State of the County Health Report

Buncombe County

2014

2014 Community Health Priorities*

- Healthy Living
- Preconception Health
- Early Childhood Development
- Improving Clinical-Community Connections

*Selected as a result of the most recent Community Health Assessment
See full CHA Report online: www.buncombecounty.org/healthreports
See full CHIP Plan online: http://www.buncombecounty.org/governing/depts/health/Chip.aspx

2014 Year in Review

Community Health Improvement Process (CHIP) Advisory provided leadership for the CHIP in Buncombe County. The Advisory celebrated their first anniversary in March. Milestones for the Advisory in 2014 were continuing their steep learning about the complex collective work happening around the four community health priorities. The Advisory endorsed a health impact assessment project; completed a worksite wellness baseline assessment; completed an evaluation of the CHIP collective impact process; and coordinated the celebration of the Robert Wood Johnson Foundation Culture of Health prize!

Data Review: Key Mortality, Morbidity and Demographic Data

Three Leading Causes of Death by Age Group

There were no significant changes from last year in the leading causes of death from the last 5 years of aggregated data. Nor were there changes in the age-adjusted leading causes of death in Buncombe County. Slight increases in death rates are noted with up arrows.

Age Group	Rank	Leading Cause of Death	# Deaths	Death Rate
00-19	1 2 3	• Conditions originating in the perinatal period • Motor vehicle injuries • Congenital anomalies (birth defects)	28 26 20	10.3 9.5 7.3
20-39	1 2 3	• Other unintentional injuries • Suicide • Motor vehicle injuries	70 57 43	22.4 19.5 14.4
40-64	1 2 3	• Cancer – all sites • Diseases of the heart • Chronic lower respiratory diseases	768 463 125	184.7 111.3 30.1
65-84	1 2 3	• Cancer – all sites • Diseases of the heart • Chronic lower respiratory diseases	1,333 1,012 474	808.7 614.0 287.6
85+	1 2 3	• Diseases of the heart • Cancer – all sites • Alzheimer's disease	1,002 422 311	3538.9 1490.4 1098.4

Unadjusted Death Rates per 100,000 Population Single 5-Year Aggregate 2008-2012

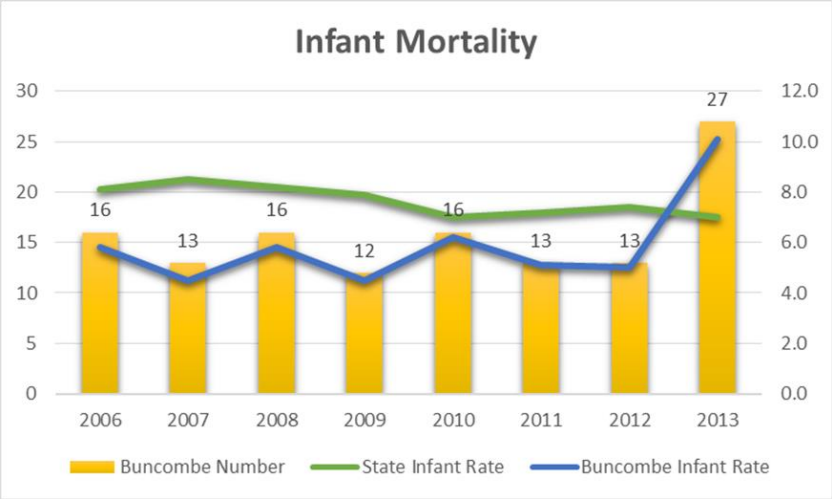
Source: WNC Health Impact – Secondary Data Workbook

Rank	Cause of Death	# Deaths	Death Rate
1	Cancer	2563	166.3
2	Diseases of Heart	2513	158.4
3	Chronic Lower Respiratory Diseases	784	50.4
4	Cerebrovascular Disease	656	40.8
5	Alzheimer's Disease	479	28.9
6	All other Unintentional Injuries ⇧	454	31.7
7	Nephritis, Nephrotic Syndrome, & Nephrosis	263	16.6
8	Pneumonia & Influenza	231	14.4
9	Suicide ⇧	201	15.7
10	Diabetes Mellitus ⇧	186	12.0
11	Unintentional Motor Vehicle Injuries	159	12.9
12	Chronic Liver Disease & Cirrhosis	156	10.7
13	Septicemia	110	7.3
14	Homicide	37	3.3
15	Acquired Immune Deficiency Syndrome	29	2.2
All Causes (some not listed)		11,579	748.0

Age-Adjusted Death Rates per 100,000 Population, Standard Year = Year 2000 U.S. Population Single 5-Year Aggregate, 2007-2011. Source: WNC Health Impact – Secondary Data Workbook

Infant Mortality

There was an increase in the infant mortality rate for Buncombe County. The rate went from 5.0 to 10.1. Last year, there were 13 infant deaths with 27 this year (21 White, 5 African American and 1 Latino). These numbers are small and should be viewed with caution. However, the more stable 5-year aggregated rate of infant deaths jumped from 5.3 (2008-2012) to 6.2 (2009-2013) deaths per 1000 live births.[1]



Neonatal infant deaths represent those infants who died at < 28 days while postneonatal infant deaths represent infants who were > 28 days but less than one year of age at time of death. Buncombe saw neonatal deaths increase from 10 in 2012 to 19 in 2013. There was also an increase in postneonatal deaths from 3 in 2012 to 8 in 2013.

Final Infant Death Rate (per 1000 live births) 2013

Source: North Carolina State Center for Health Statistics Infant Mortality Report

While we must use caution when interpreting such small numbers, it is important to monitor. With hospitals seeing significant increases in neonatal abstinence syndrome, it will be important to monitor this trend over time and identify the causes of death to see if this challenge is leading to the increases in infant deaths.

Life Expectancy

Life Expectancy (LE) is the average number of additional years that someone at a given age would be expected to live if current mortality conditions remained constant throughout their lifetime. Improving life expectancy at birth was selected as a Key Cross-Cutting Performance Indicator for Healthy North Carolina 2020. Specifically, the goal is to: *Increase North Carolina's Life Expectancy to 79.5 years by 2020*. In Buncombe County, life expectancy for 2011-2013 was 79.2 years overall (79.5 for Whites and 74.4 for African-Americans). While the overall life expectancy did not change from the last three year aggregated data, the life expectancy for African-Americans dropped from 75.5 years from 2010-2012 to 74.4 for 2011-2013.[2] It will be essential to keep health equity as a central theme in all the community health improvement strategies.

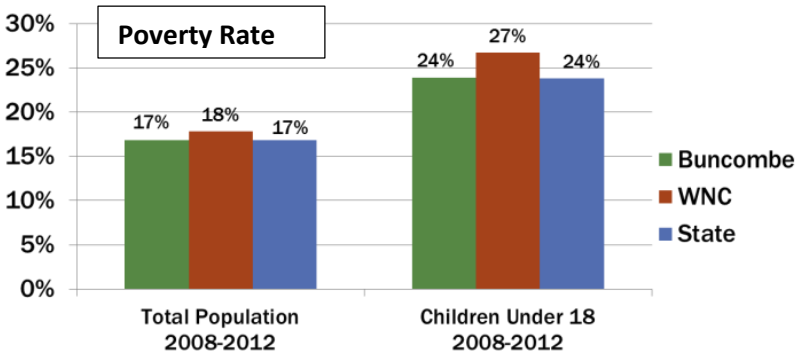
[1] Infant Death Rates per 1,000 Live Births, 2009-2013. Retrieved February 4, 2015, from North Carolina State Center for Health Statistics (NC SCHS), 2014 County Health Data Book website: http://www.schs.state.nc/us/schs/data/databook

[2] 2011-2013 State-Level Life Expectancies by Age, Sex, Race and Race by Sex. Retrieved February 4, 2015, from NCSCHS, Life Expectancy - State & County Estimates website:http://www.schs.state.nc.us/schs/data/lifexpectancy/

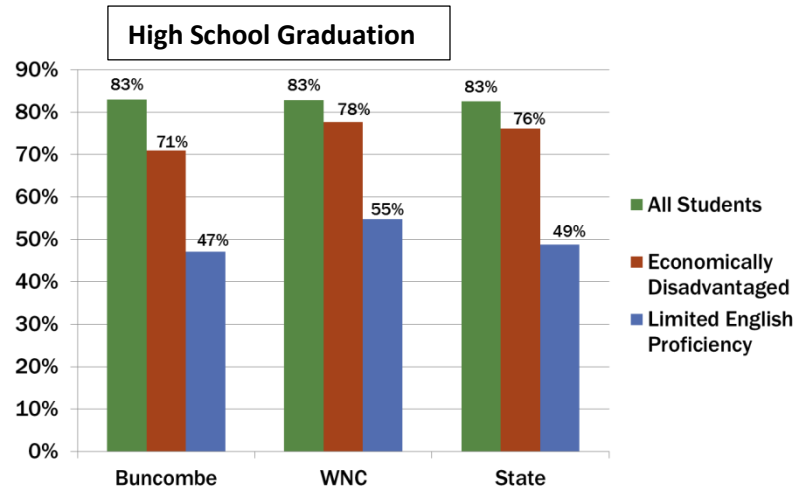
County Profile

Geography	April 1, 2010		Population Estimate (as of July 1)		
	Census	Estimates Base	2010	2011	2012
Buncombe County, North Carolina	238,318	238,307	238,822	241,463	244,461

Buncombe County's resident population estimates continue to increase with Buncombe seeing a 15.5% increase from 2000 to 2010 which was greater than the regional average of 13.0 but less than the state percent population increase of 18.5%.[3] The rate of live births in the 5-year aggregated data dropped slightly from 11.5 live births per 1000 total population (2007-2011) to 11.0 (2008-2012). Buncombe's rate was slightly more than the regional average of 9.8 but less than the state rate of 13.0.



The rate of children in poverty for all areas has gone up in the past year, while adult poverty has nearly stayed the same.[4]



The percent of students in Buncombe County who graduate from high school is consistent with western North Carolina as well and the State at 83%. Yet for economically disadvantaged and students with limited English proficiency, we lag behind both the region and the state.[5]

[3] Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2013. Source: U.S. Census Bureau, Population Division. Released for counties March 2014.

[4] 5-Year Poverty Estimates Poverty Status in the Past 12 Months, 2008-2012 American Community Survey 5-Year Estimates (S1701). Retrieved January 6, 2014, from U.S. Census Bureau American FactFinder website: http://factfinder2.census.gov

[5] *4-Year Cohort Graduation Rate Report, 2009-10 Entering 9th Graders Graduating in 2012-13 or Earlier*. Retrieved July 13, 2014, from Public Schools of North Carolina, Cohort Graduation Rates website: http://www.ncpublicschools.org/accountability/reporting/cohortgradrate

Healthy Living Priority				
Indicator	Target	2012	2013	2014
% Buncombe adults engaging in recommended physical activity	62.6%	62.1%	Collected every 3 years in CHA	Collected every 3 years in CHA
% Buncombe adults consuming recommended fruits and vegetables	9.5%	8.6%	Collected every 3 years in CHA	Collected every 3 years in CHA
% Buncombe adults at healthy weight	36.5%	36.2%	Collected every 3 years in CHA	Collected every 3 years in CHA
% of Buncombe students in K-5 public schools at healthy weight (5-85%ile BMI)	64.65%	64.15%	64.64%	64.5%

Healthy Living Goals, Strategies & Highlights

Goal 1: Increase consumption of nutritious, whole foods and beverages that support good health, with emphasis on fruits and vegetables, among all residents of Buncombe County through improved access, availability and education.

- Strategy 1.1 Access to Foods from local farms; Strategy 1.2 Access to free, open, public food sources; Strategy 1.3 Retail sources of nutritious foods in low-access communities; Strategy 1.4 Financial Access to Nutritious Foods for low-income residents; Strategy 1.5 Education about local sources for nutritious foods; Strategy 1.6 Organizational Policy/Environmental Support for Healthy Food Access

Highlights: ➲Held a screening of *A Place At the Table* that included a Community Action Fair. The event was held at the Carolina Theater with 10 organizations participating. Over 50 community members viewed the movie and participated in the call to action request from organizations working to increase fruits and vegetable consumption. ➲ Partners have been working together to better define priorities and identify meaningful ways to measure work collectively. ➲ Increase in # of farmers markets, # accepting EBT, and # community gardens.

Goal 2: Increase physical activity and healthy eating among students and staff by creating environments in all school settings that promote healthy active lifestyles.

- Strategy 2.1: Healthy School Environments: Increase Policy and Environmental Supports For Physical Activity and Healthy Eating for students and staff

Highlights: ➲ Buncombe County Schools passed a revised student wellness policy that clearly states that exercise cannot be used as punishment and food served outside of cafeteria (e.g. classroom celebrations and rewards) must meet federal Healthy Hunger Free Child Act guidelines. ➲ Both School Districts identified a new tool for measuring metrics since the previous tool is no longer available.

Goal 3: Increase Daily Physical Activity through Policy & Environment Change to Support Active Transportation

- Strategy 3.1: Complete Streets; Strategy 3.2: Organizational Environments and Policies That Support Active Transportation; Strategy 3.3: Community Support for Active Transportation

Highlights: ➲ The town of Black Mountain passed a Complete Streets Policy. ➲ Completed the first countywide data collection of walking and biking to school. ➲Hominy Valley Elementary receives NCDOT dollars for pedestrian crosswalk & sidewalks. Planning underway for school safe routes plan.

Goal 4: Increase Physical Activity by Creating Safe, Supportive & Encouraging Environments for Exercise

- Strategy 4.1: Community Recreational and Fitness Resources; Strategy 4.2: Organizational Environments to Support Physical Activity

Highlights: ➲ Completed an inventory of fitness and recreation facilities across Buncombe County. ➲ Partners worked with Buncombe County GIS to update the Healthy Living Opportunities Map. ➲ Piloting use of map on community organization websites and in the patient portal of one family physician practice. ➲ Map available on Buncombe HHS website and marketed to local physicians.

Goal 5: Increase the Number of Infants in Buncombe County that are Breastfed by Creating Supportive, Encouraging Policies and Environments for Breastfeeding

- Strategy 5.1: Breastfeeding Policies; Strategy 5.2: Outreach and Education

Highlights: ➲ Baseline data collected on support for breastfeeding by employers. ➲ Working group formed to develop CHIP strategies and action plans for breastfeeding in worksites and public spaces.

Preconception Health Priority

Indicator	Population	2010	2011	2012	2013
Teen pregnancy Rate/1000 (15-19 year olds)[6]	NC	49.7	43.8	39.6	35.2
	WNC	44.1	43.7	39.1	36.3
	Buncombe	40.0	39.3	35.4	31.1
Chlamydia Rate/100,000[7]	NC	441.1	558.0	519.1	496.5
	WNC	216.0	250.3	247.1	235.7
	Buncombe	298.9	312.6	314.5	366.9
HIV Rate/100,000 (#) of New Infections. Buncombe rate not stable since low #[8]	NC	15.3	15.4	13.8	15.6*
	WNC	not available	not available	not available	5.7
	Buncombe	5.4 (13)	10.4 (25)	11.9(29)	12.7(31)
Infant Mortality Rate/1000 Live Births (#) Buncombe rate not stable since low #[9]	NC	7.0	7.2	7.4	7.0
	WNC	5.8	6.5	5.7	6.7
	Buncombe	6.2(16)	5.1 (13)	5.0 (13)	10.1(27)
Low Birth Weight[10]	NC	9.1	9.1	8.9	8.8
	WNC	8.2	7.6	8.4	7.6
	Buncombe	7.8	7.0	8.2	8.2

[6] NC SCHS Reported Pregnancies http://www.schs.state.nc.us/data/vital.cfm#vitalpreg

[7] NC DHHS Communicable Disease Branch 2013 HIV/STD Surveillance Report as of 12/31/13.

[8] NC DHHS Communicable Disease Branch 2013 HIV/STD Surveillance Report as of 12/31/13.

* The 2013 HIV Infection numbers are artificially inflated due to incomplete data—interpret with caution.

[9] NC SCHS Infant Mortality Statistics http://www.schs.state.nc.us/data/county.cfm

[10] SCSHS Vital Statistics http://www.schs.state.nc.us/data/vital.cfm#vitalvol1

Preconception Health Goals, Strategies & Highlights

Goal 1: Increase awareness of the importance of health before pregnancy

- Strategy 1.1: Preconception health trainings for health care providers; Strategy 1.2: Preconception health trainings for consumers; Strategy 1.3: Community ambassador peer trainings in preconception health

Highlights: ➲North Carolina Preconception Health Campaign/Mission Health reached over 85 health care providers and consumers with evidence based training. ➲Community Ambassador Program trained women as community health educators to encourage women of childbearing age to take multivitamins and provided education to 140 men & women of childbearing age.

Goal 2: Increase reproductive health education and awareness among teens

- Strategy 2.1: Making Proud Choices curriculum; Strategy 2.2: Promotional and educational activities by youth peer educators; Strategy 2.3: Growth and development and reproductive health and safety curriculum in schools

Highlights: ➲ Sixty five teens completed Making Proud Choices Program at Asheville Middle School, Asheville High School and Buncombe County foster care program. ➲ Making Proud Choices strategy team jointly identified a common tool for measuring metrics across all programs/agencies.

Goal: 3: Increase access to reproductive health services

- Strategy 3.1: Expedited protocol for birth control prescription; Strategy 3.2: School nurse family planning/STI case management; Strategy 3.3: Integrated Targeted HIV and STD Testing Services (ITTS)

Highlights: ➲ Expedited Birth Control: A survey was disseminated to providers of women's healthcare in WNC in order to assess current practice of birth control initiation with patients and inform providers of evidenced based guidelines for initiating use of birth control.

Goal 4: Increase opportunities for interconception care

- Strategy 4.1: Case management, nursing assessment, and care plans for pregnant and postpartum women; Strategy 4.2: Postpartum visits; Strategy 4.3: Integrated interconception care

Highlights: ➲ Baseline data collected for IMPLICIT (Interventions to Minimize Preterm Birth and Low Birth Weight Infant using Continuous Quality Improvement Techniques) Project at MAHEC Family Medicine.

Early Child Development Priority

Indicator for Buncombe County	2012	2013	2014
Number of reports of child maltreatment (children under 18)	2867	2952	2539
Number of substantiated cases of child maltreatment	530	439	378
% Maltreatment found	18.5%	14.9%	14.9%
Rate per 1,000 children of reports received of child maltreatment	52.6	54.2	46.6*
Rate per 1,000 children of substantiated cases of child maltreatment	9.7	8.1	6.9

Early Child Development Health Goals, Strategies & Highlights

Goal 1: Increase availability and sustained access to high quality early care and learning

- Strategy 1.1: Training and technical assistance to support early educators and child-care providers in maintaining and increasing program quality; Strategy 1.2: Advocate for increased investment and ensure access to subsidized child-care though vouchers, NC Pre-K, Early Head Start, and Head Start

Highlights: ➲ Shared engagement/advocacy agenda created with Buncombe County Smart Start and Buncombe County Subsidy Roundtable. Partners developed shared messages explored joint messaging efforts.

Goal 2: Support and strengthen families

- Strategy 2.1: Parenting education that supports effective parenting practices, healthy interaction with children, appropriate developmental expectations, and provides child development referral resources; Strategy 2.2: Community education and case management/care coordination for families experiencing or at risk for child maltreatment

Highlights: ➲ Six different Triple P interventions now available to BC residents. Over 100 providers in 35 agencies currently offering Triple P. Triple P has supported over 400 BC caregivers. ➲ Parenting Education strategy group established. Partners recognized how agency's activities fit into the Community Health Improvement strategy of increasing access to parent education and how they contribute to the population indicator of reducing child maltreatment.

Goal 3: Improve policies, systems, and environments for children through advocacy

- Strategy 3.1: Education and advocacy initiatives to reduce the incidence of poverty and its impact on children and early childhood development

Highlights: Partners working together to better define priorities and identify meaningful ways to measure work.

Clinical Community Connections Priority

Diabetes Mellitus Mortality Trend	2005-2009	2006-2010	2007-2011	2008-2012
Buncombe County	12.9	12.4	11.3	**13.4**
WNC	19.8	19.6	19.4	**20.1**
NC	23.6	22.5	22.0	**25.2**

Clinical Community Connections Goal, Strategies & Highlights

Goal: Increase linkages between clinicians and community-based programs

- Strategy: Create workgroup of clinical providers and community program directors to map and improve the system of referrals for people with chronic diseases in order to improve health and management of chronic disease.

Highlights: Community Diabetes Referral Pilot has 5 community diabetes programs + 5 primary care practices participating to increase referrals from providers to diabetes programs. Created a clinical referral tool; developed baseline and prospective measures; began pilot and created short videos about 5 diabetes programs for clinicians to share with patients.

New & Emerging Issues

Buncombe County HHS has created a new model to improve population health by improving collaboration between clinical and community health. HHS began contracting with MAHEC to hire CHIP staff to work with community work groups addressing the community health priorities. This new partnership has increased focus on population health within clinical settings at Mountain Area health Education Center (MAHEC) and increased the number of physician champions talking about the importance of prevention.

There is a great deal of momentum around adverse childhood experiences (ACEs), trauma informed practice and resilient communities, including a pilot to expand ACEs screening in primary and mental health care. HHS has implemented trauma informed practice within the Department of Social Services. An ACE Conference is planned for 2015. A Comprehensive Domestic Violence Plan was developed and has received a lot of support across the community. A new Family Justice Center is planned to bring all programs that support women and children experiencing violence under one roof.

Local Accountable Care Organization (ACO) – Mission Health Partners is a new ACO starting in January 2015. Over 250 primary care providers will work toward 33 quality measures. One of the CHIP Health Improvement Specialist, contracted by Buncombe HHS, is on the quality committee of the new Mission Health Partners ACO.

Over 40 CHIP partners were trained by WNC Healthy Impact and NC Center for Health and Wellness on Results Based Accountability (RBA). Partners gained a greater understanding of how the RBA approach can improve our collective work and show their contribution to community health improvement. MAHEC is contracting to build the scorecard and help use the process to refine indicators.

Looking Ahead: CHIP in 2015

- Completing the 2015 CH(N)A with WNC Healthy Impact, Mission Hospital, Care Partners & Park Ridge. Assure the CHIP reflects our consolidated Health & Human Service organization by partnering across Economic Services, Social Services and Public Health to create a more comprehensive CHA.
- Increasing emphasis using Results Based Accountability to measure impact of work.
- Continuing work on collective impact approach to develop shared measures to track outcomes.
- Monitoring the data showing significant increases in babies that need pharmacologic treatment after being exposed to substances during pregnancy (Neonatal Abstinence Syndrome).