

2013

State of Health: Ashe County



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

12/2/2013

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Executive Summary

The state of health in Ashe County is somewhat similar to many other communities across North Carolina and the nation. In the past year, the county population has decreased slightly, with population totals coming in at 27,361 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 over the past few years, but concerns do remain in the county unemployment, the number of people living in poverty and food insecurity, 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

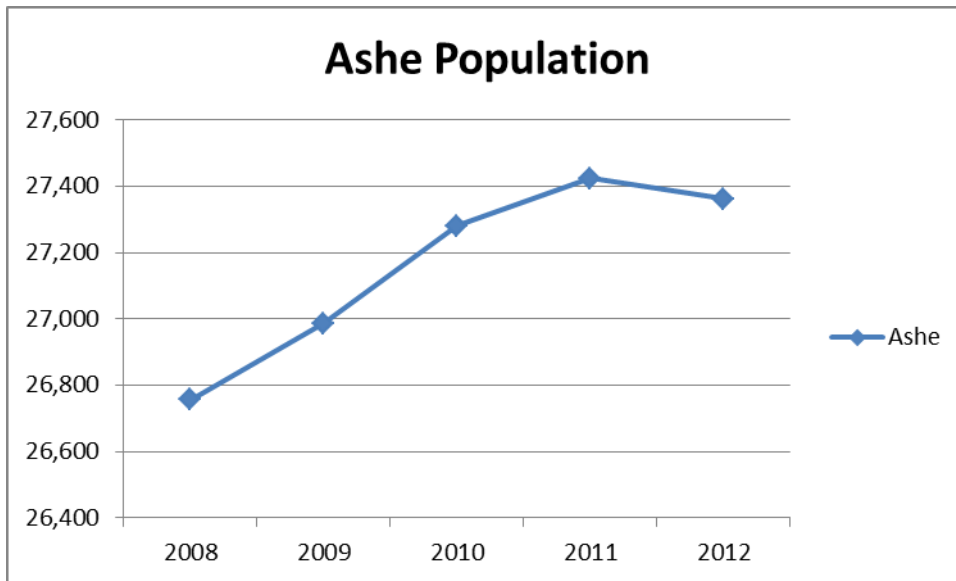
Copies of this report may be found at www.apphealth.com

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.

County Demographics

Ashe County's population has steadily increased since 2008 to 27,361 though it decreased slightly between 2011 and 2012 (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 Ashe 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

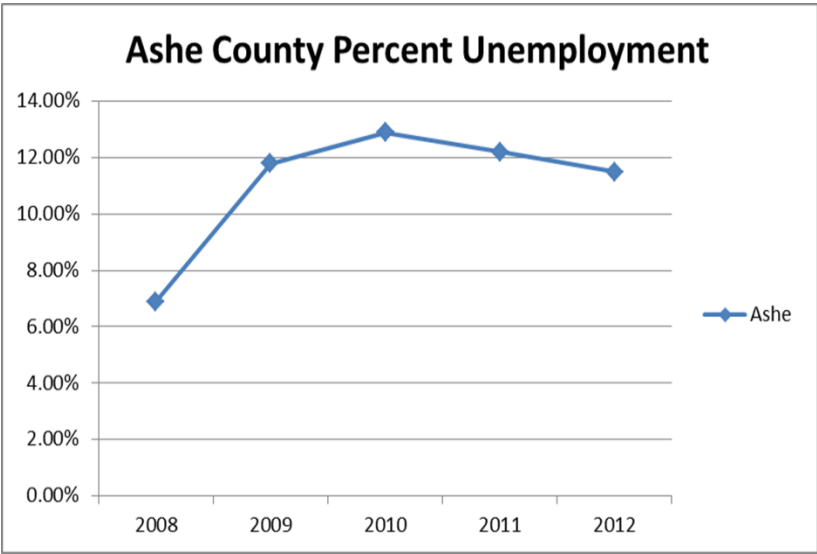
Race/Ethnicity	Percent of total population
White Non-Hispanic	93.6%
Hispanic or Latino	4.8%
African American Non-Hispanic	0.9%
Other Non-Hispanic	0.7%

Source: NC State Center for Health Statistics 2014 data book

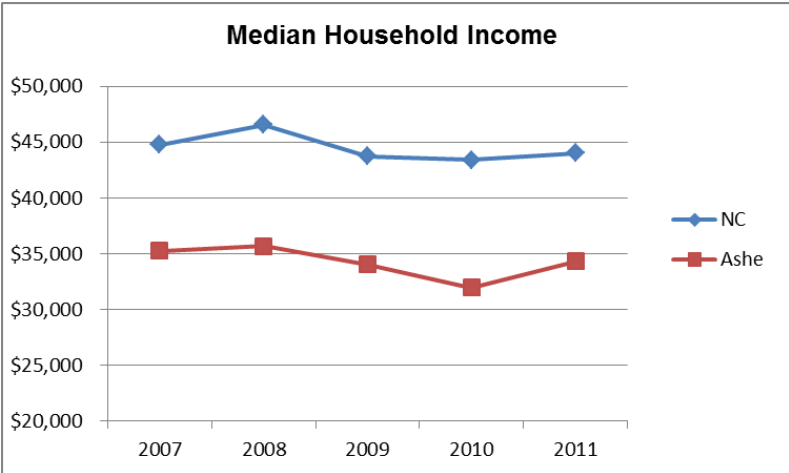


Community Statistics

Ashe County unemployment percentage was 8.1% and NC 7% as of November, 2013 (NC Department of Commerce, 2014). This data does not reflect a seasonal adjustment and has not accounted for many layoffs from the closing of the Gates Rubber Company facility in the county so this rate may increase with the next report from the NC Department of Commerce. Though 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.

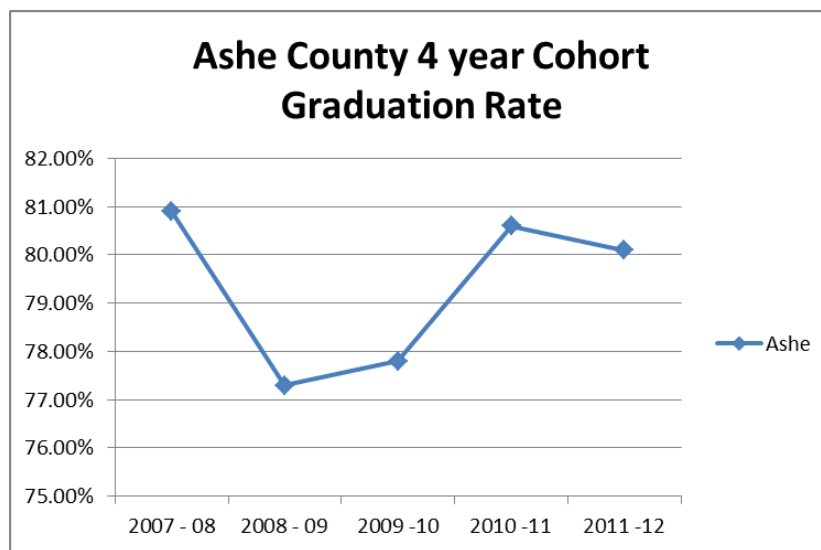


The table below shows the trend of median household income in Ashe County and NC. As of 2011, the Ashe County annual median household income is \$34,333 compared to \$44,028 for NC (US Census Bureau, 2013).



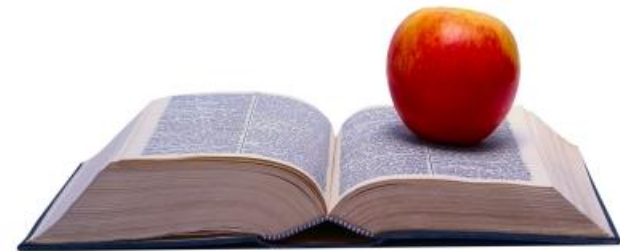
Education

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 Ashe County 4 year cohort graduation rate is 80.1% compared to the 80.2% for NC for the 2011-2012 year. This shows a slight decrease below the graduation rate of 80.6% in 2010-2011 (NC DPI, 2013). Since 2007, Ashe County has had better outcomes as compared to the state, but also have remained relatively constant. This data does not include charter school data.



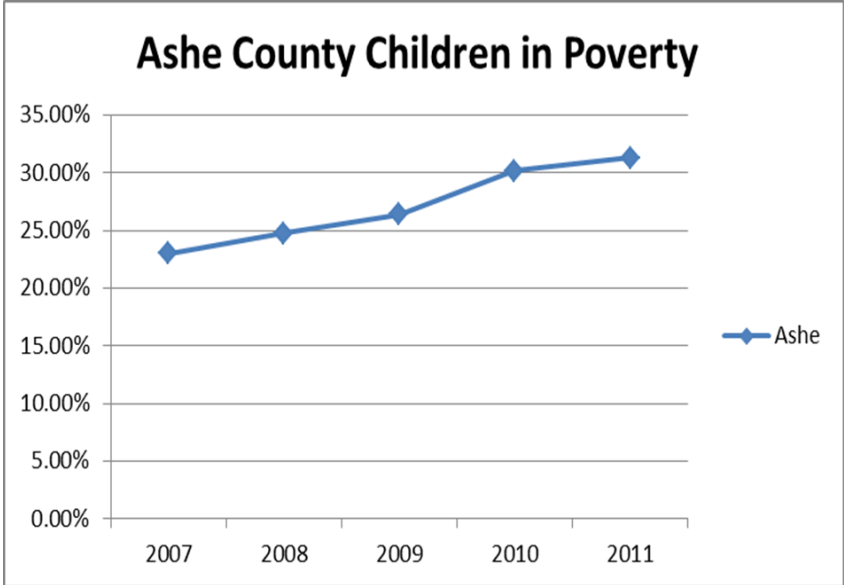
Free and reduced meals are subsidized for families at or below 130% of the Federal Poverty Guidelines. Ashe County children participating in the free or reduced meal program has increased steadily since the 2007-2008 school year to nearly $\frac{3}{4}$ of students in 2011-2012. This does not include charter school data. (NC DPI, 2012).

Year	% Children participating in Free & Reduced Meals
2007-2008	53.7%
2008-2009	55.2%
2009-2010	59.5%
2010-2011	62%
2011-2012	75.6%



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 Ashe County, with current percent of children in poverty at 31.3% as of 2011 and up steadily from the rate of 23% in 2007 (US Census Bureau, 2011).



According to the US Census Bureau, 19.3% of people in Ashe County live below the federal poverty level compared to 16.8% in NC. The NC Median Household Income is \$46,291 while Ashe 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
Ashe	Children (0-18)	Number	<500
		Percent	7.60%
	Adults (19-64)	Number	3,000
		Percent	19.70%
	Total (0-64)	Number	4,000
		Percent	16.70%

Health statistics: Causes of death

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. In December, 2014, the community health assessment report will be published.

Leading causes of death in Ashe County and NC

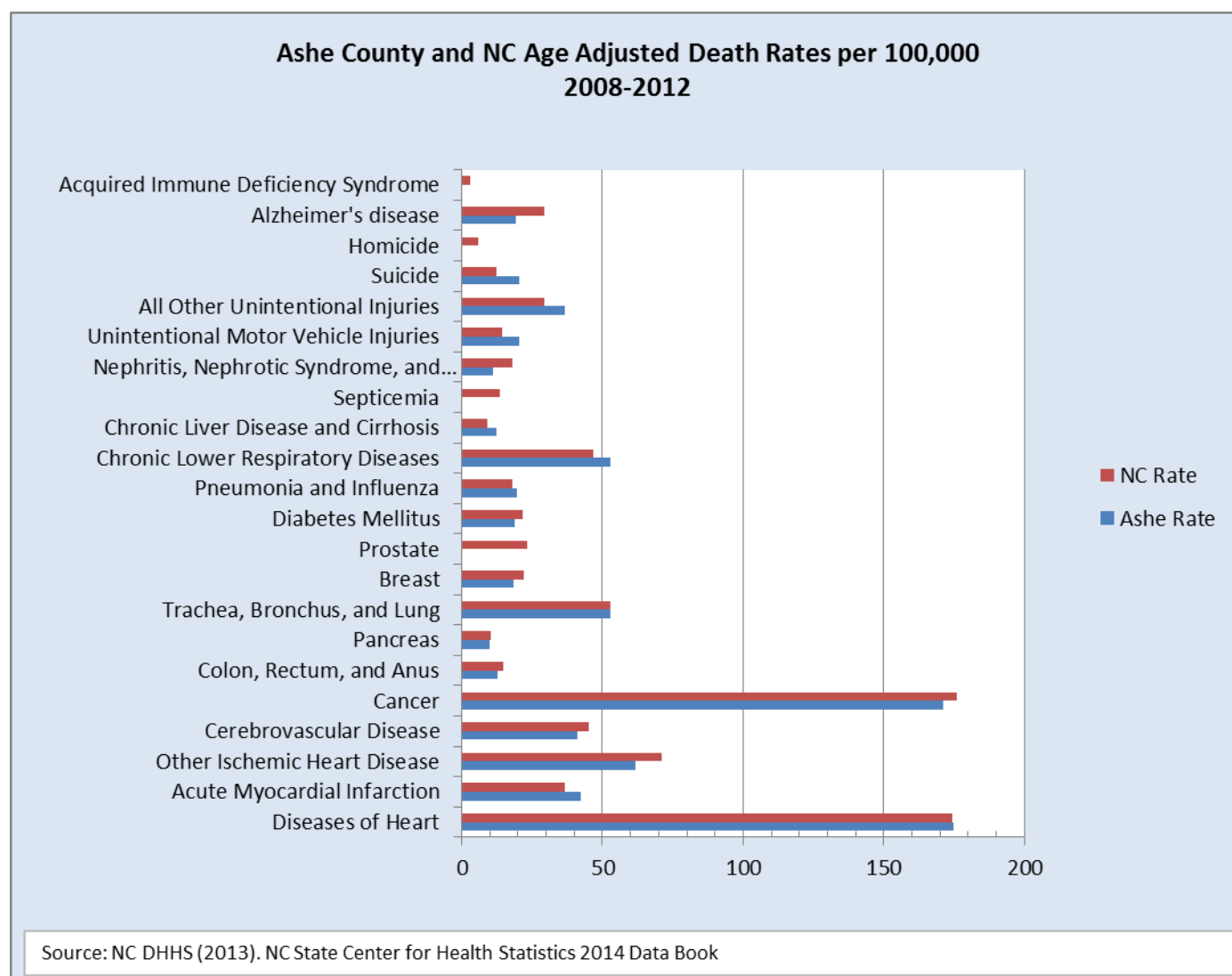
2008-2012 Age adjusted death rates per 100,000 (NC DHHS, 2013)

Cause	Ashe County	NC
Heart disease	174.7	174.4
Cancer	171.1	175.9
Chronic lower respiratory disease	52.7	46.6
Cerebrovascular disease	41.2	45.1
Unintentional Non-motor vehicle injuries	36.6	29.4
Unintentional Motor Vehicle injuries*	20.6	14.3
Suicide*	20.6	12.2
Pneumonia & Influenza	11.6	18
Alzheimer's Disease	19.4	29.3
Diabetes	18.7	21.8
Chronic liver disease & Cirrhosis	12.2	9.3

The table above reflects the age-adjusted death rates in Ashe 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. *Death rates from unintentional motor vehicle injuries and suicide were the same for this time period.

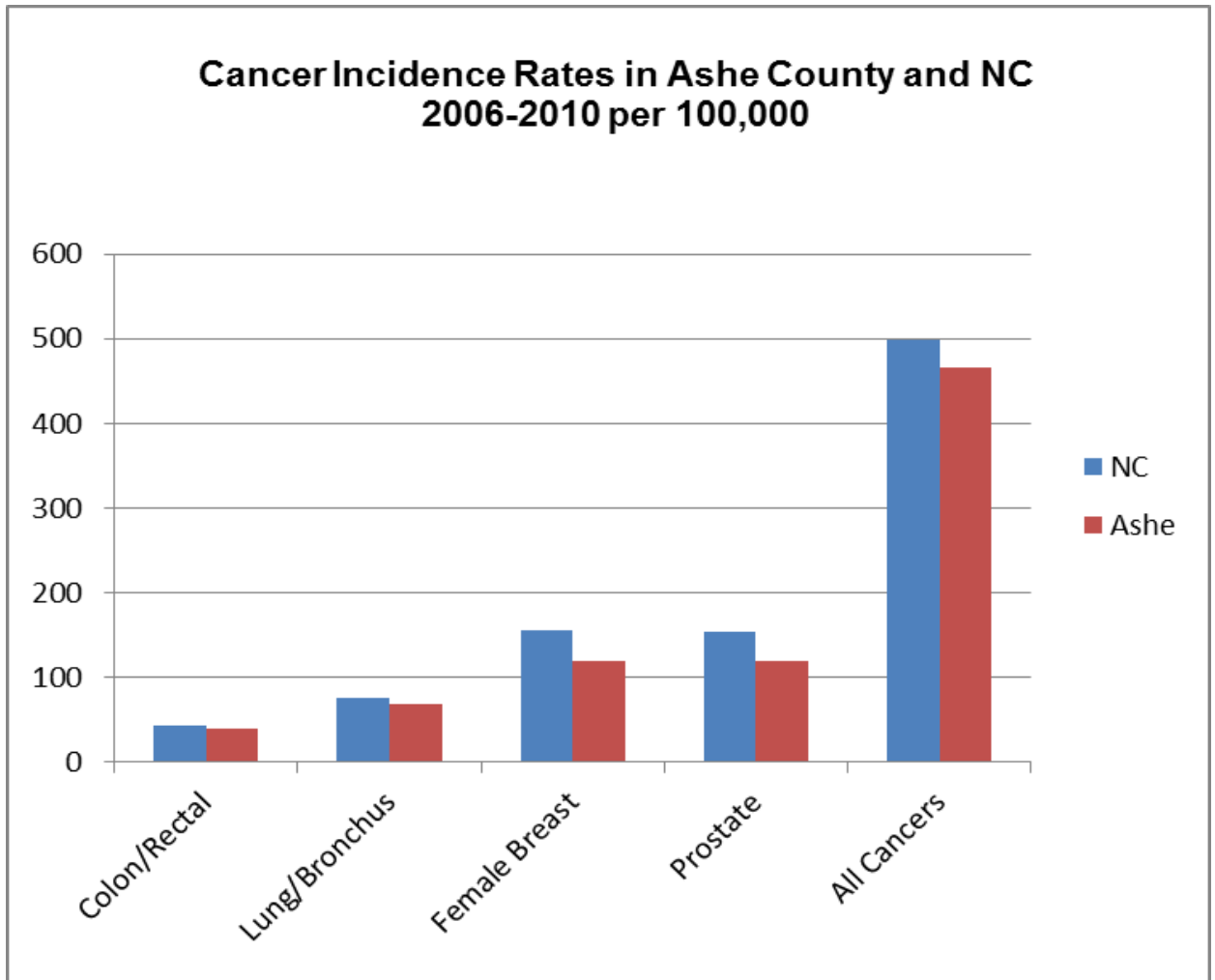
Health statistics: Death rates

The leading causes of death for Ashe County are chronic diseases. Though heart disease has a higher death rate at 174.7/100,000, cancer is only slightly below at 171.7/100,000. Following these, chronic lower respiratory disease follows. Overall, chronic diseases represent over 60% of the deaths in Ashe 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. Ashe County has a higher rate of unintentional non-motor vehicle injuries and suicide than NC, as well higher rates of chronic lower respiratory disease and chronic liver disease/cirrhosis when compared to NC.



Health statistics: Cancer Incidence

Cancer is the second leading cause of death in Ashe County, though only slightly less than heart disease. This graph demonstrates the types of cancer by incidence rate per 100,000 for the county and NC. Ashe County total cancer incidence rate of 466.1 is below the NC rate of 498.1 (NC DHHS, 2013).



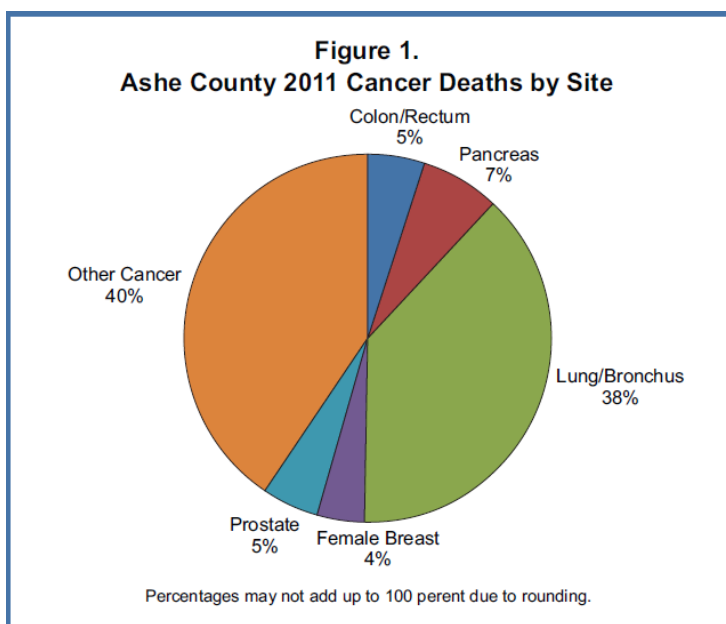
Source: NC State Center for Health Statistics, NC Central Cancer Registry (2011).

Health statistics: Cancer projections

The NC Central Cancer Registry reports that the percent of deaths due to cancer in Ashe County was above 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 Ashe County and the United States.

Ashe County	North Carolina
22.0%	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.

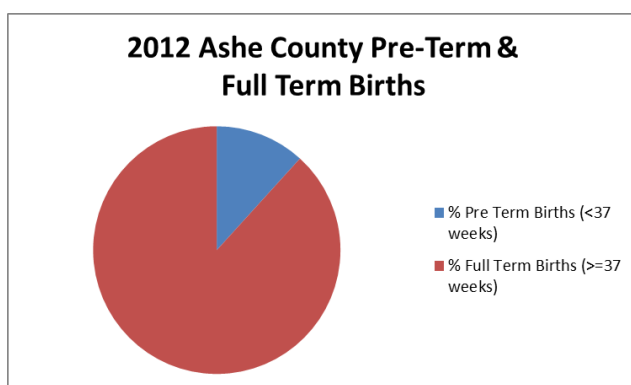


	Ashe County	North Carolina
Lung/Bronchus	35	8,559
Colon/Rectum	19	4,852
Female Breast	33	9,339
Prostate	34	8,316
Pancreas	5	1,322
All Cancers	216	56,164

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

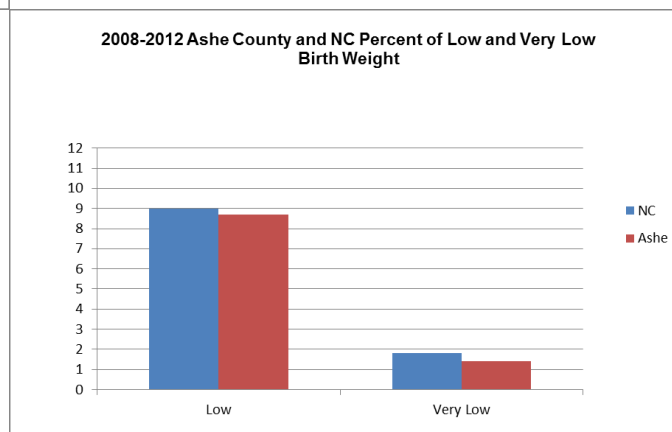
Health statistics: Pregnancy & Birthweight

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, 88% births being full term. Nearly 12% were considered pre-term meaning they were born before 37 weeks of gestation (NC State Center for Health Statistics, 2013).



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

21.9% 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.



In 2012, there was a total of 256 births in Ashe County and of those, 234 born were White Non-Hispanic, 1 Other Non-Hispanic, and 21 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, Ashe County babies born with low birthweight was 8.7% while those with very low birthweight was 1.4% compared to all NC births during the same time period of 9% low birthweight and 1.8% very low birthweight.

Health statistics: Teen Pregnancy

Ashe County teen pregnancy rates are well above that of NC. According to the NC State Center for Health Statistics, the 2008-2012 Teen Pregnancy Rates per 1,000 population among 15-17 year olds for Ashe County is 44.1 per 1,000 compared to a rate of 26 per 1,000 in NC for the same time period. Clearly, this is an area to focus continued improvements.

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/map/watauga

2012 Teen Pregnancies

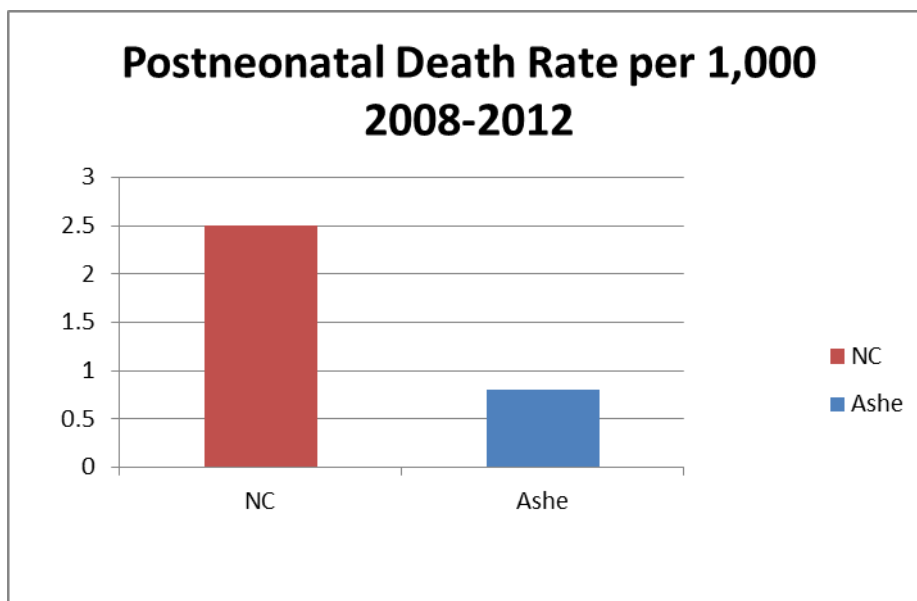
Number of pregnancies among 15-19 year old girls:	29
Teen pregnancy rate per 1,000 15-19 year old girls:	44.1
Teen pregnancy rates by race/ethnicity	
African American:	*
Hispanic:	*
White:	42.7
Teen pregnancy rates by age	
15-17 year olds:	*
18-19 year olds:	106.0
Number of pregnancies among 15-17 year old girls:	6
Number of pregnancies among 18-19 year old girls:	23
Percent of Repeat Pregnancies:	41.4%
Teen birth rate per 1,000 15-19 year old girls:	42.6
NC County Ranking (out of 100 counties):	46
Change since 2011:	-24.9%

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

Source: North Carolina State Center for Health Statistics (2013).

Health statistics: Infants & Children

Ashe 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 State Center for Health Statistics, 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
ASHE	2008-2012	10	1	3	0	2	2	0	0	0	0	0	2	0	0	0	5	1	0	0	4
	2012	3	1	1	0	0	1	0	0	0	0	0	0	0	0	0	2	1	0	0	0

The table above details infant and child deaths for two time periods: 2008-2012 and 2012 for Ashe 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, birth defects, illnesses, drowning, motor vehicle injuries, and suicide were causes of the 10 deaths since 2008. Notice the gap between deaths as most have occurred among very young children age 1-4 years or during teens of age 15-17 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



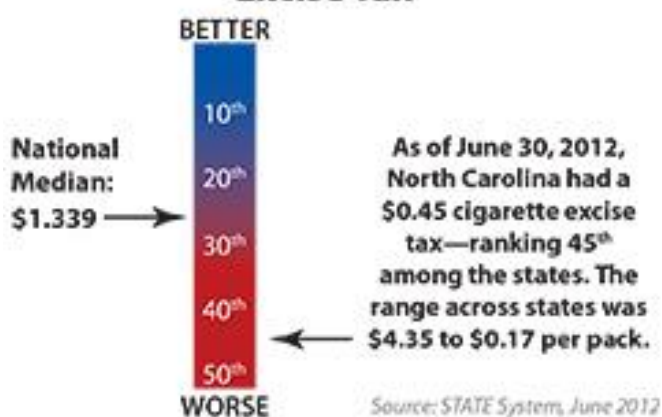
Tobacco

- 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 29th among the states (CDC, 2013). In addition, 5.2% of adults reported use of smokeless tobacco (snuff, dip, chewing) in 2011 ranking 36th among the states (CDC, 2013).

Amount of Cigarette Excise Tax



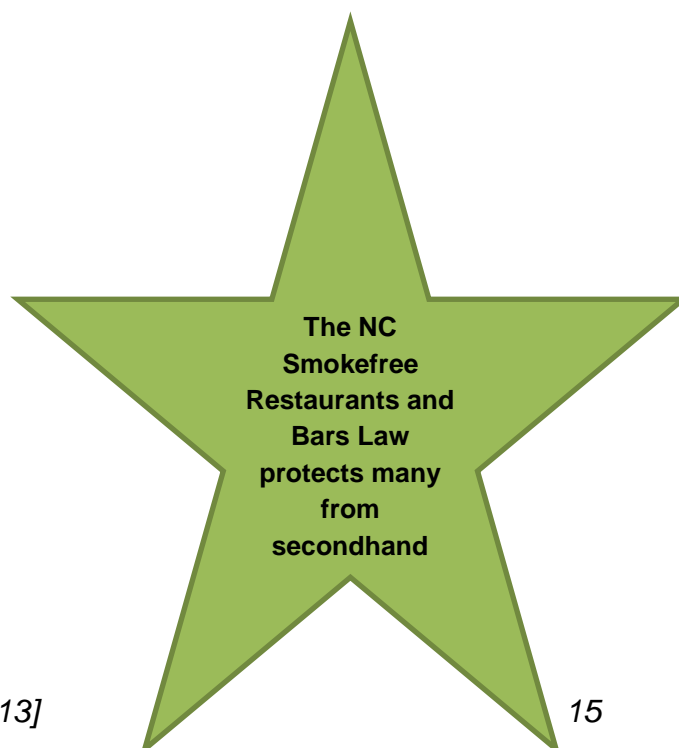
In the Western region of NC, the rates of smoking are even higher than that of NC at over 22% of adults smoking and nearly the same amount, 21.9% of women smoking during their pregnancy in Ashe County (NC DHHS, 2013).

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 28th 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 45th among the states with the national median being \$1.339/pack (CDC, 2013).



Housing & Food Security

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

Food Insecurity & Services in Ashe County

- 645 Women and young children were being served by the WIC program as of July, 2013
- 4,923 individuals were participating in the Supplemental Nutrition Assistance Program (SNAP)
- 75.6% of Ashe County Schools students participate in the Free & Reduced Meal program

It is estimated that 4,230 individuals are living in food insecure households as of 2011 and the rate of food insecurity is 15.7%

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

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 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

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.

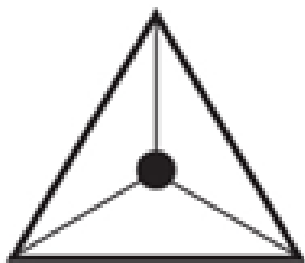
Safety net providers are working together to respond to the ever changing landscape of healthcare. The statewide Healthnet program is currently undergoing new system changes to emphasize data driven payment systems. This program operates across the Appalachian District and is administered by the Appalachian District Health Department in Allegheny 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



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

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.

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

Priority: Obesity Prevention

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 14%

Obese 13.6%

This data is from child clinics and WIC program in Ashe 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).

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 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

Priority: Access & Affordability of Healthcare Services

Currently, 19.7% of Ashe County adults are uninsured which places risk for individuals and public health through lack of access to or affordability of healthcare services. Ashe Health Alliance is a community collaborative that leads efforts around community prevention and access to healthcare. 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. Over 160 uninsured adults have been enrolled in healthnet since 2011 and more are expected to enroll in the future. Healthnet is financially supported in partnership with the collaborative partners at Ashe Memorial Hospital, Ashe County Free Medical Clinic, Access Care of the Blue Ridge, and Appalachian District Health Department with funding from the Duke Endowment and the NC Office of Rural Health and Community Care.



Priority: Mental Health & Suicide Prevention

The Ashe Health Alliance also supports mental health awareness, prevention, and collaboration to reduce the stigma associated with depression, help promote wellness in the community, and reduce risk of suicide by addressing barriers in accessing mental health services. The mental health roundtable along with the Ashe Suicide and Depression Awareness and Prevention Task Force have hosted events such as the Walk Out of Darkness for suicide awareness and research discussions with local experts in cultural connections to mental health stigmas. Local community leaders have led efforts to help us all know that mental health is part of wellness and the Ashe County Library is hosting a wellness series.

The mental health work will continue into the next year and build on past success. In addition, Ashe Health Alliance will be leading a chronic prescription drug abuse prevention effort 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

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 Ashe County Partnership for Children is a primary partner in the project and 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.



Focus Spotlight: Quality Healthcare

Appalachian District Health Department offers quality clinical services to serve the community and accepts most insurance plans. The Watauga 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

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Watauga County Office
126 Poplar Grove Connector
Boone, NC 28607
(828) 264-6635
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 | www.publichealth.nc.gov
 N.C. DHHS is an equal opportunity employer and provider.

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

NCPH
 North Carolina Public Health

dhhs
 North Carolina Department of Health and Human Services



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



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