

# 2017

## *State of the County Health (SOTCH) Report Pender County, North Carolina*

The 2017 State of the County Health (SOTCH) Report contains a summary of the current health status of Pender County residents. The report supplements the 2014 Community Health Assessment (CHA), which is conducted every four years and includes a more comprehensive analysis of the overall health status of the county. The 2014 Community Health Assessment identified three health priorities:

- 1- Mental Health and Substance Use**
- 2- Diabetes**
- 3- Increasing Access to Physical Activity**

The 2017 SOTCH reviews the most recent health statistics, tracks progress made in the last year as it is related to the health priorities, and identifies new initiatives and emerging issues that may impact the health status of residents in Pender County. This report, the 2014 CHA and previous SOTCH reports can be found at the county libraries, the health department, or online at:

<http://health.pendercountync.gov>



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***“Building a Healthier Tomorrow...”***

# Pender County Snapshot

Population (2016 est.)	59,090	Percent White	74.9%
Population Projection 2020	64,933	Percent African American	15.9%
Population Projection 2030	76,840	Percent Hispanic/Latino	6.9%
Percent Female	50.1%	Median Household Income	\$46,580
Percent Male	49.9%	Median Family Income	\$56,277
Percent Under 5 Years Old	5.6%	Per Capita Income	\$24,031
Percent Under 18 Years Old	22.2%	Population Living Below Poverty	15.0%
Percent 65 Years and Older	17.7%	Under Age 18 Below Poverty	24.9%
Median Age	42.0	Age 65 and Older Living Below Poverty	12.4%

(U.S Census Bureau, 2016 Quick Facts; N.C Institute of Medicine)



## Maternal and Child Health

The 2016 Pender County data (NC State Center for Health Statistics) for the maternal and child health populations has remained steady. The county's teenage pregnancy and teenage birth rates are lower than the state rates. Approximately 14% of pregnant women have less than a high school education while 30% have a college or post-graduate degree. In addition, two-thirds of pregnant women were married; 12% smoked during pregnancy and 83% had chosen to breastfeed at the time of hospital discharge. Sixty-four percent of women sought prenatal care in the first trimester which is very important for the health of the mother and child. Only two percent of pregnant women received no prenatal care prior to delivery.

Infant mortality rates were 7.8 compared to the state rate of 7.2. Child mortality rates (26.8) for ages 1-17 years was higher than the state rate (21.4) for 2012-2016. There were 40 child deaths during that five-year time frame. Nearly half of the deaths were the result of birth defects or Sudden Infant Death Syndrome (SIDS).

# 10 Leading Causes of Death in Pender County, 2012-2016 Age-Adjusted Death Rates

	Cause of Death	Pender County Rate	N.C Rate
1	Cancer, All Sites	228.9	191.5
2	Heart Disease	185.6	179.9
3	Cerebrovascular Disease	61.7	47.3
4	Chronic Lower Respiratory	56.4	51.1
5	Other Unintentional Injuries	34.4	33.1
6	Nephritis and Renal Diseases	26.3	18.2
7	Motor Vehicle Injuries	23.1	14.3
8	Diabetes	21.6	26.2
9	Septicemia	21.3	14.6
10	Suicide	19.9	13.4
	<b>All Causes</b>	<b>948.2</b>	<b>865.0</b>
**	Note: Opioid Poisoning deaths	<b>15.3</b>	<b>10.3</b>

*County Health Data Book, N.C. State Center for Health Statistics,  
NC Institute of Medicine*

The top four causes of death are found in many rural counties across the country. Researchers from the Centers for Disease Control have noted that rates for these diseases are higher in rural areas as compared to urban. Such factors as limited physical activity outlets, health care provider shortages, few transportation options, and a higher prevalence of smoking are common in rural communities. Health education and prevention efforts experience many challenges when trying to change health behaviors thus preventing early mortality.



# Changes in Data for 2017

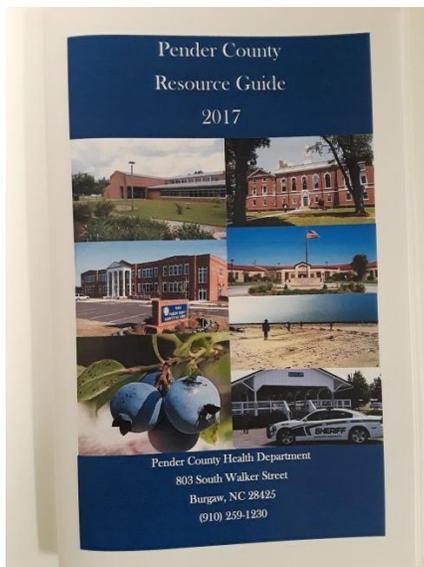
The top ten leading causes of death in Pender County for 2010-2014 compared to 2012-2016, revealed a few changes since the 2014 Community Health Assessment. Data shows Alzheimer's Disease is no longer listed as one of the top ten cause of death for Pender County, however, Septicemia deaths increased to ninth leading cause of death. Most importantly, rates for all top ten causes of death increased from 2011-2015 and unfortunately exceed the state rates! As the number of Pender County residents entering their senior years increases, there are unique health challenges to assure access to clinical and related services they require in order to maintain a healthy lifestyle and to be physically active as they age.

\*A special note was added to the list of top ten causes of death as the Opioid Epidemic impacts the lives of Pender County residents along with individuals across the United States. Efforts have begun to help decrease the number of individuals and families affected by this epidemic.



# Tracking Progress of Pender County Health Priorities

1. Mental Health and Substance Use	Progress
<p>Identify available resources for mental health and substance abuse prevention and increase awareness among Pender County residents.</p>   	<ul style="list-style-type: none"> <li>✓ On-going promotion of QuitlineNC via community events, brochures, and social media.</li> <li>✓ Continued participation in state and regional activities for the promotion of smoke-free/tobacco-free policies.</li> <li>✓ On-going promotion of National Suicide Prevention Lifeline and Crisis Text Line.</li> <li>✓ Staff trained on “SafeTalk” Suicide Alertness.</li> <li>✓ Attended “Out of the Darkness Suicide Prevention Walk” in Surf City. Promoted Mental Health resources in Pender County during event. Team raised \$1,295.</li> <li>✓ Organized Fetal Alcohol Spectrum Disorder training for providers and community members.</li> <li>✓ Staff members trained on “Mental Health First Aid.”</li> <li>✓ Maintains standing orders for Naloxone Kit onsite and staff trained to administer.</li> <li>✓ Website and Facebook page includes details of Opioid Epidemic.</li> <li>✓ Educational display about opioids was created for Prescription Drug Take Back Day. Display placed at Pender Memorial Hospital event.</li> <li>✓ Promotion of new Integrated Family Services Mobile Crisis team with patients and community.</li> <li>✓ Kiwanis Park Halloween and Burgaw Boo Bash events with interactive display board on Medication Safety and how to</li> </ul>



dispose of medication.

- ✓ Promotion of county-wide Drug Take Back Day events and locations.
- ✓ Distribution of medication disposal bags in community.
- ✓ Distribution of medication lock boxes from Coastal Horizons grant for use with CC4C program.
- ✓ Participation in Community Partners Coalition (Six Counties) to target opioid abuse prevention.
- ✓ Participation in Pender County Coalition to target mental health and substance abuse prevention needs.
- ✓ Formation of an Opioid Action Team to identify county strengths and needs to fight the epidemic.
- ✓ County Commissioners approved a health educator position at the health department to address opioids and substance use.
- ✓ On-going referrals to/promotion of Coastal Horizon's programs via brochures, flyers, community events, social media and website.
- ✓ County Commissioners' sponsored an Opioid Summit to educate/inform local elected officials and community partners about the Opioid Epidemic.
- ✓ Maintains up-to-date Resource Guide of Mental Health Providers in County for community members.
- ✓ Partnered with the Forensic Tests for Alcohol Branch to increase awareness/prevention for DWI "Pirates Promise" event held at Topsail High for students.

# Tracking Progress of Pender County Health Priorities

2. Diabetes	Progress
<p>Identify available resources for diabetes prevention and care and increase awareness among Pender County residents.</p>  	<ul style="list-style-type: none"> <li>✓ Health department nurse has received national certification as a Diabetes Educator.</li> <li>✓ On-going Diabetes Self-Management educational classes for county residents.</li> <li>✓ On-going visits to health care providers promoting the Diabetes Self-Management Program (DSMP) classes and encouraging referrals to the health department.</li> <li>✓ On-going community classes on Chronic Disease Self-Management.</li> <li>✓ Active participation in regional diabetes awareness campaigns.</li> <li>✓ Diabetes RN/Health educator attends YMCA DPP advisory board meetings regularly.</li> <li>✓ On-going promotion of available diabetes services via community events, brochures, work-site wellness, and social media.</li> <li>✓ Distribution of flyers around the county promoting the DSMP offered by the health department.</li> <li>✓ Ongoing collaboration of Diabetes Health Educator with a regional health collaborative.</li> <li>✓ Diabetes Networking event to implement programs in Southeastern NC.</li> <li>✓ DSMP classes at Pender Adult Services and Pender High School.</li> <li>✓ Ongoing DSMP classes in Spanish with Migrant Farmworker Outreach Program.</li> </ul>

# Tracking Progress of Pender County Health Priorities

3. Increasing Access to Physical Activity	Progress
<p>Increase public awareness and promote opportunities for increasing physical activity.</p>   	<ul style="list-style-type: none"> <li>✓ On-going collaboration with Pender County Parks and Recreation to promote county parks and activities.</li> <li>✓ Ongoing collaborative efforts with the public schools to conduct National Walk to School events.</li> <li>✓ Partnered with Burgaw. Elementary School to conduct most attended Walk to School Day event to date (120 participants).</li> <li>✓ Continued regional partnerships, including the public schools to promote Bike to School events.</li> <li>✓ Helped plan and participated in the 2<sup>nd</sup> Annual Burgaw Bike Rodeo.</li> <li>✓ On-going participation in the Safe Routes to School programs.</li> <li>✓ On-going promotion of physical activity programs, events and opportunities across the county, via brochures, local newspapers, and social media (Facebook, health department and county website).</li> <li>✓ Ongoing classes for Chronic Disease Self-Management that benefits participants with the promotion of exercise. New site, established at Willard Outreach Center.</li> <li>✓ Organized a Heart Health Walk for Pender Adult Services seniors with emphasis on physical activity (50 participants).</li> <li>✓ Continued health presentations with after school groups and community groups on importance of physical activity and ways to be more active.</li> </ul>

# *New Initiatives*

**WIC Program-** The Pender County Women's, Infants, and Children's (WIC) Supplemental Nutrition Program served as a pilot county for E-WIC program which began in October 2017. Electronic automation replaced paper WIC vouchers and has helped the program become more efficient and consumer/retailer friendly. With the use of a mobile app, clients face less confusion about WIC-approved food products thus experiencing less stress during the grocery check-out process.

**Opioid Crisis-** Following the county commissioners sponsored Opioid Forum, an Opioid Action Team was established. It is comprised of a variety of public agency leaders that meet on a monthly basis. The team is working to identify the current strengths, needs and resources available in the county to address the problems of substance use and addiction. In addition, the county commissioners approved the hiring of a health educator to assist with research, identifying best practices, and leading implementation efforts that include preventive education and increasing community awareness. An epidemic of unintentional poisoning deaths is affecting southeastern North Carolina counties as well as much of the nation. The vast number of these deaths are due to misuse/abuse of prescription drugs such as oxycodone and hydrocodone. These opioid analgesics are involved in more deaths than cocaine and heroin.

**Mosquito and Vector Control Program-** The health department restructured the county's vector program when it was placed under the department's guidance. Work has begun to utilize evidence-based processes that will allow for less spraying of pesticides with a focus on homeowner education and prevention activities. Working with Eastern Carolina University and the N.C DPH Vector Control programs, research activity continues related to the trapping and identification of mosquitoes. This allows state and local staff to learn more about the types of mosquitoes in Pender County, including those that carry vector-borne diseases such as the Zika Virus, Eastern Equine Encephalitis, and Chikungunya.

**Safe Drinking Water-** In June 2017, a potential toxin, GenX, was identified in the Cape Fear River. The river serves as a water source for many counties in the southeastern region of the state. Pender County began processing water from the Cape Fear about six years ago. A risk threshold of 140 parts per trillion was established as there were no parameters for the per-fluorinated compound. Pender County's processed water regularly tests below the threshold. Much research has been conducted by the state and federal environmental health divisions. The county commissioners, health department and county utilities staff remain vigilant, participating in meetings, regular dialogue among the region, and keeping the community informed as they are made aware of any updates or identified concerns. The county website is kept current in order to keep county residents informed of the most recent events.

**Public Health 3.0-** The newest initiative for local public health has been launched by the U.S. Department of Health and Human Services. Earlier versions focused on medical care, sanitation and agency capacity. The 3.0 version goes beyond traditional public health to engaging community partners and working to improve social determinants of health. Pender County Health Department staff has been working with community partners for many years. However, improving social determinants of health such as conditions in which people are born, grow, live, work and age will be challenging and require dedicated community support over a long period of time.

# *Emerging Issues*

**North Carolina Medicaid Transformation-** In 2018, North Carolina will request proposals from the Health Insurance Marketplace as the Medicaid program moves toward a managed care system. Medicaid revenue streams into the health departments face uncertainties. Health departments will remain as essential providers and the Managed Care Organizations will seek contracts with the health departments. The Pender County Health Department must be prepared to implement new ways of doing business in the future which will include addressing the social determinants of health.

**Behavioral Health Needs-** There is an inadequate workforce to deliver effective outpatient behavioral health programs. Currently, there is an overuse of the Emergency Department to provide urgent assessments and care. The inclusion of behavioral health services covered by health insurance means people have greater access to help they need. People see their primary care provider more often than a specialist. The integration of behavioral health into primary care can help address concerns more quickly. Primary care providers are encouraged to look at the whole health of their patients. As Medicaid Transformation becomes a reality, the health department must position itself as a fully integrated health care provider that offers physical and behavioral health care services.

**Senior Population-** Retirement of the Baby Boomer Generation has begun and by 2030 this boomer retirement will nearly double the number of Social Security and Medicare recipients. Pender County will have more residents over the age of 65 years than under the age of 17. This change in demographics will present many challenges as well as opportunities. Health care practices and services will need to change and long-range planning should begin to prepare for new ways of caring for our residents.

**Aging Public Health Workforce-** The nation's entire public health workforce is aging. The average public health worker is 47 years old, seven years older than the rest of the nation's workforce. Without developing succession plans, the health department will lack the expertise and capacity needed to fill this void. Public health continues to expand in areas such as community outreach, public health preparedness and issues related to the aging population. An emphasis needs to be placed on preparing future public health workers in order to meet the emerging challenges in the coming years.

*Want to do something? Get involved.*



Community members can get involved by participating in Board of Health meetings, forums, community coalitions and outreach events. Join us in our efforts to help support your neighbor, family and friends as we work on “Building a Healthier Tomorrow”.