



Buncombe County
The Health of Our Community
Annual Report for 2007

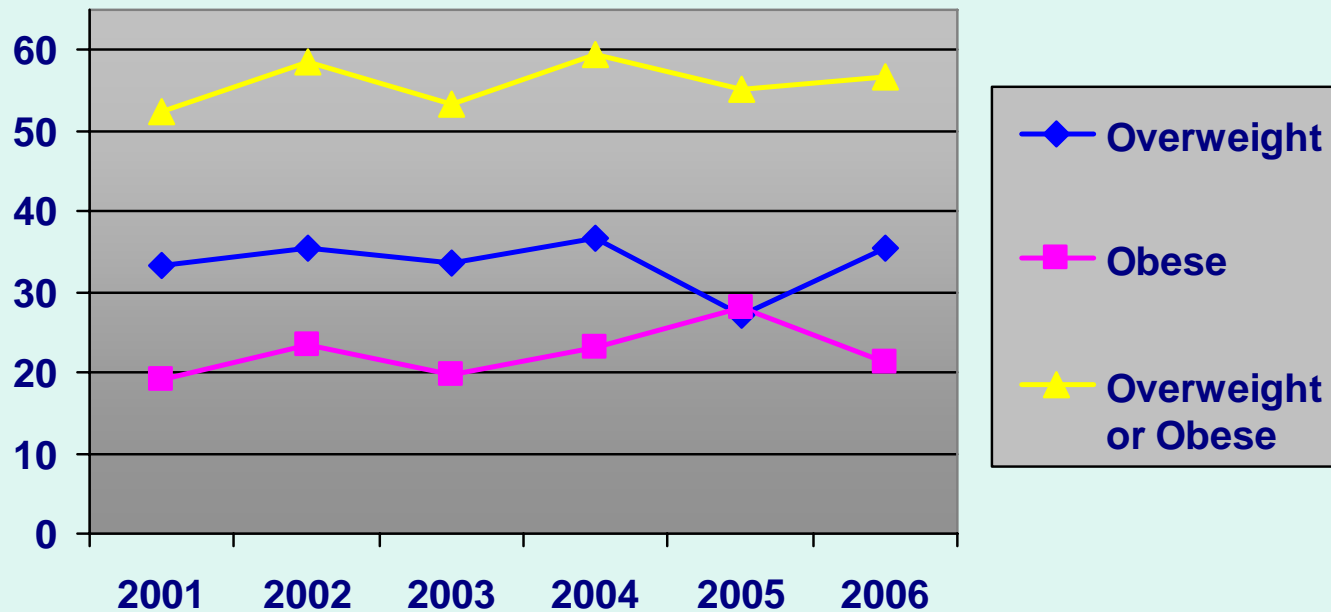
NC DHHS - State of the County Health (SOTCH) Report

2006 Health Priorities

1. **Obesity - Childhood and Adult**
2. **Access to Whole Person Care:
Primary Care, Dental, Mental &
Preventive**
3. **Economic Access to Care – Insurance**
4. **Mental Health**
5. **Health Parity**

Obesity - Adult

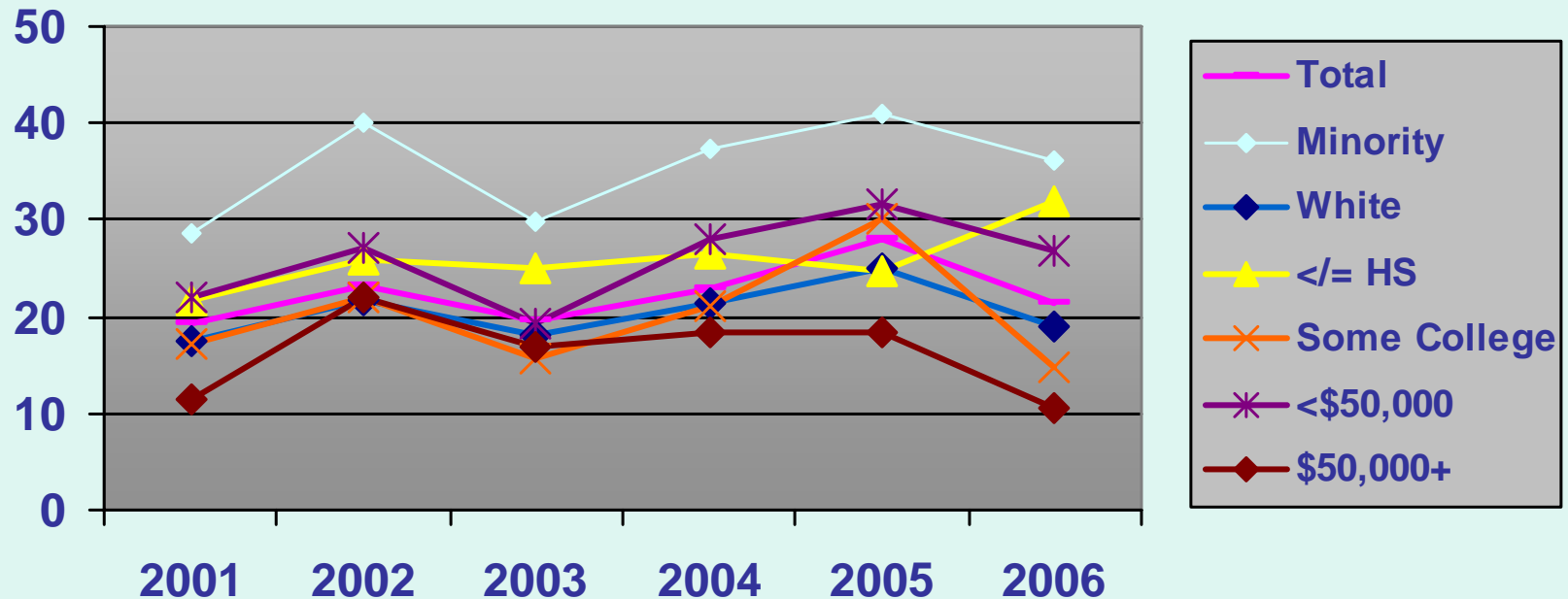
Percentage of Buncombe Adults 18 - 64
Who are Overweight or Obese



Source: NC BRFSS (Behavioral Risk Factor Surveillance System)

Obesity - Adult

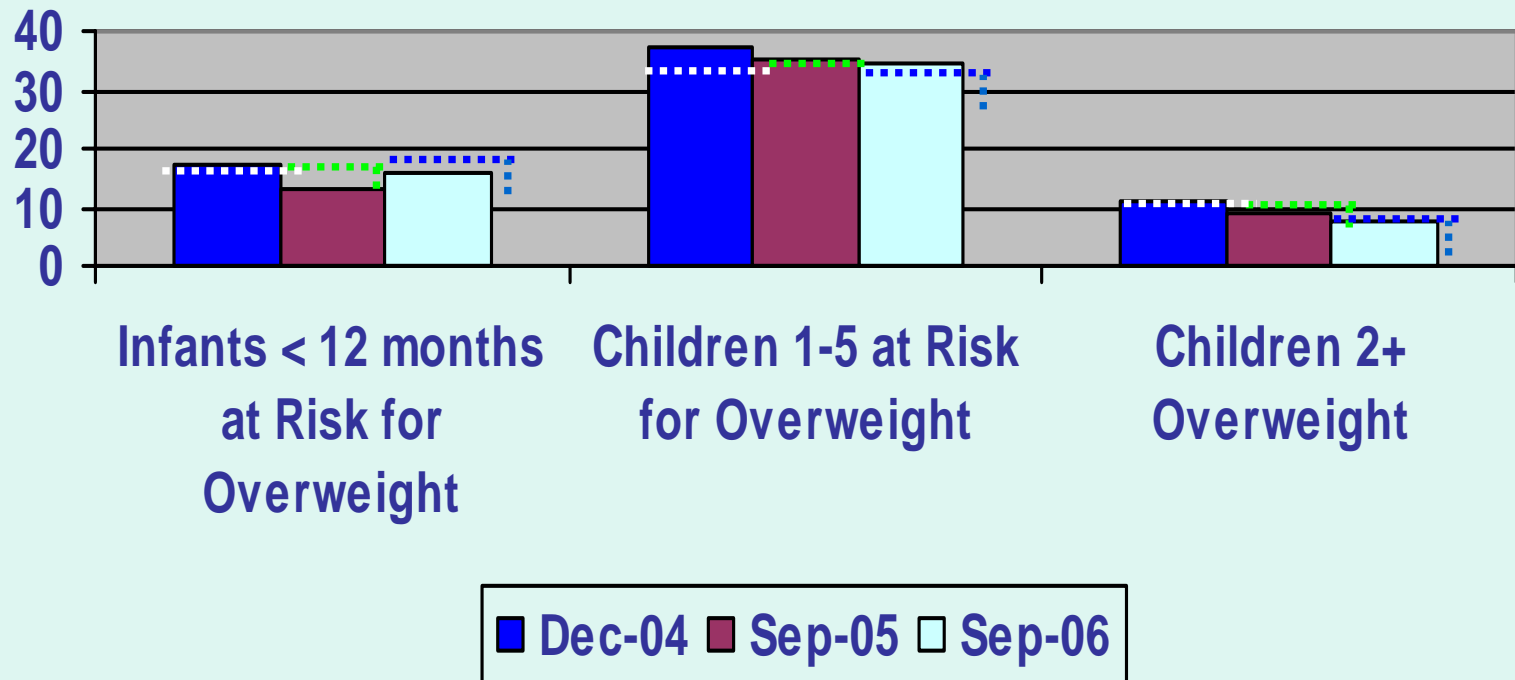
Percentage of Buncombe County Adults Obese



Source: NC BRFSS (Behavioral Risk Factor Surveillance System)

Obesity - Child

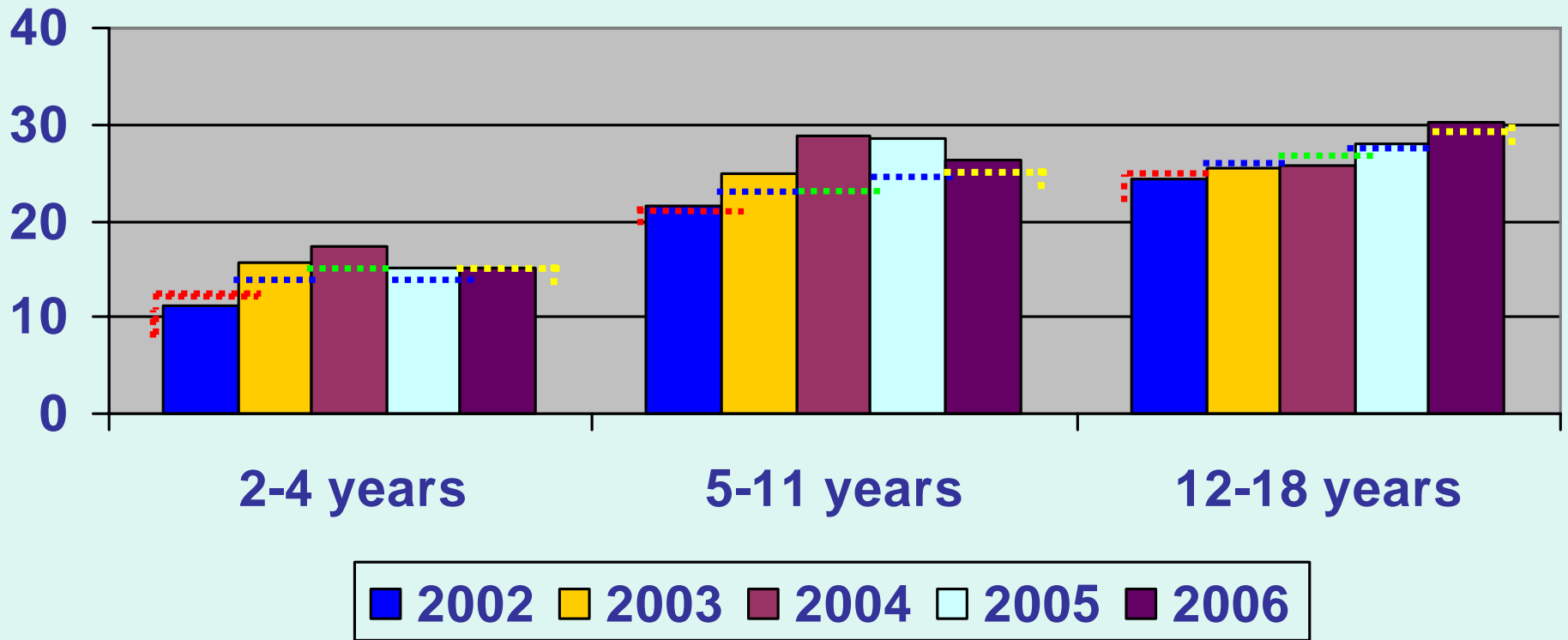
Percentage of Buncombe Infants and Children Enrolled in the WIC Program At Risk for or Overweight



Source: NC WIC Program from HSIS System Report NA490-1.

Obesity - Child

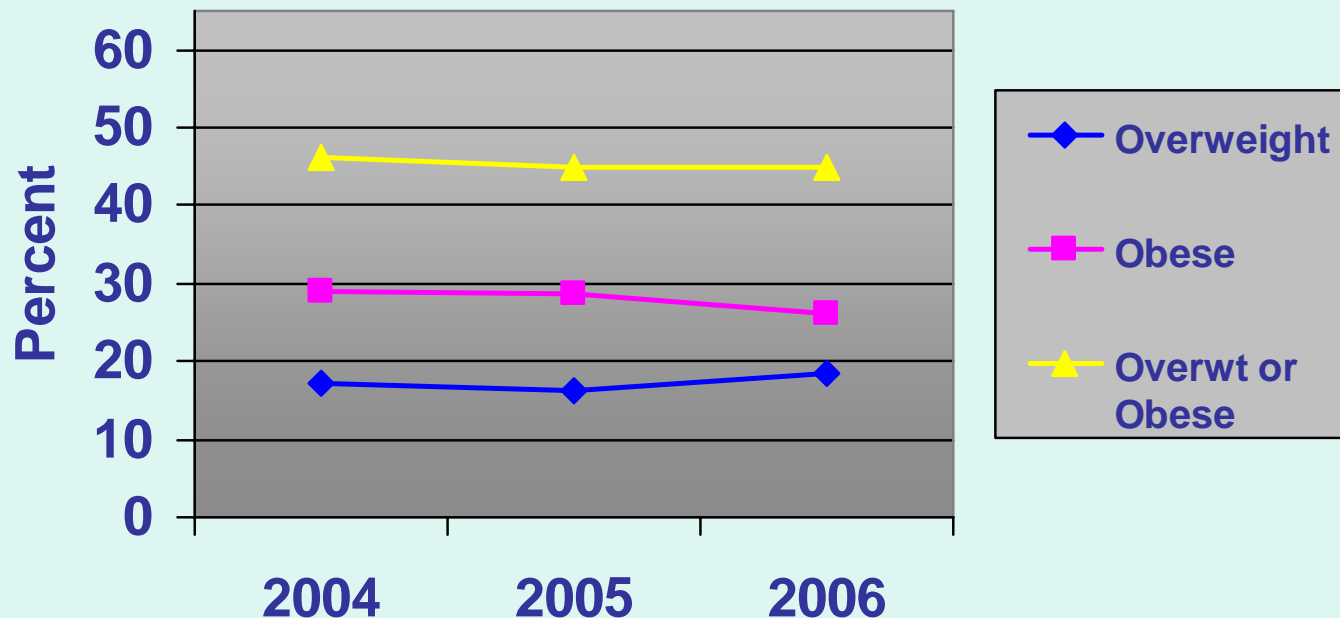
Percentage of Buncombe Children
Who are Overweight



Source: NC-NPASS (North Carolina-Nutrition and Physical Activity Surveillance System)

Obesity - Child

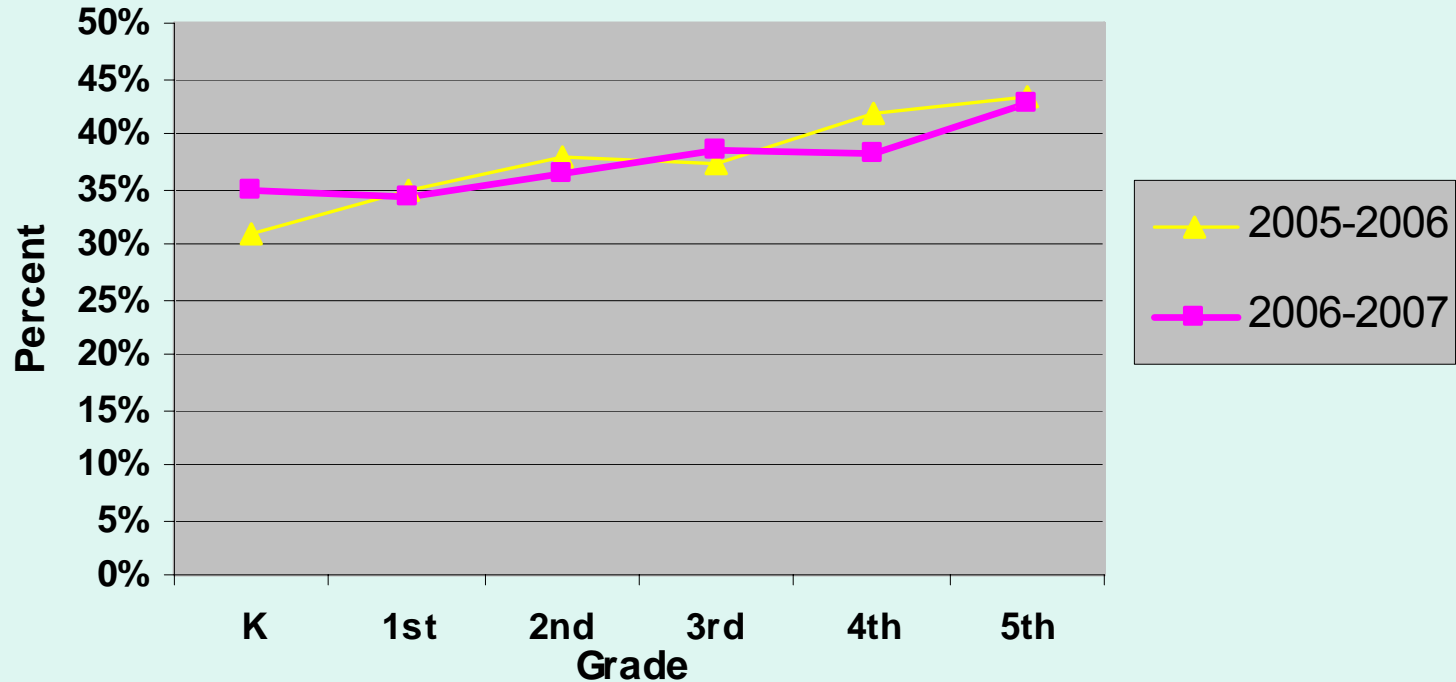
Weight Status of Buncombe County K-5 Students



Source: Buncombe County School Health Advisory Council & Buncombe County Health Center (local BMI data)

Obesity - Child

Percent of Students At Risk for Overweight or Overweight by Grade and Year



Source: Buncombe County School Health Advisory Council & Buncombe County Health Center (local BMI data)

Obesity - Childhood and Adult

County & School activities

Healthy Buncombe Coalition (Local Physical Activity and Nutrition Coalition)

- Shiloh Community Garden
- Worksite MoveAbout Program
- Promotion of Walkable/Bikeable communities
- Support for school-based initiatives promoting healthy lifestyles

School Health Advisory Council (SHAC)

- Leadership to implement Nutrition and Physical Activity Policy in schools
- Annual BMI data collection in elementary schools
- Support implementation of nutrition policies by local school systems



Obesity - Childhood and Adult

Community Strategies

Health Partners (Healthy Carolinians)

- **Formation of Obesity Action Team**

Membership Includes: Buncombe County Health Center, Cooperative Extension, UNC Asheville, Buncombe County Medical Society, Children First, AB-Tech, The Health Adventure, YWCA, YMCA, Mission Hospital, PACE Project, ASAP, Asheville Buncombe School Systems, Alliance for Weight Loss, City of Asheville, MANNA Food Bank, United Way 2-1-1, MAHEC, Wellspring Camp, Access II Care program, Healthy Buncombe

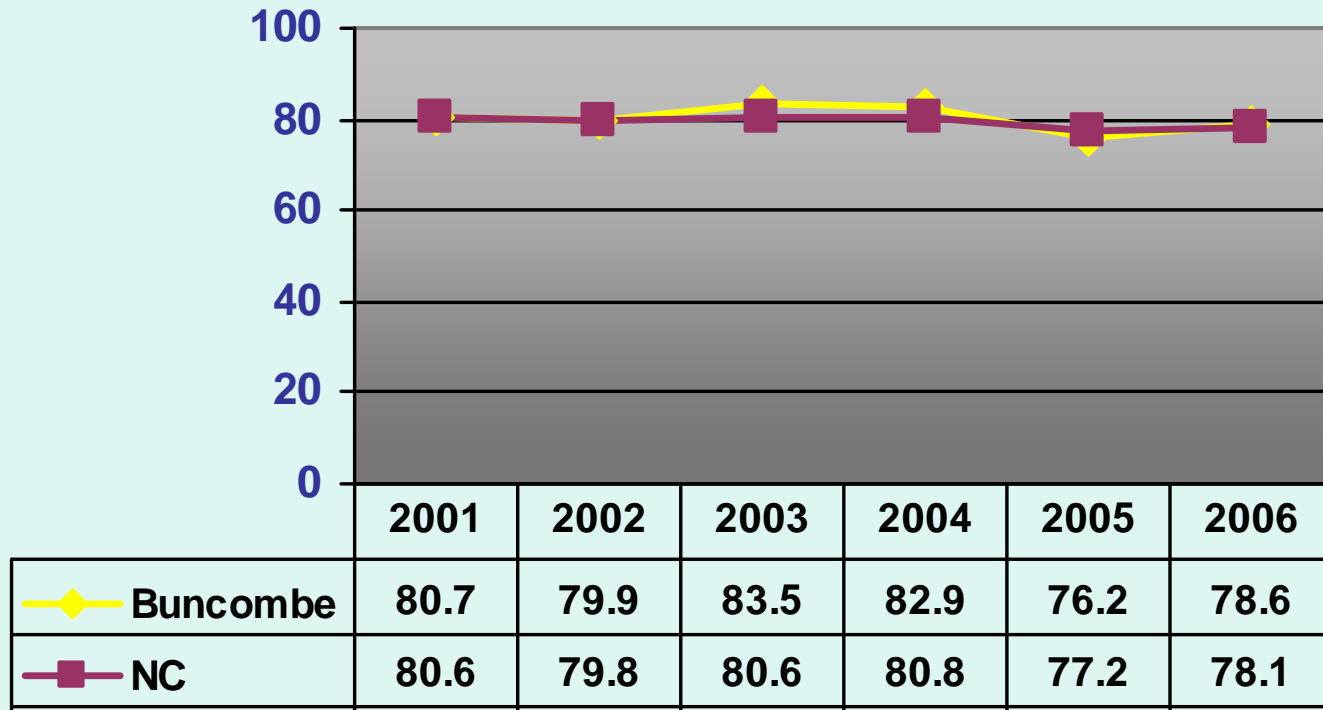
- Established goals that align with the state **Eat Smart Move More North Carolina Plan 2007 – 2012**
- **Resource Inventory** of existing programs/services for treatment and prevention of obesity. GAP analysis will identify program and training needs.
- Develop **Eat Smart Move More** grant proposal (\$20,000 awarded 10/1/07)
- Develop program concept to connect families and practitioners with obesity prevention and treatment programs.

YWCA – programs for after-school youth & “Coach Approach”

Mission Children Hospital –Obesity Prevention Coordinator Position and two pilot programs for children and families.

Access to Healthcare

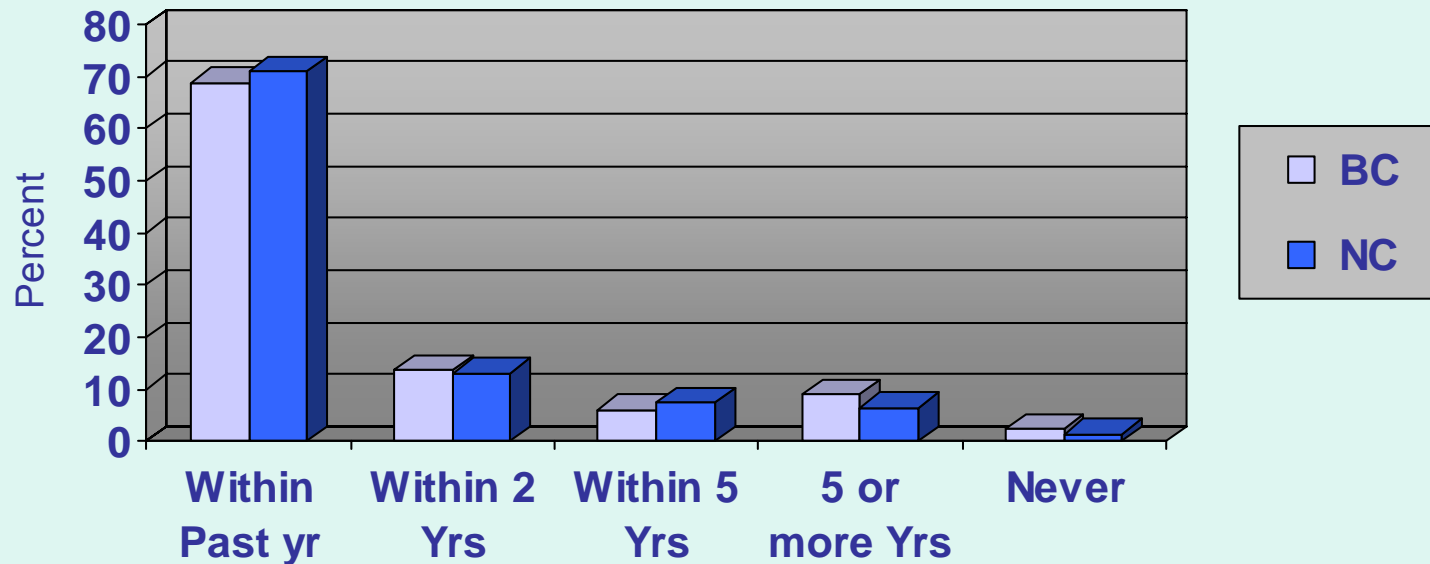
Percentage of Adults Ages 18 - 64 Reporting
A Primary Care Home



Source: NC BRFSS (Behavioral Risk Factor Surveillance System)

Access to Healthcare

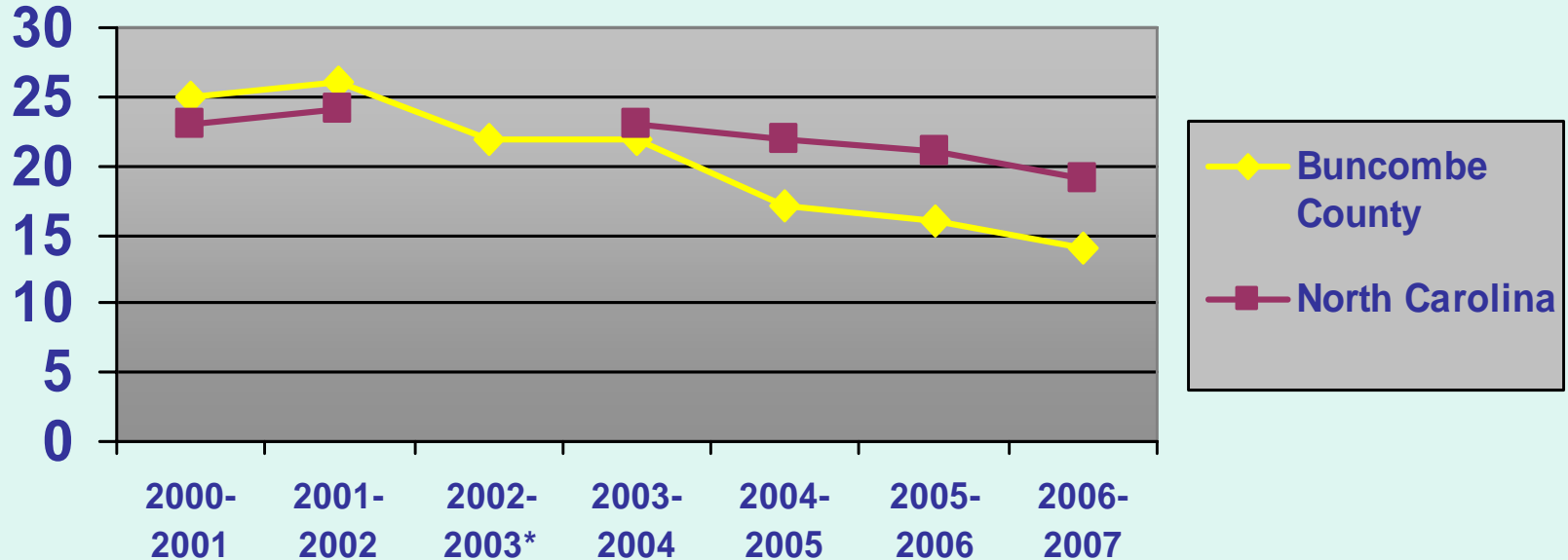
Percent Adults Who Visited a Doctor for Routine Checkup



Source: 2006 NC BRFSS (Behavioral Risk Factor Surveillance System)

Access to Dental Care

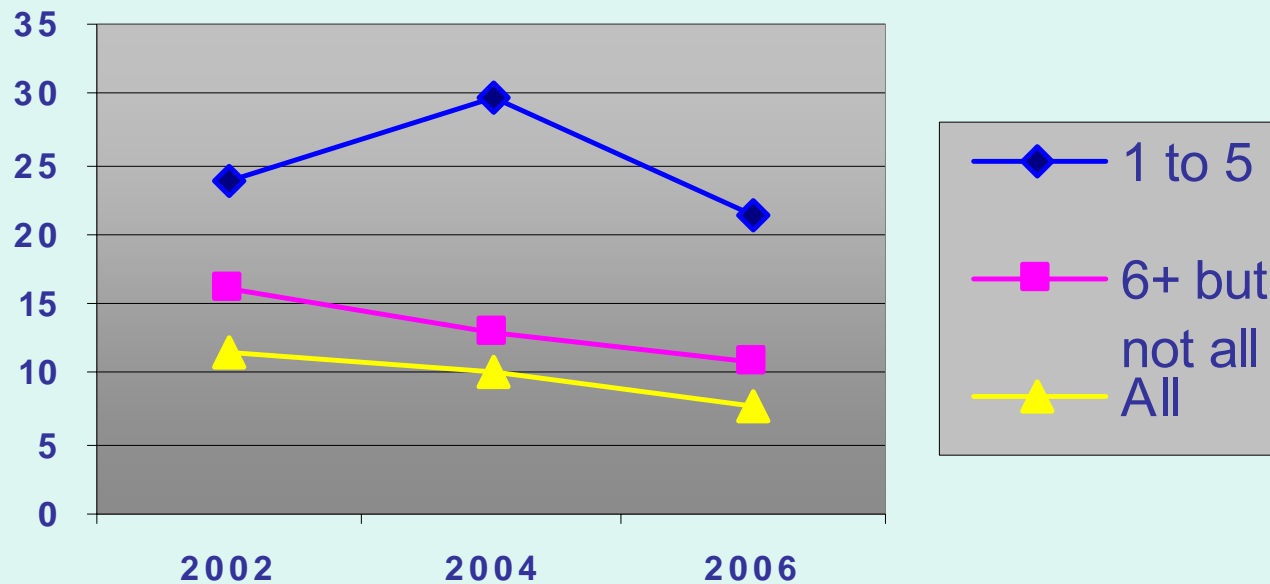
Percentage of Buncombe Kindergarteners With Untreated Dental Disease



Source: NC Oral Health Data

Access to Dental Care

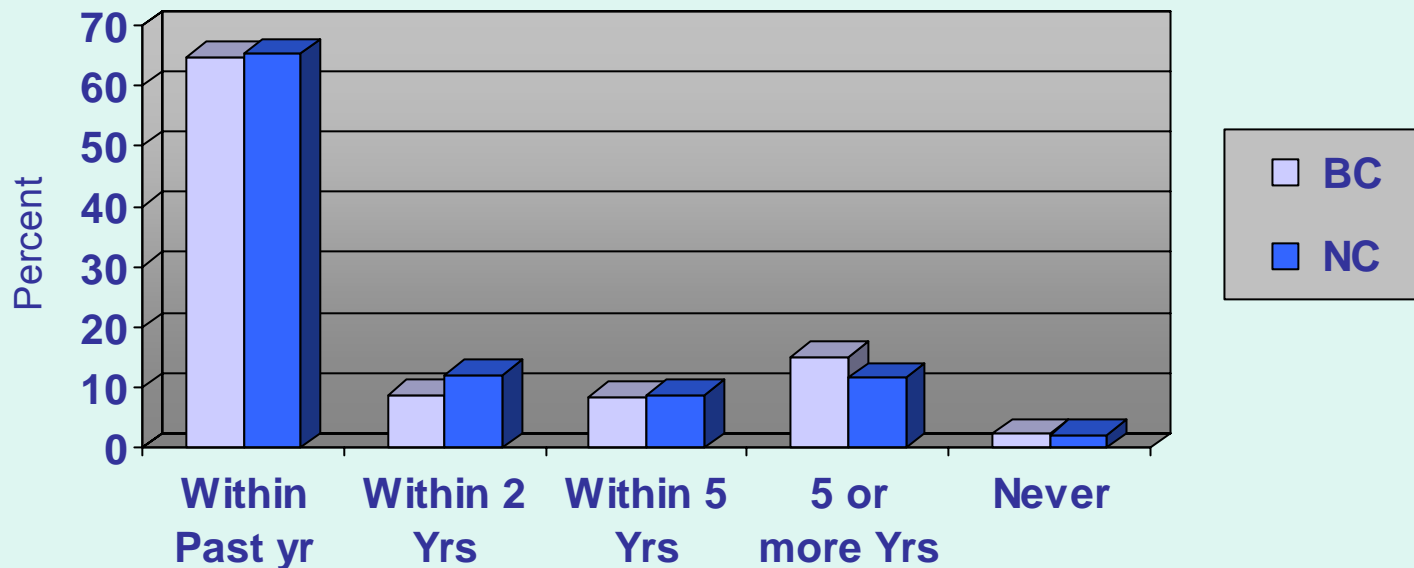
Percentage of Buncombe Adults Who Have Lost Permanent Teeth Due to Decay or Gum Loss



Source: NC BRFSS (Behavioral Risk Factor Surveillance System)
Oral health data collected every two years

Access to Dental Care

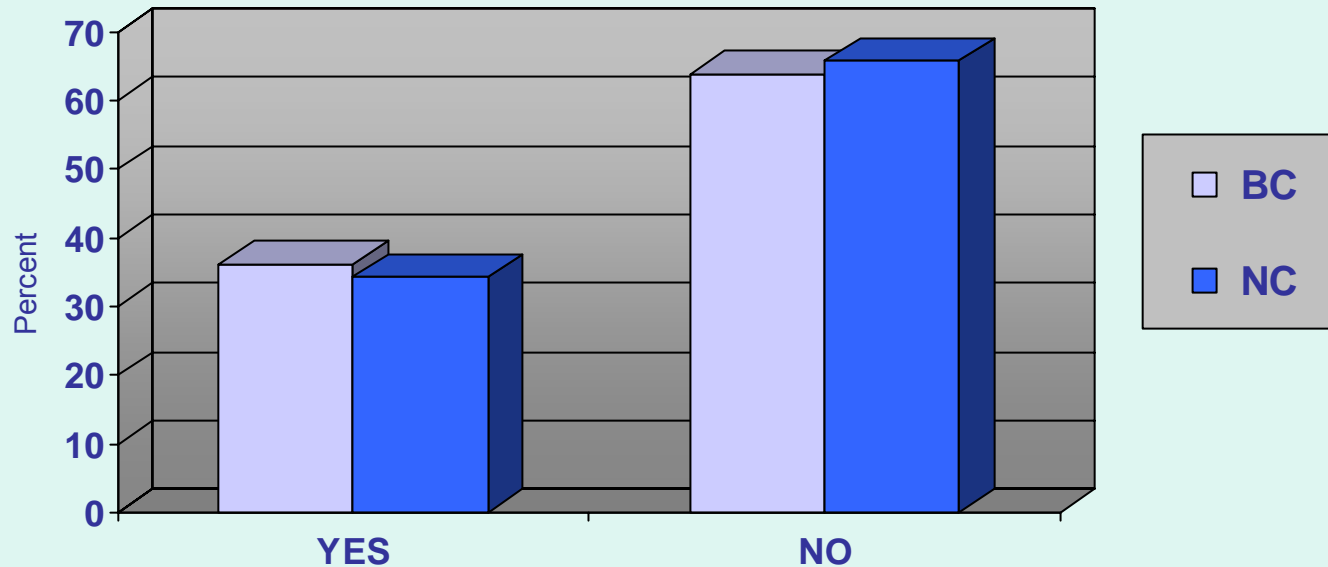
Percent of BC Adults Who Visited a Dentist



Source: 2006 NC BRFSS (Behavioral Risk Factor Surveillance System)

Access to Preventive Care

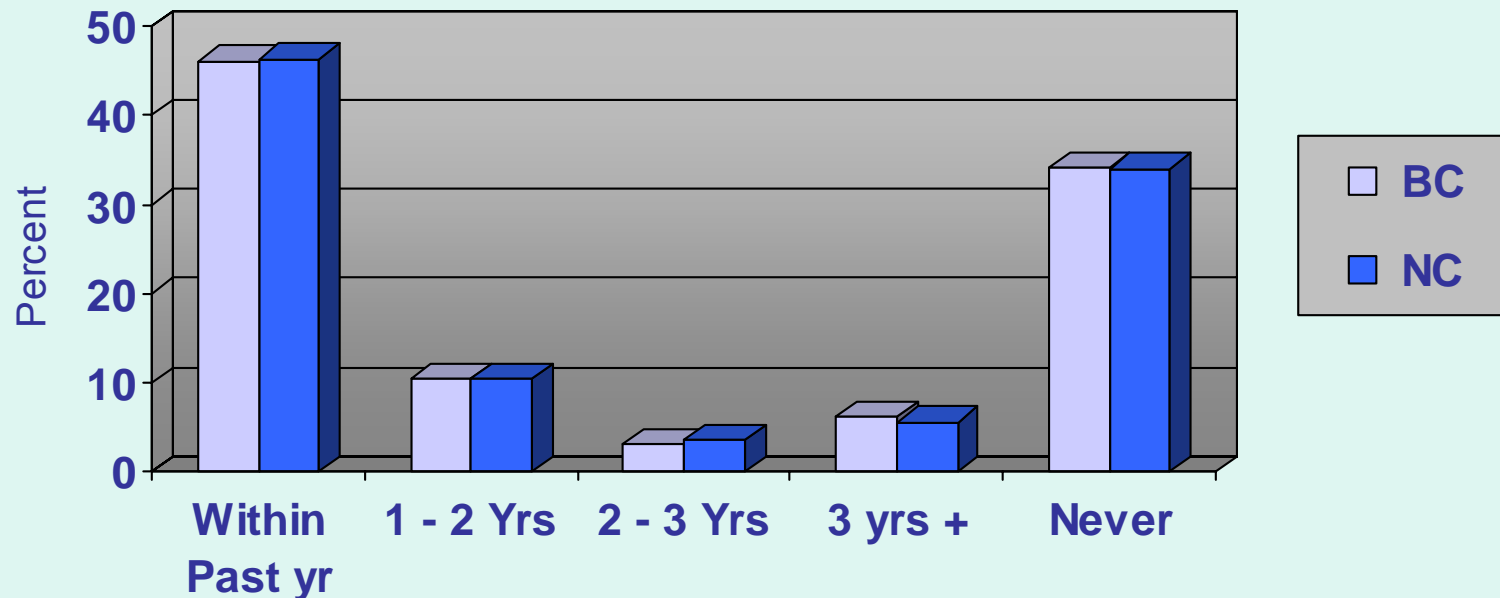
Percent Adults Who Had a Flu Shot
This Past Year



Source: 2006 NC BRFSS (Behavioral Risk Factor Surveillance System)

Access to Preventive Care

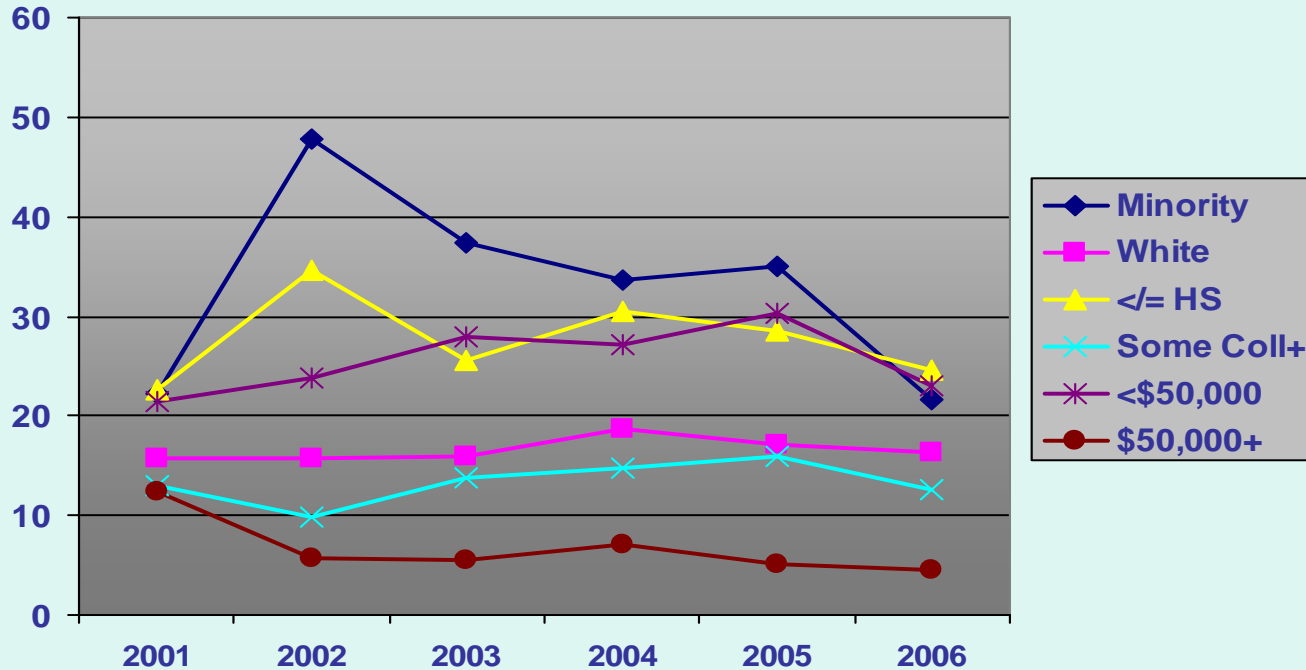
Time Since last Mammogram BC Adult Females



Source: 2006 NC BRFSS (Behavioral Risk Factor Surveillance System)

Economic Access to Healthcare

Adults Reporting No Health Care Coverage in Buncombe County by Group



Source: NC BRFSS (Behavioral Risk Factor Surveillance System)

95% Confidence Intervals for Minorities “% with No Health Coverage”

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55%

n=69

2005



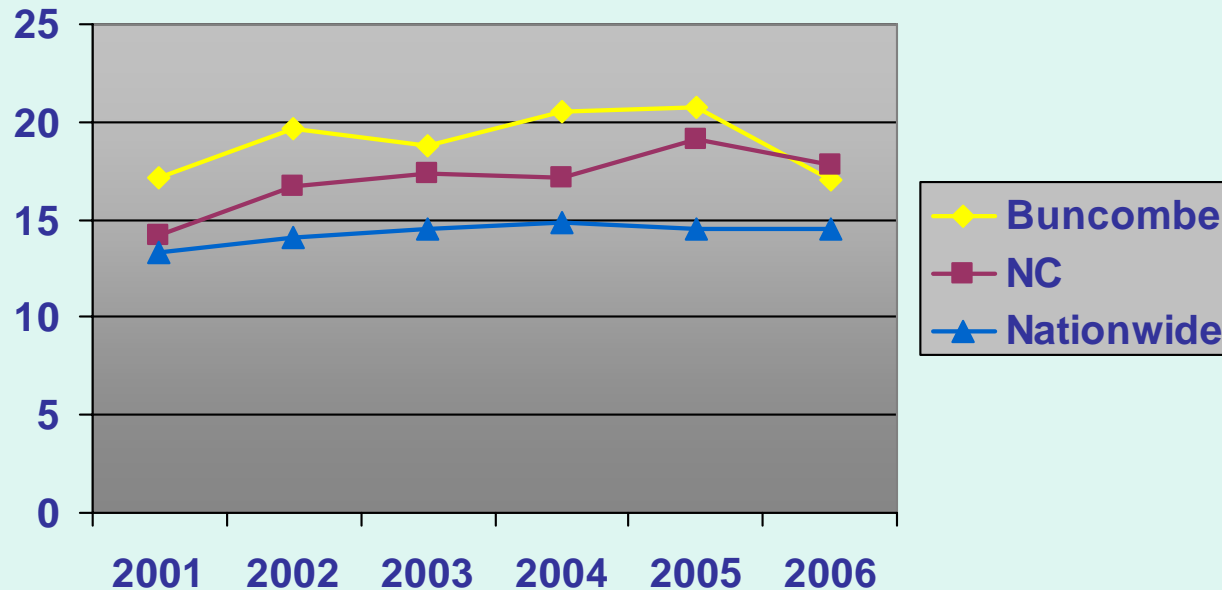
n=36

2006



Economic Access to Healthcare

Percentage of Adults Reporting
No Health Care Coverage



Source: Nationwide and NC BRFSS (Behavioral Risk Factor Surveillance System)

Access to Health Care

County Activities:

BC Health Center – Primary Care Clinic

- Increased number of primary care physicians
- “Open access” scheduling (same day appointments).
- “Express Care Clinic” to offer 30 same-day appointments to established patients, and increasing availability for new patient appointments

Community Activities

BCMS Project Access: In 2006 – provided medical care for 3,300 uninsured residents, with over 600 physicians donating services.

Western North Carolina Community Health Services: designated as a Federally Qualified Health Center, increasing funding to provide medical care to BC uninsured & increasing capacity from 2,200 to 5,500 patients within next two years.

Mission Hospitals: Awarded a 3 year, K.B. Reynolds grant to fund “*Ladies Nights Out*”. In 2007 a total of 900 women received mammograms, clinical breast exams, education, blood work & blood pressure checks.

Access to Care – Economic

County & School Activities

Sponsors ActionBuncombe4Children (AB4C): 1) Reduce barriers to medical and mental health care for children, 2) increase enrollment in Health Check and Health Choice.

Medicaid Eligibility Determination Screening: 14 DSS caseworkers in community outposts to ID residents eligible for Medicaid & assist with application process.

Ensure medical follow-up care for students ID with health problems from vision, hearing & dental screenings

Community Activities

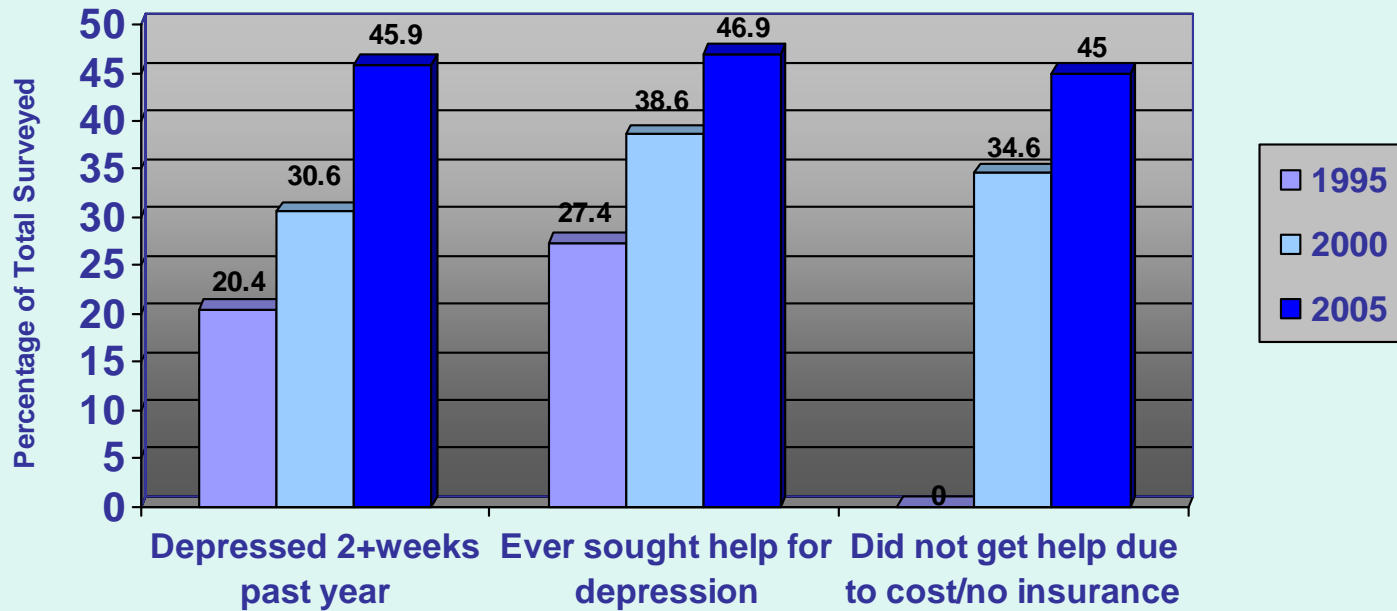
Community Business, hospital & healthcare leadership: Asheville Chamber of Commerce's Healthcare Roundtable - Explore community-based health insurance products & options.

Safety Net Coalition: Under the County's leadership, the community safety net providers meet monthly to monitor and resolve the community health care access issues. Group oversees care navigation pathways for the uninsured in Buncombe County to insure access to essential health care services.

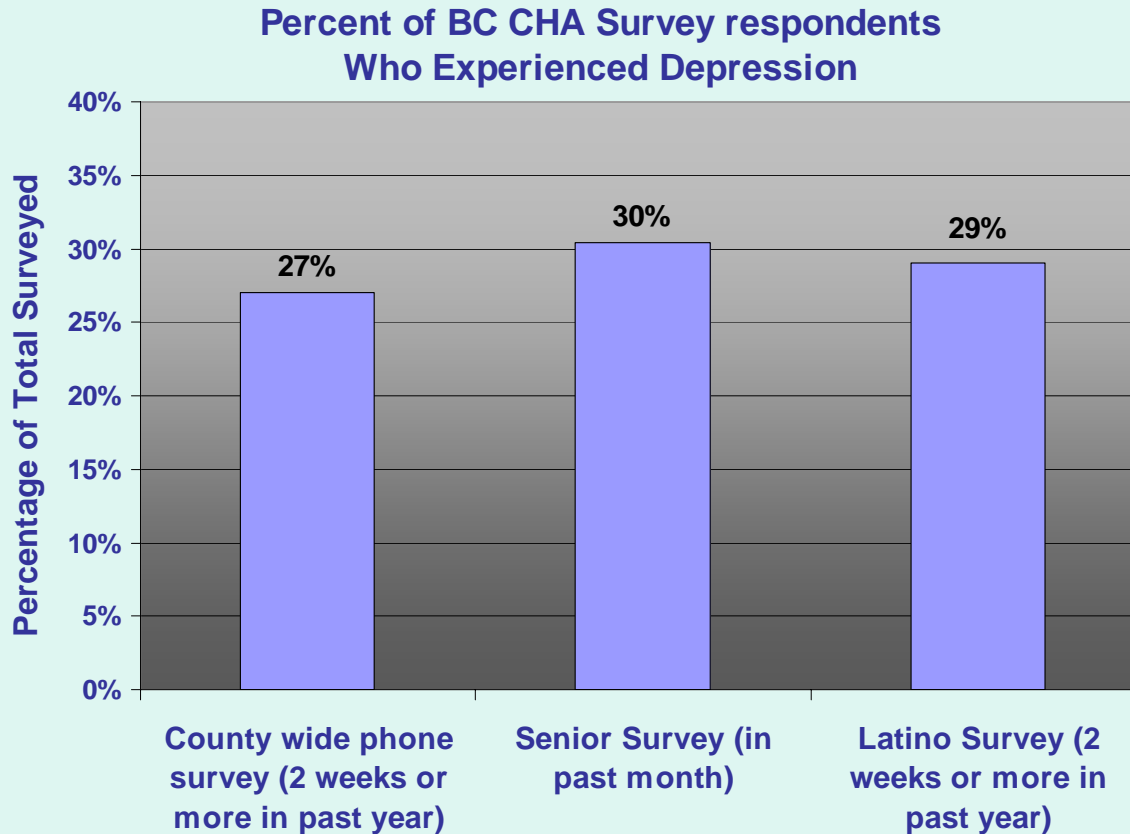
Coalition plans to implement care coordination program using web-based interactive disease management registry linked to all community care providers. To be introduced to community in 2008.

Mental Health

% BC CHA Survey Respondents Experiencing Depression



Mental Health



Source: 2005 Community Health Assessment Report (local survey data)

Mental Health

County Activities

Oversight of County activities is provided by 1) Assistant County Manager for Human Services, 2) Director of Social Work at DSS, and 3) A Planner/evaluator.

County has focused on initiatives to:

- Assure access to behavioral health services for County residents,
- Reduce County liability & costs that would be incurred by the County if not provided

Criminal Justice

- **Detention Facility Mental Health Case Management Services** (State grant through Western Highlands) – RHA Health Services
- **Detention Facility Substance Abuse Case Management Services** – RHA
- **6 Wet Shelter beds** (Social detox for homeless intoxicated persons) – ABCCM/NLO/SOM
- **Pretrial Weekend Diversion** (screening persons with mental illness at BCDF) - RHA
- **Crisis Intervention Team** – CIT (summer '08 implementation) - APD & BCSD
- **Inmate Health** (includes psychiatric nurse and psychiatric consultation) – SHP
- **SCRAM (ankle bracelet)** – Rehabilitation Support Services

Mental Health

County Activities (continued)

Integrated Care

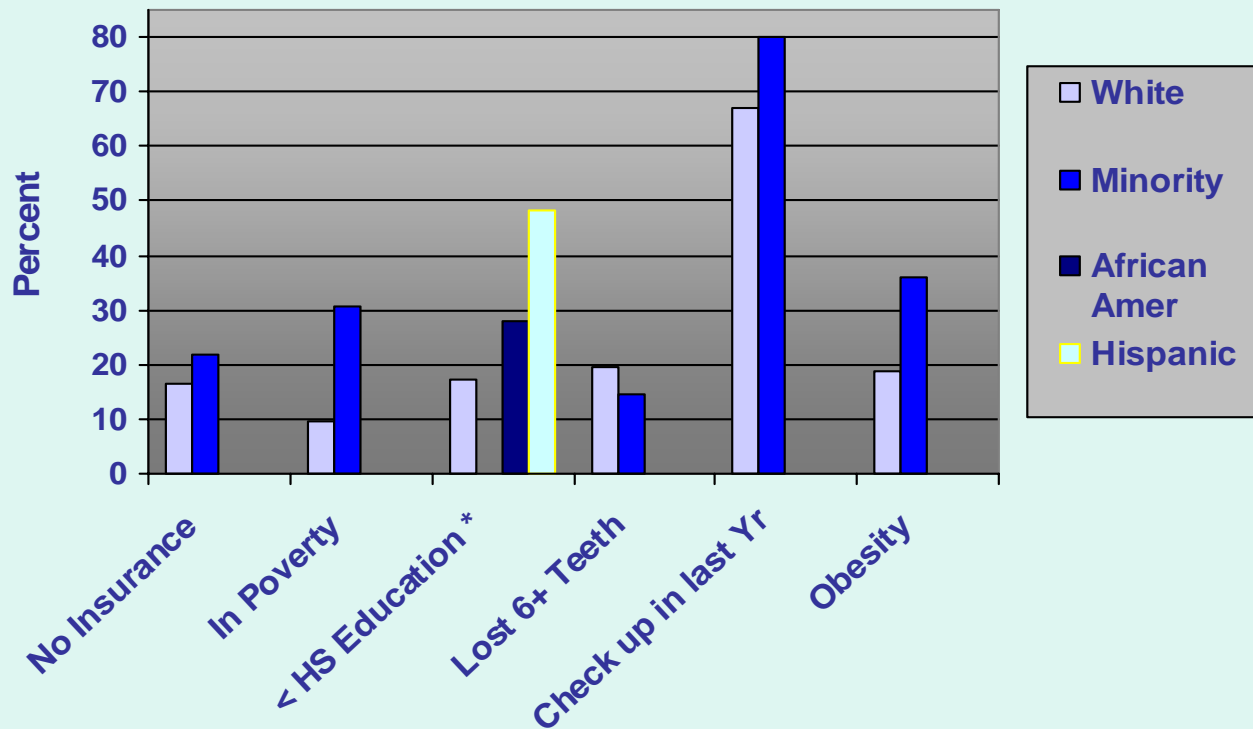
- **Behavioral health services at 3 Student Health Centers** (Asheville Middle & High; Irwin Middle) – Families Together
- **Behavioral health services in BCHC Primary Care Clinic** - RHA
- **Provide primary care home** to patients discharged from Broughton Hospital - WNCCHS
- **Seed funding** for primary care practices to provide integrated behavioral health care - MAHEC

Safety-Net

- **Assessment Center** (psychiatric emergency central receiving facility 24/7/365) Anticipate summer '08 implementation; negotiating with Mission Hospital at present.
- **Crisis Stabilization Unit at Neil Dobbins Center** (6-8 beds for Broughton diversion)
- **Mobile Crisis Team** – multiple providers
- **Urgent psychiatric referrals from DSS, BCHC, BCDF** – RHA Health Services
- **Non-target population referrals from DSS, BCHC** - All Souls Counseling
- **Homeless Initiative** – City of Asheville
- **Disability Project** – Pisgah Legal

Health Parity

Selected Health Indicators
Among Buncombe Adults by Race/Ethnicity

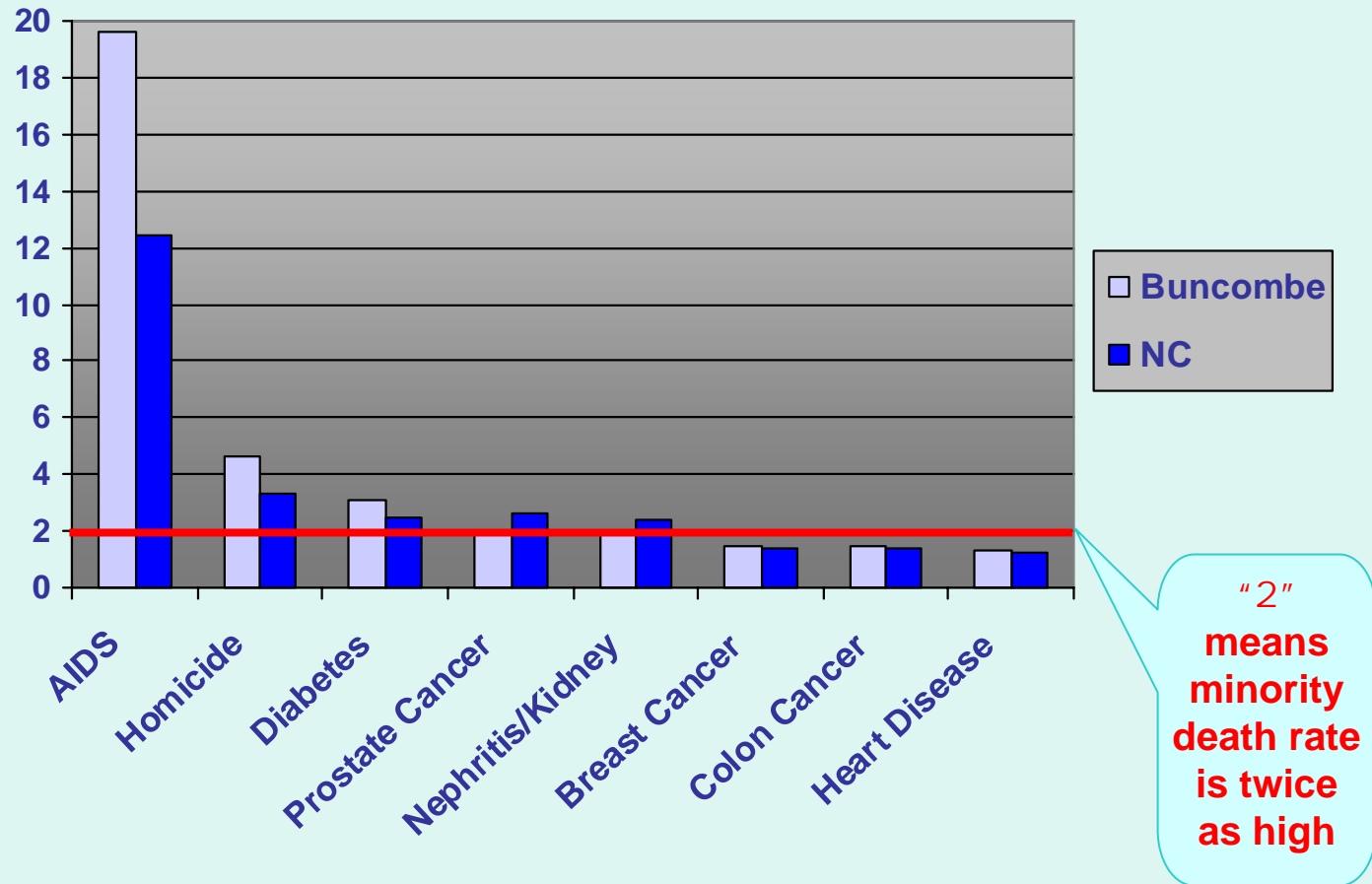


Source: 2006 NC BRFSS, 2006 County Data Book,

* 2000 US Census data, Buncombe County Tables 148, a-h

Health Parity

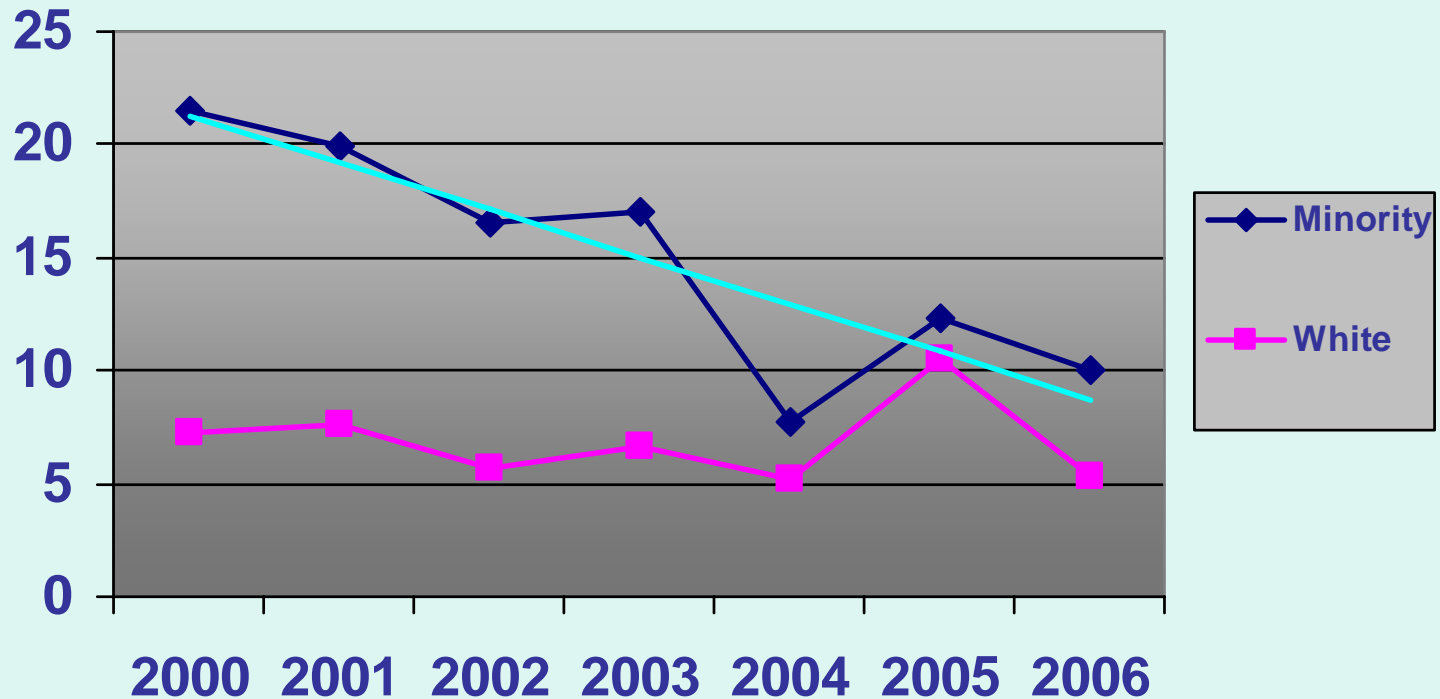
Buncombe Disparity Ratios Death Rates 2001 - 2005



Source: NC SCHC – 2007 County Health Data Book

Health Parity

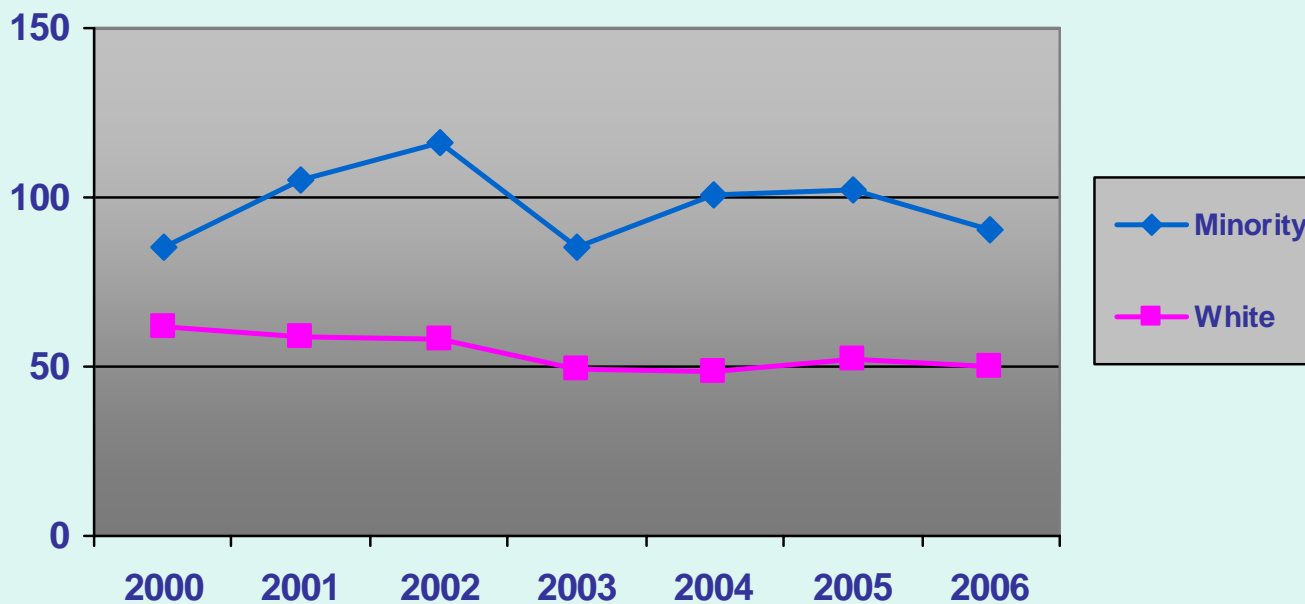
Buncombe Infant Mortality Rate per 1,000 Live Births



Source: NCSCHC – Vital Statistics, Infant Mortality Data

Health Parity

Buncombe Adolescent Pregnancy Rate Ages 15-19



Rate per 1,000 population

Source: NCSCHC – Pregnancy, Fertility, & Abortion Rates by Race for Women by age: North Carolina, Regions & Counties

Health Parity

County Activities

BCHC Health Promotion Programs

- 2006 ESMM Grant to Shiloh Community to support physical activity & nutrition programs for African American families
- “Breaking the Silence” and “Keeping It Real” (Adolescent Pregnancy Prevention) - Training & Technical Assistance for Black Church ministers, leaders & youth

Community Activities

HealthPartners, a Healthy Carolinian partnership – Have held two meetings to establish membership & goals for this action team. Preliminary actions plans have been discussed, which include how best to address the widespread issues related to health disparities. *Option 1:* Establish specific initiatives in each of the other 4 action teams that focus on improving health parity. *Option 2:* Create a subcommittee of the Obesity Action Team to develop very specific initiatives for African Americans.

ABIPA (Institute of Parity Achievement) – multi-year grant funding, provides case management services to African-Americans with diabetes, breast cancer, and prostate cancer. They are working with community partners to develop case management protocols to assure all patients receive the same level of care and quality of services.

Medical Case Management - Access II Care, ABIPA, and BC Project Access are working together on a project to case manage uninsured adults who are using the ER for treatment of chronic illness.

Buncombe County Medical Society - WNC Interpreter Network (WIN) provides interpreter services for health practioners and clients, free to patients.

Mortality Statistics

Leading Causes of Death Buncombe County Residents	Rank		
	All	Whites	Minorities
Diseases of the Heart	1	1	1
Lung, Trachea, and Bronchus Cancer	2	2	3
Cerebrovascular Disease	3	3	2
Chronic Lower Respiratory Diseases	4	4	8
All Other Unintentional Injuries	5	5	9
Alzheimer's Disease	6	6	
Female Breast Cancer	7	8	6
Prostate Cancer	8	9	4
Pneumonia and Influenza	9	7	
Colon, Rectum, and Anus Cancer	10	10	10
Diabetes Mellitus			5
Nephritis and Kidney Diseases			7

Source: NC State Center for Health Statistics, 2007 County Health Data Book

Community Changes

- **HealthNet** - Community-wide care coordination program using web-based interactive disease management registry linked to all community health care providers.
- **Mental Health** system changes at state and local level that impact availability of BC and WNC Mental Health Services, i.e. agency closures & restructuring provision of services
- **Dental Health services** for Medicaid & un/underinsured will be taken on by WNCCHS, which is now a designated Federally Qualified Community Health Clinic (Medical & Dental Care)
- **Access II Care grant** award (\$200,000) to implement Health Safety Net activities
- Three year, **Kate B Reynolds grant** to support “*Ladies Night Out*”, a breast cancer screening & education initiative
- **Physical Activity & Nutrition (PAN) grant** (\$20,000) to pilot new worksite wellness activities for downtown employers

Emerging Health Issues

- **Rising cost of insurance** – Asheville Chamber of Commerce Taskforce explores strategies to:
 - 1) lower or contain medical insurance and costs
 - 2) develop a community-based insurance product
 - 3) provide disease prevention services, especially targeting small businesses

Taskforce Conclusion: Multiple challenges related to the magnitude of this issue make it difficult to craft a local solution to a Nationwide Problem
- **Increasing # of TB** and other communicable disease cases among the growing immigrant population

Growing concern among community leaders and citizens that the growing immigrant population strains community & HEALTH resources:

Example: Increasing # of TB cases, increases the number of directly observed therapies (see next slide), which strains BCHC staff
- **Diabetes among children** continues to increase
- **Pandemic Flu Preparedness** – public awareness & preparation among residents & community & service agencies

Summary of Data Sources

- 2005 Buncombe County Community Health Assessment Report
- NC Behavioral Risk Factor Surveillance System (BRFSS) Data
- North Carolina State Center for Health Statistics – 2007 County Health Data Book
- Center for Disease Control & Prevention

For More Information...

- Buncombe County Health Center
(828) 250-6989
www.buncombecounty.org
- HealthPartners
(828) 250-6120
www.healthpartnerswnc.org