# "At a Glance" 2008 State of the County's Health (SOTCH) Report – Buncombe County

	Positive	Watch	Negative <b>X</b>	2008 Report Highlights
OBESITY PREVENTION	<b>V</b>	9 9		<ul> <li>Child Obesity:         <ul> <li>The percent of Buncombe County K-5 students who are overweight or obese decreased slightly from prior year.</li> </ul> </li> <li>Although the risk of being overweight gradually increases from grades 1 to 6, in the 2007-08 school year the percentage of overweight children was lower in every grade compared to the two previous years.</li> </ul>
	V	Ŷ		Adult Obesity:  In 2007, almost 52% of adults were either overweight or obese; however the data indicates that the percentage of adults who were either overweight (32%) or obese (20%) was lower than in the previous five years.
	V			Obesity Prevention Efforts:  The community has had an increase in weight management services and in awareness about physical activity and nutrition.  New initiatives include Mission Hospitals' "Energize" programs, Access II Care Pediatric Obesity Tools, UNCA & YMCA family fitness programs, BCHC SESAMM, and Downtown on the Move, among others.
ACCESS TO CARE	<b>☑</b>	9	×	Health Insurance Coverage & Access to Health Care  2008 data indicates that the percent of Buncombe County adults who had a primary care home decreased, while the percent for NC adults increased.  The percentage of adults reporting no health insurance increased among minorities and for those with incomes less than \$50,000.  Recent survey data suggests an increase in minorities having no health insurance, going from 22% in 2006 (CI 8.8% to 44.3%) to 55% in 2007 (CI 33.4%-74.4%). This may be an anomaly due to small sample size, but it merits careful monitoring.  Immunizations: There was a slight increase in the percentage of adults age 18 and over who were vaccinated for flu in 2007; however among adults over 65 years of age, 25% did not get flu vaccine.  Dental Care: The percentage of Buncombe County kindergarteners with untreated dental disease remained at 14% in 2007 and continues to be below the state average of 18%.
MENTAL HEALTH	V	P	×	<ul> <li>Mental Health:</li> <li>New survey data shows 23.2% (16.1% NC) of Buncombe adults reported having EVER been told by a doctor that they have depression, and 9.7% (9.3% NC) reported currently having depression.</li> <li>Community partnership efforts have improved law enforcement options for handling individuals with mental health issues. Officers have been trained in de-escalation skills, and a crisis stabilization center and "wet" shelter have opened.</li> </ul>
EQUITY & PARITY	V	9	×	<ul> <li>Health Parity:</li> <li>Infant mortality rate is down slightly for minorities and whites, and continues a downward trend from 2000 to 2007.</li> <li>Adolescent pregnancy rates increased slightly for both whites and minorities in 2007, although the rates are still trending down overall. Rates for minority teen girls are still twice that of their white counterparts.</li> </ul>

## **More Report Highlights:**

#### **Community Changes Impacting Health:**

- Healthcare for the Un/Under-insured: Community and public health clinics and leaders are working together to assure the most effective, cost-efficient delivery of primary care services for those who are un/underinsured.
- **School Health Nurses:** In the past year, six additional School Health Nurses were funded, bringing the nurse to student ratio to 1: 1,472 (the NC average is 1: 1,344).

### **Emerging Health Issues:**

- Syphilis: As of December 1, 2008, BCHC Disease Control reports a second cluster of Syphilis cases. This is still within the range of normal activity but is worthy of increased monitoring and intervention.
- **Economy:** Economic decline will potentially increase the number of people without health insurance, as well as the need for emergency and public health services.

#### **Health Equity & Health Parity:**

- Health Inequality: Minorities experience certain diseases and causes of death at rates that
  are unequal and much higher than rates of whites, such as AIDS, homicide, diabetes, kidney
  disease, breast and prostrate cancers, and heart disease.
- Income, Education and Race: Low income, less education, and race-ethnic minority status all correlate with a person lacking health care coverage.
- Leading Causes of Death: Heart disease, lung disease and stroke are leading causes of death for whites and minorities. In other disease areas we see remarkable differences associated with race. For example, diabetes ranks as the 4<sup>th</sup> leading cause of death for Buncombe minorities, whereas it ranks 12<sup>th</sup> for whites.