

# 2013

## State of Health: Alleghany County



*Promoting safe & healthy  
living, preventing disease, &  
protecting the environment*

12/2/2013

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# Executive Summary

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The state of health in Alleghany County is somewhat similar to many other communities across North Carolina and the nation. In the past year, the county population has decreased again which continues the downward trend that began in 2010. County population totals are at 10,971 people. Like so many other communities, the county has faced challenges in unemployment, uninsured adults and children, and people living in poverty. Although this has been a challenge since the economic troubles that began in 2008, there are some points worth celebrating including a downward trend in unemployment in the past year. This trend will need continued monitoring to understand whether this truly indicates a downward trend. Concerns remain in the county unemployment, the number of people living in poverty and food insecurity, the growing burden of chronic disease, and the many who remain uninsured.

Our health challenges include chronic diseases that have increased across the state and nation. Unlike NC, heart disease remains the leading cause of death for the county, with cancer deaths following a close second. The good news is that these chronic diseases are linked back to three primary behaviors that can help prevent them: tobacco use, poor nutrition, and lack of physical activity. These chronic diseases not only contribute to the leading causes of death, but also cost us greatly in quality of life and healthcare expenditures. Using evidence-based strategies while innovating to link them to county context will be ever important in the year ahead in continuing to promote more people achieving and maintaining a healthy weight and more people choosing not to smoke or having access to services to get help quitting.

2014 brings new opportunities and challenges ahead as many of the major health behaviors and those that impact health such as housing, income, and access to healthcare services are complex and involve partnerships across sectors to bring improvements. Emerging trends and issues to watch this next year include the Affordable Care Act enrollment and continued efforts by safety net organizations to serve those who will not be able to afford insurance or qualify for Medicaid and food security and services that support it may impact health outcomes if changes are made in funding or legislative actions. In addition, monitoring implications of new legislation in NC such as the carbon monoxide detection will be important as well as that of prior legislation that has supported public health protection such as the smoke free restaurants and bars law from 2010.

Finally, 2014 brings an opportunity to take a closer look at local community health needs with the community health assessment process. Learn more and get involved by contacting us.

## Sharing the State of Health

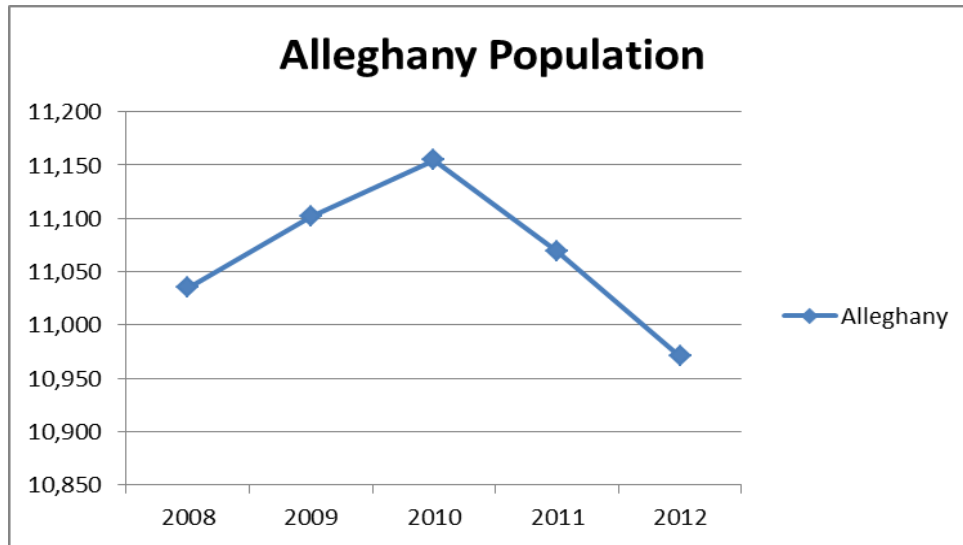
Copies of this report may be found at [www.apphealth.com](http://www.apphealth.com)

The report will be presented to community leaders and groups during scheduled events through February, 2014. To learn more, follow us on Facebook at Appalachian District Health Department, log on to our website, and check your local radio and newspapers.

To request additional information or to schedule a presentation of this information for your group, call our Watauga County office at 828.264.4995 or email at [info@apphealth.com](mailto:info@apphealth.com).

# County Demographics

Alleghany County's population has steadily decreased since 2010 to 10,971 (NC DHHS, 2013). According to population estimates July, 2013, racial and ethnic demographics of the county are primarily White Non-Hispanic with the second largest racial/ethnic group being Hispanic. The median age in Alleghany County is 46 years compared to 37.2 in that of NC overall, which indicates generally an older population in the county.



Source: NC Office of State Budget and Management, updated estimates as of July, 2013

## Race/Ethnicity by Percent of Total Population

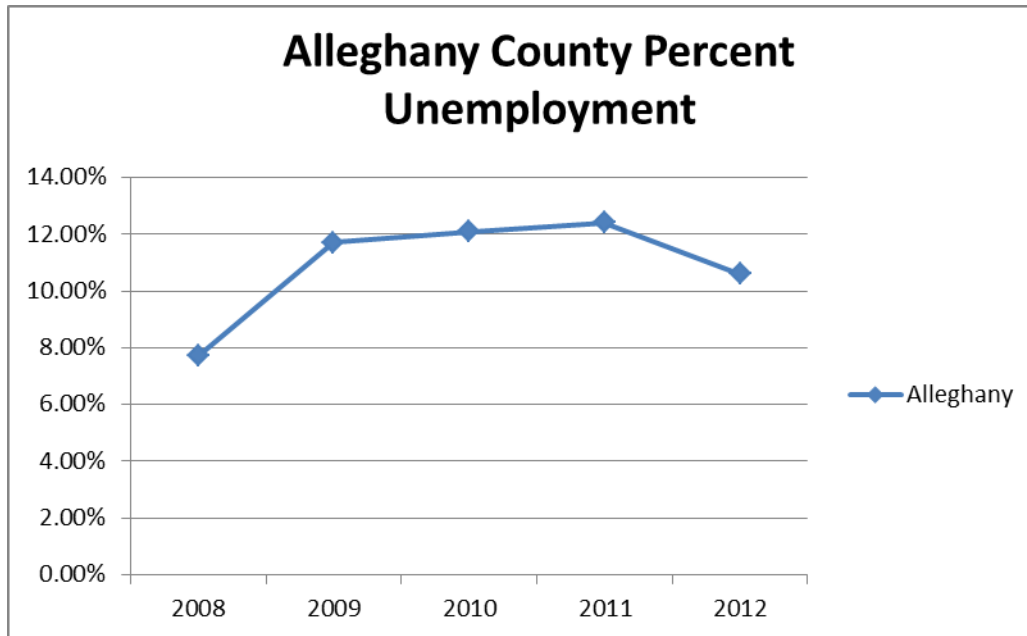
Race/Ethnicity	Percent of total population
White Non-Hispanic	88%
Hispanic or Latino	9.4%
African American Non-Hispanic	1.7%
Other Non-Hispanic	0.7%

Source: NC State Center for Health Statistics 2014 data book

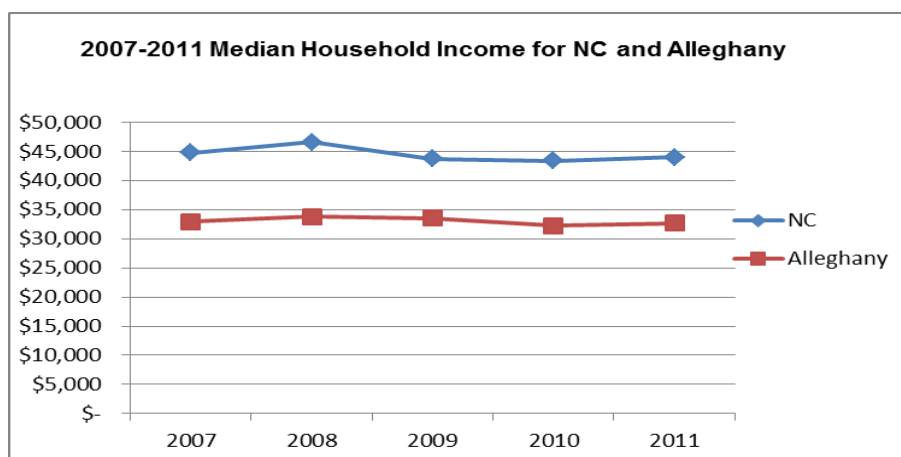


# Community Statistics

Allegheny County unemployment percentage was 10.6% and NC 7% as of November, 2013 (NC Department of Commerce, 2014). This data does not reflect a seasonal adjustment. The current data indicates that the unemployment rates have not recovered from that of 2008 with the economic downturn, this data trend indicates a trend in the right direction. This data will continue to be a top trend to monitor over the course of the next year.

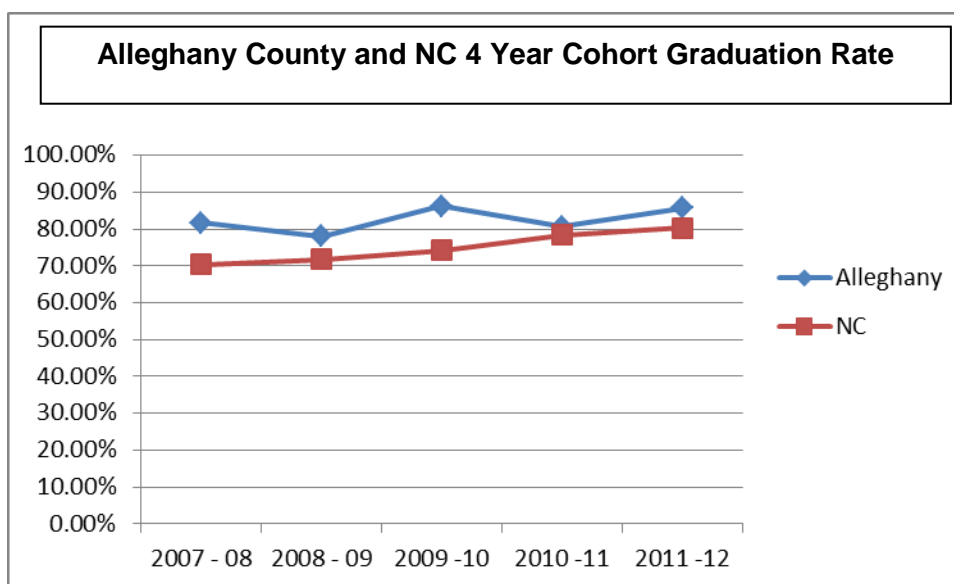


The table below shows the trend of median household income in Allegheny County and NC from 2007-2011. As of 2011, the Allegheny County annual median household income is \$34,333 compared to \$44,028 for NC (US Census Bureau, 2013). The 2008-2012 median household income for the county was \$32,449, indicating a slight increase since 2011.



# Education

Education is a critical component for many reasons. Those who graduate from high school have a better potential of achieving or maintaining a better health status over time. According to the NC Department of Public Instruction, the Allegheny County 4 year cohort graduation rate is 85.6% compared to the 80.2% for NC for the 2011-2012 year. The trend for the county shows some increases and decreases over the past few years, but has demonstrated consistent rates above that of NC overall (NC DPI, 2013). This data does not include charter school data.



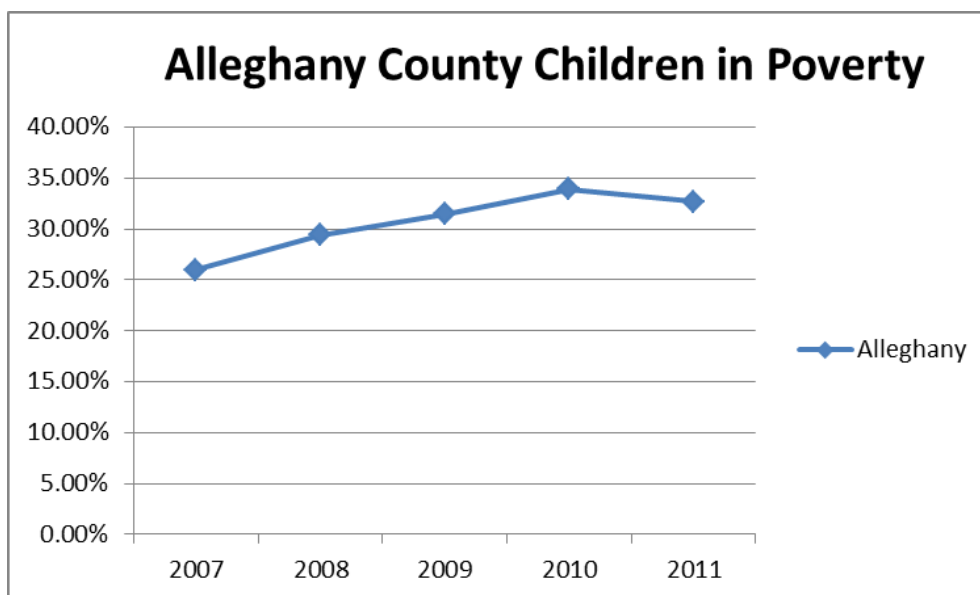
Free and reduced meals are subsidized for families at or below 130% of the Federal Poverty Guidelines. Allegheny County children participating in the free or reduced meal program has increased since the 2007-2008 school year to nearly over half of students in 2011-2012. This does not include charter school data. (NC DPI, 2012).

Year	% Children participating in Free & Reduced Meals
2007-2008	58.2%
2008-2009	61.6%
2009-2010	66.3%
2010-2011	68.4%
2011-2012	63.3%



# Community needs: Poverty & Uninsured

Poverty continues to be a critical need in the county. The trend below indicates a steady increase in children who are living in poverty in Alleghany County, with current percent of children in poverty at 32.7% as of 2011 and up steadily from the rate of 26% in 2007 (US Census Bureau, 2011).



According to the US Census Bureau, 20.9% of people in Alleghany County live below the federal poverty level compared to 16.8% in NC. The NC Median Household Income is \$46,291 while Alleghany County Median Household Income is \$34,333 (US Census Bureau, 2011).

The number of individuals without health insurance is detailed in the table below (NCIOM, 2011). The Patient Protection and Affordable Care Act (ACA) will expand health insurance coverage for many Americans in the U.S., but not nearly as many as originally anticipated in NC since the NC Legislature did not choose to expand Medicaid coverage. Read more about this in the emerging issues section of this report.

County	Age Category	Data Type	2011
Alleghany	Children (0-18)	Number	<500
		Percent	<b>8.70%</b>
	Adults (19-64)	Number	1,000
		Percent	<b>21.60%</b>
	Total (0-64)	Number	2,000
		Percent	<b>18.20%</b>

# Health statistics: Causes of death

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This report includes a brief overview of health statistics for the county. Every year Appalachian District Health Department provides relevant updates to health statistics in this report. Every three years, the report is a comprehensive community health needs assessment report. The 2011 community health assessment is available at [www.apphealth.com](http://www.apphealth.com). In December, 2014, the community health assessment report will be published.

## Leading causes of death in Allegheny County and NC

2008-2012 Age adjusted death rates per 100,000 (NC DHHS, 2013)

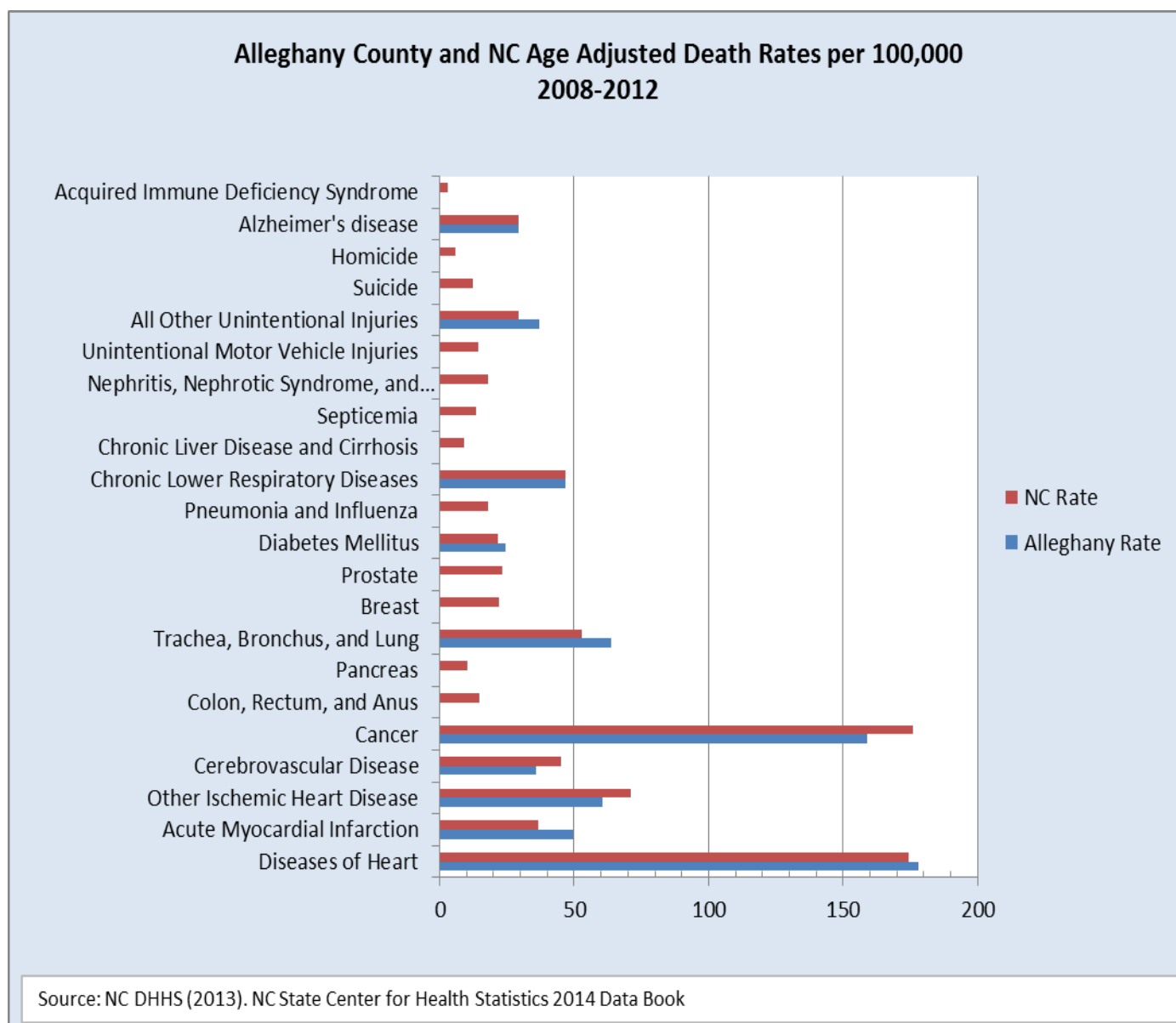
Cause	Allegheny County	NC
Heart disease	178.2	174.4
Cancer	158.9	175.9
Chronic lower respiratory disease	46.9	46.6
Cerebrovascular disease	35.7	45.1
All Other Unintentional injuries	37.0	29.4
Alzheimer's Disease	29.5	29.3
Diabetes	24.6	21.8
Unintentional Motor Vehicle injuries*	13 Cases*	14.3
Suicide*	13 Cases*	12.2
Pneumonia & Influenza	15 Cases*	18

The table above reflects the age-adjusted death rates in Allegheny County with NC rates per 100,000 from the 2014 Databook (NC DHHS, 2013). This data reflects the current national and statewide trend of leading causes of death from chronic diseases. Note that the deaths due to heart disease are higher than that of NC while deaths from cancer are lower than the state rate. *\*Small numbers cannot be calculated as stable rates.*



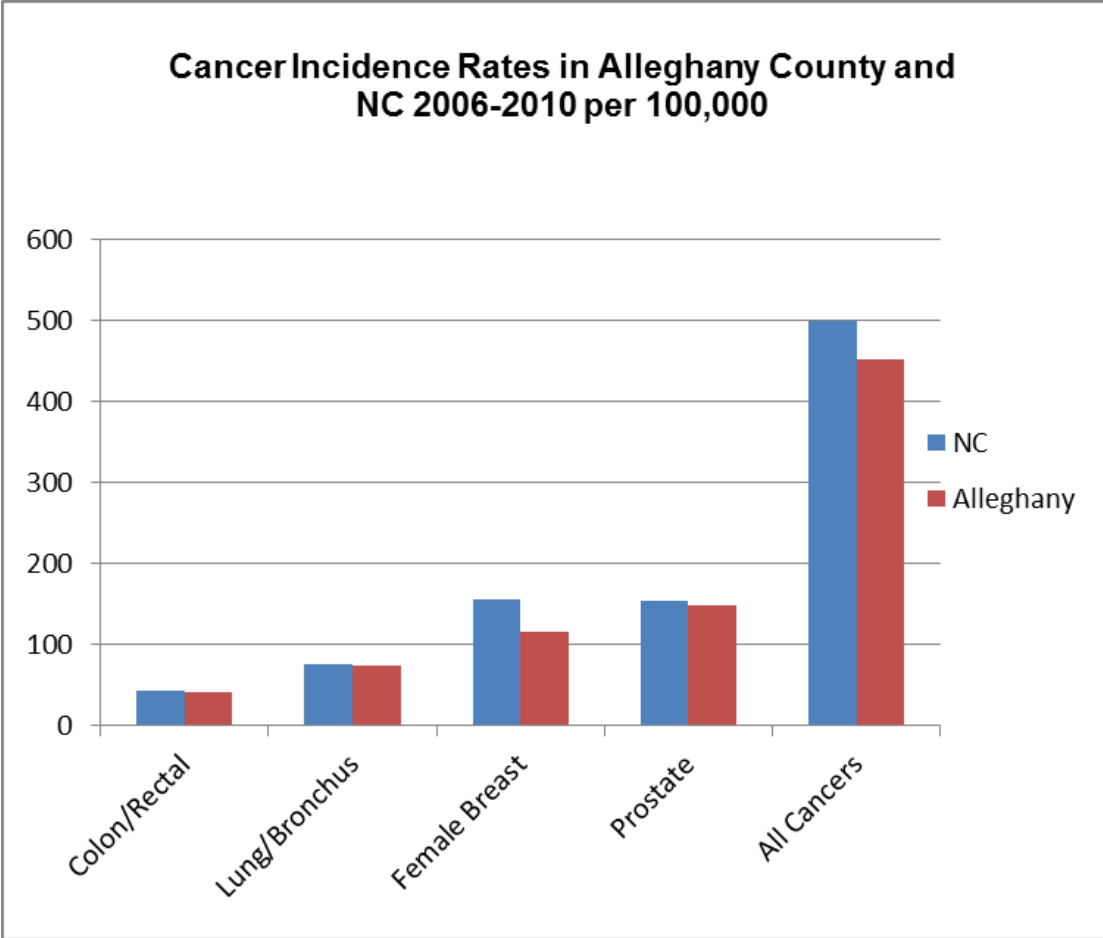
# Health statistics: Death rates

The leading causes of death for Allegheny County are chronic diseases. Following these, chronic lower respiratory disease follows. Overall, chronic diseases represent the majority of the deaths in Allegheny County. We draw attention to the areas where the county rate (noted in blue) is either better or worse than the state rate (noted in red). In categories where the actual number of deaths is too small to be a reliable rate, no blue is shown. Allegheny County has a higher rate of death due to heart disease, chronic lower respiratory disease, Alzheimer's disease, and diabetes than NC (NC DHHS, 2013).



# Health statistics: Cancer Incidence

Cancer is the second leading cause of death in Alleghany County, though the county rate is fairly lower than NC. This graph demonstrates the types of cancer by incidence rate per 100,000 for the county and NC. Alleghany County total cancer incidence rate of 452.1 is below the NC rate of 498.1 (NC DHHS, 2013).



Source: NC State Center for Health Statistics, NC Central Cancer Registry (2011).

# Health statistics: Cancer projections

The NC Central Cancer Registry reports that the percent of deaths due to cancer in Alleghany County was below that in NC as shown in Table 1 below (NC DHHS, 2013). Note that this data is for 2011 which was available in June, while the previous page indicates the most recent data from 2012. Currently, cancer is the leading cause of death in NC and the second leading cause of death in Alleghany County and the United States.

**Table 1. 2011 Percent of Cancer Deaths in Alleghany County Compared to 2011 Percent of Cancer Deaths in North Carolina**

Alleghany County	North Carolina
20.3%	22.8%

Cancer is categorized primarily into the following categories. Figure 1 represents the percent of deaths by cancer type using 2011 data (NC DHHS, 2013). Table 2 shows the projected cases of cancer for 2013 by type (NC DHHS, 2013). Early detection is important for some cancers like female breast cancer, while others often go undetected until later stages (NC DHHS, 2013). This calls for more attention to prevention of cancer through individual lifestyle decisions and community supports for tobacco prevention and cessation, healthy eating, and physical activity while continuing to support early detection programs.

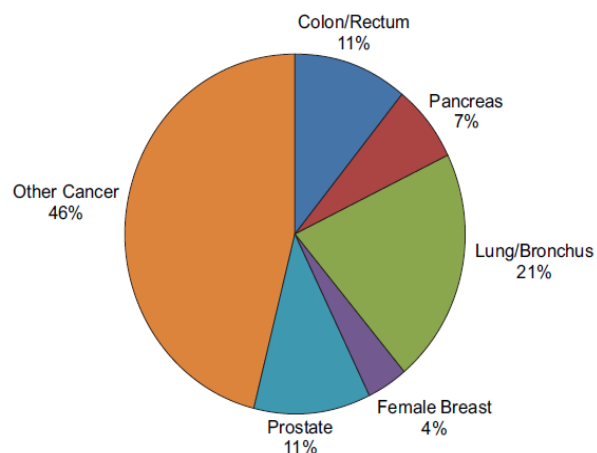
Source: NC DHHS, NC Central Cancer Registry, Alleghany County Profile (2013).

**Table 3. Smoking Status among Respondents in North Carolina by Age Groups**

Age Group	Total Respondents	Current Smoker	Former Smoker
18–34	1,428	24.0%	12.6%
35–44	1,551	20.0%	19.1%
45–54	2,089	24.6%	24.6%
55–64	2,469	18.7%	33.5%
65–74	2,118	12.7%	47.3%
75+	1,708	6.0%	41.2%
All Ages	11,501	17.6%	24.8%

Data Source: Behavioral Risk Factor Surveillance System, North Carolina 2011

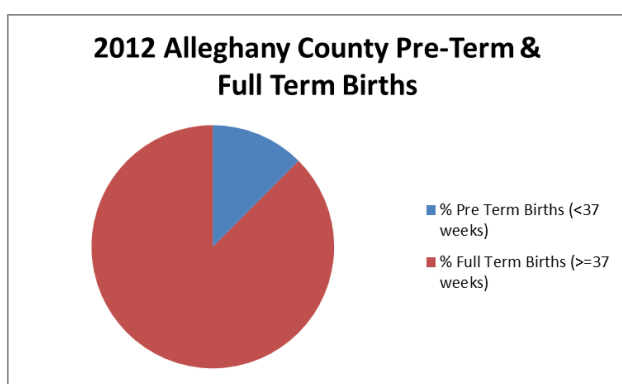
**Figure 1. Alleghany County 2011 Cancer Deaths by Site**



Percentages may not add up to 100 percent due to rounding.

# Health statistics: Pregnancy & Birthweight

Overall, Ashe County had lower percentages of births that were premature and low birthweight than in comparison to the state. In 2012, most pregnant women giving birth received early prenatal care, a critical factor that supports positive birth outcomes with 74.6% receiving care during the first trimester, 19.5% receiving care during the second trimester, and 3.9 % receiving care at third trimester, and 0.8% receiving no prenatal care (NC State Center for Health Statistics, 2013). The graph below illustrates the majority, 87.5% births being full term. Also, 12.5% were considered pre-term meaning they were born before 37 weeks of gestation (NC State Center for Health Statistics, 2013).

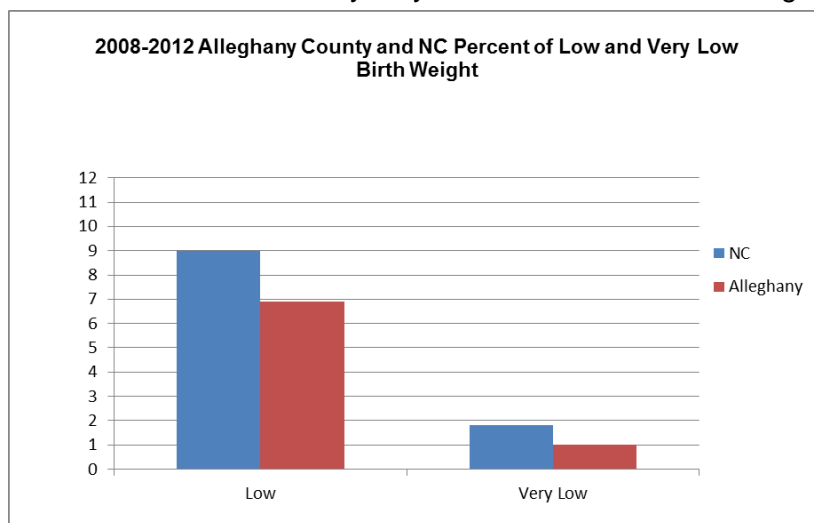


**21.6% of women smoked during their pregnancy in 2012** (NC DHHS, 2013). This is a known risk factor for low birth weight and other health problems.

Source: NC DHHS, NC State Center for Health Statistics, 2014 Data book (2013)

In 2012, there was a total of 88 births in Alleghany County and of those, 79.5% born were White Non-Hispanic, 1.1% African American Non-Hispanic, 1.1% Other Non-Hispanic, and 18% Hispanic (NC State Center for Health Statistics, 2013).

Babies born too early may be born with a low birthweight and have other health problems or be at



greater risks for health problems. Early and consistent prenatal care is an important step in preventing premature births, low birthweight, and risk of infant death.

According to the NC State Center for Health Statistics, from 2008-2012, Alleghany County babies born with low birthweight was 6.9% while those with very low birthweight was 1% compared to all NC births during the same time period of 9% low birthweight and 1.8% very low birthweight.

# Health statistics: Teen Pregnancy

Alleghany County teen pregnancies for 15-19 year olds in 2012 were 18 with 5 of those to 15-17 year olds and 13 to 18-19 year olds. According to the NC State Center for Health Statistics, the 2008-2012 Teen Pregnancy Rates per 1,000 population among 15-17 year olds is 26 per 1,000 in NC for the same time period. Since the teen pregnancy rates are less than 20, it is not reliable to report a rate and compare to the state, but the cases above do indicate a need to focus on continued improvement in this area.

According to the Adolescent Pregnancy Prevention Campaign of NC, teen pregnancy rates have declined over 62% since its peak in 1990 and it declined 10% between 2011 and 2012. The declines are primarily attributed to increased contraceptive use among teens and decrease in repeat pregnancies among teen parents (Adolescent Pregnancy Prevention Campaign of NC, 2013).

Data below is provided by the Adolescent Pregnancy Prevention Campaign of NC, 2013 and features a snapshot from 2012. Rates that are very low are not considered stable and are not listed in this table. Learn more about APPCNC at [www.appcnc.org/data](http://www.appcnc.org/data)

## 2012 Teen Pregnancies

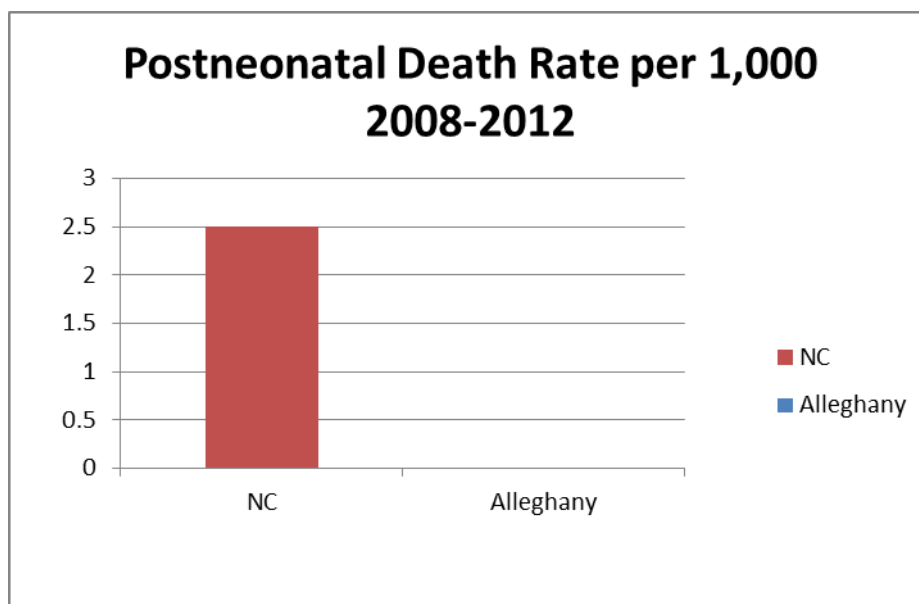
Number of pregnancies among 15-19 year old girls:	18
Teen pregnancy rate per 1,000 15-19 year old girls:	*
Teen pregnancy rates by race/ethnicity	
African American:	*
Hispanic:	*
White:	*
Teen pregnancy rates by age	
15-17 year olds:	*
18-19 year olds:	*
Number of pregnancies among 15-17 year old girls:	5
Number of pregnancies among 18-19 year old girls:	13
Percent of Repeat Pregnancies:	33.3%
Teen birth rate per 1,000 15-19 year old girls:	*
NC County Ranking (out of 100 counties):	*
Change since 2009:	not available

\*Rates based on small numbers (<20 pregnancies) are unstable and not provided.

Source: North Carolina State Center for Health Statistics.

# Health statistics: Infants & Children

Alleghany County infant mortality remains lower than NC based on a review of data from 2008-2012 of babies dying 28 days to 1 year post-birth (NC DHHS, 2013) as well as infant mortality statistics overall. There were 3 infant deaths between 2008-2012, which is worth taking notice to understand them, but also celebrate such a low number (NC DHHS, 2013).



Source: NC State Center Health Statistics 2014 Data book (2013).

	Period/Year	Total	CAUSE OF DEATH														AGE				
			BIRTH DEFECTS	PERINATAL COND	SIDS	ILLNESSES	MOTOR VEHICLE	BICYCLE	FIRE AND FLAME	DROWNING	OTHER INJURIES	HOMICIDE	SUICIDE	FALLS	POISONING	ALL OTHER	UNDER 1	1-4	5-9	10-14	15-17
NORTH CAROLINA	2008-2012	7,021	1,057	2,384	365	1,374	543	10	46	144	233	226	138	16	71	414	4,675	701	399	460	786
	2012	1,339	206	437	28	254	108	2	8	29	50	47	35	6	13	116	883	132	77	103	144
ALLEGHANY	2008-2012	3	0	2	0	0	1	0	0	0	0	0	0	0	0	0	2	0	0	1	0
	2012	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The table above details infant and child deaths for two time periods: 2008-2012 and 2012 for Alleghany County and NC residents (NC State Center for Health Statistics, 2013) by age and cause of death. No deaths were attributed to SIDS (Sudden Infant Death Syndrome) while perinatal conditions and motor vehicle injuries were the cause of the 3 deaths since 2008. Notice the gap between deaths as most have occurred among very young children age 1-4 years or during pre-teens of age 10-14 years (NC DHHS, 2013).

# Health statistics: Leading Risk Factors

Chronic diseases such as heart disease, cancer, stroke, and diabetes have become the leading causes of death and disability in the United States. Our area is similar in the majority of death and much of healthcare costs can be linked back to chronic disease.

3-4-50

Three behaviors: poor nutrition, lack of physical activity, and tobacco use contribute to 4 major chronic diseases that cause over 50 % of deaths worldwide. These behaviors not only rob us years of life, but life in our years costing us quality of life and major expense in healthcare.



## Nutrition

- Make healthy food available for all
- Support policies and practices that provide access to healthier foods
- Educate and support individuals and families in learning and practicing healthy eating behavior



## Physical Activity

- Create safe places to be active
- Encourage active transportation
- Increase active living opportunities for adults and youth



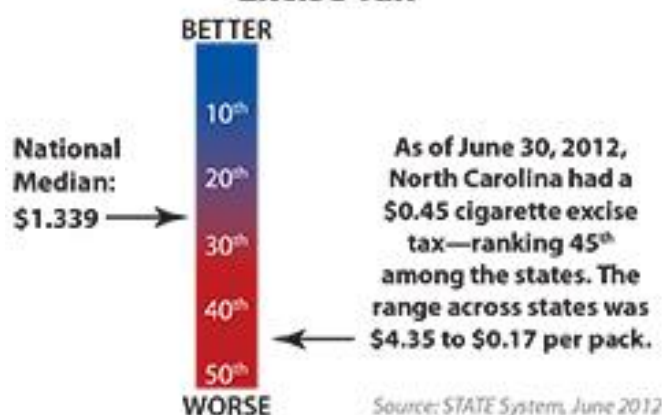
## Tobacco

- Support youth tobacco prevention efforts
- Promote and enforce policies and laws that protect the public from harmful secondhand smoke
- Provide support to those who want to quit
- Monitor and educate the public about emerging tobacco products

# Leading Risk Factors: Tobacco Use

Tobacco use remains the single leading cause of preventable death and disability in the United States (CDC, 2013). In 2011, the current percentage of adults who smoked was 21.8%, ranking 29<sup>th</sup> among the states (CDC, 2013). In addition, 5.2% of adults reported use of smokeless tobacco (snuff, dip, chewing) in 2011 ranking 36<sup>th</sup> among the states (CDC, 2013).

## Amount of Cigarette Excise Tax



**In the Western region of NC, the rates of smoking are even higher than that of NC at over 22% of adults smoking and nearly the same amount, 21.9% of women smoking during their pregnancy in Ashe County (NC DHHS, 2013).**

QuitNow NC is a resource that provides free counseling to individuals who want to quit using tobacco. It is promoted in various methods through partnerships with local healthcare providers who can refer patients who are interested that can receive a

call from a trained quit-coach. During 2009-2010 year, 55% of smokers in NC made an attempt to quit (CDC, 2012).

In NC, the percent of youth grades 9-12 engaging in smoking was 17.7% in 2011 putting NC at a rank of 26 among other states in the US. Smokeless tobacco use was 11% setting a rank of 28<sup>th</sup> among other states (CDC, 2013).

One of the most powerful tools to encourage adults and youth to quit smoking or avoid starting is to raise the amount of cigarette excise tax. As of June 30, 2012, the NC rate of 0.45/pack of cigarettes puts NC ranking 45<sup>th</sup> among the states with the national median being \$1.339/pack (CDC, 2013).





# Housing & Food Security

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There are additional factors that influence health behavior and health status including housing and food security. These two needs are critical to positive health outcomes.

According to the US Department of Housing and Urban Development, on a single night in 2012, there were 633,782 people homeless people in the United States, and of those 394,379 were homeless as individuals while 239,403 were homeless in families (US Department of Housing and Urban Development, 2012).



In NC, the total homelessness increased by 5% from January 2011 to January 2012 while nationwide total homelessness decreased by 0.4%. By reviewing the report, *The State of Homelessness in America 2013*, the report indicates most of the increase in NC to be among family households, persons in families, and homeless veterans.

The Hospitality House of Boone is a regional facility offering emergency, transitional, and permanent housing assistance for individuals and families. In addition, three meals a day and laundry facilities are also available for individuals and families beyond those offered shelter. The bread of life program also offers a food box distribution program, and the WeCAN program offers heating assistance. Learn more about the Hospitality House at [www.hospitalityhouseofboone.org](http://www.hospitalityhouseofboone.org)

## Food Insecurity & Services in Alleghany County

- 319 Women and young children were being served by the WIC program as of July, 2013
- 1,913 individuals were participating in the Supplemental Nutrition Assistance Program (SNAP-EBT, September, 2013 data)
- 63.3% of Alleghany County Schools students participate in the Free & Reduced Meal program

It is estimated that 1,930 individuals are living in food insecure households as of 2011 and the rate of food insecurity is 17.4%

Did you know? Some research over time has shown that obesity and food insecurity co-exist. Healthy, balanced nutrition may be more difficult for those who are in food insecure households. Food insecurity is not only about hunger, but also obesity and chronic disease prevention.

# Emerging Issues: The Affordable Care Act

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In March, 2010, President Obama signed the Patient Protection and Affordable Care Act into law. This legislation proposes increased access to healthcare for many Americans who were previously denied coverage due to preexisting conditions while offering opportunity for those who may not have an individual option offered by their employer to purchase coverage. The law includes many provisions, including requirements for essential preventive services that most plans will cover beginning in 2014. These include screenings for blood pressure, cholesterol, diabetes, depression, HIV, alcohol, obesity, syphilis, tobacco and diet along with support among other services such as immunizations (US DHHS, 2013).

In North Carolina, individuals who are interested in participating in the health insurance marketplace must access information through the federal website, [www.healthcare.gov](http://www.healthcare.gov) but local assistance is available in the community. County DSS offices and health departments assist or provide referrals to individuals to access support in navigating sign up.

In Ashe County, individuals may access one-on-one support and information about the healthcare insurance marketplace at Ashe Services for Aging and receive assistance at other certified application community locations, including the Ashe County Free Medical Clinic.

This is an emerging issue that will remain among the major public health trends for monitoring in the future.

**The NC Institute of Medicine estimates nearly 500,000 individuals in NC will remain uninsured without Medicaid expansion in the state, with most being working adults under the age of 65 years.** Read more about the potential implications for expanding health coverage in NC in the NC Institute of Medicine report located at <http://www.nciom.org/publications/?impactaca>.

# Emerging Issues: Triple AIM Healthcare

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**Triple AIM Healthcare** initiatives as well as other quality improvement movements are giving rise to many system-level changes that impact public health and those providing social and healthcare services in the community. These include information technology systems in health and human service provider locations such as NC Tracks, NC FAST, and others. In the interim, there have been challenges in adapting to new systems of payment and registration. Long term, these systems will create opportunities to make improvements at system levels based on data to better serve individuals and communities.

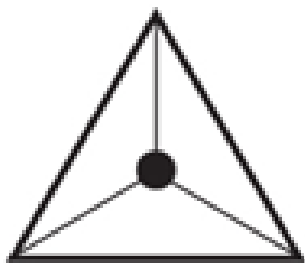
Safety net providers are working together to respond to the ever changing landscape of healthcare. The statewide Healthnet program is currently undergoing new system changes to emphasize data driven payment systems. This program operates across the Appalachian District and is administered by the Appalachian District Health Department in Alleghany and Ashe County with community provider partners. This program works to link individuals who are uninsured to needed healthcare services. Through this collaboration, a nurse care manager with Access Care of the Blue Ridge provides health coaching, motivational interviewing, and resource linking for individuals. This helps increase the quality of care while saving healthcare costs.

In addition, more emphasis is being placed on making community health promotion connections to support healthcare outcomes at the individual and population level.

## Goals of Triple Aim Healthcare

- Improved quality & patient satisfaction
- Improved population health
- Reduced healthcare costs

Source: *Institute for Healthcare Improvement (2013)*. [www.ihl.org/initiatives/TripleAim/pages/default.htm](http://www.ihl.org/initiatives/TripleAim/pages/default.htm)



IHI *Triple Aim*

Appalachian District Health Department has developed and implemented Triple Aim through numerous quality improvement projects. In addition, new electronic health systems have been phased in to provide data to improve care for patients and the community.

# Emerging Issues

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## **CARBON MONOXIDE TESTING REQUIRED IN NEW NC LEGISLATION**

In 2013, the NC General Assembly passed new legislation, Session Law 2013-413 (formerly House Bill 74) requiring lodging establishments that provide lodging for pay to the public to install carbon monoxide detectors meeting ANSI/UL 2034 or ANSI/UL 2075 in every enclosed space having a fossil fuel burning heater, appliance, or fireplace and in any enclosed space, including a sleeping room, that shares a common wall, floor, or ceiling with an enclosed space having a fossil fuel burning heater, appliance, or fireplace by October 1, 2013. The law allows use of either battery-operated or electric carbon monoxide detectors to meet the initial deadline, but requires that CO detectors must receive primary power from the building's electrical wiring and have battery back-up power by October 1, 2014.

This legislation presents a new role for Environmental Health Specialists in NC public health as they are now conducting carbon monoxide detector compliance verification along with routine lodging facility inspections. These inspections include ensuring that installed carbon monoxide detectors meet specifications per SL 2013-413. Facilities that have rooms that are not in compliance with this law must be provided written notification along with an *Intent to Suspend Permit* as of October 1, 2013. Continued efforts in this new law will be further defining an enclosed space with the Building Code Council and may be revised in 2014.

Environmental Health Specialists are Registered Sanitarians in NC and they help assure the public's health in safe, healthy food in restaurants, sanitary lodging and child care facilities in addition to wastewater/septic, tattooing, and pool permitting.

Source: NC DHHS, 2013. Position statement: Carbon Monoxide Detectors Required in Lodging Establishments. 25 September, 2013



Photo courtesy of freedigitalphotos.com

## Tobacco Innovations or Deceptions?

Tobacco has adapted to develop, market, and promote new methods for tobacco use in the United States, with some forms being targeted to youth and young adults.

Hookahs are water pipes used to smoke specially flavored tobacco and it is often practiced in a group setting, passing the water pipe from person to person (CDC, 2013). According to the Centers for Disease Control and Prevention, hookah is at least as toxic as cigarettes as it is still a nicotine delivery device. Also, a typical hookah smoking session lasts about 1 hour and involved a typical 200 puffs, while a cigarette involves about 20 puffs comparing the amount of smoking inhaled from hookah being about 90,000 mL compared to 500-600 mL in a cigarette. Hookah has been associated with lung cancer, respiratory illness, low birth weight, and periodontal disease (CDC, 2013).

Similar to hookah, electronic cigarettes, or e-cigs, are an emerging trending product often marketed as a healthier alternative but risks are not fully known. Harmful chemicals and nicotine are also part of this harmful product.

## Coming Soon

In 1964, the US Surgeon General released a landmark report linking cigarette smoking with heart disease and cancer for the first time. In January, 2014, the US Surgeon General will provide a 50 year Anniversary report. Tobacco use is linked to 440,000 deaths every year in the United States (CDC, 2013).

The Appalachian District Health Department supports tobacco prevention through promotion of Quitline NC (1.800.QUITNOW) while also providing community services in tobacco prevention and cessation. We also support workplaces, governments, realtors, and others in exploring the benefits of adopting practices that support others in quitting while protecting many from secondhand smoke. Contact the Watauga County office to learn more and ask for the Northwest Tobacco Prevention Coalition Coordinator.

The Community Transformation Grant Project currently is partnering with the Northwest Regional Housing Authority to implement a smokefree multi-unit housing policy from 2013-2014. This regional authority received feedback from tenants with the majority supporting smoke free indoor housing. Learn more about this initiative at [www.nwtransformation.org](http://www.nwtransformation.org).

Learn more about tobacco prevention services available at <http://www.apphealth.com/health-promotion/northwest-tobacco-prevention-coalition/>.

# Priority: Obesity Prevention

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More than a third, 35.7%, of US adults are overweight or obese (CDC, 2012). Obesity is linked to heart disease, stroke, diabetes, and cancer and an estimated \$147 billion in annual healthcare costs in the US, or an additional \$1,429 in medical costs in comparison to those of normal weight (CDC, 2013).

**Adult Obesity 62.7%** (Western NC

BRFSS, NCSCHS, 2012) compared to 65.8% in NC

**Children Overweight 13%**

**Obese 19%**

This data is from child clinics and WIC program in Alleghany County and therefore represents some limitations in sample size. However, NC reports 14.9% overweight and 14.5% obese in statewide results (NC NPASS, 2012). Most concerning is the higher percentage of obese children.

It is estimated that 1 in 7 low income preschool children in the United States is overweight or obese. There has been much work over the past decade in supporting obesity prevention early in life in the nation, NC, and in the Appalachian District with many community partners like schools, childcare centers, community organizations, and families. For the first time in history, the most recent data of childhood obesity indicated a decrease in obesity prevalence among low income preschool aged children from 15.21% to 14.94% and extreme obesity from 2.22% to 2.07% (CDC, 2013). Though these are only slight decreases, they indicate a trend in making change.

In 2013, the Community Transformation Grant Project has offered opportunity to partner within a 10 county region (Alleghany, Ashe, Watauga, Wilkes, Surry, Stokes, Forsyth, Davie, Davidson, and Yadkin) to support healthy eating, active living, tobacco free living, and quality improvement initiatives to support clinicians serving clients in tobacco cessation. During 2013, activities included:

- Launch of the [www.nwtransformation.org](http://www.nwtransformation.org) website and public outreach campaigns promoting local farmers markets and smoke free homes
- Creation of the Health by Design regional active living strategic plan highlighting and supporting active living comprehensive plans that support health in all 10 counties
- Initiation of a comprehensive corner store assessment to measure access to healthy foods including fruits and vegetables
- Mini-grants to healthy food producers in their efforts to make healthier foods available in the Appalachian District
- Collaboration with the Northwest Regional Housing Authority in their efforts to protect tenants from harmful secondhand smoke while indoors



**Communities  
Transforming**

*For a healthier North Carolina*

# Priority: Access & Affordability of Healthcare Services

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Currently, 21.6% of Allegheny County adults are uninsured which places risk for individuals and public health through lack of access to or affordability of healthcare services (NCIOM, 2011). Allegheny Health Advisory Council and Allegheny Healthnet are community collaboratives working together to help link uninsured adults to healthcare resources in the community. Healthnet is one of the initiatives that supports access to healthcare while offering opportunity for nurse care support for patients and saves healthcare costs for the community. Uninsured adults have been enrolled in healthnet since 2011 and more are expected to enroll in 2014. Healthnet is financially supported in partnership with the collaborative partners serving health and human needs, Access Care of the Blue Ridge and Appalachian District Health Department with funding from the NC Office of Rural Health and Community Care.

In addition, the Allegheny County office of Appalachian District Health Department has expanded primary healthcare services offered in partnership with Allegheny Memorial Hospital with special funding from the NC Golden Leaf Foundation and the Kate B. Reynolds Charitable Trust Foundation.



**Allegheny Health Advisory Council**

# Priority: Obesity Prevention

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The community continues to work toward preventing obesity while promoting active living. In the past year, a planning project began with funding from the local non-profit organization, Appalachian Partners in Public Health, Appalachian District Health Department, and the NC Community Transformation Grant Project with support from the Allegheny Wellness Center, Allegheny County, and others to develop plans for expansion of wellness center facilities in the future to help serve older adult and youth needs. The planning project is part of a regional effort to increase active living opportunities called Health by Design. Learn more at [www.nwtransformationproject.org](http://www.nwtransformationproject.org).

# Focus Spotlight: Substance Abuse Prevention

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The mental health work will continue into the next year and build on past success. In addition, Allegheny Health Advisory Council will be leading a chronic prescription drug abuse prevention effort in partnership with the Allegheny Drug Abuse Prevention Task Force beginning 2014 called Project Lazarus. The goals of the project will be increasing awareness about prescription drug abuse, available resources to safely dispose of them, and more.

# Focus Spotlight: Triple P: Positive Parenting

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Triple P stands for Positive Parenting Program. The Appalachian District is part of the NC Collaborative for Triple P Positive Parenting Program. Triple P is an evidence-based program aimed at providing tips and tools for practitioners to provide resources to parents to design parenting solutions to stay positive during common parenting challenges. Triple P trained 60 practitioners in 2013 to deliver Triple P in the community. These range from community volunteers, healthcare providers, to social workers and licensed professional counselors. These practitioners are delivering Triple P to parents across the Appalachian District counties for free or reduced costs.

The Allegheny County Partnership for Children is a key partner in the project, as are a group of committed community members who have been providing parenting support. These groups are working diligently to change the myth that parents should be able to have all the answers and provide support through the Triple P program. More information about this can be found by contacting the Watauga County office of Appalachian District Health Department or the Allegheny Partnership for Children.





# Focus Spotlight: Quality Healthcare

Appalachian District Health Department offers quality clinical services to serve the community and accepts most insurance plans. The Alleghany County healthcare team includes pediatric dentistry and a variety of other clinical services from sick visits, women’s healthcare, and many other services.



**Danielle Darter, MD Rachel Bridgeman, FNP**

**Appalachian District Health Department**  
*Promoting safe & healthy living, preventing disease, and protecting the environment*

We invite you to experience...

**Compassionate Service**  
**Quality Care**

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*Accepting most insurance plans*



**Watauga County Office**  
126 Poplar Grove Connector  
Boone, NC 28607  
(828) 264-6635  
[www.apphealth.com](http://www.apphealth.com)



# State and National Perspectives

Local public health efforts are linked up to state and national efforts working toward the same goals over time. Appalachian District Health Department builds upon Healthy People 2020 national strategies and Healthy NC 2020 for statewide strategies. Learn more about Healthy NC 2020 <http://publichealth.nc.gov/hnc2020/foesummary.htm>

The NC smokefree restaurants and bars law has supported positive health outcomes with strong public support. Appalachian District Health Department Environmental Health staff monitors compliance in partnership with the NC Division of Public Health.

**NO NEED FOR RESERVATIONS ABOUT NORTH CAROLINA'S SMOKE-FREE LAW**

**MOST NORTH CAROLINIANS DON'T SMOKE**  
 Nearly **8** out of **10** are nonsmokers.

**THE SMOKE-FREE LAW HASN'T HARMED NORTH CAROLINA'S HOSPITALITY INDUSTRY**  
 A 2013 study of North Carolina's statewide smoke-free law concluded that the law had **NO NEGATIVE IMPACT** on the state's restaurant or bar employment.

**North Carolina's smoke-free restaurants and bars law REDUCED the weekly average Emergency Room visits for HEART ATTACKS by 21%**

**PUBLIC SUPPORT IS HIGH**  
 A 2012 poll found that **83 percent** of North Carolina voters support the state's smoke-free law.

**IT PAYS TO GO SMOKE-FREE**

- Lower maintenance and overhead costs.
- Higher restaurant resale value.
- Healthier workers.

**THERE IS NO SAFE LEVEL OF SECONDHAND SMOKE**

SECONDHAND SMOKE CONTAINS **250 TOXIC CHEMICALS** & MORE THAN **50 CAUSE CANCER**

*"By going nonsmoking, it gave us a whole new market of customers."*  
 Robert Nixon, JACKALOPE JACKS, CHARLOTTE, NC

State of North Carolina | Pat McCrory, Governor  
 Department of Health and Human Services | Aldona Z. Wos, M.D., Secretary  
 Division of Public Health  
[www.ncdhhs.gov](http://www.ncdhhs.gov) | [www.publichealth.nc.gov](http://www.publichealth.nc.gov)  
 N.C. DHHS is an equal opportunity employer and provider.

**NCPH**  
 North Carolina Public Health

**dhhs**  
 North Carolina Department of Health and Human Services

Learn more from North Carolina restaurant and bar owners about operating smoke-free in a new video at [www.youtube.com/smokefreebusiness](http://www.youtube.com/smokefreebusiness).



*Promoting safe & healthy living, preventing disease, & protecting the environment*



**Allegany County Health Department**

157 Health Services Road

Sparta, NC 28675

(336) 372-5641 Clinic

(336) 372-5644 WIC

(336) 372-8813 Finance Office

1-866-257-5542 Dental Clinic

[www.apphealth.com](http://www.apphealth.com)



**Ashe County Health Department**

413 McConnell Street

Jefferson, NC 28694

(336) 246-9449 Clinic

(336) 246-2013 WIC

(336) 246-3356 Environmental Health Office

1-866-257-5542 Dental Clinic

[www.apphealth.com](http://www.apphealth.com)



**Watauga County Health Department**

126 Poplar Grove Connector

Boone, NC 28607

(828) 264-6635 Clinic

(828) 264-6641 WIC

(828) 264-4995 District Office/Environmental Health

1-866-257-5542 Dental Clinic

[www.apphealth.com](http://www.apphealth.com)