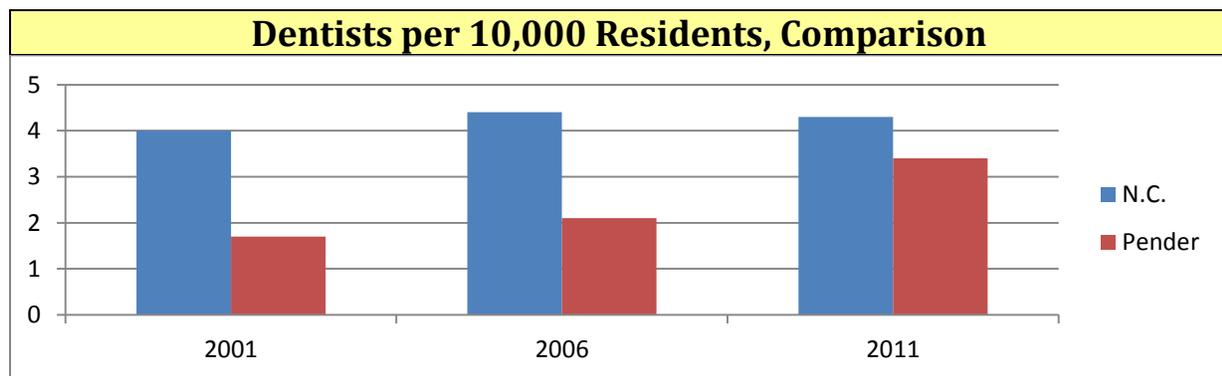
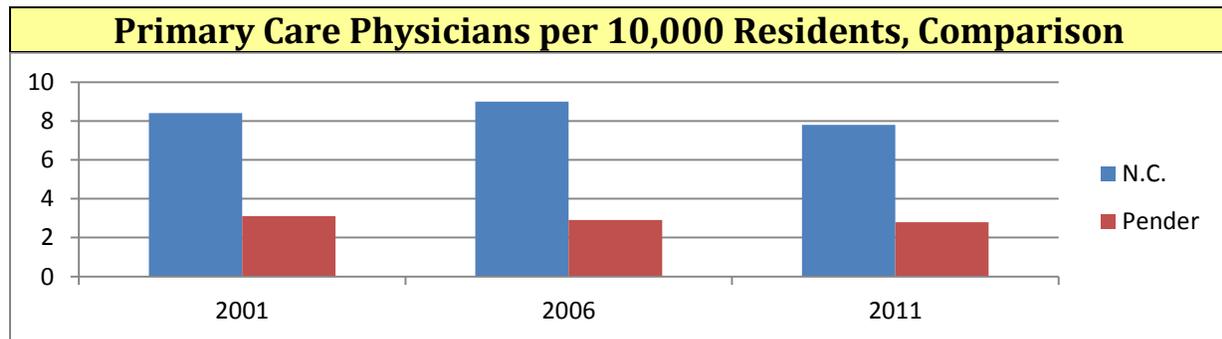
Trends in Key Health Indicators

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

Access to health care impacts:

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

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



Health Concerns/Health Priorities

Identified from the 2010
Community Health Assessment

Access to Care
Chronic Disease
Overweight/Obesity

Tracking Progress of Health Priorities

Three of the six community health concerns/priorities identified in the 2010 Community Health Assessment for Pender County were selected for tracking purposes. They are:

Access to Care
Chronic Disease
Overweight/Obesity

Tracking Progress of Health Priorities (cont)

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

Tracking Progress of Health Priorities (cont)

Priority-Chronic Disease	Progress
<p>Decrease the number of hospitalizations related to chronic conditions such as diabetes, heart disease, and cerebrovascular disease.</p> <p><i>The Healthy North Carolina 2020 Objectives include: to reduce cardiovascular disease mortality rate to 161.5; to decrease the percentage of adults with diabetes to 8.6%; and to reduce colorectal cancer mortality rate to 10.1.</i></p>	<ul style="list-style-type: none"> ✓ Continue monthly meetings with the health department director, director of nursing and the Pender Memorial Hospital administrator to identify ways to partner to address community health issues and concerns. ✓ Train new staff to implement the <i>Diabetes Self-Management Program</i> to various community settings. This program is certified through the American Diabetes Association. Referrals are received from a variety of sources and the majority of patients completing the program have shown a decrease in their A1C results. ✓ On-going collaboration with local providers and the community hospital to identify all diabetes programs and resources in the community to avoid duplication of service provision. ✓ On-going collaboration with Farm Worker Program employee to provide health screenings for chronic diseases to migrant and seasonal farmworkers. ✓ Continue to increase outreach to communities, towns, schools and other agencies to provide flu shots as well as promoting flu immunizations for county employees. ✓ Continue outreach efforts through local media venues to increase community awareness of health issues. ✓ Health department employees to promote agency services that offer early screening and detection for cancer and other chronic diseases. ✓ Increase outreach opportunities to faith-based organizations. ✓ Age-adjusted death rates for heart disease and diabetes have decreased from 2006-2010 to 2008-2012.

Tracking Progress of Health Priorities (cont)

Priority- Overweight/Obesity	Progress
<p>Increase evidence-based programs to address physical fitness and nutrition.</p> <p><i>The Healthy North Carolina 2020 Objectives include: to increase the percentage of high school students who are neither overweight or obese to 79.2%; to increase the percentage of adults getting the recommended amount of physical activity to 60.6%; and to increase the percentage of adults who report they consume fruits and vegetables five or more times per day to 29.3%</i></p>	<ul style="list-style-type: none"> ✓ Continued collaboration with Pender County School nurses, the School Health Advisory Council, Parks and Recreation to identify programs and policies that address child obesity/overweight. ✓ RN health educators continue to collaborate regionally to identify programs and policies that address physical fitness and nutrition. ✓ On-going collaboration with Parks and Recreation and Pender County Planning Department to identify available resources and for future development plans for increased fitness opportunities. ✓ On-going collaboration with Cooperative Extension to explore access to healthy foods in the community such as farmer’s markets and to promote such resources. ✓ Partnered with Parks and Recreation to construct walking trail in the community of Maple Hill. ✓ Actively participate in the Community Transformation Program and regional <i>Feast Down East</i> activities. ✓ Continue to collaborate with the Migrant Farmworker program as workers measure BMIs and offer education to workers. ✓ Continue to actively participate on the Pender County Wellness Program for county employees. ✓ Continue to participate in educational activities for faith-based organizations. ✓ Continue to monitor BMI status for health department clients and provide educational information as needed.

New Initiatives

Health and Human Services Consolidation- Pender County Commissioners voted to consolidate public health and DSS in May 2013 and in September, the health director was appointed Health and Human Services Director. County Commissioners will serve as the Board of Health and the DSS Board while each agency will continue to maintain Advisory boards. Consolidation has seen a minimal integration of the two departments. There may be opportunities in the future to coordinate services and minimize some duplicative efforts. Challenges will continue as agencies and county administration become more familiar with the functions of each department.

Southeastern North Carolina Regional Health Collaborative- This is a new partnership with the North Carolina Center for Public Health Quality, Southeastern Area Health Education Center, UNC-Wilmington, the Association of Schools of Public Health, the Center for Healthy North Carolina, the Department of Health and Human Services, and four other southeastern counties. The aim of this partnership is to utilize a quality planning approach to select and implement an evidence-based intervention to improve priority population health conditions in the community. The partnership will pilot test the functionality and usefulness of the Public Health Improvement Map (iMap) which uses priority health conditions included in both the Healthy People Leading Health indicators and North Carolina's Healthy NC 2020 objectives as a basis for organizing evidence based practices.

Affordable Care Act- State data indicates that 21.5% of people (all incomes) under the age of 65 years are uninsured in Pender County. Residents may become eligible for insurance or Medicaid as this federal program begins implementation. As a safety net provider, public health must be prepared to respond to the needs of our residents. The health department is a Certified Application Counselor site and is listed on the healthcare.gov website. Health department staff has been trained to assist individuals in navigating the federal marketplace for healthcare coverage as well as North Carolina ePass, the electronic portal for Medicaid. Kiosks have been set-up in the lobby of the health department for residents to use in the application process, and a counselor is available to assist.

Primary Care Services- The health department will contract with a Family Practice physician to provide medical care and treatment, preventive and acute care, as well as chronic disease management. Family practice doctors are primary-care physicians trained to meet the diverse health needs of children and families. Data indicates that Pender County has 2.8 physicians per 10,000 population compared to a state rate of 7.8 per 10,000 population.

School-Based Health Center- The health department has partnered with Pender Alliance Teen Health, (PATH), to provide medical oversight for the first school-based health center in Pender County at West Pender Middle School. The goal is to improve access to health care and health education for Pender County adolescents. PATH's mission is to expand school-based health centers in the county in the coming year.

Emerging Issues

Public Health Funding- State and federal budget shortfalls directly impact the delivery of local public health services. With an uncertain economy, funding for public health programs and services may decrease at the same time community needs for services increase.

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

Social Media Revolution- Many health departments and health care providers are beginning to use online tools to communicate with citizens. Websites, Facebook, Texts, Emails, Twitter, Blogs and many more tools are utilized to educate and inform patients. The public health message must continue while maintaining the integrity of those social media outlets that are selected.