Buncombe County 2020 State of the County Health (SOTCH)

The 2018 Community Health Assessment priority areas are:

- **Health Priority 1 – Mental Health**

- **Health Priority 2 – Birth Outcomes & Infant Mortality**

The following CHIP Scorecard was created and submitted **September 9th, 2019** in order to meet the requirements for the **Buncombe County** Long and/ or Short Term Community Health Improvement Plans.

Clear Impact Scorecard™ is a strategy and performance management software that is accessible through a web browser and designed to support collaboration both inside and outside organizations. WNC Healthy Impact is using Clear Impact Scorecard™ to support the development of electronic CHIPs, SOTCH Reports and Hospital Implementation Strategy scorecards in communities across the region. Scorecard helps communities organize their community health improvement efforts:

- Develop and communicate shared vision
- Define clear measures of progress
- Share data internally or with partners
- Simplify the way you collect, monitor and report data on your results

The following resources were used/reviewed in order to complete the CHIP:

- WNC Healthy Impact
- WNC Healthy Impact Data Workbook
- NC DHHS CHA Tools
- NC DHHS County Health Data Book
- NC DHHS/ DPH CHA Data Tools
- Buncombe County Qualitative Data Report

We are excited to share the online "Community Health Improvement Scorecard." It's an easy way to learn about Buncombe County's current health priorities and what our community leaders, partners and residents are working on *together* to improve the health of our community.

This Scorecard is a **living document** that will change as the community priorities, progress and landscape changes. This tool makes it easy to see and get up-to-date information about:

- **Results** we hope to see as our health improves

- **Data** that concern us and the story behind the data that helps us understand why things are getting better or worse

- **Partners and programs working together** to make things better

- **Ways we are measuring success** and describe how we are making a difference

*Click anywhere on the scorecard to learn more about the partners and programs who are **working together** to improve health in Buncombe County. Use the + icons to expand items and the note icon to read more.*

For regular updates on the Community Health Improvement Plan, please visit our blog at: http://buncombechip.blogspot.com

Like or follow us on Facebook: https://www.facebook.com/BuncombeCHIP

R Birth Equity	A thriving and safe community, leading to 100% healthy births, mamas, and families. A community where families are educated and supported with access to adequate resources and a stable household.	Most Recent Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change

Experience and Importance

How would we experience this result in our community if we are successful?

Our community partners identified the following themes as key elements of our desired result:

- Healthy babies: 100% healthy births (full term, healthy weight, no infant deaths)

- Healthy parents: Healthy, supported mamas and babies. Parents feel empowered with emotional well-being. Supported, educated, and engaged fathers/partners.

- Healthy community: Thriving safe community where everyone gets along, & has what they need to be healthy. Household stability. Health care for all. Reparations made.

If we achieved our desired result, we would feel:

- Peaceful, with more time and energy to engage with community
- More relationship driven
- People listening to each other & respecting each other
- Less stress
- Families can earn a real living wage to live in Asheville
- No drugs, alcohol, vandalism
- Respect, honoring each other
- Emotional and physical safety
- Less fear
- Children can safely play outside with their friends
- More connection with nature
- Less coal ash
- Less light pollution
- More edible gardens
- Quiet - no sirens
- Nicer police
- History of structural racism has been reconciled and repaired

What information led to the selection of Birth Eqiuty and this related result?

Equity in Birth Outcomes and Infant Mortality was one of 10 standout health conditions based on the size and severity of the issue in our community and was reviewed separately from substance use. What made Birth Equity standout most was the data collected locally through the WNCHI telephone survey, from key informant surveys and via community input sessions gathered through listening sessions and brief surveys done in community gathering places ranging from food distribution sites to the Asheville Tourist stadium. Infant and Child Health as well as Family Planning were issues of key concern among community leaders in the Online Key Informant Survey; Secondary data revealed significant disparities in are present in birth outcomes, infant mortality and preconception health for African American and Latinx residents.

Key findings related to Birth Equity included: From 2018 Priorization Process

- Preterm Births: 9.9% overall (2013-2017)
  - Black (13.8%), Latinx (9.8%), White (9.0%),
    - Black : White inequity ratio of 1.53
- Low Birth Weight: 8.3% overall (2013-2017)
  - Black (15%), Latinx (6.2), White (8.0%),
    - Black : White inequity ratio of 1.87
- Infant Mortality: 6.4 deaths per 1,000 live births (2013-2017)
  - Black (19.6), Latinx (6.2*), White (5.1)
  - *Rates based on fewer than 20 cases - as for the Latinx infant mortality rate - are unstable and should be interpreted with caution.*
    - Black : White inequity ratio of 3.8
    - Latinx : White inequity ratio of 1.2*

- Teen Pregnancy: 21.1 per 1,000 women 15-19 (2017)
  - Black (35.3), Latinx (35.4,) White (17.2)
    - Black: White inequity ratio of 2.05
    - Latinx : White inequity ratio of 2.06

What Else Do We Know?

- The number of teen pregnancies that end in abortion has been steadily dropping since 2006 and Buncombe's rate is consistent with the region and state (6.1/1,000 women 15-19) (NC SCHS, 2018) (North Carolina State Center for Health Statistics, 2018)

- There was no Black / White disparity in the percent of women (87.9%) receiving care in their first trimester. Latinas were even more likely (91.6%) to receive care. (NC SCHS, 2018)

Our CHIP Advisory Council, with representation from roughly 30 community organizations, working to broadly address health, social and economic needs, were actively engaged in 3 2-hour work sessions to identify which community health conditions to prioritize. Using a tool to prioritize conditions based on relevance, impact and feasibility, birth equity emerged as one of the two areas to focus on for CHIP moving forward (along with Mental Health).

2020 Progress on Action Plan Strategies:
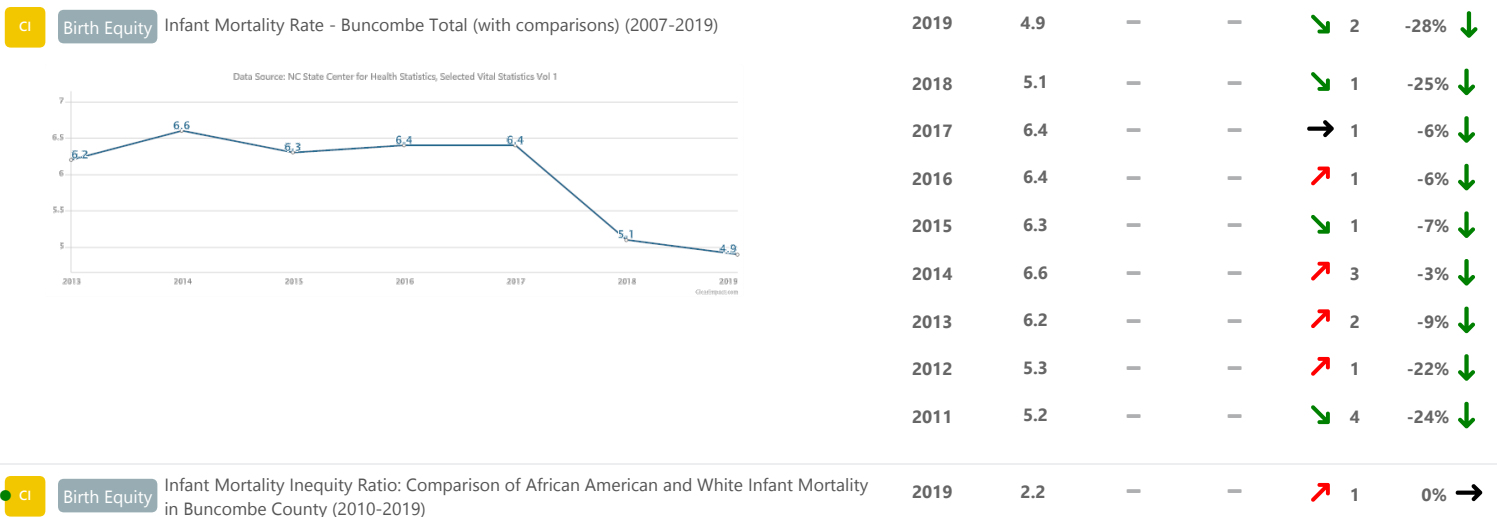
Advance Cross sector Collaboration to Undo Racism:
- **Clincal & Staff Capacity:**
  - **City MatCH Birth Equity Institute:** The Buncombe County City Match Home Team is working in partnership with Mothering Asheville as a container for collaboration, data sharing and strategy development for our local cohort. During the final quarter of 2019 and early 2020, Buncombe's home team has received coaching on Equity Strategic Planning and in the progress to identify data metrics for the projects.
    - **Perinatal Periods of Risk (PPOR) Review and Planning Process with University of Nebraska Medical Center Team**: The Buncombe County Home Team participated in of technical assistance coaching on the Perinatal Periods of Risk approach to reduce infant mortality in small city context. Designed for use in US cities with high infant mortality rates, PPOR brings community stakeholders together to build consensus and partnership based on local data. PPOR provides an analytic framework and steps for investigating and addressing the specific local causes of high fetal and infant mortality rates and disparities. Initial analyses are based only on vital records data (births, deaths, and fetal deaths); later steps utilize all available sources of data and information. Next steps for the Buncombe County Home Team will include defining a reference population and reviewing comparison by prevalence of risk factors between target and reference populations .
    - **City MatCH COVID-19 All Members Webinar - Featuring Buncombe County & Uzazi Village:** During this all members call, Buncombe County and Uzazi Village reflect on the impact of the virus in our respective communities and how we are addressing concerns on equity for historically marginalized populations. Buncombe shared our approach to setting up accessible testing sites; providing resources in various languages; utilizing social media platforms in novel ways to reach new segments of our community. Buncombe County's briefing reviewed: Creation of an Equity Branch to the Emergency Operations Center (EOC), distribution of equity/asset-based COVID Pandemic Language Style guide, use of the CDC's Social Vulnerability Index in COVID testing site prioritization, and local application of the adoption of the National Innovation Service's Equitable Systems Transformation Framework for COVID-19 in our EOC operations.
    - **2020 CityMatCH Leadership and Maternal Child Health Epidemiology Conference** – Upstream Approaches to Data, Programs, and Policies in Maternal and Child Health: During this breakout session, Buncombe County joined local representatives from health departments and community organizations to share our journey to formally declare racism as a public health crisis. Panelists for this session i discussed the intentional next steps they in progress, post- declaration to combat racism as they work build a new reality for mothers, children, families, and the community as a whole. Contributing Speakers included Andy Wessel, Douglas County Health Department; Katrice Cain, First Year Cleveland; Zo Mpofu, Buncombe County Public Health.
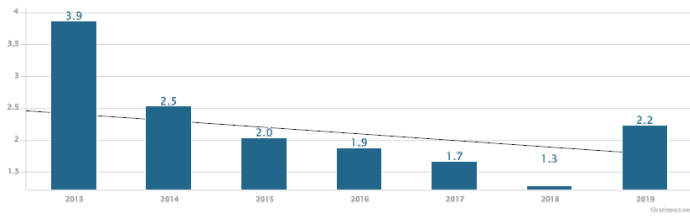
- **Policy Change**:
  - **Buncombe County Government Equity Workgroup**:   The Buncombe County Equity work will evaluate the current effort in various areas throughout the organization to articulate work unified, countywide approach to equity. The workgroups initial goals is to identify the challenges to racial and social equity and inclusion and brainstorm innovative ways to overcome those hurdles. It's vital that Buncombe County makes all its decisions concerning policies and procedures in a way that is consistently equitable for all employees, county partners and the community. Initial goals for the workgroup:
    - Adopted Results Based Accountability (RBA) as the central data and quality improvement framework with plans to trains county staff in the approach.
    - Standing an Equity Data Governance Workgroup
    - Hosted more than a dozen community input session on the Draft an Equity and Inclusion, garnering feedback on outlined strategies, suggested measures, and performance indicators.
  - **Buncombe County Health and Human Services Board Declares Racism a Public Health Crisis**: On Friday, June 26, the Buncombe County Health and Human Services (BCHHS) Board unanimously passed a proclamation declaring racism as a public health crisis and outlining action steps to further advance the 2018 CHIP overarching strategy for cross-sectors collaboration to undo racism. The 10 point action articulates the following measures:
    1. Assert that racism is a public health crisis affecting our entire community;
    2. In collaboration with BCHHS Executive Staff, Senior Staff and the Buncombe County Equity and Inclusion Workgroup, conduct an assessment of internal policy and procedures and make recommendations to the County Manager and Board of Commissions of changes needed to ensure racial equity is a core el of BCHHS;
    3. In collaboration with BCHHS Executive Staff, Senior Staff and the Buncombe County Equity and Inclusion Workgroup conduct an assessment and make recommendations to the County Manager and Board of Commissioners of changes needed to insure that all human resources, vendor selection and grant management activities are conducted with a racial equity lens including reviewing all internal policies and practices such as hiring, promotions, leadership appointments and funding;
    4. In collaboration with BCHHS Executive Staff, Senior Staff and the Buncombe County Equity and Inclusion Workgroup conduct an assessment and make recommendations to the County Manager and Board of Commissioners of changes needed to insure that BCHHS is an equity and justice-oriented organization, with the BCHHS and Senior Staff identifying specific activities to embrace diversity and to incorporate antiracism principles across BCHHS, leadership, staffing and contracting;
    5. Continually assess and revise all portions of codified health regulations through a racial equity lens;
    6. In collaboration with BCHHS Executive Staff, Senior Staff and the Buncombe County Equity and Inclusion Workgroup conduct an assessment and make recommendations to the County Manager and Board of Commissioners of changes needed to incorporate into the organizational structure a plan for educational efforts to understand, address and dismantle racism, in order to undo how racism affects individual and population health and provide tools to assist BCHHS staff, contractors, and its jurisdictions on how to engage actively and authentically with communities of color; advocate for relevant policies that improve health in communities of color, and support local, state, regional, and federal initiatives that advance efforts to dismantle systemic racism;
    7.
    8. Partner and build alliances with local organizations that have a legacy and track record of confronting racism;
    9. Identify clear goals and objectives, including specific benchmarks, to assess progress and capitalize on opportunities to further advance racial equity, aligning measures with indicators identified in the Healthy NC 2030 Report; and
    10. Establish alliances and secure adequate resources for successful accomplishment of the above activities.
  - **City of Asheville Declares Community Reparations**: On July 14, 2020, the Asheville City Council unanimously passed a Resolution supporting community reparations for Black Asheville. The resolution acknowledges systemic racism present in the community, as well as nationally. The resolution directs the City Manager to establish a process to develop short-, medium-, and long-term recommendations to specifically address the creation of generational wealth and to boost economic mobility and opportunity in the Black community

- **Buncombe County Board of Commissioners Pass Racism as a Public Health & Public Safety Crisis Resolution**: On August 4, 2020, the Buncombe County Board of Commissioners voted to approve a resolution Declaring Racism a Public Health and Safety Crisis. This policy measure, follow years of compelling data narratives shared with the Board, further supported by the recent declarations by the Health & Human Services Board and Justice Resources Advisory Council along with a request for a comprehensive Board resolution elevating and confirming the crisis. These actions and the study's findings led Buncombe County during its meeting on Aug. 4.

- **Buncombe County Board of Commissioners Pass Reparations Resolution**: At the August 4th, 2020 meeting, County Commissioners approved a resolution by a vote of 4-3 for community reparations. Full test of the resolution is here, notable supporting statement and highlights from the resolution include:
  - Apologies and efforts to make amends to Buncombe County's Black community for the County's: participation in and sanctioning of the enslavement of Black people; enforcement of segregation and racist, discriminatory policies and practices during that era; and participation in an urban renewal program that harmed multiple, successful black communities.

  - The County will continue its work and funding in the following areas: increasing quality early childhood education opportunities; increasing Black homeownership, business ownership, and other ways to build generational wealth within the Black community; reducing health disparities including infant mortality; and reducing racial disparities in the justice system.

  - The County will appoint representatives to serve on the Community Reparations Commission, a newly formed task force created by the City of Asheville.

- **Community Change**:
  - **National Day of Racial Healing: January 19th marked the 5th Annual National Day of Racial Health**. National Day of Racial Healing (NDORH), a day set apart for institutions and individuals to reflect on and take ownership of how they have participated in systemic racism, and to make a commitment to improve. In honor of NDORH, Buncombe County Health and Human Services partnered with the YWCA of Asheville and WNC on Let's Talk COVID-19 Vaccinations; a virtual town hall focused on holding space for the lived and historical experiences of Black and Indigenous People of Color (BIPOC) seeking medical care in the United States. This town hall presented an opportunity for Buncombe County Public Health and Community leadership to acknowledge the ways in which health systems have failed to meet the needs of BIPOC populations, and give lift efforts past and present to ensure equitable access to medical care, and the COVID-19 vaccine today. This Let's Talk COVID-19 Vaccinations was livestreamed on Wednesday, Jan. 27, at 5:30 p.m., in English on Buncombe County Government's Facebook page with simultaneous Spanish interpretation and live American Sign Language (ASL).

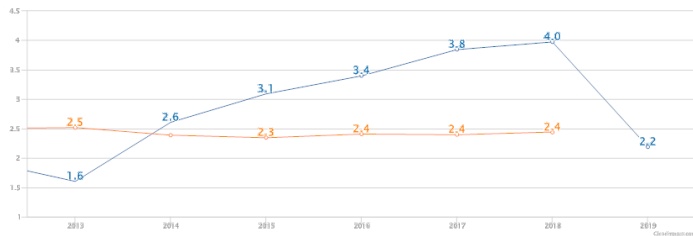| CI	Birth Equity	Infant Mortality Rate - Buncombe Total (with comparisons) (2007-2019)						
			2019	4.9	—	—	↘ 2	-28% ↓
			2018	5.1	—	—	↘ 1	-25% ↓
			2017	6.4	—	—	→ 1	-6% ↓
			2016	6.4	—	—	↗ 1	-6% ↓
			2015	6.3	—	—	↘ 1	-7% ↓
			2014	6.6	—	—	↗ 3	-3% ↓
			2013	6.2	—	—	↗ 2	-9% ↓
			2012	5.3	—	—	↗ 1	-22% ↓
			2011	5.2	—	—	↘ 4	-24% ↓

Data Source: NC State Center for Health Statistics, Selected Vital Statistics Vol 1

CI	Birth Equity	Infant Mortality Inequity Ratio: Comparison of African American and White Infant Mortality in Buncombe County (2010-2019)	2019	2.2	—	—	↗ 1	0% →

Data Source: NC SCHS, Vital Statistics

Year	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change
2018	1.3	—	—	↘ 5	-43% ↓
2017	1.7	—	—	↘ 4	-26% ↓
2016	1.9	—	—	↘ 3	-16% ↓
2015	2.0	—	—	↘ 2	-9% ↓
2014	2.5	—	—	↘ 1	13% ↑
2013	3.9	—	—	↗ 2	73% ↑
2012	2.7	—	—	↗ 1	21% ↑
2011	2.1	—	—	↘ 1	-4% ↓

CI | Birth Equity — Infant Mortality Inequity Ratio: Comparison of African American and White Infant Mortality in Buncombe County (2010-2018)

Year	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change
2019	2.2	—	—	↘ 1	-36% ↓
2018	4.0	—	—	↗ 5	17% ↑
2017	3.8	—	—	↗ 4	13% ↑
2016	3.4	—	—	↗ 3	0% →
2015	3.1	—	—	↗ 2	-9% ↓
2014	2.6	—	—	↗ 1	-23% ↓
2013	1.6	—	—	↘ 3	-53% ↓
2012	2.0	—	—	↘ 2	-42% ↓
2011	2.4	—	—	↘ 1	-29% ↓

S | Birth Equity — Provide ongoing support to evidence-based strategies to improve maternal care, including doula care and other pregnancy home visiting programs

Most Recent Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change

What Is It?

Support doulas, pregnancy home visiting programs, and related evidence based strategies to improve the quality of pregnancy, birth, and postpartum care

Providing ongoing support for evidence-based strategies to improve maternal care, including culturally responsive doula care and other pregnancy home visiting programs was identified by community partners and community members as important work that is making a positive impact in our community. When combined with other actions in our community, CHIP stakeholders believe these programs have a reasonable chance of making a difference in advancing birth equity our community. This is ongoing work in our community.

This strategy aligns with the North Carolina Perinatal Health Strategic Plan, Goal 1: Improving Health Care for Women and Men, Point 3. Improve the quality of maternal care (includes prenatal, labor, delivery and postpartum care). Specific strategies under Goal 1, Point 3 that this aligns with include:

- Expand use of evidence-based models of prenatal care

- Ensure prenatal care that addresses underlying risk factors, such as: decreasing unnecessary c-sections, prevention of repeat preterm birth, addressing underlying health conditions such as high blood pressure and gestational diabetes, mental health screening and support, support to stop using tobacco and other substances, screening and support for intimate partner violence, etc.

- Provide care coordination / case management / home visiting services that includes promotion of resiliency, mental health screening and support, support to stop using tobacco and other substances, life planning, chronic disease management, and access to health care
  - Increase doula care access, particularly for women at higher risk and in underserved communities *(while doula care is not specifically named in the NCPHSP, this evidence based model of support has been a highly impactful local strategy to support in our community - particularly providing support for community-based doulas who are from the communities they are serving)* .

- Provide evidence-based culturally responsive patient education and guidance

In collaboration with Mothering Asheville and the YWCA (also a member of Mothering Asheville), CHIP has provided support and technical assistance for the Home Visitors Collaborative and SistasCaring4Sistas - Doulas for Social Justice over the past CHIP cycle. Community partners voiced support for continuing support for these groups as they are helping to advance positive birth outcomes and reduce inequities in our community. The priority population for this strategy are pregnant and parenting families, particularly familes of color in Buncombe County. These programs aim to make a difference at the individual/interpersonal behavior; organizational/policy; and environmental change levels.

By 2027, Mothering Asheville aims to eliminate disparities in infant mortality in Buncombe County, changing the current data indicating that African-American babies die at 3.8 times the rate of White babies. Mothering Asheville is a cross-sector collaboration working to ensure that more Black babies are delivered on time, at a healthy weight, and survive their first year. Mothering Asheville works with partners to build community capacity, create clinical shifts, communicate strategically, and advocate for institutional policies that address structural racism, implicit bias, access to care, economic and other social factors that influence health. The local inequities in birth outcomes and associated social determinants of health reveal the need for clinical-community collaborations to support pregnant Black women, their babies, and people of color through their lifespans. Mothering Asheville was established as a response to this critical need, bringing together clinical providers, community resident groups, nonprofits, advocacy agencies and others committed to fostering health equity.

2020 Home Visit, Doula, and Care Coordination Resource Updates:

- **Nurse Family Partnership:** NFP is an evidence-based, community health program aimed at low-income women pregnant with their first child. The program pairs a registered nurse with mothers early in their pregnancy through the child's first two years. During that time information about healthy pregnancies, nuances of toddler health and development issues, and peripheral issues such as economic advancement and self-sufficiency Buncombe County's Nurse-Family Partnership . Now in its 11th year, Buncombe 11-member NFP team continues to garner accolades for its work while having a significant impact in the lives of the families through home visits. Since its establishment in 2009, the program has served over 500 families. In fiscal year 2019, the site served 26 households and completed 394 home visits. Among program participant households in fiscal year 2019, 58% had a household income at or below the poverty line. The County's NFP team recently received high marks and accolades during its annual evaluation, continuing the annual trend of consistently high review by the state; described by the National Service Office and NC State Consultants "as a standard for how to deliver the NFP program."

- **Mothering Asheville**: Mothering Asheville works with partners to build community capacity, create clinical shifts, communicate strategically, and advocate for institutional policies that address structural racism, implicit bias, access to care, economic and other social factors that influence health. The local inequities in birth outcomes and associated social determinants of health reveal the need for clinical-community collaborations to support pregnant Black women, their babies, and people of color through their lifespans. Mothering Asheville was established as a response to this critical need, bringing together clinical providers, community resident groups, nonprofits, advocacy agencies and others committed to fostering health equity. During the December 2020 Strategic Planning Process, coalition members expressed interest in the following strategies and issues for prioritization/focus:
  - **Community & Capacity Building**:
    1. supporting training desired by SC4S (lactation, business, counseling/peer support, IPV, parenting classes, etc.) and Mother to Mother
    2. Infant Mortality Education done by Institute for Preventive Healthcare and Advocacy
  - **Clinical Shift**:
    1. MAHEC implicit bias training in Simulation Center with OB residents completed and expanding to faculty and Family Medicine.
    2. Expand the Racial Equity Institute (REI) groundwater training for Buncombe County staff.
    3. Increase BIPOC providers in the Asheville Metro Area.
  - **Policy Change**:
    1. Medicaid expansion, including doula reimbursement.
    2. Supporting the Success Equation Policy Agenda.

- **Sistas Caring 4 Sistas (SC4S)**: A key strategy of Mothering Asheville has been to support the growth and sustainability of SistasCaring4Sistas (SC4S). SC4S a group of Black community-based doulas supporting primarily Black women through pregnancy, birth, and postpartum who aim to eradicate disparities in maternal and infant mortality, providing education and doula services to families who face financial barriers and stigmas. SC4S has demonstrated positive impact in improving birth outcomes in their patient population and has cultivated significant community support and leadership presence.

2020 Update:

From spring to early fall 2020, Mission Hospital's Labor & Delivery permitted only one support person to accompany delivery patience –often limiting access for doula or birth coaches, for mothers who wanting their partners present. SC4S doulas quickly pivoted to the use of tablets to connect remotely with clients, providing much virtual emotional support, and reinforcement of breathing techniques.

- **YWCA of Asheville/Buncombe**: The YWCA is dedicated to eliminating racism, empowering women, and promoting peace, justice, freedom, and dignity for all. The YWCA's Women's Empowerment Department provides services for women of childbearing age via its Getting Ahead and MotherLove programs. Getting Ahead supports women living in poverty to build resources for a more prosperous life. MotherLove provides mentoring and support for pregnant or parenting teens, building skills as strong parents and successful students with the goals of ensuring participants graduate high school, enroll in secondary education, deliver a healthy baby, and delay a subsequent pregnancy. In partnership with Mothering Asheville and CHIP, the YWCA has convened a Home Visitors Collaborative (HVC) since 2017, with representation from local perinatal home visiting programs, including key clinical, community, and specifically African-American community leaders. The HVC is focused on increasing the quality and quantity of support for at-risk, and specifically African-American, pregnant and parenting women.

2020 Update: For the 2019- 2020 school year, 90% of enrolled participants graduates or advances to the next grade level, ((exceeding the 80% annual program target).

- **April – June 2020**: with at total number of 32 participants, Motherlove has transitioned all of its programming to virtual case management, virtual events, and resource allocation. In an effort to retain participant engagement, the Motherlove Coordinator convened weekly virtual events, including Storytime with Buncombe County Library, graduation success stories, activities for children during the pandemic, and self-care emotional well-being. Program staff also maintained regular communication with the school administration to help eliminate any barriers to virtual learning, including internet connectivity, and access to a working computer.

- **July – September 2020**: Due to COVID-19, Motherlove continues to provide virtual programming delivery, with only 16 enrolled participants. Many adolescent parents are experience financial hardship and creating further challenges to stay engaged in virtual learning. Other barriers included: access to high quality health care and dental services, accesses services as an undocumented resident, and access to transportation.

- **October 1-Decebmer 2020**: Motherlove continues to operate in a virtual format due to COVID-19, with 15 program participants. In an effort to use participant voice to influence programming,mthe MotherLove coordinator surveyed participant about their current unmet needs. Program participants reported a number of unmet needs:
    - Participants are lacking support from some school teachers to understand that virtual learning is hard while also parenting an infant.
    - Lack of daycare solutions to support online/distance learning.
    - Concerns about community safety, home safety, and limited access to able to outdoor play.
    - Expressed desire for mental health for the whole family.
    - Access to dental and medical healthcare services for children/mothers who are undocumented.

PM | **Birth Equity** #/% of doula and HVC partners who report progress with identified goals
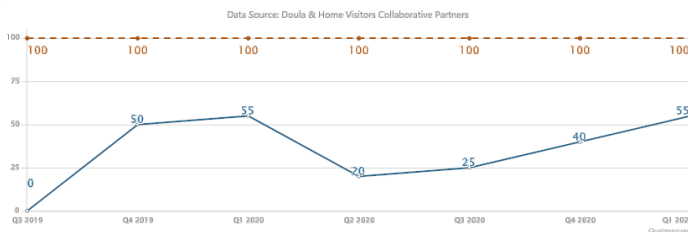
Data Source: Doula & Home Visitors Collaborative Partners

Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend		Baseline % Change	
Q1 2021	55	100	—	↗	3	5400%	⬆
Q4 2020	40	100	—	↗	2	3900%	⬆
Q3 2020	25	100	—	↗	1	2400%	⬆
Q2 2020	20	100	—	↘	1	1900%	⬆
Q1 2020	55	100	—	↗	2	5400%	⬆
Q4 2019	50	100	—	↗	1	4900%	⬆
Q3 2019	0	100	—	→	0	0%	→

S | **Birth Equity** Promote breastfeeding friendly policies and services in local communities

Most Recent Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change

What Is It?

Strengthen families and communities: Support coordination and cooperation to promote health within communities - Promote breastfeeding friendly policies and services in local communities. The Buncombe County Community Health Improvement Process (CHIP) is working to improve birth outcomes and reduce the rate of infant mortality. As breastfeeding is an important strategy to improving child and maternal health, community partners are working together to achieve designation as a breastfeeding friendly community by completing the Ten Steps The Breastfeeding-Family-Friendly Community Designation (BFFCD), as articulated by the Carolina Global Breastfeeding Institute. The Buncombe will work closely with the WIC and the community partners to leverage existing resesources, capacity, and relationships to improve rates, lenghts and racial/ethnic demographic participation in breastfeeding.

- In 2017, 74% of Black mothers were breastfeeding at discharge after birth in Buncombe County, compared with 89.5% of White mothers and 96.3% of Hispanic or Latinx mothers.

- Current Breastfeeding trends in Buncombe County and those served by WIC are as follows (As of May, 2019):
    - 23% of Buncombe WIC Infants participants ae exclusively breastfed Breastfeeding: we have opportunities to expand equity in the following
    - 24% of White WIC participating were exclusively breasted, compared with 17% of Black WIC infants.
    - 15% of White WIC participating Infants were partially breastfed, compared to 13% of Black WIC infants.
    - 59% of White WIC participating infants were fully formula fed, compared to 72% of Black WIC participating infants.

- The opportunity presented in this data serves as a call on behalf of all babies, mothers and families to inform, support, advocate and encourage our county on the importance of becoming a breastfeeding friendly community.

R | **MentalHealth** All in Buncombe County are able to live free of stigma, supported in mind, body and spirit in times of both strength and difficulty with resilience, self-determination and a positive sense of self-worth regardless of income, race, neighborhood, nationality, ability and age.

Most Recent Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change

Experience and Importance

How would we experience this result in our community if we are successful?

Our community partners describe a nurturing community that supports health and well-being. One that is safe and secure and where all individuals and families, regardless of race and ethnicity, gender, and age can thrive.

All will have their basic needs met - for healthy food, for childcare and for safe and affordable housing, with no financial stress. They will have spaces that promote resilience and allow for creative expression and connection with nature. Parents have hope and high expectations for their children. There will be a strong sense of place, of belonging, where multiple generations are able to support each other

For those who are experiencing any degree of mental health challenges, services are responsive and someone only needs to ask for help once. Providers offer effective, evidence-based approaches.

But mental health and well-being is much broader than what happens in clinical settings. The whole community contributes, including leaders who actively engage in the work. Wellness leaders expand beyond clinical services to provide support where people live, when they need it and in ways that support their unique needs

The system works because there is trust, stability, consistency, empathy as well as respite for those who need it.

What information led to the selection of Mental Health and Well-Being and this related result?

Mental Health was one of 10 standout health conditions based on the size and severity of the issue in our community and was reviewed separately from substance use. What made mental health standout most was the data collected locally through the WNCHI telephone survey, from key informant surveys and via community input sessions gathered through listening sessions and brief surveys done in community gathering places ranging from food distribution sites to the Asheville Tourist stadium.

Key findings related to Mental Health and Well-Being included:

- 39.9% of adults experienced Emotional Abuse during Childhood
- #1 most commonly experienced Adverse Childhood Experience (ACE) in Buncombe County

- 23.5% of adults experienced Household Mental Illness during Childhood - also considered an ACE

- 35.2% of adults reported they have experienced symptoms of Chronic Depression

- 16.3% were Unable to Obtain Needed Mental Health Services in the Past Year *(This was nearly double from 8.3% in 2015 and was higher than other WNC counties)*

- 18.9% had >7 Days of Poor Mental Health in the Past Month *(This was an increase from 11.6% in 2015 and higher than other WNC counties)*

- 74% of adults "Always" or "Usually" Get Needed Social/Emotional Support *(This number has been steadily declining since 2012 and is lower than other WNC counties)*

- Suicide Rate 17 per 100,000 population, 2012-2016 *(This is lower than the WNC average)*

- 7,034 individuals were served by area mental health programs in 2017

Our CHIP Advisory Council, with representation from roughly 30 community organizations, working to broadly address health, social and economic needs, were actively engaged in 3 2-hour work sessions to identify which community health conditions to prioritize. Using a tool to prioritize conditions based on relevance, impact and feasibility, mental health emerged as #1 in in narrowing our priorities to five.

2020 Update on Action Plan Strategies:

- **CHIP Advisory & Behavioral Health Workgroup:**

  - A formal CHIP Behavioral health advisory committee has been established out of existing behavioral health workgroups that formed in response to the COVID19 pandemic – these workgroups span across multiple sectors to provide a macro-level perspective on the factors that interplay and contribute to mental health outcomes
    - Priorities of this group continue to focus on trauma-informed services, racial equity, and systemic responses to crisis calls

  - Formation of a new behavioral health and justice collaborative that unites City and County programming to further plan, implement, and evaluate systemic responses to crisis via emergency services, law enforcement response, and public

- **What is working in the community:**

  - Focused healthy behavior promotion efforts re: injury/violence prevention, chronic disease, substance use, and sexual health
    - One example is a strategic partnership between Helpmate, an intimate partner violence (IPV) service provider, Buncombe County Health and Human Services, and Buncombe County law enforcement to provide a coordinated response for screening and implementation of Lethality Assessment Protocol (LAP) for every IPV-related emergency services call

  - Forming cross-sector partnerships with the ability to identify root causes around mental illness
    - The CHIP Behavioral Health Advisory group has adopted a dual model that encompasses adverse childhood experiences and adverse community experiences to highlight the interplay between social and environmental determinants of health on health equity

  - Healthy living resources from social service sectors
    - Due to the COVID19 pandemic, mental health service providers have responded with innovative solutions to bridge the digital divide, including shifting services to a strictly virtual environment, and partnering with other social service providers to bundle services, expedite referrals, and provide crisis supports

  - Social equity work focused on race/ethnicity has continued to be an overarching strategy within community health improvement work, with deliberate evaluation and analysis focused on naming the historic role that healthcare and the medical field have played in maintaining systemic racism and oppression

  - Utilization of a continuum of care and wrap-around service model for SUD has increased participation and recovery success among those accessing peer support services, medication-assisted treatment, and case management
    - Creation of Social Determinants of Health flex funding to provide individualized support around systemic barriers to SUD recovery and resilience
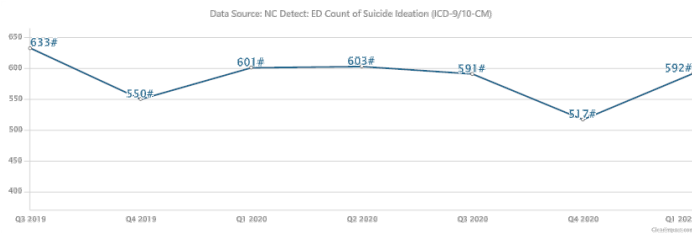
- **What still needs work:**
  - Connecting state and federal initiatives with local work – forming more cohesive workgroups and partnerships to work on policy and advocacy
  - Ongoing digital divide, including inconsistent access to broadband/high-speed internet for residents in more rural areas of the county which has created further barriers for access to treatment and services during the COVID19 pandemic
  - Focusing on mental health/well-being across the lifespan, particularly through the lens of impact from the COVID19 pandemic
  - **Impacts of COVID19 pandemic on resident well-being and social supports reflect ongoing concerns with isolation, connection to the greater community, loss of social support, and exacerbation of existing health conditions
  - Physical living environment and housing (quality, safety, and stability) continue to play a significant role in mental health and wellbeing outcomes
  - Social equity work focused on economic class and immigration
  - Growing and promoting mental health supports that are culturally appropriate, including ongoing evaluation of racial disparities within service outcomes
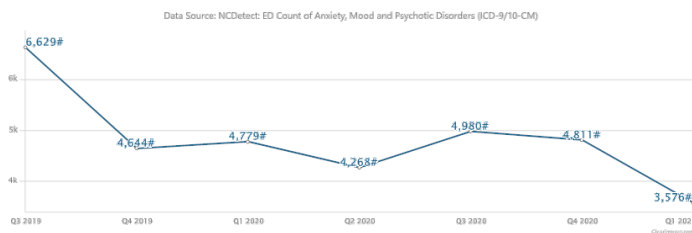- **What else do we know:**
  - COVID19 pandemic has negatively impacted resident mental health and wellbeing for residents
  - Impacts of secondary traumatic stress/chronic stress exposure for first responders, medical professionals has deepened with COVID19 pandemic
  - Access to treatment barriers related to cost/lack of insurance persist – still awaiting updates to Medicaid expansion/transformation in NC

CI MentalHealth	Quarterly Mental Health Related Visits to the Emergency Department Related to Suicide Ideation					
		Q1 2021	592#	—	—	↗ 1	52% ↑
		Q4 2020	517#	—	—	↘ 2	33% ↑
		Q3 2020	591#	—	—	↘ 1	52% ↑
		Q2 2020	603#	—	—	↗ 2	55% ↑
		Q1 2020	601#	—	—	↗ 1	54% ↑
		Q4 2019	550#	—	—	↘ 1	41% ↑
		Q3 2019	633#	—	—	↗ 2	62% ↑
		Q2 2019	612#	—	—	↗ 1	57% ↑
		Q1 2019	459#	—	—	↘ 1	18% ↑

Data Source: NC Detect: ED Count of Suicide Ideation (ICD-9/10-CM)

CI MentalHealth	Quarterly Mental Health Related Visits to the Emergency Department Related to Anxiety, Mood and Psychotic Disorders					
		Q1 2021	3,576#	—	—	↘ 2	-27% ↓
		Q4 2020	4,811#	—	—	↘ 1	-2% ↓
		Q3 2020	4,980#	—	—	↗ 1	1% ↑
		Q2 2020	4,268#	—	—	↘ 1	-13% ↓
		Q1 2020	4,779#	—	—	↗ 1	-3% ↓
		Q4 2019	4,644#	—	—	↘ 1	-6% ↓
		Q3 2019	6,629#	—	—	↗ 7	35% ↑
		Q2 2019	5,975#	—	—	↗ 6	21% ↑
		Q1 2019	5,800#	—	—	↗ 5	18% ↑

Data Source: NCDetect: ED Count of Anxiety, Mood and Psychotic Disorders (ICD-9/10-CM)

S MentalHealth	Support Cross-sector Collaboration to Create a Trauma-Responsive and Resilience-focused Community	Most Recent Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change

What Is It?

Cross-sector Collaboration to Create a Trauma-Responsive and Resilience-focused Community was identified by community stakeholders as an action, that when combined with other actions in our community, has a reasonable chance of making a difference in addressing **Mental Health Wellbeing** in our community. While many organizations are actively addressing Mental Health inequities, existing programs and initiatives struggle to meet the need. This is especially true as it relates to services and supports for our youngest community members and communities of color. This approach further aims to move beyond individual and clinical based-approaches to a greater emphasis on prevention and population-based strategies.
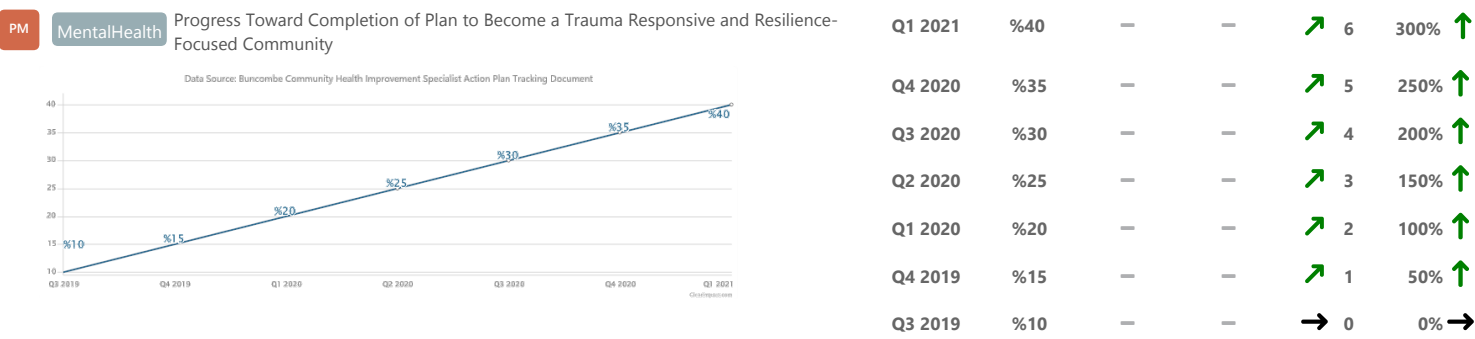
When asked "what's hurting" the mental health and wellbeing of our community, we heard that young people far too often grow up in toxic environments with no early intervention which continues to impact their health as adults. In the past several decades, Adverse Childhood Experience (ACEs), the trauma resulting from exposure in childhood to psychological, physical, and sexual abuse, to violence or unstable household conditions, has received increasing attention. A screening tool was developed to assess exposure to ACEs with a 0-10 score. The higher the score the greater liklihood of negative health impacts. The WNCHI Telephone survey administered in this CHA cycle asked respondents about their exposure to adverse childhood experience. In Buncombe County, 21% of respondents reported having an ACE score of 4 or more (considered high) and 39% of respondents indicated exposure to at least one form of childhood trauma with emotional abuse being the highest reported.

Our community also told us that there is not enough emphasis on prevention and upstream approaches that focus both on addressing trauma at the individual level but also at the community level. This concern is supported by the more recent recognition **Adverse Community Experiences**, as the "second" ACE. This community-focused ACE calls attention to the negative impact of community environments plagued with violence, poverty, lack of economic mobility, social support and opportunities. The Pair of ACEs **(Building Community Resilience)**, the combination of trauma in the lives of children and youth coupled with a community environment, contributes to and/or compounds the adversity experienced by a child and is expecially toxic and much more challenging to overcome. This is especially true for black and brown people who more likely to live in neighborhoods and communities impacted by poverty, violence and fewer resources.

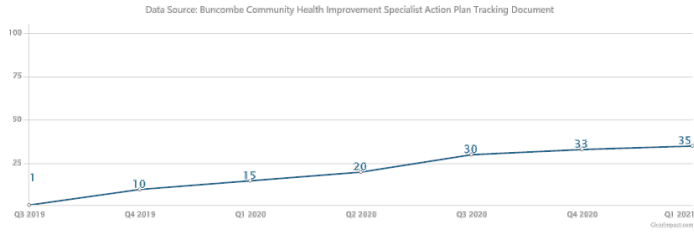**How does this strategy address health disparities?**

In 2016, the National Survey of Children's Health found a disproportionate number of children of color impacted by ACEs with that 61% of black children and 51% of Hispanic children compared to 40% of white children have experienced at least one ACE **(Child Trends 2/20/18)** And research out of the University of California in Los Angeles Center on Culture have added to the growing body of evidence that experiencing racism and discrimination can be considered another ACE in that they contribute to a cumulative psychological stress burden **(ACEs Connection Blog 6/29/15)**

Becoming a trauma-responsive and resilience-focused community addresses trauma at both the individual and the community level. At the individual level, it goes beyond just recognizing the impact of trauma on an individual to changing an organization's culture, policies and practices to focus on better serving their clients who have experienced trauma. A Trauma-Responsive and Resilience-focused community works to also recognize the Address Community Experiences that contribute to trauma and to create changes in that environment at create protective factors and "promote community healing" and support the communities ability "to adapt, recover and thrive, even in the face of adversity". **(Prevention Institute 2/16)**

PM MentalHealth Progress Toward Completion of Plan to Become a Trauma Responsive and Resilience-Focused Community

Data Source: Buncombe Community Health Improvement Specialist Action Plan Tracking Document

Q1 2021	%40	—	—	↗	6	300%	↑
Q4 2020	%35	—	—	↗	5	250%	↑
Q3 2020	%30	—	—	↗	4	200%	↑
Q2 2020	%25	—	—	↗	3	150%	↑
Q1 2020	%20	—	—	↗	2	100%	↑
Q4 2019	%15	—	—	↗	1	50%	↑
Q3 2019	%10	—	—	→	0	0%	→

S | Birth Equity | Advance Cross-sector Collaboration to Undo Racism

	Most Recent Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change

PM | Birth Equity | Progress toward completion of Equity Institute Benchmarks

Data Source: Buncombe Community Health Improvement Specialist Action Plan Tracking Document

	Most Recent Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change
	Q1 2021	35	–	–	↗ 6	3400% ↑
	Q4 2020	33	–	–	↗ 5	3200% ↑
	Q3 2020	30	–	–	↗ 4	2900% ↑
	Q2 2020	20	–	–	↗ 3	1900% ↑
	Q1 2020	15	–	–	↗ 2	1400% ↑
	Q4 2019	10	–	–	↗ 1	900% ↑
	Q3 2019	1	100	–	→ 0	0% →

R | SOTCH 2020 | Monitoring New and Emerging Issues

	Most Recent Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change

Narrative

Community Paramedicine: The Buncombe County Community Paramedic is a new initiative help our community heal from substance abuse and on the path to recovery. The goal of community paramedicine is to supplement traditional Emergency Services staff for individuals who have overdosed or are experiencing a substance use disorder crisis. Currently, this support comes in the form of a community paramedic and a peer support specialist. However, the program hopes to expand to more services. Community Paramedicine is currently a pilot program focused on substance use disorder support, food and shelter emergency assistance, and basic medical training like wound support. However, the goal of this program is to provide support in everything from mental health crises, deescalation, transportation, trauma assistance, rehab, and more.

Register of Deeds Opioid Awareness Story Map: In 2020, an innovative partnership between the Register of Deeds, Buncombe County Sheriff's Office, and Health and Human Services produced an Opioid Awareness Story Map. This one of a kind project, helps us understand and address the opioid epidemic in Buncombe County. The data and story map are now helping to inform a new Medication Assisted Treatment (MAT) program at the Buncombe County Detention Facility. In addition to charting patterns and demographics, the website also provides connections to support. The website also features the National Safety Council's Memorial Site "Celebrating Lost Loved Ones." To visit the website exploring the opioid epidemic, go to buncombecounty.org/opioids.

Community Partners Bridge Digital Divide: A new broadband infrastructure partnership between Asheville City Schools, Asheville City Schools Foundation, Asheville City Government, Asheville Housing Authority (HACA), and Buncombe County Government, stands to provide wireless internet access throughout HACA communities. The Housing Authority's five family developments will receive infrastructure broadband, no-cost internet access to residents. While prioritization of the initial communities (Southside, Deaverview, Hillcrest, Klondyke, and Pisgah View) serves as a strategy to ensure students have reliable connectivity for remote learning, the projects helps unencumber HACA resident access to online opportunities for adult learning, peer-to-peer groups, employment, and telemedicine.

Buncombe County 2020 COVID Impact Study: In November of 2020, Buncombe County retained Public Research Consultants (PRC) to conduct the Coronavirus Community Impact Survey, a short, "pulse" survey of 225 county residents to quickly gain a better understanding of critical issues in a fast-moving environment.

- **Methodology**: PRC conducts 100 randomized telephone surveys in targeted census tracts, plus 125 targeted online surveys countywide. All data were weighted to reflect the population distribution by ZIP Code and for demographic characteristics.

- **Survey Question Areas:**
    - Perceived Severity — What do residents feel the impact on the community has been?
    - Exposure Risk & Testing — Are residents following social distancing recommendations? Are they able to work from home? Have they been tested for COVID-19?
    - Health Status: Do they have household members with underlying health issues?
    - Economic Impact — How many community members have lost jobs or income? Have they lost health insurance coverage?
    - Health Care Decisions — Are residents foregoing medical care out of fear? What is their experience with and receptivity toward telemedicine?
    - Health Behavior Changes — Has alcohol consumption increased? Are residents exercising less? Eating less healthfully?
    - Mental Health Impact — What has been the impact on anxiety, depression? Lack of sleep? Arguing with family members?
    - Belongingness--- Experience with racism, bias, inclusion, or othering

Highlight of Survey Results (Select Measures):

1. **Physical Well-Being**: *Having good health and enough energy to get things done daily* –
    a. 39%   of residents have a serious health condition (HBP, heart disease, cancer, diabetes) – n. 220
    b. 34% have been tested for Coronavirus of COVID-19
    c. 41%   of BIPOC residents have a serious health condition (HBP, heart disease, cancer, diabetes)
    d. 35.7% of BIPOC residents have been tested for Coronavirus of COVID-19

2. **Community Well-Being**: *Liking where you live, feeling safe and having pride in your community*
    a. 10% feel safe at home some of the time or never (when "sheltering in place")

    b. 32% Say their mental health has become worse

    c. 22% of BIPOC residents experience the community to be unwelcoming to POCs.

    d. 9% of BIOC residents are not at all strict about COVID recommendations, i.e. 3Ws (compared to 4% in All)

3. **Social Determinants of Health**: *Economic Security*
    a. 27% Have a job that allows them to work primarily from home

    b. 21% Lost a job

    c. 33% Lost hours or wages

    d. 6% Lost Health Insurance Coverage

    e. 15% of Women have a job that allows them to work primarily from home (n.149)

    f. 70% of BIPOC residents lost hours or wages (n.19)

    g. 24% of women lost a job

4. **Social Determinants of Health**: *Healthcare Access & Insurance*
    a. 33% Deferred/Postponed needed medical care or a scheduled medical appointment

    b. 31% First tried telehealth services

    c. 47% Are likely to continue using telemedicine

5. **Social Determinants of Health:** *Health Behaviors (consumption, activity, and lifestyle)*
    a. 25% Are Exercising Less

    b. 13% Are consuming less alcohol

    c. 19% Eating more unhealthy foods or overeating

    d. 27% are getting less good sleep

    e. 21% of BIPOC residents are smoking or vaping more

    f. 40% Are Exercising Less

    g. 29% of BIPOC residents are getting less good sleep

6. **Social Determinants of Health:** *Housing & Household Composition*
    f. 9% of BIOC residents are not at all strict about COVID recommendations, i.e. 3Ws (compared to 4% in All)

    g. 22% of BIPOC residents experience the community to be unwelcoming to POCs.

    h. 32% Say their mental health has become worse

    i. 10% feel safe at home some of the time or never (when "sheltering in place")