



Buncombe County 2011 Health Report

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

Prepared by the Buncombe County Department of Health
December, 2011

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Introduction

The field of public health is changing rapidly. With the implementation of the Affordable Care Act (ACA) comes new requirements for reporting our work and new opportunities for partnerships. Funding opportunities, such as the Community Transformation Grant, increasingly reflect the public health core message that we must focus more on how the environment shapes behavior and less on directing individuals. This parallels our department's shift from more traditional clinical based services to a population health approach. The Buncombe County Department of Health has embraced these changes and is preparing for a new face of public health in our country.

We have spent much of the past year learning new ways of defining our work and our role in this community. This has involved collaborating with partners on what we are trying to achieve and how to align our goals for maximum impact. For example, the ACA has provided us with new opportunities to work closely with Mission Hospital on their newly required Community Health Needs Assessment, as well as to look more broadly at the region for streamlining the CHA process together.

These types of collaborations are changing the way that we measure our achievements to show how we are working together as a community to impact the priority health issues outlined in this report. To enhance this collaborative effort, we are exploring new technologies, such as an electronic tracking software that will allow for better evaluation of our community's efforts and ongoing communications with the public on our progress.

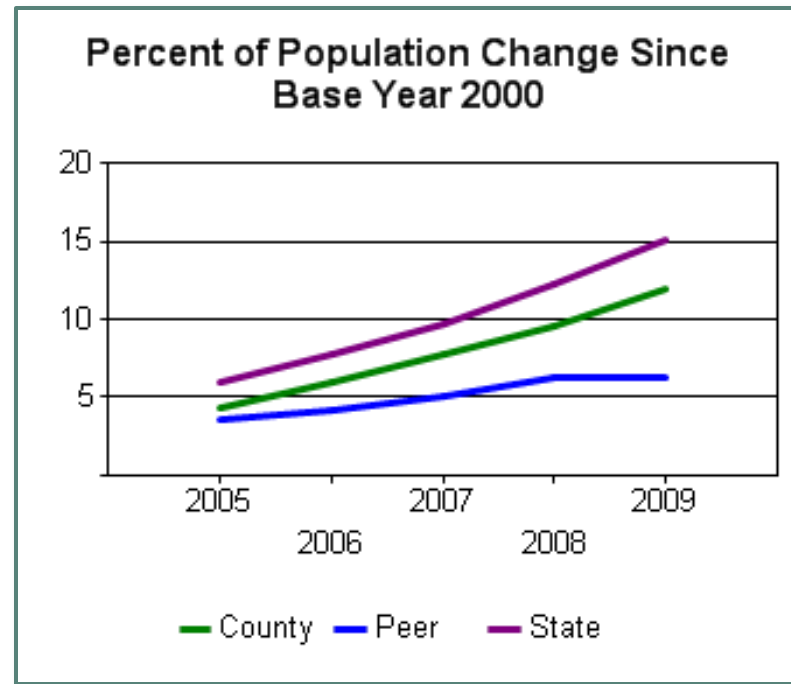


Demographics

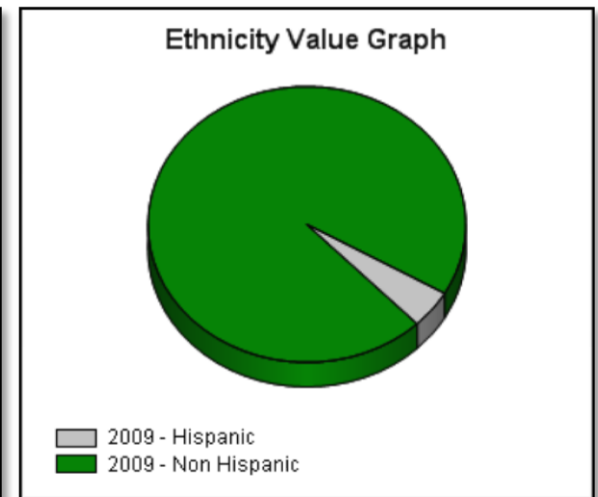
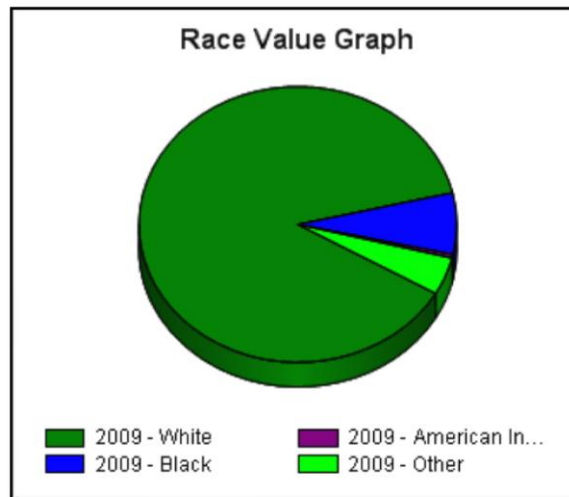


Demographics

2010 Buncombe County Population by Race	Number of Citizens
White	208,192
African American	15,211
Asian	2,417
American Indian and Alaska Native	948
Native Hawaiian and Pacific Islander	289
Other	6,266
Identified by two or more	4,995
Total	238,318



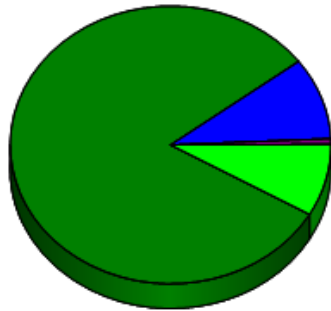
NC Peer Counties:
Burke,
Davidson,
Randolph



Demographics

BC Population Ages 1 – 4 years

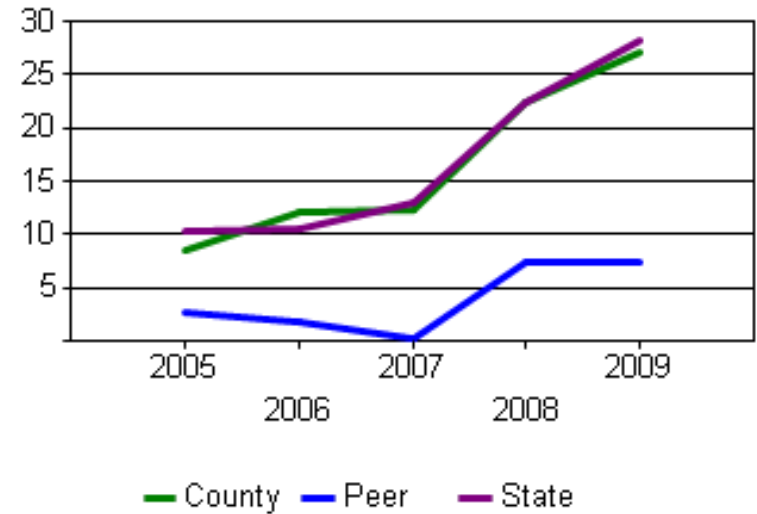
Race Value Graph



■ 2009 - White
■ 2009 - Black
■ 2009 - American In...
■ 2009 - Other

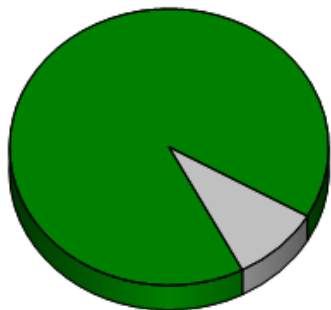
Race	Pop. (N)
White	9,077
Black	1,067
American Indian	73
Other	935

Percent of Population Change Since Base Year 2000



NC Peer Counties: Burke, Davidson, Randolph

Ethnicity Value Graph



■ 2009 - Hispanic
■ 2009 - Non Hispanic

Ethnicity	Pop. (N)
Hispanic	1,012
Non Hispanic	10,135

Environmental Scan

The following section provides a snapshot of the programs in our community that currently address our priority health areas. Although this is not a comprehensive list of all of the great and relevant work happening in our community, these are key programs that United Way, Mission Hospital and the Department of Health are supporting and/or working on to address our priority health issues.

Buncombe County Health Priority 1: Improve Women's Health During Childbearing Years

Mission Hospital Subsidized Programs	Mission FY 12 CB Grants	United Way	Buncombe County Department of Health	Other Major Community Partners / Programs
Genetics Outreach; Folic Acid Program	Women at Risk	YWCA MotherLove	Family Planning & STD Clinic	Planned Parenthood
Prenatal Education			Pregnancy Care Management (PCM)	WNCCHS Prenatal Clinic
MAHEC OB/GYN Residency Program			Systems Work/Outcomes, Partnerships & Surveillance	MAHEC Women's Health Center
Women's Research			Nurse Family Partnership	Mt Zion AA Prenatal & Infant Support Teen Pregnancy Prevention
Parent Review - Online parenting education			Collaboration with WNCCHS, MAHEC, CCWNC to assure Safety Net for pregnant women	
			BCCCP and Wisewoman	

Buncombe County Health Priority 2: Promote Healthy Weight and Healthy Living

Mission Hospital Subsidized Programs	Mission FY 12 CB Grants	United Way	Buncombe County Department of Health	Other Major Community Partners / Programs
Lighten Up for Life	Girls on the Run	Girls on the Run	WIC & Nutrition	YMCA: Pioneering Health Communities and Partners
Sports Medicine in the Schools	MACFC: Rainbow in my Tummy	MACFC: Rainbow in my Tummy	Healthy Buncombe Coalition and Partners	Parks and Recreation (City and County)
Health Education Center Programs	MANNA Packs	MANNA Packs for Kids	Systems Work/Outcomes, Partnerships & Surveillance	Asheville City Schools and BC Schools
Energize	YMCA Childhood Obesity Prevention	YMCA Youth Fit for Life	BC Project ASSIST (Tobacco) Coalition	UNCA Center for Health and Wellness
Children's Diabetes Camp	YWCA Family Diabetes Program and Kids Programs	YWCA Preventive Health		WNCHN: Child and Adult Obesity (Regional)

Buncombe County Health Priority 3: Improve Children's Health Outcomes; Focus on Family Support and Education

Mission Hospital Subsidized Programs	Mission FY 12 CB Grants	United Way	Buncombe County Department of Health	Other Major Community Partners / Programs
Family Support Network	Child Abuse Prevention Services	Child Abuse Prevention Services	School Health Nursing	BC Schools and Asheville City Schools
Prenatal Education	BCDH School Nurses	Mountain Area Child and Family Center: School Readiness	Innovative Approaches (Children with special needs)	DSS
Safe Kids Programs	Pisgah Legal: HEALS Family Support Programs	Pisgah Legal Services	Systems Work/Outcomes, Partnerships & Surveillance	ARP Phoenix
Regional Asthma Disease Management Program		Helpmate Programs	Nurse Family Partnership	YWCA
Baby Friendly Designated Hospital		The Mediation Center: Family Visitation Center	Communicable Disease	YMCA
High Risk Infant Follow up program		Caring for Children Programs	Immunization Clinic	Children First
		MANNA Programs		
		Our VOICE: Rape Prevention Education/Outreach		
		WNCCHS: Dental Health Services		

Buncombe County Health Priority 4:

Increase Readiness of all Children to Learn and Succeed in School

Mission Hospital Subsidized Programs	Mission FY 12 CB Grants	United Way	Buncombe County Department of Health	Other Major Community Partners / Programs
Family Support Network	MAHEC Minority Mentoring	Mountain Area Child and Family Center: School Readiness	Care Coordination for Children (CC4C)	BC Partnership for Children (Smart Start)
Sports Medicine in the Schools	Literacy Council	Children First/Communities in Schools: Project MARCH	Collaboration with CCWNC	BC Schools
WCU Health Professions Scholarships	BCDH School Nurses	Literacy Council Augustine Project	Systems Work/Outcomes, Partnerships & Surveillance	Asheville City Schools
Mission Possible		Irene Wortham Center		Buncombe Co Early & Middle College Program
Regional Asthma Disease Management Program		Housing Authority of Asheville: Youthful HAND		Literacy Council
Copestone Adolescent Substance Abuse Program		YMCA Youth Programs		
		YWCA Youth Programs		
		Big Brothers/Sisters		
		Asheville City Schools: Middle School Magic, Academic Coach Program		

Buncombe County Health Priority 5:

Access to and Continuity of a Community Mental Health Home

Mission Hospital Subsidized Programs	Mission FY 12 CB Grants	United Way	Buncombe County Department of Health	Other Major Community Partners / Programs
Copestone	Memory Care	All Souls Counseling Center	WNCCHS (Contract)	Western Highlands
Medication Assistance Program	Homeward Bound	ARP Phoenix: Neil Dobbins Center	Safety Net Workgroup	RHA/ARP
Perinatal Loss Support Group	All Souls Counseling	WCCJ: Women at Risk	Systems Work/Outcomes, Partnerships & Surveillance	Families Together
	WNCCHS Latino Project	WNCCHS: Behavioral Health	Interagency Management Team	Drug Commission
	CC of WNC: ED Diversion Program Care Navigation Program		Collaboration to divert those w/ mental illness or addictions from criminal justice system to treatment services	

Buncombe County Health Priority 6: Access to and Continuity of a Primary Care Home

Mission Hospital Subsidized Programs	Mission FY 12 CB Grants	United Way	Buncombe County Department of Health	Other Major Community Partners / Programs
New FY 11 MMA PCPs	ABCCM Medical Clinic	Pisgah Legal Services: Disability Assistance Project	Systems Work/Outcomes, Partnerships & Surveillance	BCMS Project ACCESS
MAHEC Family Medicine Residency Program	WNC AIDS Project: Case Management	WNC AIDS Project: HIV Prevention & Wellness	Safety Net Workgroup	WNCCHS
Diagnostic Services for Safety Net Providers	CC of WNC: ED Diversion Program Care Navigation	WNCCHS: Dental Health Services, HIV Treatment Adherence	(Contract)	ABCCM Medical Clinic
Medication Assistance Program	Three Streams: Access 4 All		Innovative Approaches (Children with special needs)	Three Streams Health Center
	Council on Aging: Community Risk Coordination			CC of WNC (Regional)
	BCMS Project Access Pisgah Legal HEALS			MAHEC Family Medicine

Community Health Priorities: Data & Community Action Updates

For each of the following Community Health Priorities, the following section will show what our community is currently doing to address the issue, key partners, data insights, and the anticipated outcomes of these efforts. A next step for all of the following priorities is to work with partners to standardize how we all measure certain aspects of our success in preparation for using a shared electronic tracking system.

Community Health Priorities

(2010 CHA Priority Issues)

- Improve Women's Health During Childbearing Years
- Promote Healthy Weight and Healthy Living
- Improve Children's Health Outcomes through a Focus on Family Support and Education
- Increase Readiness of all Children to Learn and Succeed in School
- Access to and Continuity of a Mental Health and Primary Care Home



Improve Women's Health During Childbearing Years

Community Health Priorities

Women's Health

Strategies

Preconception Health Promotion:

Promote preconception health to target populations through

- Social marketing/ social media efforts

- Family Planning/ STD services

- School Health Services (Growth and Development, Family Planning/ STD prevention in Parenting classes, information and referral)

Social Marketing:

Market Family Planning/STD clinical services to target populations

- Begin with conducting focus groups in the community to gain insight on effective marketing strategies for programs and services

Access to Care and Care Management:

Provide care management for high risk women, infants, and families through

- OB Care Managers

- Nurse Family Partnership home-visiting program

- CC4C

- Prenatal Safety Net Providers (WNCCHS, CCWNC, MAHEC Family, and MAHEC Ob-Gyn Centers)

Breastfeeding Policy and Promotion:

Develop and maintain breastfeeding friendly policies and environments at worksites, healthcare agencies and faith organizations.

Community Health Priorities

Women's Health

Outcomes

Increase the % of women receiving preconception care

Increase the % of intended pregnancies

Increase the % of women receiving early prenatal care

Increase the % of babies born full term

Increase the % of women receiving postpartum care

Increase the % of women breastfeeding

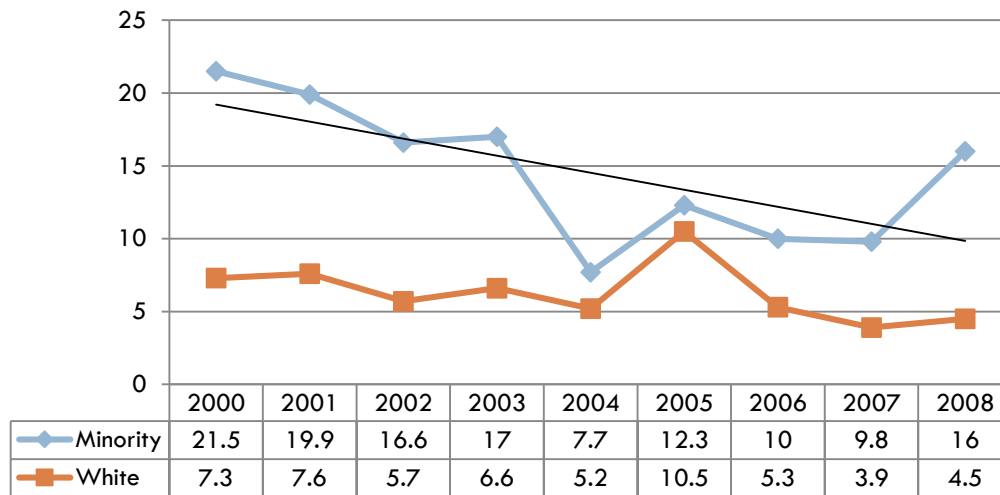
Key Partners

Asheville City and Buncombe County School Systems, ABIPA , Mt. Zion (Project NAF and Project Empower), YWCA (MotherLove), Planned Parenthood, CCWNC, CDSA, MAHEC Women's, MAHEC Family, CCNC, WNCCHS, Mission Hospital

Community Health Priorities

Women's Health

**Buncombe Infant Mortality Rate
per 1,000 Live Births**

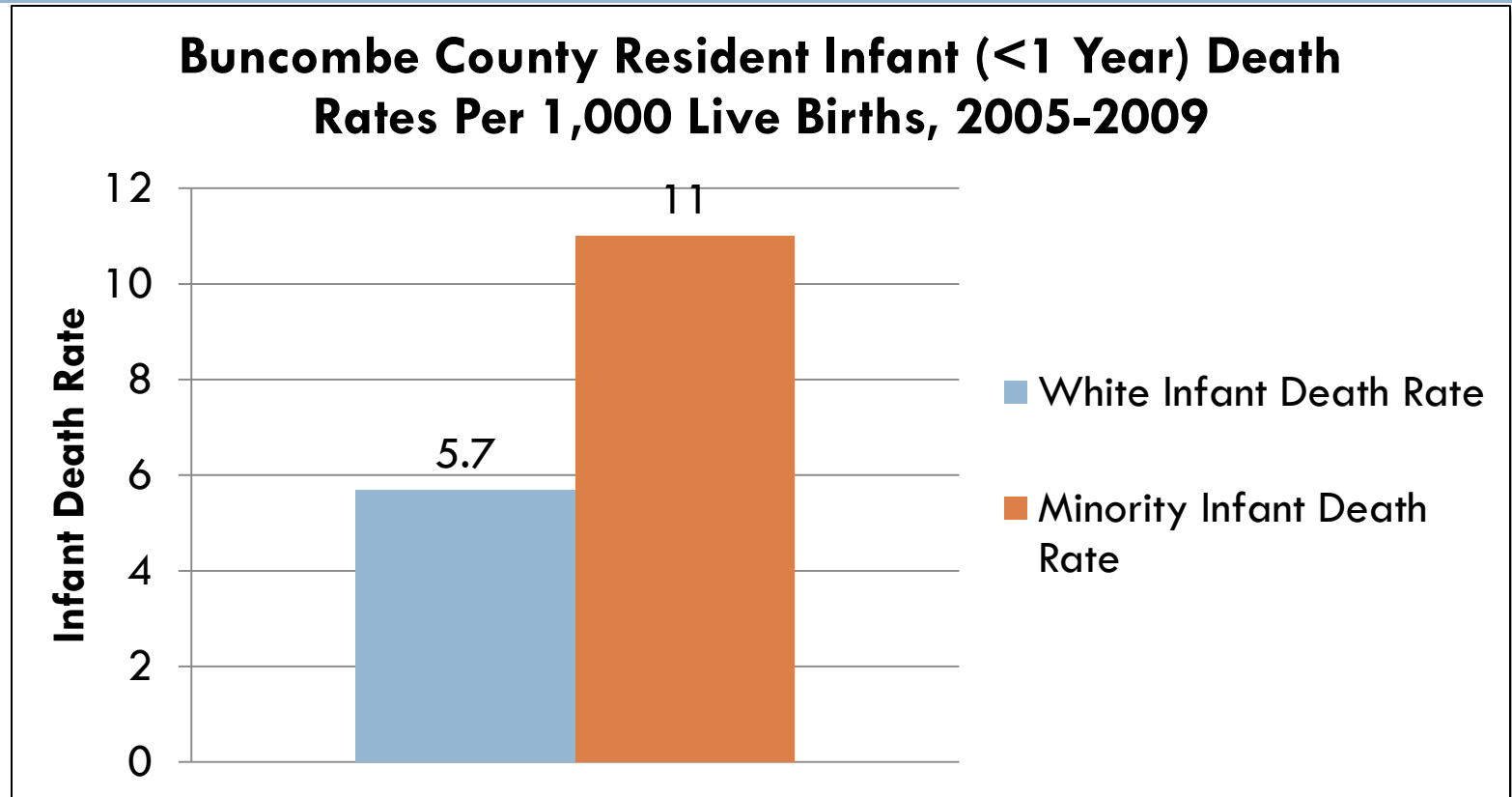


While the infant mortality rate in Buncombe County has declined since 2000, there is a marked racial disparity. The reported infant mortality rate in 2008 was 16 deaths per 1000 live births for minority women as compared to 4.5 per 1000 for white women.

Note that beginning in 2009, the NC Infant Mortality Report no longer divides the data between “white” and “minority.” Instead, the data is now divided between white non-Hispanic, African American non-Hispanic, Hispanic, and Other. This graph shows the 2000 to 2008 trend. We will be displaying future trends similarly to NC SCHS, but are showing a snapshot for this year, which is on the next page.

Community Health Priorities

Women's Health



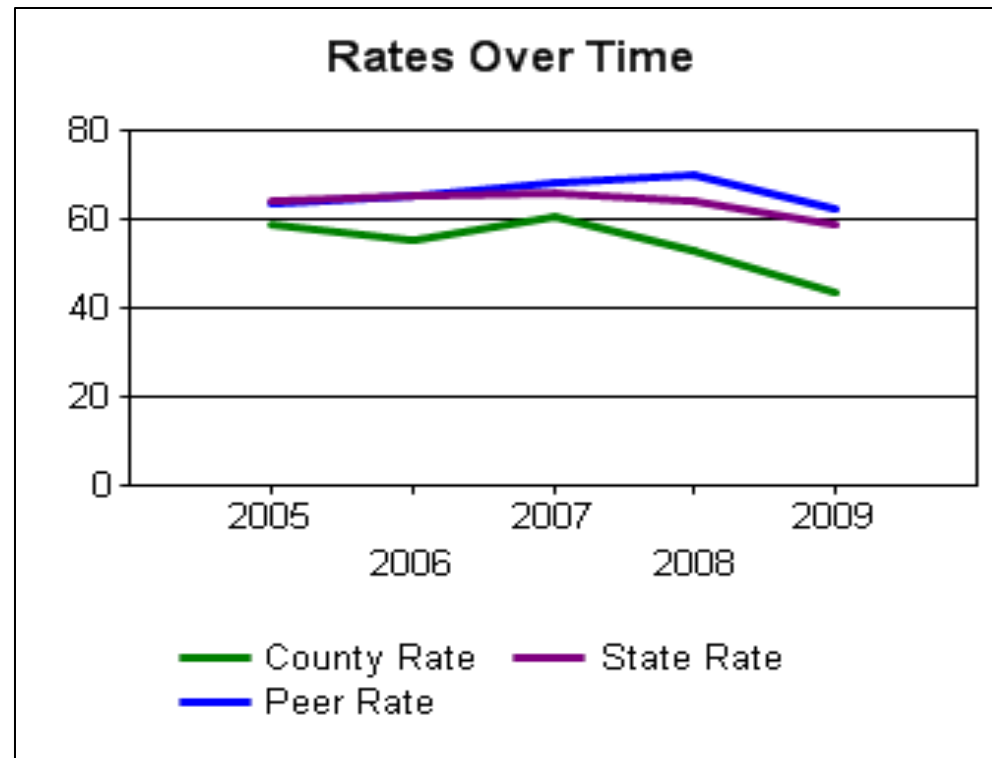
This graph offers a snapshot of the infant death rate for the 2005-2009 period among Buncombe County residents. You will notice that there is a marked disparity. The 2005-2009 infant death rate for minority residents was 11 deaths per 1000 live births, and for white residents was 5.7 per 1000.

Community Health Priorities

Women's Health

Teen Pregnancy rate per 1,000 girls ages 15 – 19 Buncombe County Compared to State and Peer Counties

The rate of teen pregnancy in Buncombe County is lower than its NC peer counties and the NC state rate. Despite this, continued work needs to be done to eliminate racial and ethnic disparities that exist. Continued work also needs to be done in order to continue the downward trend.

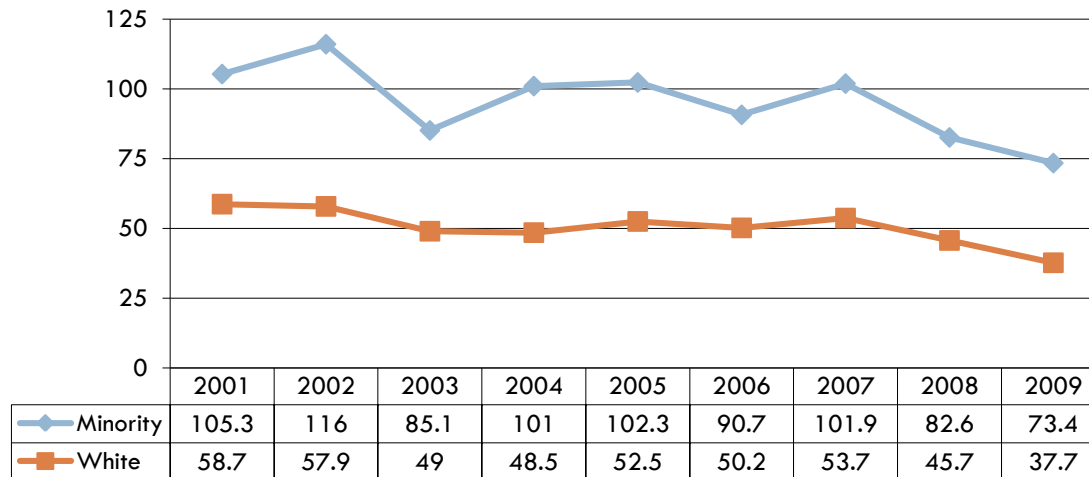


NC Peer Counties:
Burke, Davidson,
Randolph

Community Health Priorities

Women's Health

**Buncombe Adolescent Pregnancy Rate
per 1,000, Ages 15-19**



2009 total #
pregnancies
for ages 15 -
19 = 299

While the rate of teen pregnancy in Buncombe County has declined since 2004, there is a marked racial disparity. The reported teen pregnancy rate in 2009 was 42.8/1,000 females aged 15-19. Black women aged 15-17 had almost twice the rate of pregnancy, 73.4 per 1,000, as compared to white women, 37.7 per 1,000 (SCHS).

Community Health Priorities

Women's Health

Additional Data Insights

In Buncombe county, white women are only slightly more likely to access routine health care than non-white women. Nearly 7 out of 10 white women (over age 18) get annual **women's health exams** compared to 6 out of 10 non-white females, (2010 CHA local health Survey).

The percentage of **babies born too soon and / or too small** in Buncombe County is generally better / lower than the percentage for North Carolina as a whole but Buncombe County does have racial disparity. The 2004-2008 low birth weight rate for whites was 8.4, and for blacks was 14.2 (NC Vital Statistics).

A significant racial disparity exists in Buncombe County **infant deaths**. Black babies are almost twice as likely to die as are white babies. The 2004-2008 infant death rate for Buncombe County whites is 5.9 compared to 11.3 for blacks (NC Vital Statistics).



Promote Healthy Weight & Healthy Living

Community Health Priorities

Healthy Living

Strategies

Physical Activity Environmental Policy: Expand opportunities for physical activity including recreational facilities, parks, playgrounds, sidewalks, bike paths and safe streets in neighborhoods.

Nutrition Policy: Implement policies to encourage providing healthy options in age-appropriate portion sizes in all situations where food and beverages are served including worksites, government agencies, schools, after-school programs, clubs, faith organizations and restaurants.

BMI Data Collection and Usage: Expand routine tracking of BMI by health care professionals who also offer relevant evidenced-based counseling and guidance, serve as role models and provide leadership in their communities for obesity prevention efforts.

Employee Health Initiatives: Beginning with Buncombe County Department of Health employees and then moving externally, implement an employee wellness program to promote healthy eating and physical activity in the workplace.

Breastfeeding Policy and Promotion: Develop and maintain breastfeeding friendly policies and environments at worksites, healthcare agencies and faith organizations.

Community Health Priorities

Healthy Living

Outcomes

Increase the percent of Buncombe County adults and children who participate in recommended amounts of physical activity.

Increase number of adults and children eating the minimum recommended amount of vegetables and fruits in Buncombe County.

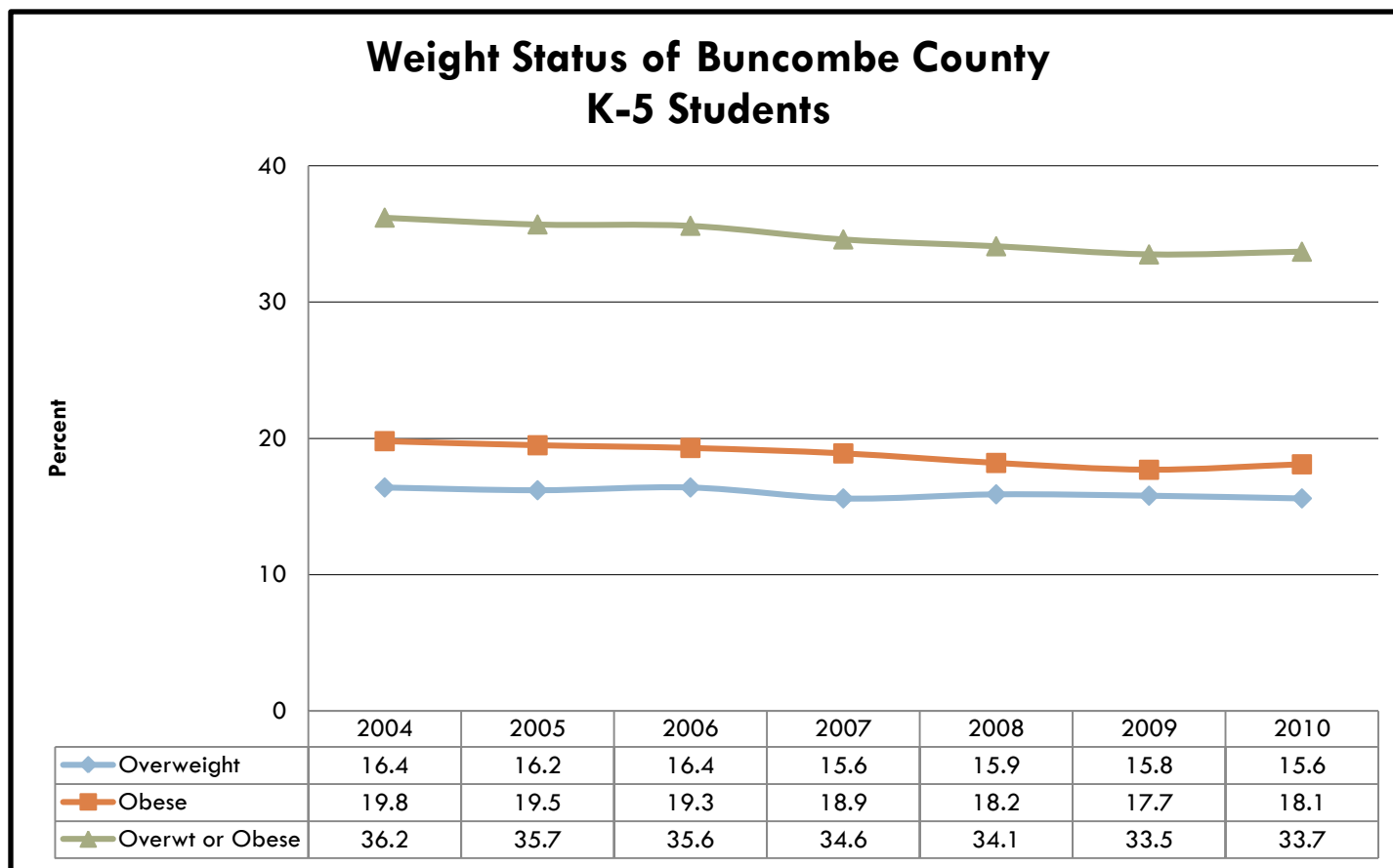
Increase number of adults and children entering and maintaining healthy weight category for at least two years.

Key Partners

Appalachian Sustainable Agriculture Program, The Bountiful Cities Project, Buncombe County Parks and Recreation, Buncombe County Schools, YMCA: Pioneering Healthier Communities, Girls on the Run, Mission Hospital, clinical practices, CCNC, YWCA, MANNA

Community Health Priorities

Healthy Living

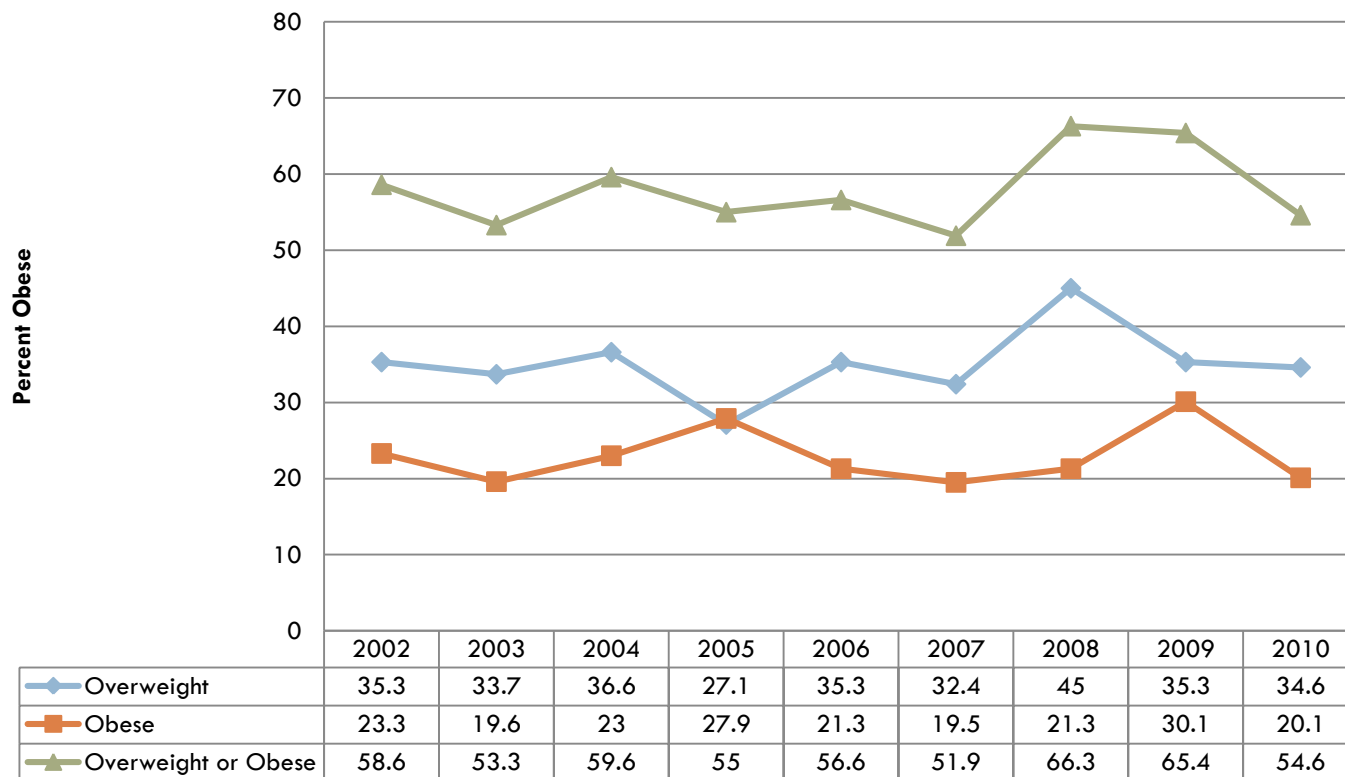


This data helps to establish a baseline, as well as a process to identify and refer children with weight issues. During this past year, the formation and start-up of new services for children who are overweight or obese has increased.

Community Health Priorities

Healthy Living

% Buncombe County Adults Obese, Overweight, and Combined



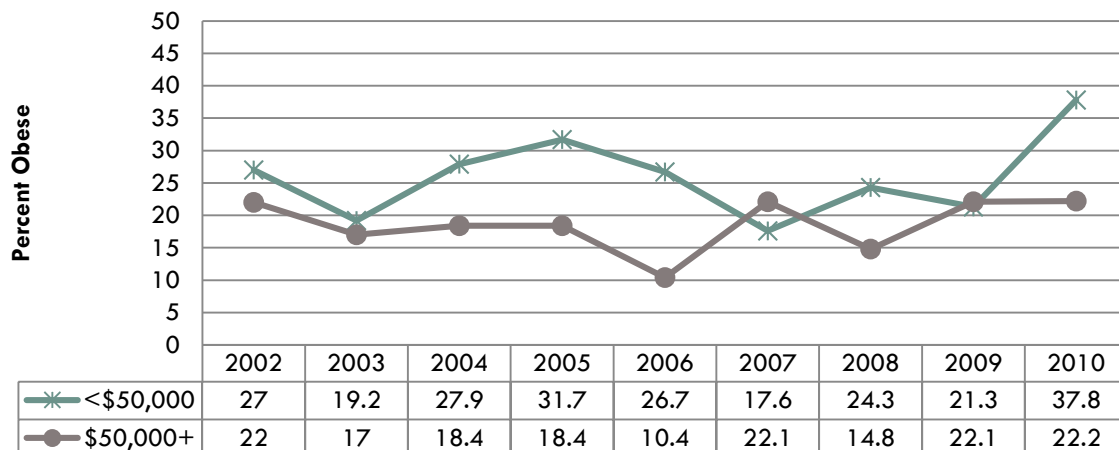
More than 50% of Buncombe County adults were obese or overweight from 2002-2010. For 2010, 54.6% of Buncombe County adults were overweight or obese.

Note about BRFSS data: BRFSS is a telephone survey that includes standardized questions to allow comparability at the local, state and national level. However, due to threats to validity in data collection methods, caution should be used in interpreting the data. A sharp increase down or up from one year to the next should be interpreted with caution, especially among minority groups.

Community Health Priorities

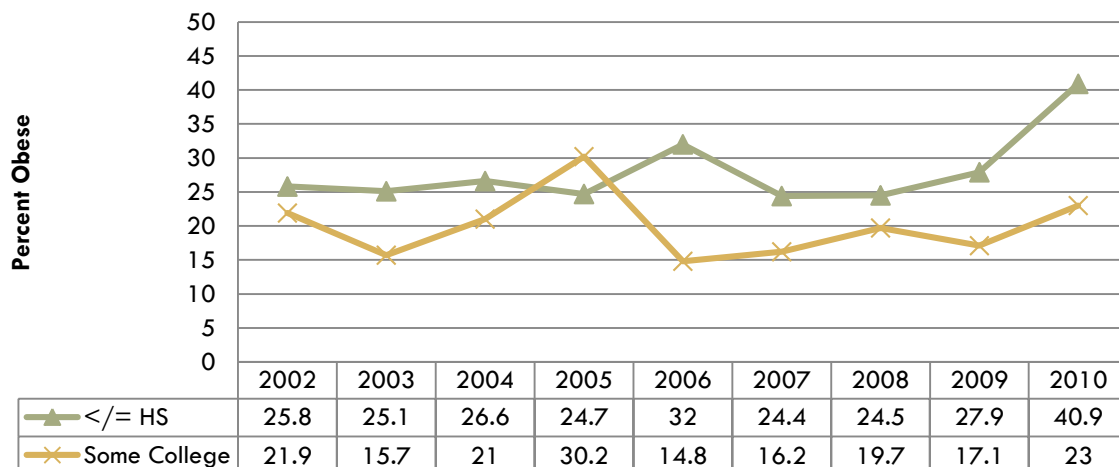
Healthy Living

% BC Adults Obese by Income



Disparities in Buncombe County obesity prevalence exist according to income and education level of respondents. In 2010, those reporting incomes less than \$50,000 per year were more likely to be obese than those whose income was \$50,000 or greater. Similarly, in 2010, those who reported having attained a high school education or less were more likely to be obese than those who report having some college education or more.

%BC Adults Obese by Education Level



Note about BRFSS data: BRFSS is a telephone survey that includes standardized questions to allow comparability at the local, state and national level. However, due to threats to validity in data collection methods, caution should be used in interpreting the data. A sharp increase down or up from one year to the next should be interpreted with caution, especially among populations with smaller sample sizes.



Improve Children's Health Outcomes

Through a Focus on Family Support and
Education

Community Health Priorities

Children's Health

Strategies

Support SHAC: Representatives from BCDH will serve on the SHAC (School Health Advisory Council), and support efforts to implement Zone Health in the school systems.

Support Fit2Learn: Health Promotion staff and school nurse will continue to serve on the Fit2Learn committee to promote staff wellness in the city schools.

Recommendations: HP and Nutrition staff will review the new Essential Standards for health curriculum that will be implemented next year. Recommendations for evidence-based lessons, and in-service training will be offered to school staff.

Education: School nurses may provide classroom lessons on nutrition topics, on request of the teacher.

Consultation and Referral: School nurses will provide individual consultation and referral to ENERGIZE and other resources in the community.

Community Health Priorities

Children's Health

Additional Strategies

Support Curriculum: School Nurses will support the Reproductive Health & Safety curriculum in the schools by providing Growth & Development education for 4th & 5th grade students.

Lessons: School Nurses will support preconception health by providing family planning and STD prevention education sessions for students in Parenting classes, on request of the teacher.

Education and Referral: School Nurses will provide information and referral of individual students for family planning and STD services, as needed.

Empowerment: A school nurse, HP staff and teacher will advise the FYI Group at Asheville High, a youth empowerment group, that works to educate peers on topics selected by the student group.

Board Service: HP staff and school health staff will serve on the Mt. Zion Project EMPOWER board, MotherLove, and other community agency boards.

Support: School nurses will connect with pregnant and parenting teens through the MotherLove groups at area high schools.

Community Health Priorities

Children's Health

Outcomes

Increase the % of Buncombe County school-aged children at a healthy weight.

Increase time spent in physical activity for the target populations. (students, faculty/staff)

Improve access to healthy food choices in the school environment.

Increase access to preconception health information and services.

Increase the % of female teens who complete high school without an unintended pregnancy.

Increase the % of STD-free teens in the school-aged population.

Key Partners

Asheville City and Buncombe County School Systems, other community agencies involved in SHAC, Mission Hospital-ENERGIZE, service providers in the community (BCDH, Planned Parenthood, WNCCHS, and private providers), Mt. Zion – Project EMPOWER, WNCAP, MotherLove and other community agencies

Community Health Priorities

Children's Health

Data Insights

BMI data is collected annually on K-5 students in our schools. Local data from 2010 indicates that nearly 34% of students are considered either overweight or obese. The trend has remained fairly consistent since 2004.

BMI data collected from children seen in public health settings in Buncombe County illustrates a socioeconomic disparity, with almost 45% considered overweight or obese in 2009. The trend since 2004 shows a consistent disparity compared to the overall BMI data for county children.

Buncombe ranks the highest in NC for kindergarten children (3.81%) not immunized due to religious exemptions (compared to 0.68% of NC kindergarteners).

Teen pregnancies continue to be a concern. While the rate of teen pregnancy in Buncombe County has declined since 2004, there continues to be a racial disparity. The reported teen pregnancy rate in 2009 was 42.8/1,000 females aged 15-19. The white rate was 37.7, and the minority pregnancy rate was 73.4 per 1,000 females aged 15-19. *(Data from SCHS)*

STDs have a high incidence rate in sexually active teens. Chlamydia is the most commonly reported STD in the teen population. In 2010, the reported rate was 4076.8/100,000 females aged 15-19, and 599.4/100,000 in males. *(Data from DHHS)*



Increase Readiness of All Children to
Learn and Succeed in School

Community Health Priorities

School Readiness

Strategies

Quality: The *Child Care Quality Enhancement Project* provides consultation, training and technical assistance to child care providers to help them maintain or improve their facility star ratings.

Affordability: NC Pre-K provides high quality, free educational experiences for income-eligible four-year-olds in order to enhance their kindergarten readiness.

Child Care Subsidy – Federal, State and Local funding sources provides child care vouchers to families placed on the voucher waitlist. Families must be income eligible and be working and/or in school 30 hours a week or more. Smart Start funded vouchers are to be used in Star 3 or higher rated programs. Buncombe County vouchers

Awareness: The *Transition to Kindergarten Program* promotes children’s successful transition to kindergarten through training for pre-k and Kindergarten teachers and parent education to families of 3-5 year olds on how to support their children’s school readiness.

Promotion: Increase awareness of the *Regional Parent Information and Referral “Call Center”* where parents can learn about quality indicators of childcare, resources for school readiness and, eligibility for subsidies and options for childcare.

Community Health Priorities

School Readiness

Outcomes

Increased number of early care and education facilities who achieve a 4 or 5 “Star Rating”, which indicates high quality of care.

Increased awareness of school readiness among parents of pre-k children

Increased participation of parents in Play and Learn Groups, which meet weekly for an 8 session series for families of children 3 to 5 years old who are not enrolled in licensed child care.

Increased use of the Child Care Subsidy, which provides child care vouchers to families placed on the voucher waitlist.

Key Partners

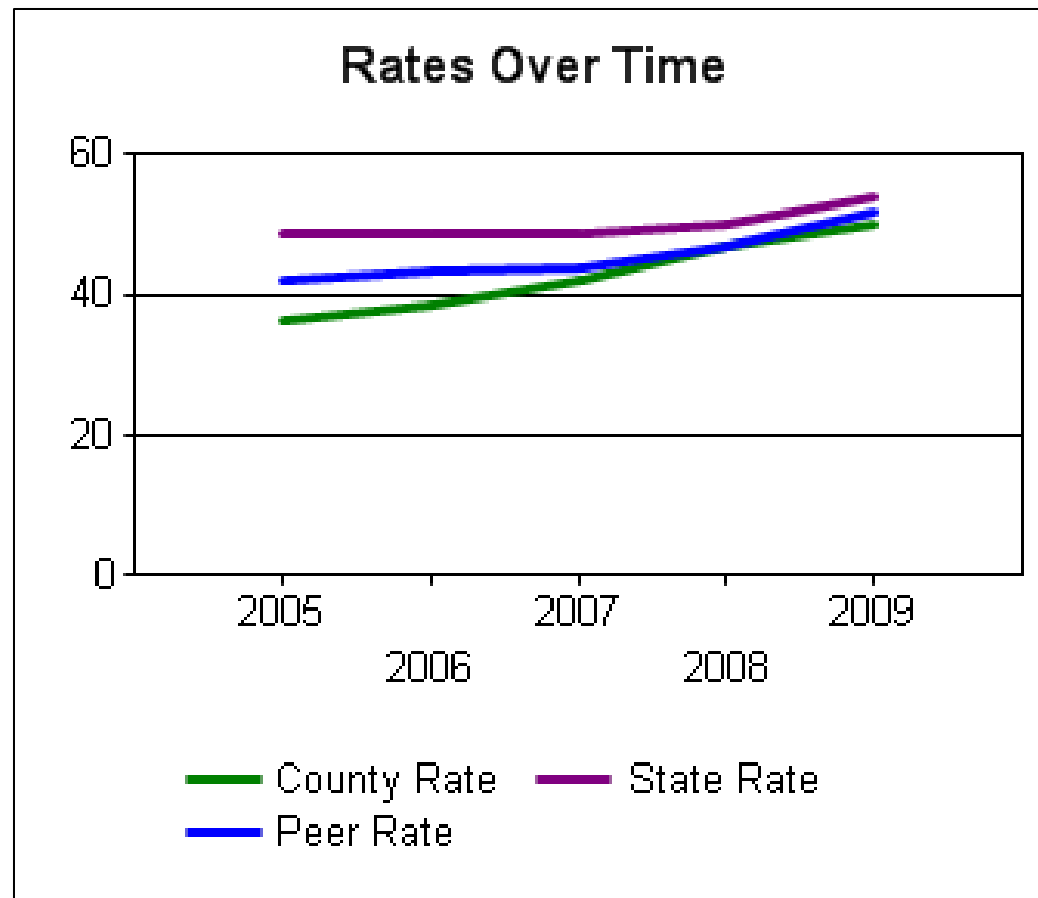
Smart Start, Buncombe County DSS, Mountain Child Care Connections, Early care & education providers, faith-based programs, public libraries, after school programs, United Way, Asheville City and Buncombe County Schools

Community Health Priorities

School Readiness

Economically Disadvantaged (Free & Reduced Lunch) Needy Percentage

The percentage of Buncombe County students receiving free or reduced lunch has risen since 2005.



NC Peer Counties:
Burke, Davidson,
Randolph

Community Health Priorities

School Readiness

Quality of Early Child Care and Education

August 2011 Licensed Child Care Centers							
Star Rating (5 is highest)	Other*	1	2	3	4	5	Total
North Buncombe 28804, 28787, 28709, & 28701	2	1	0	3	3	4	13
South Buncombe 28803, 28776, 28704, 28730, & 28732	2	1	0	1	7	9	20
East Buncombe 28805, 28778, 28711, & 28757	0	2	0	2	4	6	14
West Buncombe 28806, 28715, & 28748	4	2	0	6	6	13	31
Central Buncombe 28801 & 28802	1	1	0	0	3	6	11
Total	10	7	0	12	23	38	89

* Other includes:

GS110 licensed programs – faith-based programs exempt from star rating
 Programs with a temporary license – recently opened or changed ownership
 Programs with a provisional license due to regulatory violations

Community Health Priorities

School Readiness

Quality of Early Child Care and Education

August 2011 Licensed Family Child Care Homes						
Star Rating (5 is highest rating)	1	2	3	4	5	Total
North Buncombe 28804, 28787, 28709, & 28701	3	0	0	2	1	6
South Buncombe 28803, 28776, 28704, 28730 & 28732	1	2	1	4	0	8
East Buncombe 28805, 28778, 28711, & 28757	1	2	0	0	1	4
West Buncombe 28806, 28715, & 28748	5	5	1	0	1	12
Central Buncombe 28801 & 28802	0	1	0	0	1	2
Total	10	10	2	6	4	32

Community Health Priorities

School Readiness

Additional Data Insights

Buncombe County Child Population:

There are approximately **14,389 children ages birth to 5 (pre-kindergarten)**.

A total of **4,173 children (29%)** in Buncombe County are in formal child care programs.

- 3,005 (21%) children ages 0-5 pre-k are in licensed early care and education programs [Aug. 2011 – point in time data]
- **1,173 (8%)** children ages 0-5 pre-k are in unlicensed half-day programs

In August 2011, **59% of licensed child care centers and home centers** had a quality rating of 4 or 5 stars.

Community Health Priorities

School Readiness


Emerging Issues

In Aug 2010, more children were enrolled in licensed childcare facilities compared to same month in 2011.

- 4,273 (30%) of children 0-5 pre-k were enrolled in licensed early care and education programs (Aug 2010, one month data)
- 3,005 (21%) of children 0-5 pre-k were enrolled in licensed early care and education programs (Aug 2011, one month data)

Where are the majority of pre-k children?

- At home with primary care giver
- With relatives and friends
- Participating in informal play groups
- Library story hours, Mothers preschool groups, Parent-organized cooperatives,
- In unlicensed, half-day programs



Access to and Continuity of a Mental Health & Primary Care Home

Community Health Priorities

Access to Care

Strategies

Medicaid Waiver: Expand the 1915(b)/(c) Medicaid Waiver and enhance the Managed Care System (see Emerging Issues in Access to Care for more information). This will allow for LMEs to hire more care coordinators that will serve the CCNC role.

Data Surveillance: BCDH is partnering with Mission Hospital and CCWNC to improve data monitoring through access to Emergency Department utilization data and the CWIS data system.

Evaluation: Develop measures that include results measurements, reporting and looking at best practices.

Increase Capacity: Expand residency programs through partnerships. Integrate and coordinate volunteers in the system of care and use all levels of care providers to meet additional need.

Coordination: Coordinate care management (available across the system). Assure access to a medical home by improving the safety net system in Buncombe County. Increase appropriate use of specialty care

Community Health Priorities

Access to Care

Outcomes

Increase appropriate use of emergency rooms

Increase capacity of the mental health care system

Increase percent of residents with insurance coverage

Reduce prevalence of chronic diseases

Increase early detection of disease

Increase longevity for those with chronic diseases

Increase level of insurance coverage for mental health care

Reduce costs associated with chronic diseases

Key Partners

Mission Hospital, United Way, ABCCM, Pisgah Legal Services: Disability Assistance Project, BCMS, Project ACCESS, MAHEC Family Medicine, WNC AIDS Project, Safety Net Workgroup, WNCCHS, CC of WNC, Three Streams Health Center, Innovative Approaches, Council on Aging, Pisgah Legal HEALS

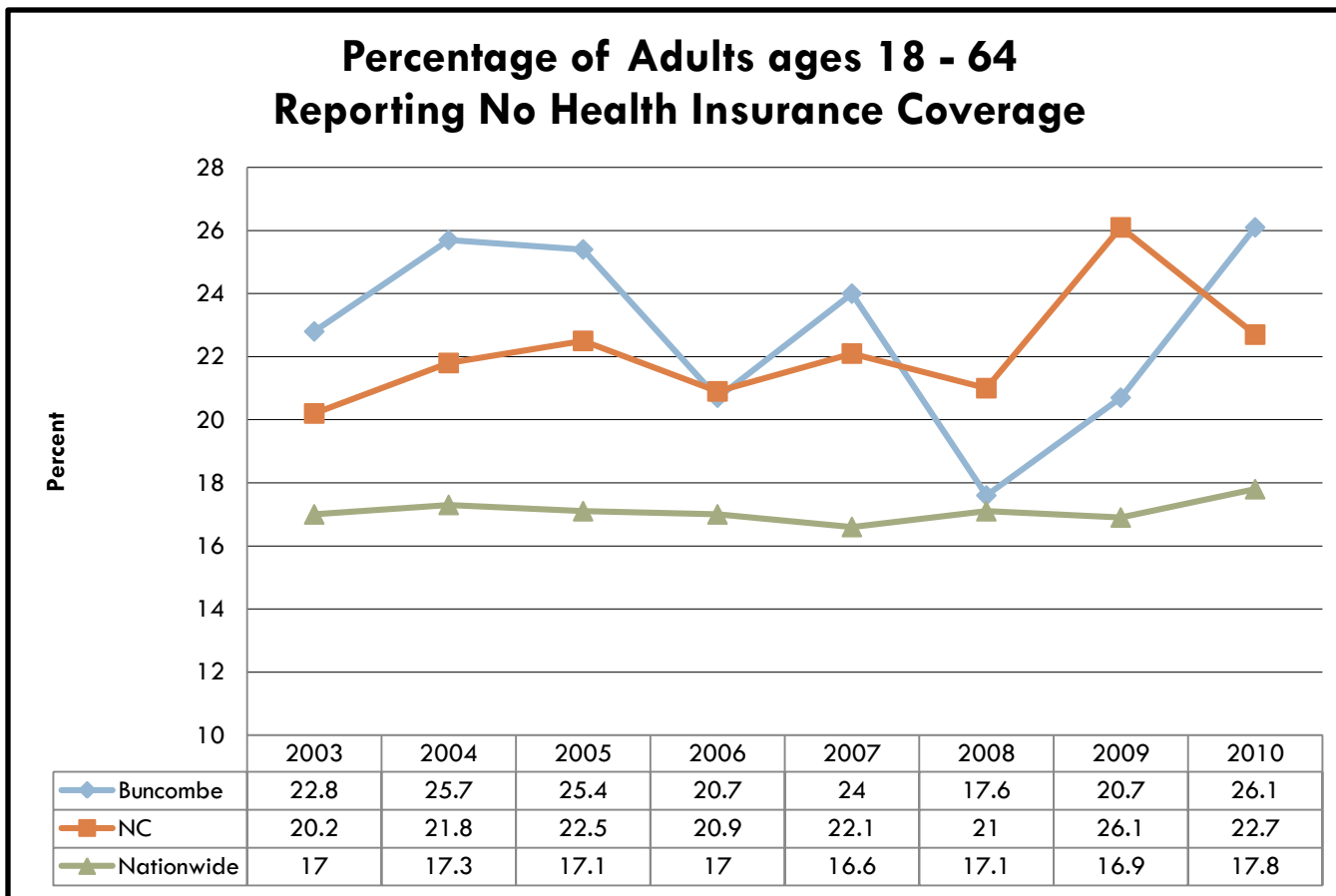
Community Health Priorities

Access to Care

2009 Health Insurance Status in Buncombe County	
Category	Number
Total Population under 65 in Buncombe County	189,473
Total uninsured under 65 in Buncombe County	34,646
% of under 65 in Buncombe County uninsured	18.3
% of 18-64 year olds uninsured	21.8
% of under 65 year olds at or below 200% of poverty uninsured	30.8
% of 18-64 year olds at or below 250% of poverty level uninsured	36.7

Community Health Priorities

Access to Care

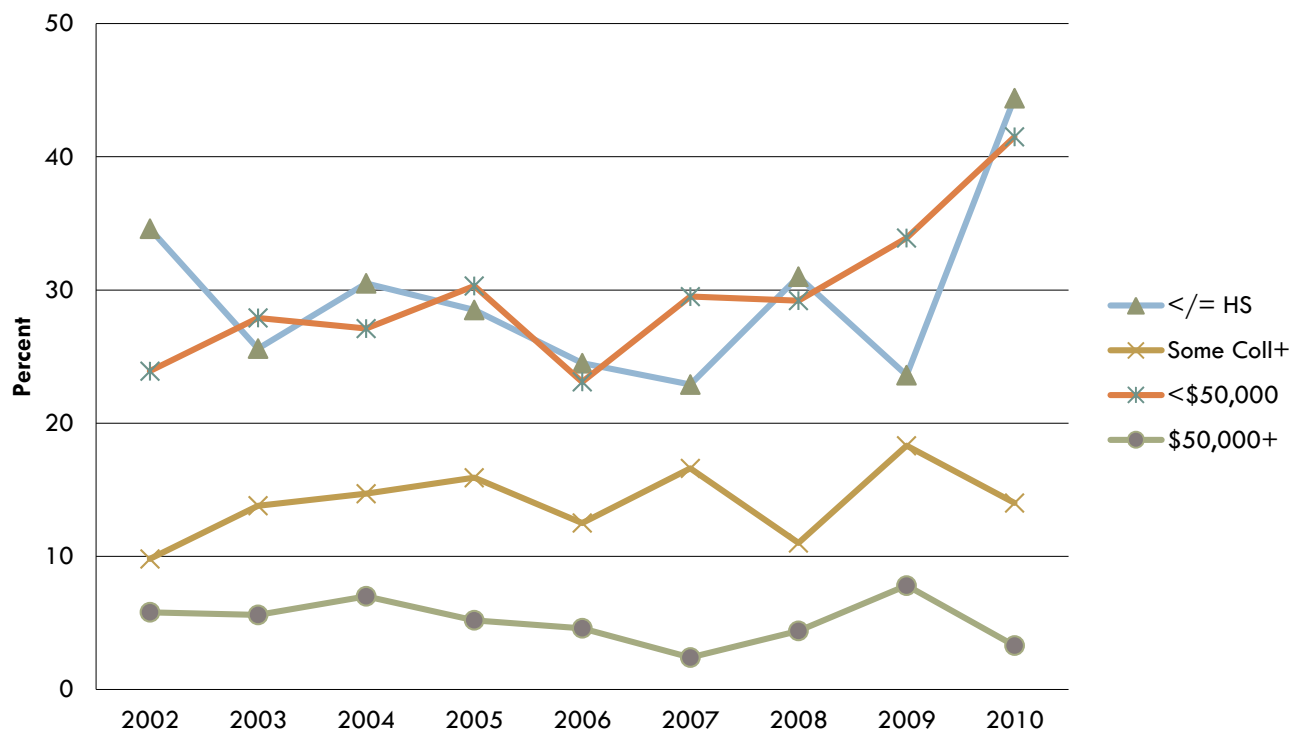


Note about BRFSS data: BRFSS is a telephone survey that includes standardized questions to allow comparability at the local, state and national level. However, due to threats to validity in data collection methods, caution should be used in interpreting the data. A sharp increase down or up from one year to the next should be interpreted with caution, especially among minority groups.

Community Health Priorities

Access to Care

Adults Reporting No Health Care Coverage in Buncombe County by Income and Education Level

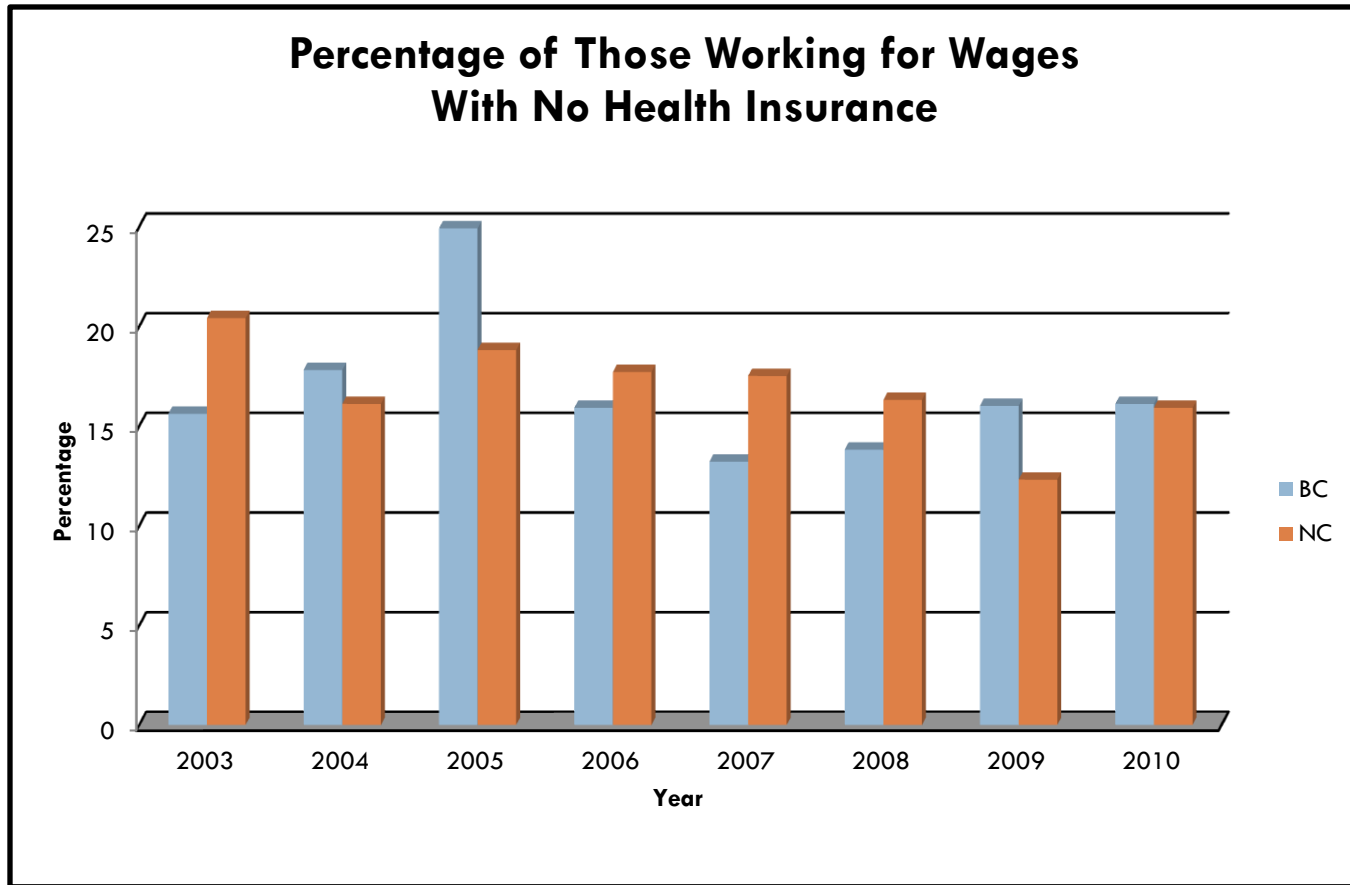


A disparity exists among Buncombe County adults reporting no health care coverage by education and income level. Those who earn less than \$50,000 were more likely to report not having healthcare coverage than those who reported earning \$50,000 or more. Similarly, those with high school education or less were more likely to report not having healthcare coverage than those who report some college education or more.

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Community Health Priorities

Access to Care

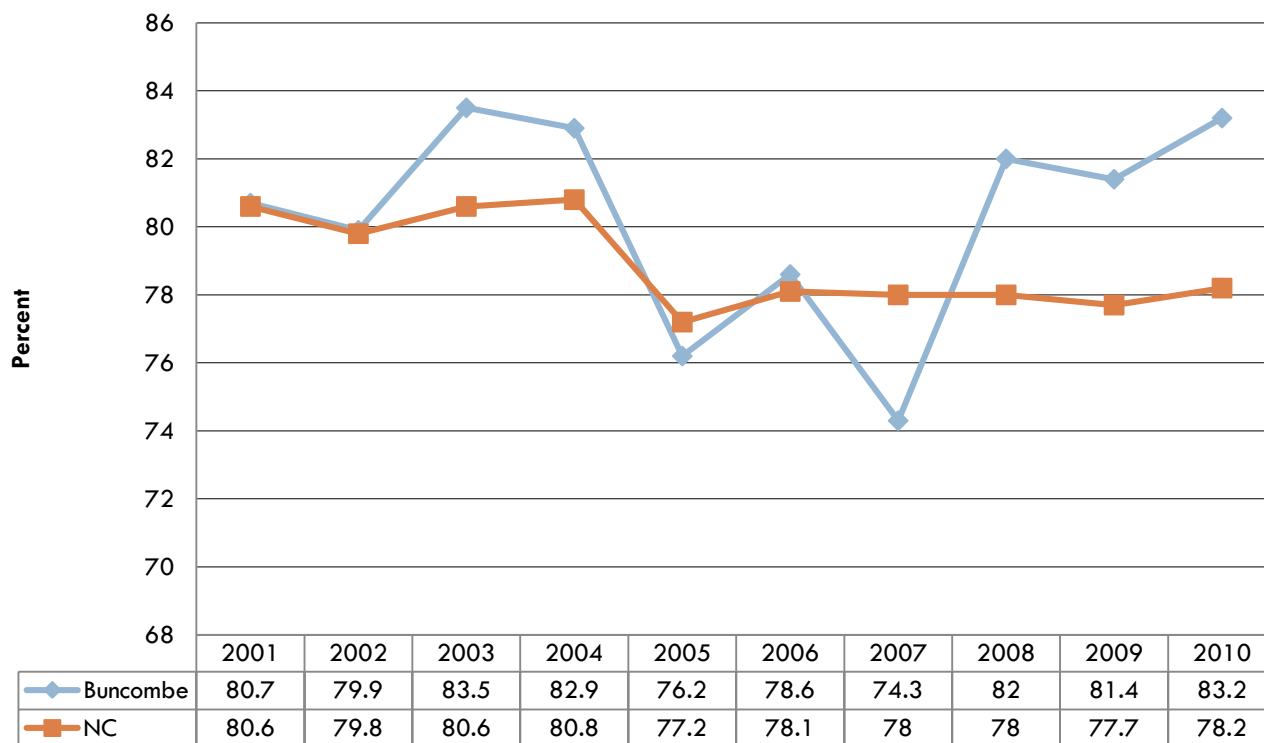


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Community Health Priorities

Access to Care

Percentage of Adults Age 18-64 Reporting a Primary Care Home

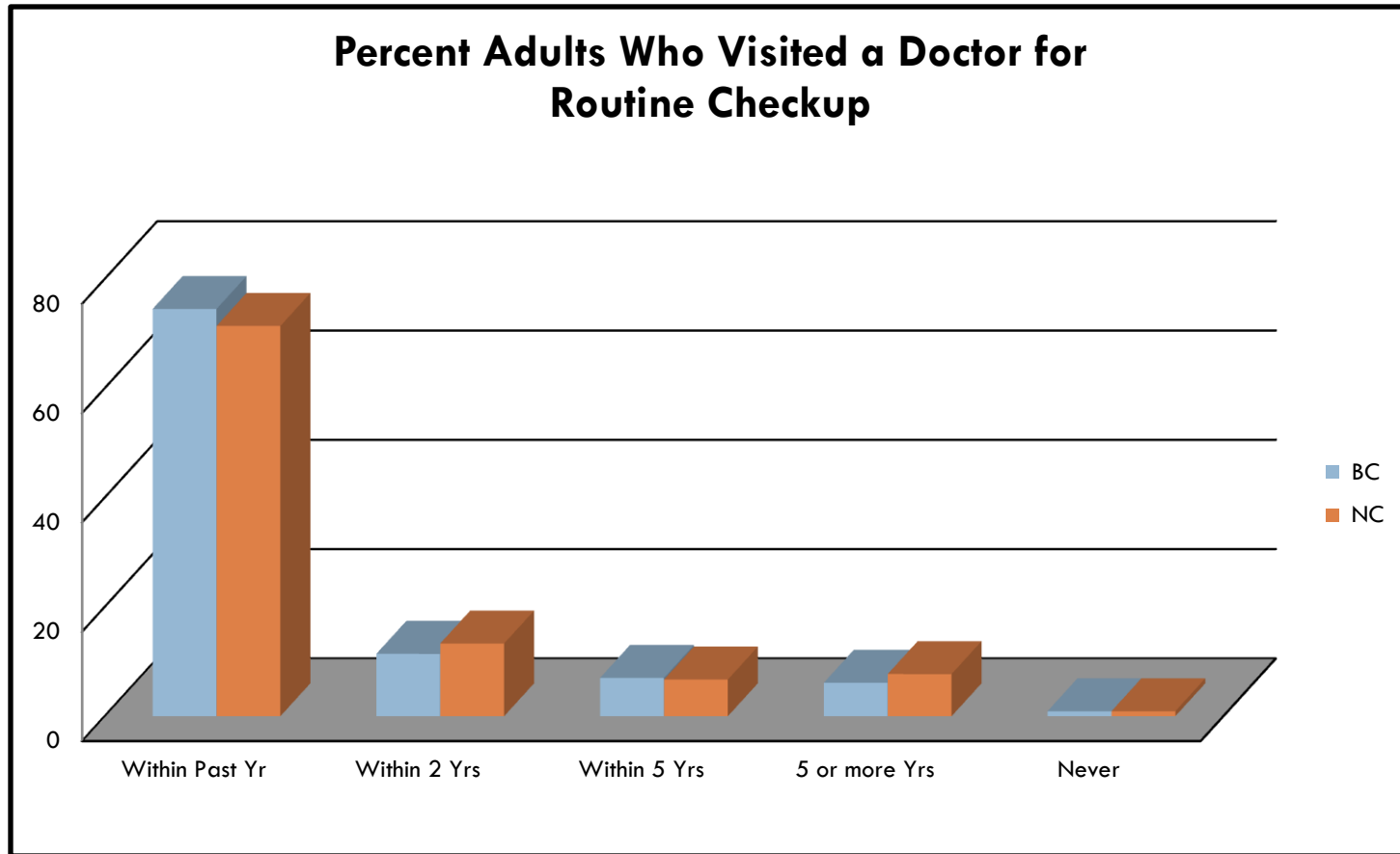


Note: A Primary Care Home is a medical facility that provides continuous primary medical care to patients across time. Since 2008, the percentage of Buncombe County adults that report having a primary care home is higher than the statewide percentage.

Note about BRFSS data: BRFSS is a telephone survey that includes standardized questions to allow comparability at the local, state and national level. However, due to threats to validity in data collection methods, caution should be used in interpreting the data. A sharp increase down or up from one year to the next should be interpreted with caution.

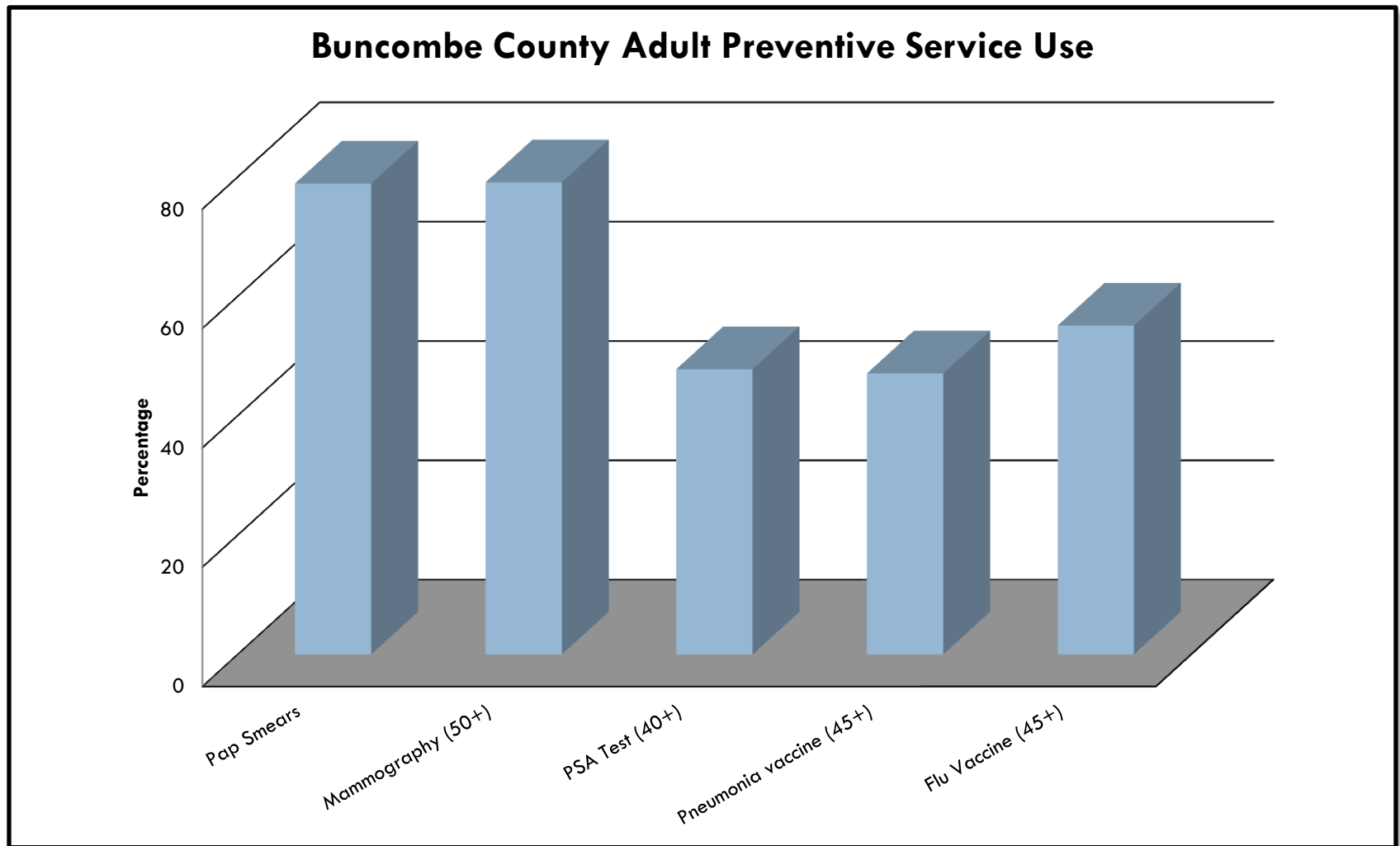
Community Health Priorities

Access to Care



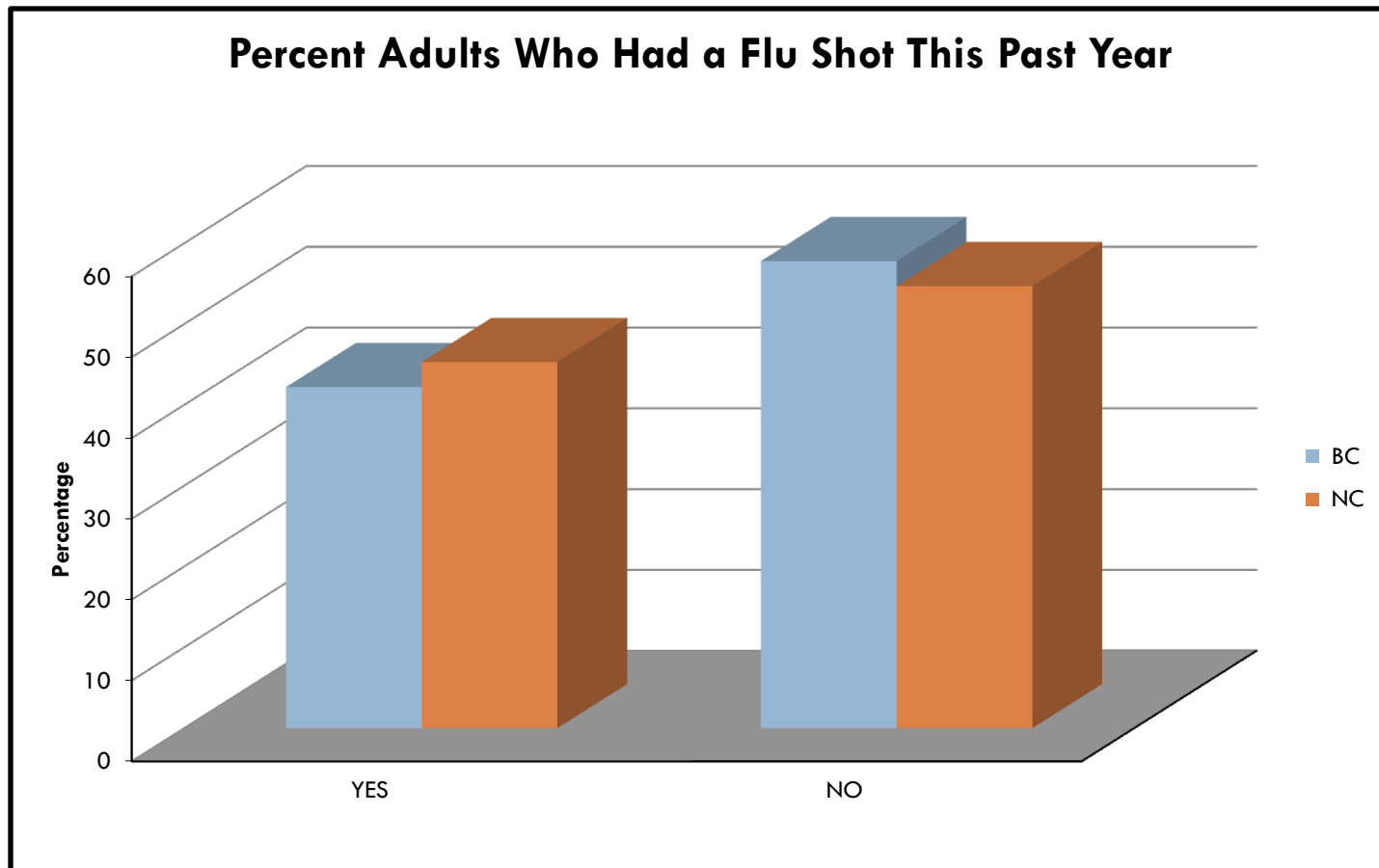
Community Health Priorities

Access to Care



Community Health Priorities

Access to Care



Community Health Priorities

Access to Care

Emerging Issues

Changes in State Law that impact services for individuals with mental illness, disabilities, and substance abuse disorders. The NC General Assembly has instructed DHHS to restructure service delivery through the expansion of the 1915(b)/(c) **Medicaid Waiver**. This will result in the establishment of a system that is capable of managing all public resources that may become available for mental health, intellectual and developmental disabilities and substance abuse services, including federal block grant funds, federal funding for Medicaid and Health Choice, and all other public funding sources.

WNCCHS has been awarded funding by the Mission Community Benefits Grant committee to fund a Latino Mental Health Project. The LMHP will be led by a bi-lingual therapist who can better serve the significant population in Buncombe County who are linguistically isolated and suffer from such conditions as depression, bi-polar disorder, and others.



Leading Causes of Death & Communicable Disease

Leading Causes of Death, 2005-2009

2005-2009	White		
Leading Cause of Death	Rank	#	Rate
Cancer	1	2,334	175.7
Diseases of Heart	2	2,398	174.6
Chronic Lower Respiratory Diseases	3	733	54.3
Cerebrovascular Disease	4	627	44.8
Alzheimer's disease	5	460	31.7
All Other Unintentional Injuries	6	367	31.4
Pneumonia and Influenza	7	237	17.1
Nephritis, Nephrotic Syndrome, and Nephrosis	8	212	15.3
Suicide	9	149	13.8
Unintentional Motor Vehicle Injuries	10	141	13.6
Diabetes Mellitus	11	154	11.5
Chronic Liver Disease and Cirrhosis	12	134	10.7
Septicemia	13	111	8.3
Homicide	14	35	3.4
Acquired Immune Deficiency Syndrome	15	16	N/A

Leading Causes of Death, 2005-2009

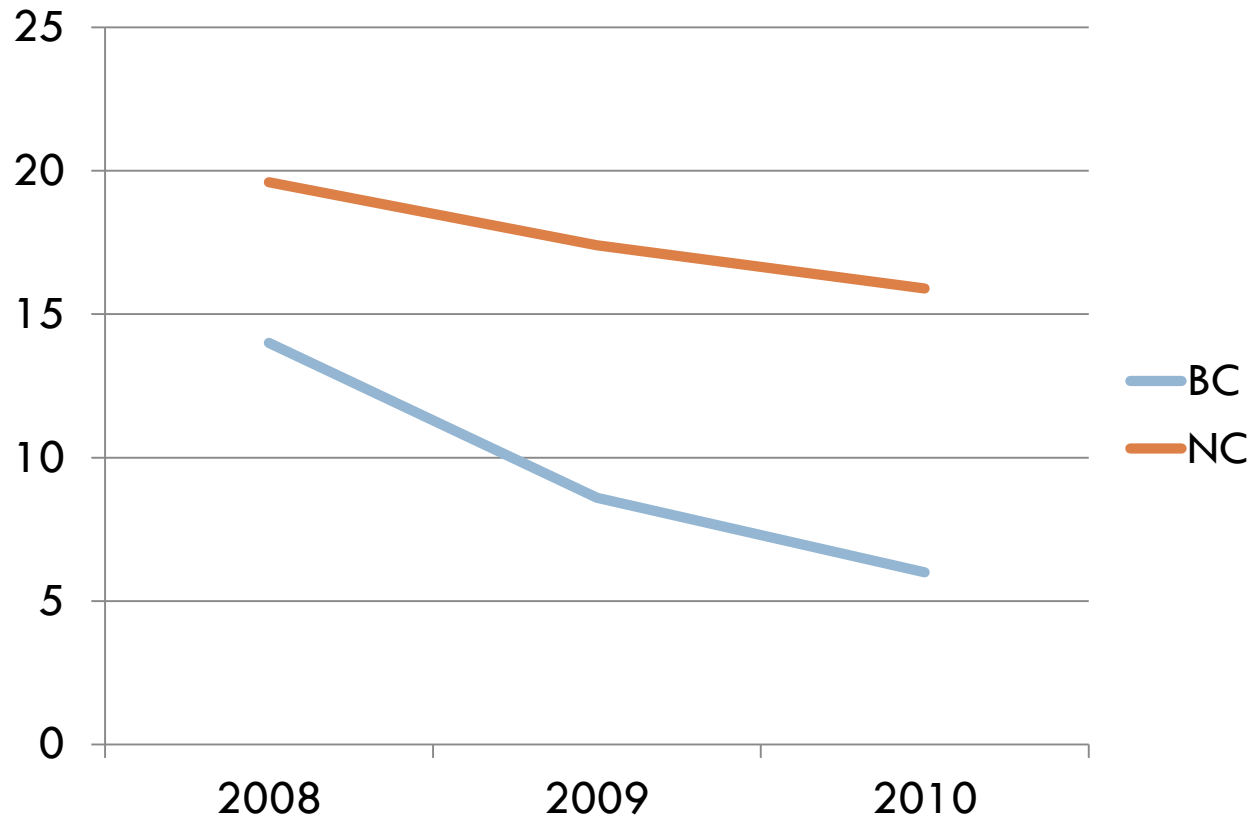
2005-2009 Leading Cause of Death	Minority		
	Rank	#	Rate
Diseases of Heart	1	209	251.7
Cancer	2	188	228.3
Cerebrovascular Disease	3	50	60.8
Nephritis, Nephrotic Syndrome, and Nephrosis	4	41	49.4
Chronic Lower Respiratory Diseases	5	30	37
Diabetes Mellitus	6	26	31.2
All Other Unintentional Injuries	7	19	N/A
Acquired Immune Deficiency Syndrome	8	16	N/A
Pneumonia and Influenza	9	16	N/A
Alzheimer's disease	10	12	N/A
Homicide	11	12	N/A
Chronic Liver Disease and Cirrhosis	12	11	N/A
Unintentional Motor Vehicle Injuries	13	9	N/A
Septicemia	14	8	N/A
Suicide	15	6	N/A

Communicable Disease Trends

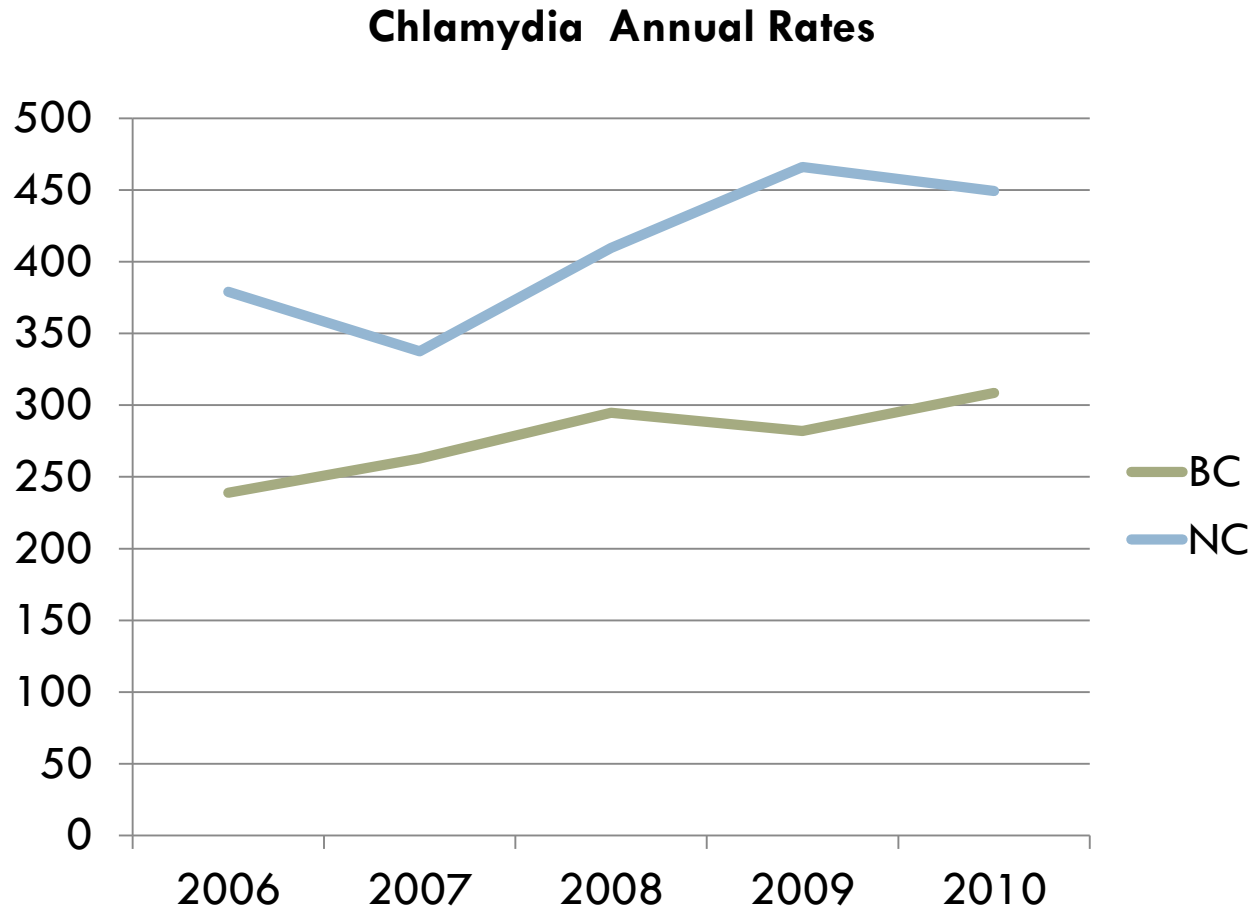
Selected Reportable Communicable Diseases, Buncombe County	October Y-T-D 2011	October Y-T-D 2010	October Y-T-D 2009	October Y-T-D 2008	October Y-T-D 2007
AIDS	31	14	9	18	21
HIV Infection (state reporting standards will change #'s)	71	58	45	30	59
Gonorrhea (all categories)	116	171	127	195	214
Chlamydia	581	668	533	672	523
Nongonococcal urethritis (NGU)	0	0	27	93	100
Syphilis, Primary	0	3	8	7	1
Syphilis, Secondary	6	1	3	1	0
Syphilis, Latent (all categories)	5	3	14	11	8
Hepatitis A	1	1	0	1	2
Hepatitis B, Acute	0	0	2	2	8
Hepatitis B, Carrier	19	4	15	7	20
Influenza, Novel Virus	0	0	38		
Lyme Disease	1	1	6	5	1
Rocky Mountain Spotted Fever	8	5	7	2	8
Streptococcal Infection, Group A	6	5	6	9	5
Tuberculosis	1	2	6	7	14
Whooping Cough	15	35	8	2	12

Communicable Disease

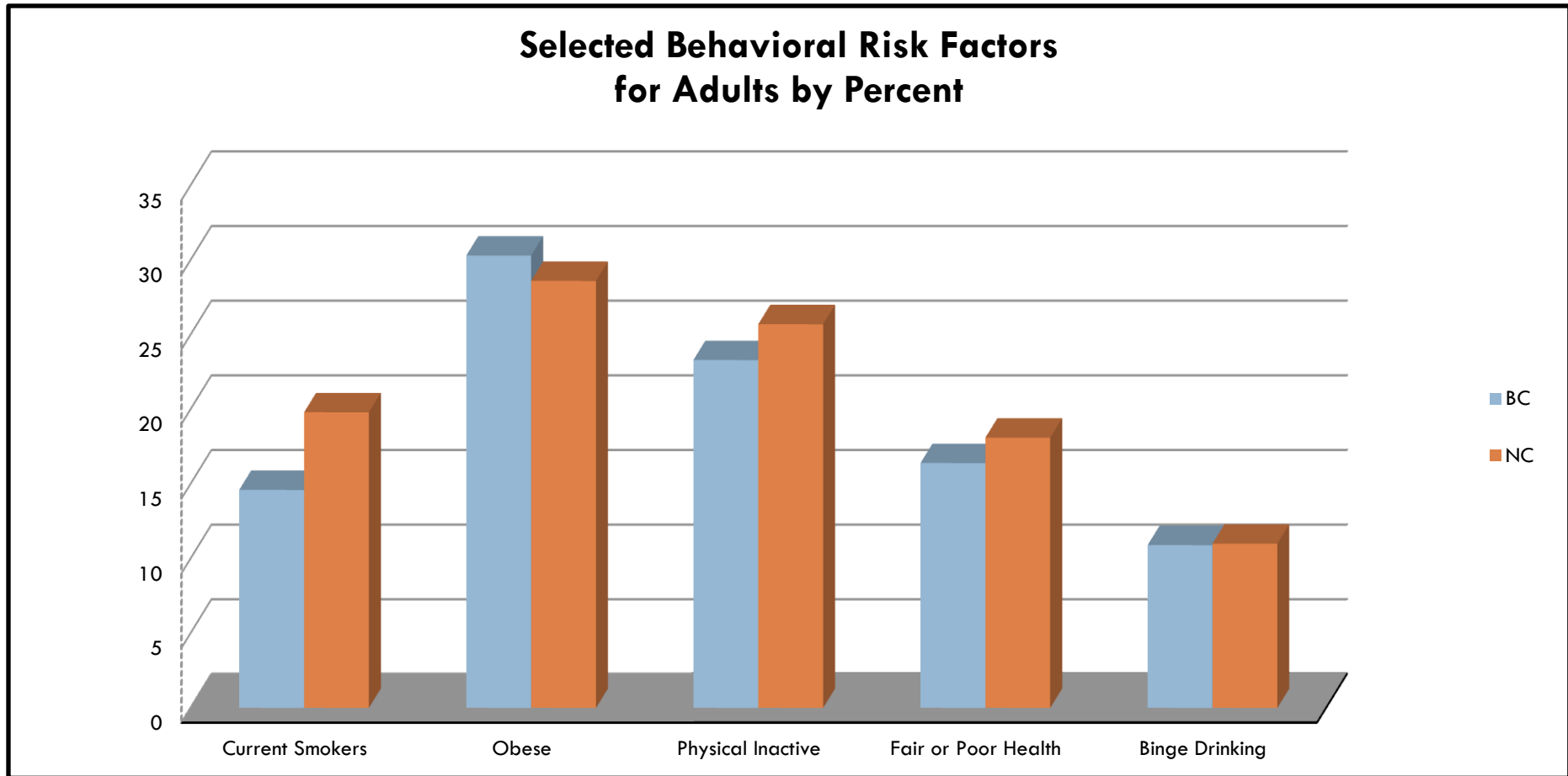
HIV Annual Rates



Communicable Disease



Behavioral Risk Factors





Emerging Issues



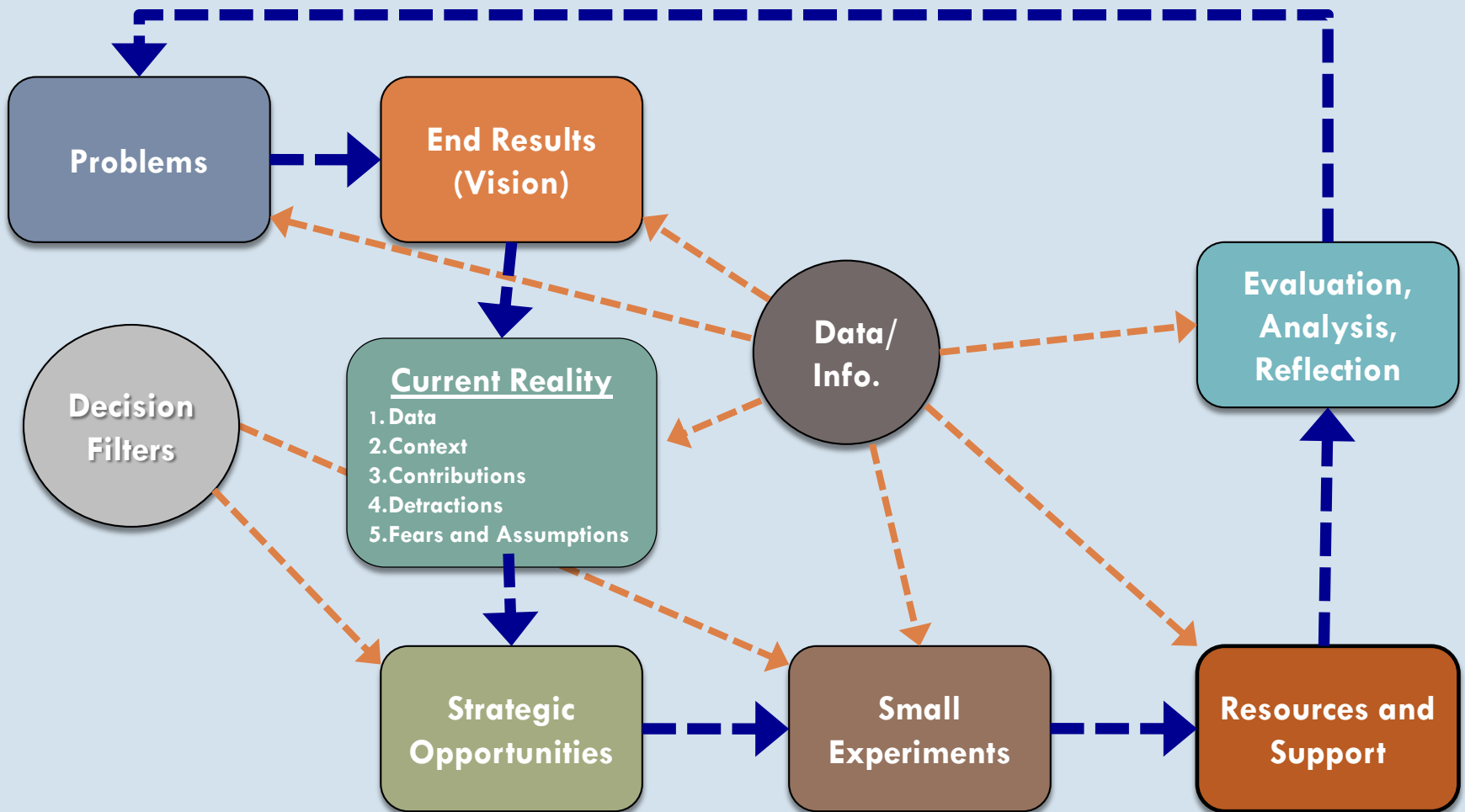
Emerging Issues in Brief

- Beginning January 1st, 2010, over 19,000 uninsured and underinsured patients at the Buncombe County Health Center transitioned their primary care home to WNC Community Health Services.
- The number of unemployed and uninsured in Buncombe County continues to increase demand on our public health, safety and emergency services.
- Due to the new ACA guidelines for hospitals, Buncombe County is reevaluating their CHA process in partnership with Mission Hospital and considering a regional CHA in partnership with WNC Hospital Network
- Regional efforts to address population based issues, particularly obesity, has begun through the Triple Aim model. Western NC is one of four regional initiatives nationwide to implement this model.
- Community Transformation Grant will refocus statewide efforts on obesity, tobacco prevention and control, and clinical intervention with hypertension and cholesterol. We will be participating in regional and statewide efforts in this process.

Community Partnerships and the Systems Approach

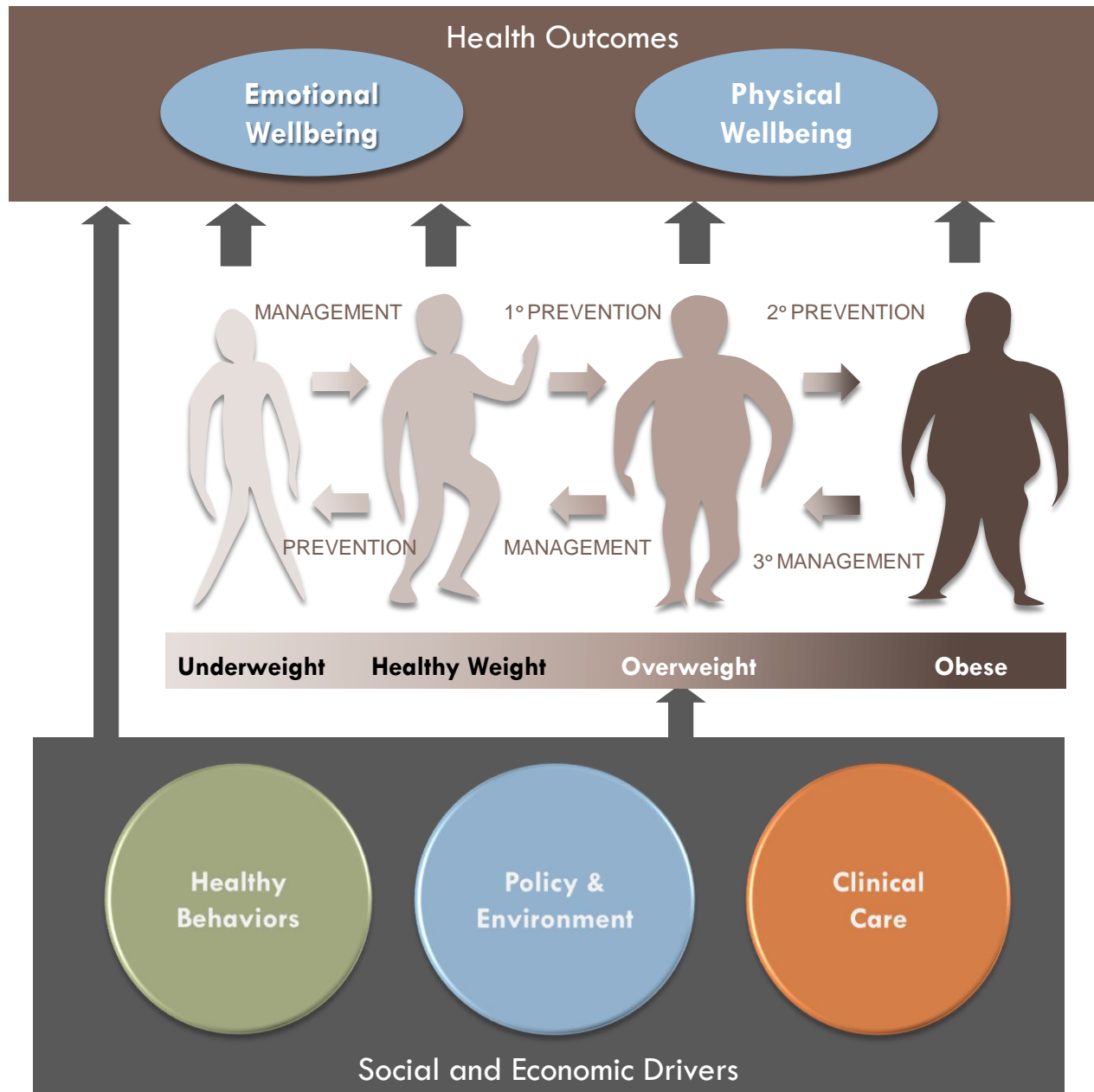
- Buncombe County Department of Health has been working to re-position its role in the community, enhance partnerships, and monitor progress.
- Many of these changes are in direct response to input from 220 community partners who responded to a BCDH survey on partner needs.
- By adopting a systems approach to community health, BCDH has been able to strategically align goals with our partners', identify gaps, reduce “silos” and better measure our outcomes.

Systems Approach Roadmap



This is a map showing the strategy behind the “systems approach” being used by BCDH.

A Population Approach to Healthy Weight



This is an example of our the systems approach has been used in 2011 for BCDH explore healthy weight.

There are a number of key drivers or root causes that influence our physical and emotional wellbeing (which includes healthy weight). These drivers can be categorized as (1) Healthy Behaviors, (2) the Supportive or physical environment and (3) Clinical Care. Undergirding all three are important social and economic drivers such as income levels, education levels, and social status.

To effectively foster healthy weight in our populations and promote physical and emotional wellbeing, we must look at a wide number of contributions and coordinate services and efforts where they are most likely to make a difference. The drivers will help our community identify where these contributions needs to focus and who should be involved.

Each category has a number of drivers that influence physical and emotional wellbeing. Each driver has a systems story embedded within them that can help inform who should work together on what interventions.

Each driver has a potential set of issues and opportunities for improving their impact on the desired health outcomes.

Being able to understand and make connections between our contributions within BCDH and our partner contributions helps the right partners to work together on the right activities.

Community Health Priorities

Next Steps for All Priority Areas

Using a Collective Impact and Systems Approach:

Define measures with partners

Put measures into an electronic tracking scorecard

Align our work with partners around root causes

Buncombe County Sustainability Plan

- Buncombe County released a draft of their Sustainability Plan in November, 2011. This plan aligns well with the work outlines in this SOTCH report and shows support for these efforts.
- The outlined objectives for the Healthy People section of the Sustainability Plan are as follows:
 1. Decrease rates of childhood and adult obesity
 2. Reduce tobacco use and exposure to second hand smoke
 3. Assure the availability of a medical home for all to increase appropriate, age specific health screenings and preventative care
 4. Decrease infant mortality and low weight births
 5. Increase access to mental health and substance abuse prevention programs, especially for youth and aging populations
 6. Increase access to affordable health insurance

Data Sources

- **NC CATCH** (NC health data warehouse)
- **US, NC and BC BRFSS** (Behavior Risk Factor Surveillance Study)
- **NC Vital Statistics**
- **County Health Data Book**
- **NC Oral Health Data and Report**
- **CHSI** – Community Health Status Indicator Report
- **BC School Health Advisory Council** – BMI Data and Report
- **BC Health Center** – Monthly Morbidity Summary Report
- **US Census**

For More Information

- Buncombe County Department of Health
 - www.buncombecounty.org

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 - Gaylen.Ehrlichman@BuncombeCounty.org

- Marian Arledge
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 - Marian.Arledge@BuncombeCounty.org

Report Dissemination Plan

- Board of Health meeting by Jan 2011
- County Commissioner agenda by Jan 2011
- Websites: www.buncombecounty.org
- Buncombe County Health & Human Services management teams
- Intentional sharing of report with community partners
- News release, newsletters and area publications (local media, BC Government e-zine & public access TV programming, Mission SCOPE, etc)
- Public Libraries (hard copy)
- School Libraries (hard copy)