

2019

BUNCOMBE COUNTY

State of the County's Health Report





Buncombe County 2019 State of the County Health (SOTCH)

The 2018 Community Health Assessment priority areas are:

- **Health Priority 1 – Mental Health**
- **Health Priority 2 – Birth Outcomes & Infant Mortality**



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

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

- Develop and communicate shared vision
 - Define clear measures of progress
 - Share data internally or with partners
 - Simplify the way you collect, monitor and report data on your results
- The following resources were used/reviewed in order to complete the CHIP:

- [WNC Healthy Impact](#)
- [WNC Healthy Impact Data Workbook](#)
- [NC DHHS CHA Tools](#)
- [NC DHHS County Health Data Book](#)
- [NC DHHS/ DPH CHA Data Tools](#)
- [Buncombe County Qualitative Data Report](#)

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

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

- **Results** we hope to see as our health improves
- **Data** that concern us and the story behind the data that helps us understand why things are getting better or worse
- **Partners and programs working together** to make things better
- **Ways we are measuring success** and describe how we are making a difference

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

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

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

R	Birth Equity	A thriving and safe community, leading to 100% healthy births, mamas, and families. A community where families are educated and supported with access to adequate resources and a stable household.	Most Recent Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change
			Experience and Importance					How would we experience this result in our community if we are successful?
Our community partners identified the following themes as key elements of our desired result:								
<ul style="list-style-type: none"> • Healthy babies: 100% healthy births (full term, healthy weight, no infant deaths) 								

- Healthy parents: Healthy, supported mamas and babies. Parents feel empowered with emotional well-being. Supported, educated, and engaged fathers/partners.
- Healthy community: Thriving safe community where everyone gets along, & has what they need to be healthy. Household stability. Health care for all. Reparations made.

If we achieved our desired result, we would feel:

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

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

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

Key findings related to Birth Equity included:

- Preterm Births: 9.9% overall (2013-2017)
 - Black (13.8%), Latinx (9.8%), White (9.0%),
 - Black : White inequity ratio of 1.53
- Low Birth Weight: 8.3% overall (2013-2017)
 - Black (15%), Latinx (6.2), White (8.0%),
 - Black : White inequity ratio of 1.87
- Infant Mortality: 6.4 deaths per 1,000 live births (2013-2017)
 - Black (19.6), Latinx (6.2*), White (5.1)
 - **Rates based on fewer than 20 cases - as for the Latinx infant mortality rate - are unstable and should be interpreted with caution.*
 - Black : White inequity ratio of 3.8
 - Latinx : White inequity ratio of 1.2*
- Teen Pregnancy: 21.1 per 1,000 women 15-19 (2017)
 - Black (35.3), Latinx (35.4,) White (17.2)
 - Black: White inequity ratio of 2.05

- Latinx : White inequity ratio of 2.06

What Else Do We Know?

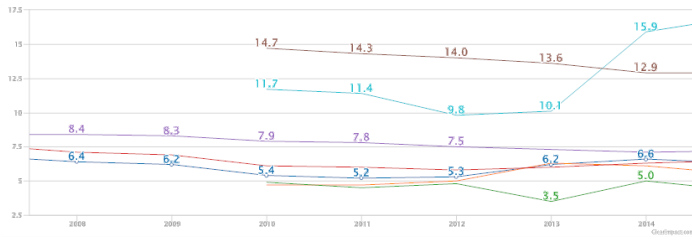
- The number of teen pregnancies that end in abortion has been steadily dropping since 2006 and Buncombe's rate is consistent with the region and state (6.1/1,000 women 15-19) (NC SCHS, 2018) (North Carolina State Center for Health Statistics, 2018)
- There was no Black / White disparity in the percent of women (87.9%) receiving care in their first trimester. Latinas were even more likely (91.6%) to receive care. (NC SCHS, 2018)

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

Progress on Action Plan Strategies:

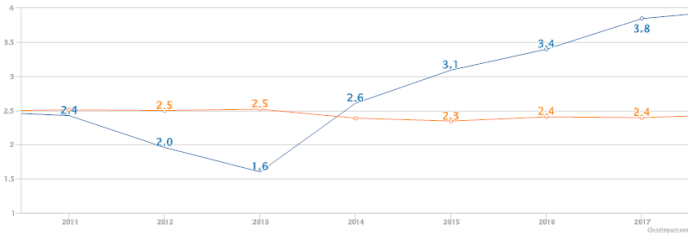
- **Advance Cross sector Collaboration to Undo Racism:**
 - **City MatCH Birth Equity Institute:** The Buncombe County City Match Home Team is working in partnership with Mothering Asheville as a container for collaboration, data sharing and strategy development for our local cohort. During the final quarter of 2019 and early 2020, Buncombe's home team has received coaching on Equity Strategic Planning and in the progress to identify data metrics for the projects.
 - **Power to Health - Title VI Training:** Buncombe County Health and Human services has hosted a series of screenings of this important documentary on Title VI in partnership, with the AARP of WNC, and the Asheville Buncombe Institute for Parity Achievement (ABIPA). Viewings are followed by snap polling of the audience, group reflections and facilitated discussions to aide staff and community partners in the understanding or "connecting-the-dots" on how the historical context of Title VI law informs our duty to service as we all work towards community healing resulting from racial segregation.
 - **Buncombe County Government Equity Workgroup:** The Buncombe County Equity work will evaluate the current effort in various areas throughout the organization to articulate work unified, countywide approach to equity. The workgroup's initial goal is to identify the challenges to racial and social equity and inclusion and brainstorm innovative ways to overcome those hurdles. It's vital that Buncombe County makes all its decisions concerning policies and procedures in a way that is consistently equitable for all employees, county partners and the community. Initial goals for the workgroup:
 - Draft an Equity and Inclusion vision statement and identify measurable goals
 - Recommend innovative ways to achieve positive outcomes across various sectors
 - Create a timeline and roadmap for initial goals to be implemented
 - Coordinate data compilation, analysis, and application
- **Provide ongoing support to evidence-based strategies to improve maternal care, including doula care and other pregnancy home visiting programs:**
 - Nurse Family Partnership: 2019 marked the NFP Buncombe's 10 year anniversary, proudly serving over 500 families in the decade.
- **Promote breastfeeding friendly policies and services in local communities:**
 - **10 Steps to Becoming a Breastfeeding Friendly Community:** Buncombe County continues to make progress on the 10 Steps to becoming a Breastfeeding Friendly Community. New initiatives are currently under consideration with Buncombe County Human Resources and Buncombe County Library System.
 - **National Day of Racial Healing:** January 22nd, marked the 4th Annual National Day of Racial Health. To mark this day, Buncombe County called attention to the need for us all to ensure our community provides a social, policy, and cultural environment for all families and mom to breastfeeding in a climate that gives lift to equity.

CI Birth Equity Infant Mortality Rate - Buncombe Total (with comparisons) (2007-2018)



Year	Value	Target	Forecast	Trend	Count	% Change
2018	5.1	-	-	↘	1	-25%
2017	6.4	-	-	→	1	-6%
2016	6.4	-	-	↗	1	-6%
2015	6.3	-	-	↘	1	-7%
2014	6.6	-	-	↗	3	-3%
2013	6.2	-	-	↗	2	-9%
2012	5.3	-	-	↗	1	-22%
2011	5.2	-	-	↘	4	-24%
2010	5.4	-	-	↘	3	-21%

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



Year	Value	Target	Forecast	Trend	Count	% Change
2018	4.0	-	-	↗	5	60%
2017	3.8	-	-	↗	4	54%
2016	3.4	-	-	↗	3	36%
2015	3.1	-	-	↗	2	24%
2014	2.6	-	-	↗	1	5%
2013	1.6	-	-	↘	3	-36%
2012	2.0	-	-	↘	2	-21%
2011	2.4	-	-	↘	1	-3%

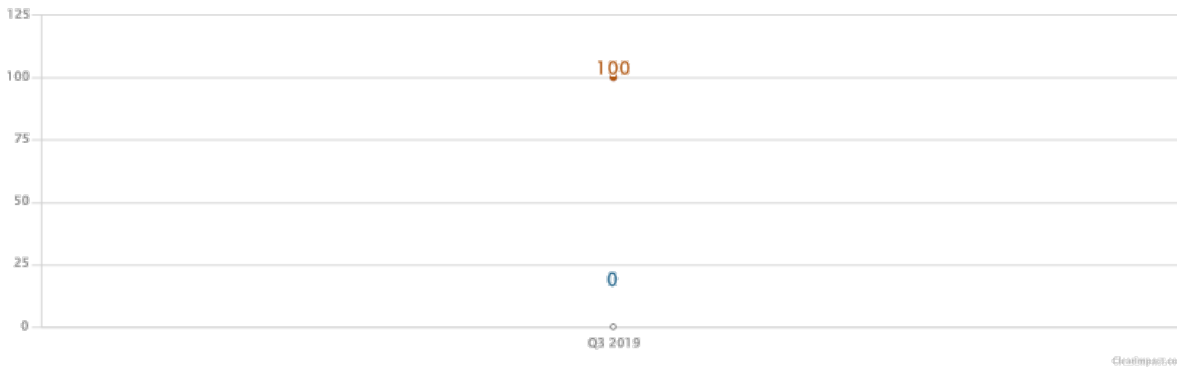
S Birth Equity Provide ongoing support to evidence-based strategies to improve maternal care, including doula care and other pregnancy home visiting programs

Time Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change
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PM Birth Equity #/% of doula and HVC partners who report progress with identified goals

Time Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change
Q3 2019	0	100	-	→	0%

Data Source: Doula & Home Visitors Collaborative Partners



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

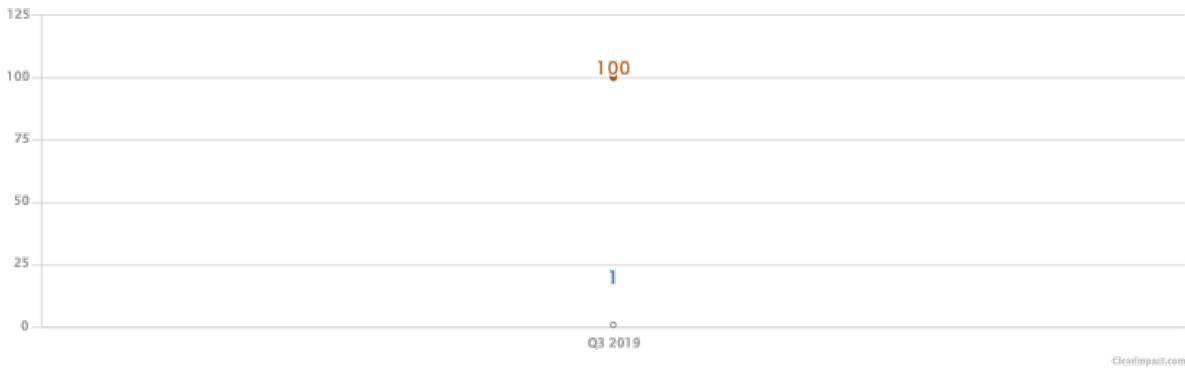
Time Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change
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S Birth Equity Advance Cross-sector Collaboration to Undo Racism

Time Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change
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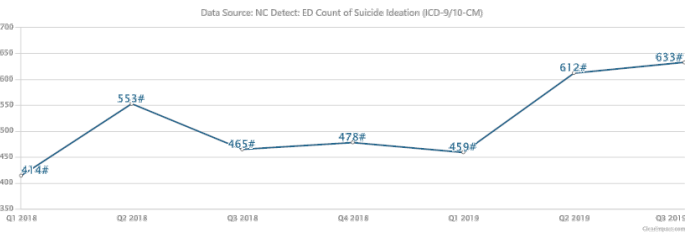
PM Birth Equity Progress toward completion of Equity Institute Benchmarks

Time Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change
Q3 2019	1	100	-	→	0%



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

Most Recent Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change
Q3 2019	633#	—	—	↗ 2	62% ↑
Q2 2019	612#	—	—	↗ 1	57% ↑
Q1 2019	459#	—	—	↘ 1	18% ↑
Q4 2018	478#	—	—	↗ 1	23% ↑
Q3 2018	465#	—	—	↘ 1	19% ↑
Q2 2018	553#	—	—	↗ 3	42% ↑
Q1 2018	414#	—	—	↗ 2	6% ↑
Q4 2017	411#	—	—	↗ 1	5% ↑



Data Description & Source

Description: This is the number of visits made to a NC Emergency Department by Buncombe County Residents with a diagnostic code of Suicide Ideation (ICD-9/10-CM) reported on their patient chart reported quarterly (3-month timeframes) as captured by NC DETECT.

Plain language: Suicide Ideation means an individual is thinking about, considering or planning suicide.

Calculation: This indicator is not calculated.

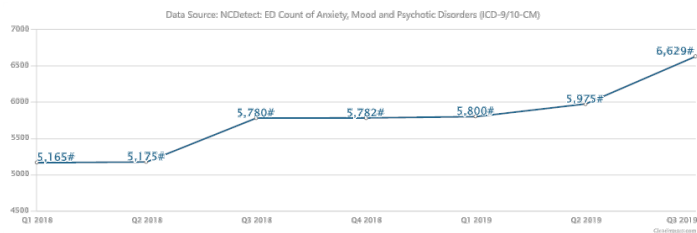
Sources: NC DETECT is a statewide public health syndromic surveillance system, funded by the NC Division of Public Health (NC DPH) Federal Public Health Emergency Preparedness Grant and managed through collaboration between NC DPH and UNC-CH Department of Emergency Medicine’s Carolina Center for Health Informatics. The NC DETECT Data Oversight Committee does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented. <http://ncdetect.org/>

Note: This data collection platform can be problematic due to inconsistencies and inaccuracies in reporting. We are working to identify better data sources that will be able to more accurately inform our work.

Story Behind the Curve

Story Behind the Indicator

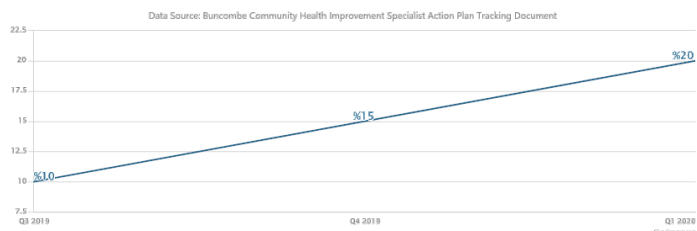
CI **MentalHealth** Quarterly Mental Health Related Visits to the Emergency Department Related to Anxiety, Mood and Psychotic Disorders



Time Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change
Q3 2019	6,629#	—	—	↗ 7	35% ↑
Q2 2019	5,975#	—	—	↗ 6	21% ↑
Q1 2019	5,800#	—	—	↗ 5	18% ↑
Q4 2018	5,782#	—	—	↗ 4	17% ↑
Q3 2018	5,780#	—	—	↗ 3	17% ↑
Q2 2018	5,175#	—	—	↗ 2	5% ↑
Q1 2018	5,165#	—	—	↗ 1	5% ↑
Q4 2017	4,921#	—	—	→ 0	0% →

S **MentalHealth** Support Cross-sector Collaboration to Create a Trauma-Responsive and Resilience-focused Community

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



Time Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change
Q1 2020	%20	—	—	↗ 2	100% ↑
Q4 2019	%15	—	—	↗ 1	50% ↑
Q3 2019	%10	—	—	→ 0	0% →

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

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



Time Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change
Q3 2019	1	100	—	→ 0	0% →

R **2019 SOTCH** Monitoring New and Emerging Issues

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

These are the new and emerging issues in our community in 2019 and early 2020 that were not identified as priorities in our CHA. These were identified by our Community Health Advisory Council and by key Buncombe County DHHS staff in 2 separate meetings in February 2020.

COMMUNITY AND SOCIAL CONTEXT:

• **2020 Census:**

- The 2020 has the potential to impact many funding streams that impact community well-being especially as it relates to marginalized communities. Also, a more complete counts helps to build reliable data sources disaggregated so by race, gender, age, and ethnicity to produce equitable programs/interventions.

- **State & County Policy Changes:**

- **Reporting Abuse:** Reporting of Suspected Abuse, Neglect, or Dependency of a Juvenile (Expanded), *Part 1 of S.L. 2019-245 enacts new G.S. 14-318.6*, now updated to assure that staff who suspect that a juvenile is a victims of a violent offense, sexual offense or misdemeanor child abuse is immediately reported to local law enforcement, and that failing to report certain crimes against juveniles is a misdemeanor.
- **Tobacco and Vaping:** Buncombe County Board of Commissioners approved a local ordinance to make county properties smoke-free (cigarettes, e-cigs, vape) and stand a tobacco study committee to look at comprehensive changes to county ordinance and personnel ordinance (which is tobacco-free), on feasibility of expanding to include e-cigarettes and vaping to both of those ordinances.

- **Pending changes in political districts:**

- **Elections:** with upcoming elections for Buncombe County Commissioners, Asheville City Council, as well as state and federal districts, power, representation, inclusion continue to emerge as major themes in community conversations and forums.
- **2020 Census:** Pending new apportionment from the 2020 Census, the decennial enumeration is estimated to result in a possible 2 new U.S. Congressional seats/districts for the state of North Carolina.

HEALTHCARE SYSTEM

- **Pending changes in healthcare climate:**

- **Managed Medicaid:** The N.C. General Assembly adjourned in November 2019 without providing required new spending and program authority for the transition to managed care, thus suspending the anticipated go-live date of Feb. 1, 2020. NC Medicaid will continue to operate under the current fee-for-service model administered by the department.
- **NC Care 360:** has the potential to better connect individuals to needed resources/supports - but much unknown
- **Reproductive Health:** Pending cases before the United States Supreme may affect access to and quality of reproductive health services.

ECONOMIC STABILITY:

- **Public Charge Rule Change:** "Public charge" is a term used in immigration law to determine whether a person is likely to become dependent on the government for support and is used as one of several factors to determine whether a person can enter the U.S. or get a green card (lawful permanent resident "LPR" status). Effective on February 24, 2020, the rule changes how immigration offices make public charge decisions, so they look more closely at factors like health, age, income, skills (including English language skills), and use of public programs, including: SNAP, Section 8, Medicaid (with some exceptions), and cash assistance. Justice advocates and national health organizations continue to express concerns that this rule may adversely impact those experiencing hunger, domestic violence and in need of basic preventative health care services.
- **Tourism Development Authority:** Following community feedback, and input from local officials, the TDA is exploring increasing the local occupancy tax and mechanisms for using those funds support local infrastructure and quality of life initiatives.
- **EarthFare Closure:** Founded by Roger Derrough in Asheville, North Carolina's first health food store in North Carolina, Earthfare, opened as "Dinner For the Earth". The retailer was model national model local, sustainable and equitably sourced grocery chain. Upon shuttering its doors in February 2020 had grown to a presence in 10 states with 50 locations. The Asheville area stores closures leaves behind approximately 300 job seekers as well as many farmers and food products distributor looking for new retailers in line with their values and business practices.

NEIGHBORHOOD AND PHYSICAL ENVIRONMENT

- **Climate & Health:** WNC Climate and Health Workgroup is a new local collaborative of scientists, clinicians, and public health leaders (Buncombe CHIP, Buncombe County Preparedness, and Nurse Family Partnership). The workgroup's goal is to motivate effective and meaningful engagement with the public and policymakers around the regional impacts of climate change on human health, potential solutions, and co-benefits of resilience planning. The group also stands be a container for advancing understanding on the interconnections on equity and marginalized communities and our climate.
- **Housing:** Asheville Buncombe Community Christian Ministry (ABCCM) major capital project Transformation Village will provide an important new resource for women and children experiencing housing insecurity. Transformation Village, is designed to eventually absorb Steadfast House (43 bed facility) with more than 300 beds on site.

- **Highway Development:** Road construction on interstate highway I-26 in Buncombe and Henderson Counties began in late in October 2020. The project will widen nearly 17 miles of I-26 from U.S. 64 in Hendersonville to Brevard Road in Asheville to four lanes in each direction from Brevard Road to U.S. 25 Business. The target completion date for construction is 2024. Residents and visitors are advised the impact on daily commute times and adjacent and some others may see a change in neighborhood. The project aims to address increasing traffic congestion in the corridor as Western North's Carolina population continues to grow.
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