

THE HEALTH OF OUR COMMUNITY

BUNCOMBE COUNTY 2003 REPORT

REFLECTIONS FROM GEORGE F. BOND, JR.

BOARD CHAIR, HEALTHPARTNERS

The Health of Our Community

We have a long and distinguished history of close collaboration between all players in the health care field here in Asheville. We have now completed two very successful Community Health Assessments in 1995 and in 2000 and we showed major improvements in many of our chosen indicators between those two health assessments. I sincerely wish I could say that over the past three years we have continued all those advancements. Unfortunately, we are facing our third year in a weakened economy and both the health system and the health status of our community has suffered. This document is an update of our joint community effort to address five priorities in health care. We have made major gains in medication assistance and have improved access to mental health in the primary care setting. Unfortunately, we have lost ground in our fight to improve access to both health care and dental care, and have made little or no progress in eliminating disparities in health care. Like a fish swimming against a fairly swift current, we are having to work harder than ever just to stay still. This has been a challenging year to just hold our infrastructure together, to make progress in limited ways where we can, and to try to prevent the erosion of programs with proven benefits that we have all worked so hard over the years to nurture. Better times are coming and we will soon see the fruits of our health care labors in greater abundance. Until then, we must take pride in the fine system of health protection and promotion that we have built in our community.

PRIORITIES

- ☛ **Access to Health Care** ♦ *In 2002, 1 in 5 (19.6%) Buncombe County adults did not have health insurance; and*
- ☛ **Access to Dental Care** ♦ *1 in 5 adults (20.2%) had not visited a dentist or dental clinic in 2 or more years; and*
- ☛ **Access to Mental Health** ♦ *19% of adults reported their mental health was not good 3+ days in the past month.*
- ☛ **Eliminating Disparities in Health Care** ♦ *Minorities have higher death rates for diabetes, homicide, HIV, specific cancers, infant mortality and almost half do not have health insurance.*
- ☛ **Medication Assistance** ♦ *Elderly citizens often cannot afford medications to treat their chronic health problems.*

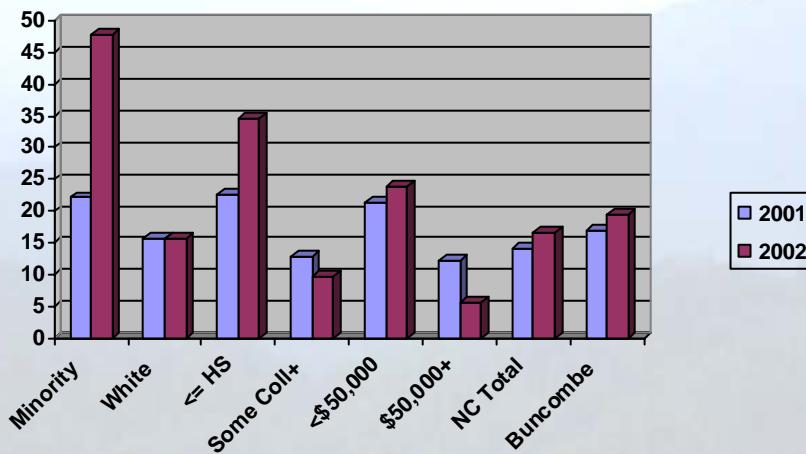
ACCESS TO CARE

The percentage of Buncombe County adults (18-64) with no health care coverage increased to 19.6% in 2002, exceeding both the state (16.7%) and western region rate (19.1%).¹ Consistent with national trends, lack of coverage is greatest for county residents who are nonwhite (47.7%); have less than a high school education (34.6%) and have household incomes under \$50,000 (23.9%). The percentage of adults who report they do not have a primary health care home also increased to 19% in 2001, from 16.9% in 2000.² Current estimates indicate there are 40,000 uninsured county residents, including over 24,000 who are low income.³

The current economic situation has increased the number of uninsured individuals in general and they, in turn, are seeking care from safety-net providers. Buncombe County Health Center (BCHC), the largest safety net provider in our community, currently turns away an average of 70 patients per day—many of whom would be new patients.

Percentage Reporting No Health Care Coverage

Buncombe County Adults, 2002



"The number of poor, uninsured Buncombe County residents has increased by 50% during the past 5 years."

Alan McKenzie, CEO,
Buncombe County Medi-
cal Society

For the first time in 2002, BRFSS data included non-English speaking Latinos in minority rates. The resulting impact is reflected in the significant increase in minorities who are uninsured in Buncombe County.

COMMUNITY STRATEGIES

- As part of the Safety Net Access Plan (SNAP) sponsored by Mission Hospitals and facilitated by HealthPartners in March and August of 2003, the focus of Safety Net Access providers in our county is to increase primary care providers and sites.
- HealthPartners convenes a monthly Community Clinics Coalition to address access issues of the community. This group is focused on furthering the mission of the SNAP Primary Care group to secure funding for more primary care sites and staff.

¹ North Carolina 2002 Behavioral Risk Factor Surveillance System (BRFSS) question: "Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?" Responses reported are those answering "no."

² NC 2001 BRFSS data. Respondents indicating they "do not have a personal doctor or health care provider who cares for most of their medical care needs."

³ Safety Net Access Plan conference, March, 2003.

MEDICATION ASSISTANCE

The rising cost of prescription medications and the increased demand for them has created a crisis of conscience for many health care providers in our country. Patients often need multiple medications to manage their disease states effectively, yet they cannot afford those needed therapies. This leads to a state of continued declining health and an overall increase in the need for health care services for these patients. The patients who benefit most from medication assistance are those without health insurance and those with limited health insurance, which does not provide a prescription benefit (Medicare recipients).

Buncombe County Safety Net* Medication Assistance Programs

- Number of patients served in Buncombe County = 4,300
- Dollar value of drug manufacturer medications received = \$2,800,000
- Number uninsured in Buncombe County = 40,000
- Number of low-income uninsured in Buncombe County = 24,600

Pharmaceutical Manufacturer Medication Assistance Program Sites

- ♦ Mission Hospitals
- ♦ Buncombe County Health Center
- ♦ Project Access
- ♦ Asheville Buncombe Community Christian Ministries

"Elderly citizens in Buncombe County who are uninsured or who qualify for Medicare coverage often find that they cannot afford the medications required to treat their chronic health problems, leaving them with tough choices."

- Stephanie Kiser, MSJ

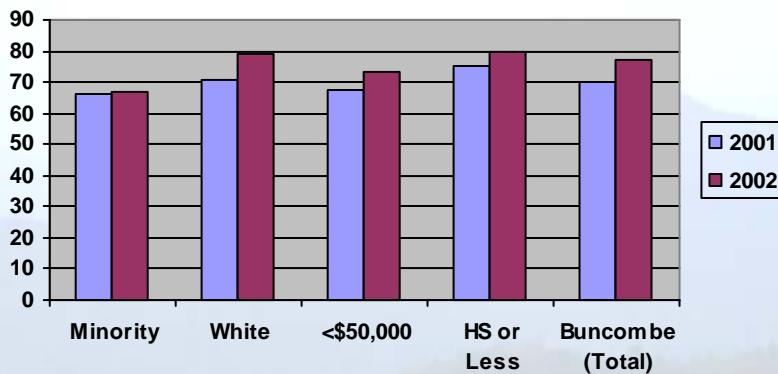
COMMUNITY STRATEGIES

Mission Hospitals Medication Assistance Program received a grant from the North Carolina Health and Wellness Trust Fund Commission (HWTFC) to offer medication reviews and education in four counties, including Buncombe. It is projected that over the next three years 270 older adults in Buncombe County will apply for and receive a N.C. Senior Care pharmacy benefit card. Approximately 40% will be referred to Mission Hospitals for medication management due to their high risk for adverse drug effects. Currently, the program serves 120 older adults. Collaborative partners (sites) include: Mission Medication Assistance Program for Seniors, Hot Springs Health Program, Buncombe County Health Center, Toe River Project Access, MY (Mitchell, Yancey) Meds, and Kerr Drugs.

MENTAL HEALTH

The percentage of Buncombe County adult (18-64) respondents indicating they had no days during the past 30 when their mental health was not good increased from 69.8 % (2001) to 77.3 in 2002, equal to the western region and slightly higher than the statewide percentage (75.4). In 2002 there were increases in no days reported by Buncombe adult subpopulations with less than high school education (from 75.2 to 79.6) and with household incomes under \$50,000 (from 67.2 to 73.2). There was no significant change in the rate for minority residents which increased only slightly from 65.9 (2001) to 66.7. In 2001 Buncombe's rate reporting no days (69.8) was lower than both the Western region (73.5) and state (73.9).

Percentage of Buncombe Adults Reporting No Days in the Past 30 When Mental Health Was Not Good



Multiple local community assessments continue to prioritize the need for mental health services and document that both the incidence of mental health illness and lack of access to care/treatment are highest among low-income, uninsured and underinsured residents. Screening of adult clients at community safety-net providers indicates nearly one-third have depression, twice the frequency in all patients presenting to primary care but comparable to other studies of low-income, indigent populations.

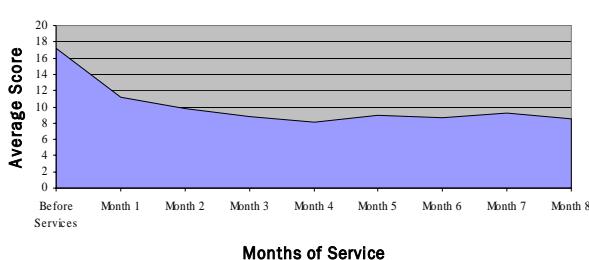
COMMUNITY STRATEGIES

HealthPartners Initiatives include:

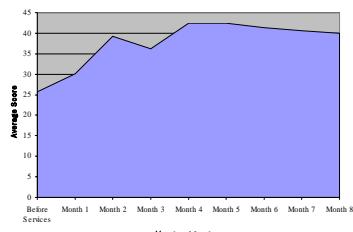
- The CURES Program (see next page).
- Oversight for a new Safety-Net Access Plan (SNAP) in early 2003, addressing improvement in our community's overall safety-net system which includes the SNAP Behavioral Health Integration Action Team, whose mission is to ensure that quality, effective, and efficient behavioral care is delivered in integrated primary care settings that serve our Safety Net System.
- HealthPartners is an active participant in the local Mental Health Reform process represented by two board members and the Board Chair, who will participate in decision-making roles for mental health services in the eight county region of western North Carolina, scheduled for January 2004.
- HealthPartners also collaborates on other community mental health initiatives including: the MAHEC-sponsored Duke Depression Project at BCHC; the Asheville-Buncombe VISION Mental Health Action Group; and the Mental Health Integration Initiative of the Children's Collaborative.

MENTAL HEALTH - CURES PROJECT DATA

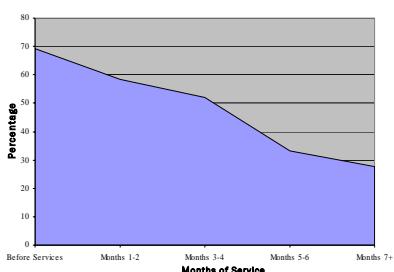
Healthy Decrease in Depression Over Time



Healthy Increase in Mental Functioning Over Time



Percent of Patients Missing Work/School in Past 3 Months Due to Emotional Reasons



HealthPartners is the primary applicant and administrator for the HRSA (Health Resources and Services Administration) HCAP (Healthy Communities Access Program) funded CURES (Collaboration to United Resources and Expand Services) program. CURES, recently funded for a third year, is building integrated mental health services into the current safety net infrastructure and implementing a shared information system at community clinic sites that links to a larger region wide data center and longitudinal medical record platform. This project supports depression screening and/or case management, and medication management at community safety-net sites (BCHC, ABCCM and WNC Community Health Services) and is developing an electronic system of information sharing among providers of care for the uninsured to improve care coordination.

- ◆ **5,396 SCREENED FOR DEPRESSION AT SAFETY NET SITES (TO DATE)**
- ◆ **383 ENROLLED**

RESULTS:

Overall the percentage of program clients with severe and significant depression dropped from 75% upon enrollment to 15% after the course of treatment, maintained improvements over an 8-month period, had significantly improved mental health functioning and decreased missed work/school days.

"Severe and significant depression among individuals participating in the CURES program at safety-net sites dropped from 75% upon enrollment to 15% after the course of treatment."

*-Louise Cate, CURES Project Manager,
HealthPartners*

ACCESS TO DENTAL CARE

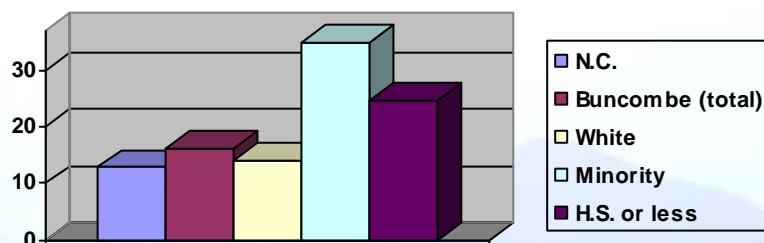
ADULTS

Adult respondents to the Community Health Assessment 2000 survey were asked questions about dental coverage. Slightly less than one-half (47.3%) of local adults carried dental insurance coverage while 52.7% did not. 2001 BRFSS data indicates there has been no significant change in adult dental coverage with 50.1% reporting that they have dental insurance.

Nationally there are 1,834 persons per dentist, statewide there are 2,470 persons per dentist, and in WNC the variance is most dramatic with 2,573 persons per dentist, 40% more than the national average⁴.

⁴ Safety Net Access Plan Summit, August, 2003.

Percentage of Buncombe Adults with 6 or More (but not all) Permanent Teeth Removed Due to Tooth Decay or Gum Disease, 2002

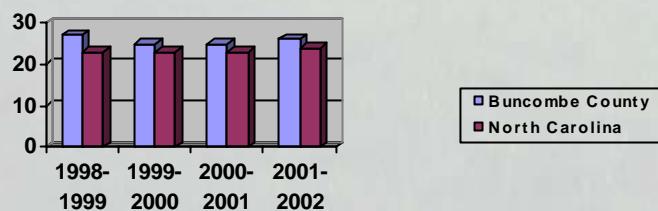


The number of Buncombe adults that have not visited a dentist or dental clinic for any reason in 2 or more years, at 1 in 5 (20.2%) is consistent with statewide (20.9) and western region rates (24.4%). Adults with high school education or less have the highest rate of no care for 2+years (33.6%) and one fourth have not been in 5 or more years. Only 30% of adults have had their teeth cleaned by a dentist or dental hygienist in the past 12 months. As depicted above, 16.2% of all Buncombe adults have had 6 or more permanent teeth (but not all) removed because of tooth decay or gum disease. Minorities have 2.5 times the rate of removal of 6 or more teeth, when compared with white rates.

CHILDREN

Annual dental screening (2001-2002) indicates almost 1 in 4 (24%) Buncombe kindergarteners have untreated dental disease.

Percentage of Buncombe Kindergarteners With Untreated Dental Disease



"Last year, dental sealants were provided to over 500 third grade students in Buncombe County and Asheville City schools by the Buncombe County Dental Sealant Program. This is the leading strategy for prevention of dental decay in this age group."

-Bill Murdock, Eblen Foundation

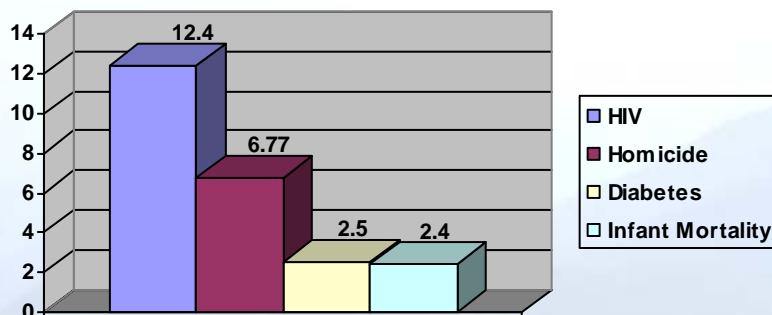
COMMUNITY STRATEGIES

- Buncombe County Health Center Open Wide program identifies preschool children in daycares with dental needs by providing screening, referrals, and follow-up. In 2002-2003, thirty-four children received pediatric specialty dental care at a cost of \$20,000.
- The Children's Dental Sealant Program is made possible through a partnership between the Buncombe County Dental Society, the Dental Alliance, the Eblen Foundation, Asheville-Buncombe Technical College, and the Buncombe County Health Center's Dental Outreach Unit. The program provides education, screening, and dental sealants free of charge for targeted second and third grade students.
- The SNAP Dental Initiative group has developed a plan to create a dental residency program to recruit, train and retain dental professionals in the region. MAHEC is currently spearheading this effort.

DISPARITIES IN HEALTH CARE

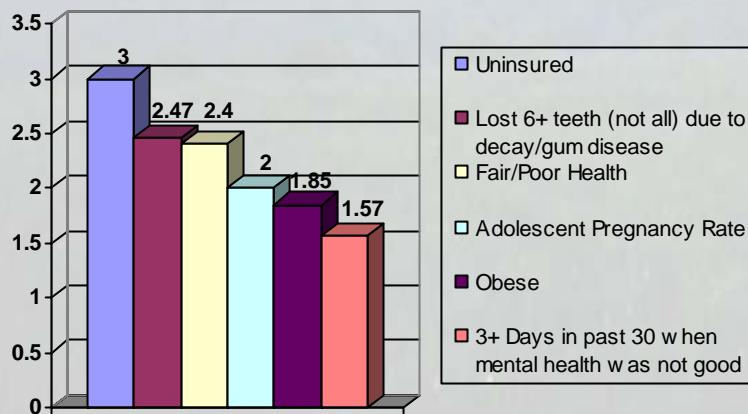
Health disparities are the significant differences in the burden of disease for the minority population. Tables below show the impact of health disparities for adult minority populations in Buncombe County for the leading causes of death and for behavioral risk factors. Buncombe minorities (includes African-American, Latino, Asian and other races) rate of death is 12.4 times that of the white population for HIV, 6.8 times for Homicide, 2.5 times for diabetes and 2.4 times for infant mortality. Minorities also have disparities in behavioral risk factors including: no health care coverage (3); loss of 6 or more teeth (but not all) due to decay or gum disease (2.47); reporting their health as fair or poor (2.4); the rate of adolescent pregnancy (2); being obese (1.85); and reporting 3 or more days in the past 30 when their mental health was not good (1.57). Note that coverage does not necessarily equate to access to care. For example, an individual may have dental coverage through Medicaid, but be unable to find a provider who accepts Medicaid clients.

Disparity Ratio*
Buncombe Minority Population Death Rates



- ◆ Ratio indicates number of times minority rate exceeds the rate for whites (e.g. a ratio of 2 means the rate is 2 times that of the white population). A ratio of 1 indicates no disparity.
- ◆ SCHS rates and BRFSS data are calculated for white and "other" which includes all other races/ethnicities. Minority uses data for "other".

Disparity Ratio* for Buncombe Minority Population
Behavioral Risk Factors

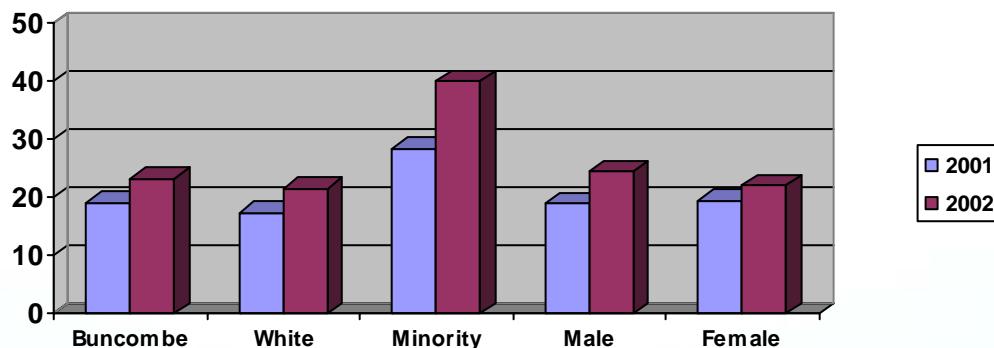


COMMUNITY STRATEGIES

- HealthPartners participates in the Health Parity Group convened by the Office of Parity Achievement. This office is in the process of planning a Parity Summit in March of 2004 to hear about new strategies in achieving health care parity in Buncombe County and to create an action plan to address the issue in Buncombe County.

EMERGING ISSUES

Adult Obesity: Buncombe County, 2001 and 2002



ADULT OBESITY

Buncombe 2002 BRFSS data indicates 58.6% of Buncombe County adults are overweight (35.3%) or obese (23.3%). Obesity is the second behavioral contributor to preventable death and disease (after tobacco use), resulting in 300,000 deaths annually in the US. Obesity is the primary cause of the three leading causes of death (heart disease, cancer and stroke) and is also associated with diabetes, arthritis, breathing problems, and psychological disorders such as depression.

CHILDHOOD OBESITY

Nationwide there are twice as many overweight children and almost three times as many overweight adolescents as there were in 1980. Overweight adolescents have a 70% chance of becoming overweight or obese adults; are at increased risk of developing Type 2 diabetes and have increased risk factors for heart disease. Buncombe County Health Center data indicates the rate of clinically overweight children in 2001 was 12% for 2-4 years; 23% for 5-11 years, and 25% for 12-18 years.

COMMUNITY STRATEGIES

Healthy Buncombe is coalition of local organizations, agencies, and concerned residents that are dedicated to helping people in the community get active and eat well. Healthy Buncombe has three action teams that work with decision makers and community members to promote physical activity and good nutrition in locations in the community through schools, worksites.

To really get at the root of this complex problem we need to make it easy to be active and eat well. We must change the environment in which we live, work and go to school."

-- Vicki Banks, Healthy Buncombe Coalition Chair

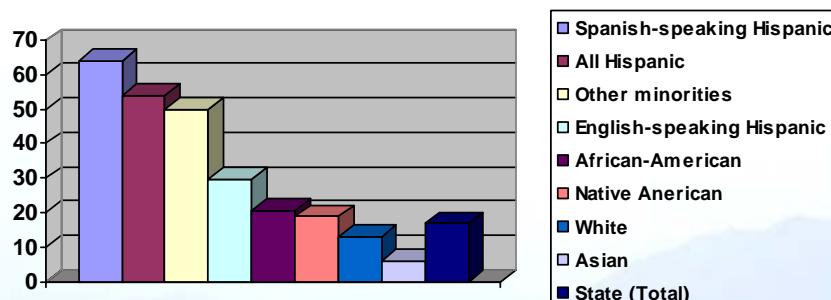
EMERGING LATINO POPULATION

Between 1990 and 2000, North Carolina experienced an almost 400% increase in its Hispanic population, the greatest percentage growth of any state in the U.S. The 2000 census documented 5,730 Latino/Hispanic residents in Buncombe County – 2.8% of the population and a 388% increase since 1990 compared with 4.7% statewide. North Carolina Hispanics tend to be young and half of female Hispanic newcomers are in their peak childbearing years, indicating potential for increasing growth. The young age of this population (79% are aged 35 or younger compared with 52% of the total NC population) results in health issues unique to the group.

While local numbers do not allow calculation of accurate morbidity and mortality rates, statewide indicators should be reflective of the local Latino population. Statewide:

- Almost half of all Hispanic deaths are due to injury or violence.
- The leading cause of death is motor vehicle injuries (22%) followed by homicide (2nd) and other unintentional injuries (3rd).
- Despite socioeconomic status and delayed prenatal care services, Latina women, especially first generation women from Mexico, have birth outcomes as good or better than non-Hispanic whites.
- Statewide, Spanish-speaking Hispanics are the subpopulation most likely to have no health care coverage.

Percentage of North Carolinians with No Health Care Coverage, by Race/Ethnicity, 2002



Source: 2002 NC Behavioral Risk Factor Surveillance System (BRFSS)

SUMMARY OF DATA SOURCES

BUNCOMBE COUNTY COMMUNITY HEALTH ASSESSMENT 2000 (CHA2000) PHONE SURVEY

The phone survey was a major component of the Community Health Assessment 2000 used to prioritize health issues. The Community Health Assessment 2000 was a systematic, data-driven approach to determining health status, behaviors and needs of residents of Buncombe County used to formulate strategies to improve community health and wellness.

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) DATA

The Behavioral Risk Factor Surveillance System (BRFSS) is a random telephone survey of state residents aged 18 and older in households with telephones. Through BRFSS, information is collected in a routine, standardized manner at the national, state, and county level on a variety of health behaviors and preventive health practices related to the leading causes of death and disability. In 2001, Buncombe County Health Center began dedicating funds to the State to assure availability of statistically significant data samples at the county level on an annual basis.

NORTH CAROLINA STATE CENTER FOR HEALTH STATISTICS

The State Center is responsible for collecting, analyzing, and disseminating timely, comprehensive, and accurate health statistics. Health data is collected on births, deaths, marriages, cancer, teen pregnancies, and on other health topics and populations. Once analyzed, the health data become available through publications and journal articles, presentations, web site, and the information office.

PREPARED BY HEALTHPARTNERS / HEALTHY CAROLINIANS TASK FORCE IN COLLABORATION WITH BUNCOMBE COUNTY HEALTH CENTER

For more information contact HealthPartners at (828) 253-7009 or

Buncombe County Health Center, Health Education Division at (828) 250-5040.