# State of Health: Ashe County 2016

Appalachian District Health Department

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





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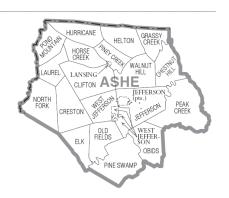






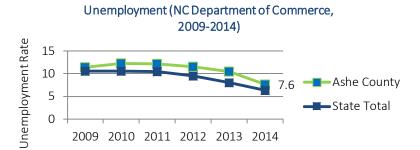
#### Overview and Demographics

In North Carolina, the state requires each local health department to conduct a <u>Community Health Assessment (CHA)</u> every four years for accreditation and as part of its consolidated contract. During the years between community health assessments, health departments submit an abbreviated **State of the County's Health (SOTCH)** report. In Ashe County, this report consists of an overview of demographics, health indicators, and leading causes of morbidity and mortality. This report also contains various updates on the community's top three health priorities, action plan projects, local initiatives and emerging trends.

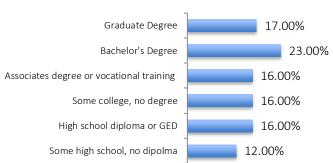


## Ashe County Demographics Snap Shot

Total Population 27,126 (US Census, 2010)

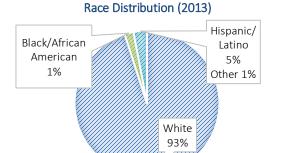


#### Educational Attainment (CHA 2015)

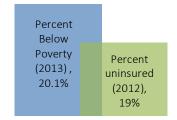








# Poverty & the Uninsured (NC State Center for Health Statistics)



# Leading Causes of Death (North Carolina County Health Data Book, 2016)

- 1. Diseases of the Heart
- 2. Cancer
- 3. Chronic Lower Respiratory Diseases
- 4. Cerebrovascular Disease

# Poor Nutrition Lack of Physical Activity Tobacco Use

#### 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 various events. 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 Ashe County office at 828.264.4995 or email at info@apphealth.com.

The Appalachian District Health Department (Alleghany, Ashe and Watauga County) protects and improves community wellbeing by preventing disease, illness and injury, and improving social, economic and environmental factors that are essential to our health. As the local champions for public health, we are in the business of prevention, rather than treatment, and serving the whole community, rather than individuals. By preventing disease, promoting good health and creating environments that help people stay healthy, public health saves money and improves everyone's quality of life. <sup>1</sup>



The Appalachian District Health Department works closely with health care providers, businesses, public agencies, government and the media to examine the ways in which our community's resources and needs are interconnected. By strengthening these connections between community partners, we are improving community health through a holistic model that acknowledges all needs of a person—the whole person. Seeing health through the lens of the whole person means addressing *all* of a person's health-related needs, from physical and behavioral health services to education, nutrition, and social services. Caring for the whole person is successful when community partners have strong connections between their systems, which enables people to use resources effectively and improve their health outcomes.

In Ashe County, community partners will soon coordinate their efforts in order to strengthen the systems of care that affect families who have children and youth with special health care needs. Through family driven, community led collaboration, the Innovative Approaches initiative will begin in Ashe County in June 2016 to bridge gaps in service delivery for the children who experience multiple complex systems of care.

Community based prevention is also at work for all of our school-aged children in Ashe County. App District is applying the "Whole School, Whole Community, Whole Child" model to strengthen a unified approach by all community partners to learning and health. Schools, health agencies, parents, and communities are working

<sup>&</sup>lt;sup>1</sup> https://www.apha.org/~/media/files/pdf/topics/aca/apha\_prevfundbrief\_june2012.ashx

toward a common goal of supporting the health and academic achievement of students.<sup>2</sup> "By working together, we can ensure that every young person in every school in our community is healthy, safe, engaged, supported, and challenged."<sup>3</sup>

The Appalachian District Health Department is also working closely with community partners to reduce serious negative childhood outcomes including child maltreatment. The Positive Parenting Program (Triple P) is an internationally recognized parenting support system that provides caregivers with a flexible range of educational

assistance in addressing common social, emotional, and behavioral challenges for children and youth. More than 100 community partners have been trained in Triple P to address the needs of the whole child and whole parent. As of June 2015, more than 699 interventions have been delivered, over 700 families and caregivers and around 1174 children have been reached with some level of Triple P intervention. Partnerships throughout the community continue to be fostered as this is a public health population based approach to support positive parenting culture in the High Country. The Appalachian District Health Department partners with the existing workforce, including service organizations, mental health providers, public school staff, and pediatricians to deliver evidence-based Triple P interventions to parents of children from birth to age 16.



Figure 1 Where in the Appalachian District Caregivers Can Access

Positive Parenting Support

Community based prevention enables us to tackle the root

causes of health disparities and find solutions that will promote health throughout a person's entire life. Many health disparities begin early in life with Adverse Childhood Experiences (ACEs). ACEs are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the imprisonment of a parent. Initiatives such as Triple P and Innovative Approaches are successful at addressing these challenges because they address the whole person in the context of our relationships and local environment.

#### **Public Health Priorities**

Public health priorities were selected by the Ashe Health Alliance and Community Health Assessment workgroup members in February of 2015. These priorities were identified based upon the 2014 Ashe County Community Health Assessment. This Community Health Assessment encompassed data collected from a community health opinion survey, community health leadership survey, and secondary data from trusted sources such as the US Census Bureau and the NC State Center for Health Statistics. The public health priorities identified for Ashe County include:

- Substance Use and Abuse
- Physical activity and nutrition
- Chronic Disease Management and Awareness

<sup>&</sup>lt;sup>2</sup> http://www.cdc.gov/healthyyouth/wscc/pdf/wscc fact sheet 508c.pdf

<sup>&</sup>lt;sup>3</sup> http://www.cdc.gov/healthyyouth/wscc/pdf/wscc fact sheet 508c.pdf

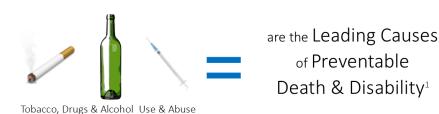
<sup>&</sup>lt;sup>4</sup> Appalachian District Triple P Annual Report FY14-15

<sup>&</sup>lt;sup>5</sup> http://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences\_FINAL.pdf

#### **Local Community Objectives**

- 1. By June 30, 2017, increase the community policy, practice, and environmental changes to support prevention of substance misuse and abuse by youth and adults from 0 to 6 in the Appalachian District.
- 2. By June 30, 2017, reduce the percentage of high school students who had alcohol on one or more of the past 30 days.

## Tobacco, Drugs & Alcohol in Ashe



Of those who died from unintentional **poisoning** in

Ashe County **most** were from **narcotics**<sup>2</sup>

(includes prescription medications)

<sup>1</sup>Centers for Disease Control and Prevention, 2013 <sup>2</sup>NC SCHS, 2009-2013 <sup>3</sup>Project Lazarus <sup>4</sup>RWJF

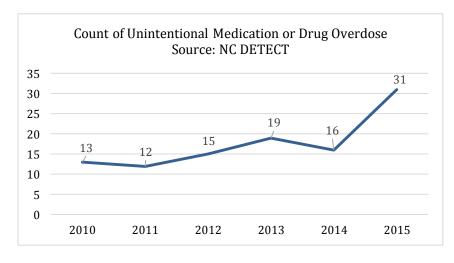
#### Substance Use and Abuse Action Plan Progress

The Ashe Health Alliance, a multidisciplinary coalition, continued to work with community partners to implement Project Lazarus, which is focused on public awareness, coalition action, and monitoring and evaluating data related to prescription medication overdose.

#### Activities in the last year include:

- Promotion of permanent drop box location by distributing educational flyers and placing print and digital ads with local publications
- Distribution of prescription medication lock boxes to various community agencies
- Prescription medication take back event at Ashe Services for Aging
- Pledges from parents and other adults agreeing to secure and monitor alcohol in the home and make their home a no underage drinking zone via the Talk it Up, Lock it Up Campaign
- Educating youth regarding the dangers of alcohol and drugs through Healthful Living Curricula, Media Ready and Project Venture





This chart is from NC DETECT, which highlights the count of unintentional medication or drug overdose for Ashe County from 2010-2015. This data is pulled from Emergency Departments. There has been an increase in unintentional overdoses for 2015 in Ashe County.

#### **Local Community Objective**

1. By June 30, 2017, decrease the number of children and adults who are overweight or obese by 2%.

## Physical Activity & Nutrition in Ashe

2 out of 3 adults are overweight or obese<sup>1</sup>



1 out of 3 children are overweight or obese<sup>1</sup>



4,410 people living in Ashe County, or 16%, have limited or uncertain access to enough food

1 out of 3 of these people are children<sup>2</sup>

<sup>1</sup>National Institutes of Health, WIN, 2012 <sup>2</sup>ACS, 2009-2013, Map the Meal Gap Study, Feeding America <sup>3</sup>RWJF

Recent Data	Western NC	North Carolina
Adults with a BMI greater than 25 (reported overweight or obese) (Behavior Risk Factor Surveillance System, 2014)	65%	65.6%
Adults reported no physical activity within the last month (Behavior Risk Factor Surveillance System, 2014)	23.4%	23.2%
Children ages 2-4 who are obese (NC-NPASS, 2012)	15.6%	14.5%

#### Physical Activity and Nutrition Action Plan Progress

Active Routes to School is a NC Safe Routes to School Project supported by a partnership between the NC Department of Transportation and the NC Division of Public Health. Through this project there are ten Active Routes to School project coordinators working across North Carolina to make it easier for elementary and middle school students to safely walk and bike to or at school. The Region 3 Active Routes to School Coordinator is

#### Ashe County Highlight:

Fourteen Ashe County Cooperative Extension 4-H after-school Coordinators of Blue Ridge, Mountain View and Westwood Elementary taught curriculum from Let's Go NC!, A Pedestrian and Bicycle Safety Skills Program for Healthy Active Children, to a total of 135 K-5 grade students. Each school also had a bike rodeo/bike safety education day where each student was given a properly fitted bicycle helmet. The training resulted in the 1st Annual National Bike to School Day participation from these schools, as well as a commitment from 4-H after-school staff to teach the Let's Go NC! curriculum to students each spring.

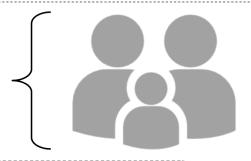
based out of the Appalachian District Health Department, and works with partners within **10** Counties (Alleghany, Ashe, Davidson, Davie, Forsyth, Stokes, Surry, Yadkin, Wilkes, and Watauga). Over **36** schools within Region 3 participated in International Walk to School Day, held in October each year, by way of a walk to school or walk at school event. That is more than **12,400** students reached!

#### **Local Community Objectives**

- 1. By June 30, 2017, increase the 100% tobacco free grounds policies, practice, and environmental changes to support prevention of tobacco use for youth and adults from 2 to 4 in the Appalachian District.
- 2. By June 30, 2017, decrease the amount of adults aged 18-65 years old who are pre-diabetic by 1% in the Appalachian District.

### Chronic Disease in Ashe

For the first time in history, the current generation of children may have shorter life expectancies than their parents by 5 years<sup>1</sup>

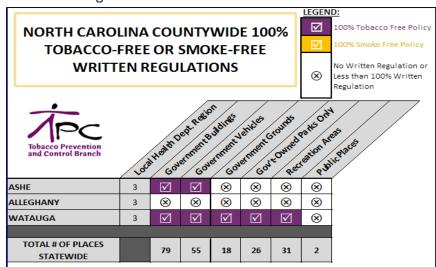


Over 60% of all causes of death in Watauga County are due to **preventable** chronic disease<sup>2</sup>

#### Chronic Disease Management and Awareness Action Plan Progress

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 guit-coach.

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.



Definitions: Government Buildings- area owned, leased, and occupied by the County; Government Vehicles-passenger-carrying vehicles owne leased, or otherwise controlled by the County: Government Grounds-unenclased area owned, leased or occupied by the County: Government reasea, or active was contained by the county, dovernment abuntas-animoused also awares, reasea or accepted by the county, dovernment Owned Parks and tract of land or body of water comprising part of the County's parks system; Recreation Areas includes recreational fields, athletic fields, gymnasiums, etc.; Public Places an enclosed area to which the public is invited or in which the public is permitted Note: Table based on current policies that have been passed and reported to the TPCB and therefore does not reflect the status of ongoing efforts by counties to pass legislation. For resources and guidance on implementing Smoke-Free and Tobacco-Free policies, see the Loca egoris by coomies to pass registation to reactive testing younteer in implementation in books of the books see Government implementation Toolkit (www. tobaccopreventionandcontrol .nadhs.gov/lg stolkid). Source: Information updated on a regular basis. Please contact NC TPCB at 919-707-3400 with questions, or to provide updated information Visit www.tobaccopreventionandcontrol.nadhis.gov/ for more information.

#### E-cigarette use among youth is rising as e-cigarette advertising grows

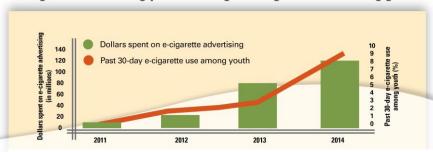


Figure 2 www.cdc.gov/vitalsigns/ecigarette-ads

#### New Initiatives: ICD-10

The United States adopted the ICD-10CM coding system on October 1, 2015. This coding system calls for more specific codes and documentation of patient visits such as the complexity of illness and diagnosis and a more detailed treatment plan for each patient. This increases quality and continuity of care for the patient and more positive outcomes with 3<sup>rd</sup> party payers. To prepare for the implementation of ICD-10CM, all providers in the Appalachian District Health Department attended training sessions led by professional



coders. These training sessions gave an in-depth view of the necessary components of the ICD-10CM coding system. Health Department EMR systems were updated with the ICD-10CM codes and were in operation October 1, 2015. The implementation of ICD-10CM was a smooth transition for our providers and ancillary staff. It provides our patients with a more complete and detailed patient record to follow their healthcare for positive outcomes.

#### New Initiatives: Watch for Me NC

Watch for Me NC is a comprehensive program, run by the North Carolina Department of Transportation (NCDOT) in partnership with local communities, aimed at reducing the number of pedestrians and bicyclists hit and injured in crashes with vehicles. The Town of Jefferson has been an active partner with NCDOT to improve pedestrian and bicycle safety in Ashe County.



#### New Initiative: Federally Qualified Health Center (FQHC)

In August 2015, Appalachian District Health Department and the co-applicant nonprofit board, Appalachian Partners in Public Health, became a public entity federally qualified health center. This new federal designation provides more opportunity to serve the public across the three-county district, though the federal designation is specifically for Alleghany and Ashe County service areas. This new designation will leverage resources and raise accountability for providing high quality, customer oriented care. The designation includes continued focus on primary health care access for Ashe County and increased preventive dental care for children and adults, integrated behavioral healthcare for primary care clients, access to low cost medications, and enhanced support services for transportation and chronic disease management services. The agency will utilize input from the new patient-majority board, Partners in Public Health, to continue improving services provided in the community.

#### **Emerging Trend: Medicaid Reform**

In 2015 the NC General Assembly passed legislation to reform Medicaid. Medicaid is the government health insurance program for certain people (mainly children and families with children) whose income and resources are insufficient to pay for health care. Authors expect it will take at least 18 months for the Medicaid changes to take place. The bill creates two tiers of insurers: One tier will divide the state into regions where health care provider-led entities (PLEs) can provide health care and services to patients. These PLEs will be created by groups of doctors and hospitals who band together to administer Medicaid funds and create a network of providers. A second statewide tier will allow organizations to provide services to Medicaid patients across the state. Three sets of Medicaid patients will not have their care paid through the new system: dental care patients, elderly adults who qualify for both Medicaid and Medicare, and mental health patients, who will continue to receive their care through existing local management entities such as Smoky Mountain. Dental services and services provided for Medicaid/Medicare patients will be paid directly by the state.<sup>6</sup>

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<sup>&</sup>lt;sup>6</sup> Summary drafted from <a href="http://www.wral.com/nc-lawmakers-approve-bill-remaking-medicaid/14918901/">http://www.wral.com/nc-lawmakers-approve-bill-remaking-medicaid/14918901/</a>

# Here is what we can do...



Practice safe prescription medication use by taking correctly, storing securely, disposing properly, and never sharing.

Health begins where we live, learn, work and play. Take action in building our neighborhood to be safe and healthy.





Being healthy takes a community. Attend a Mental Health First Aid training and join local community groups that work to support mental health systems.

Your opportunity for health starts long before you need medical care. Sign up for your local Women, Infant & Children (WIC) program through your local health department.





The opportunity for health begins in our families, neighborhoods, schools and jobs. Participate in local bike and walk safety programs to and from school. Being healthy takes a community.

Your neighborhood or job shouldn't be hazardous to your health. Support tobacco free living.





Health starts—long before illness—in our homes, schools and jobs. Investing in our mothers and children is investing in our future.



Live active, eat local vegetables and fruits.



All citizens have the opportunity to make the choices that allow them to live a long, healthy life.<sup>3</sup> Support local policies for sidewalks and bike lanes.