Buncombe County Community Health Assessment

2021

BUNCOMBE COUNTY
PEOPLE TO MATCH OUR MOUNTAINS
NORTH CAROLINA

Acknowledgments

The Community Health Assessment (CHA) is developed in collaboration with Buncombe County's Community Health Improvement Process (CHIP) Advisory Council, at-large community members, the WNC Health Network, and Buncombe County Health and Human Services. In alignment with the CHIP Vision, Mission, and Values, the 2021 CHA identifies key health needs, disparities in health outcomes, and the root causes, systemic racism, oppression of marginalized people and trauma, that underlie health disparities.

The Health Promotions Team wishes to thank the members of the CHIP Advisory Council, WNC Health Network, and key community partners for their contributions and support, without which this community health assessment is not possible. Advisory Council members are transformational and servant leaders whose passion and dedication drive so much of what is helping Buncombe County become a community where everyone is healthy, safe, and thriving. The efforts of several organizations highlighted in the "What's Helping" sections, serve as a representation of our community's resilience and commitment to Buncombe County residents.

The 2021 CHA is dedicated to Buncombe County residents, especially those who are too often overlooked and unserved. It is our expressed purpose to name the inequities that you experience so that commensurate care and resources are allocated to your needs.

CHIP Advisory Council

Vision

A culture of health where everyone in Buncombe is healthy, safe & thriving

Mission

Provide leadership and support to improve the community's health through collective action

Guiding Principles

We value health equity and believe that all people are capable of achieving health when supported with appropriate opportunities

We value inclusion and believe that all voices matter

We value respect and believe that it is the foundation of trust

We value courageousness and believe that it is a catalyst for change

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Acronyms

BC-Buncombe County
BCG-Buncombe County Government
BCHHS-Buncombe County Health and Human Services
CDC-Centers for Disease Control and Prevention
CHW-Community Health Workers
BIPOC-Black (African American), Indigenous, other People of Color
NCIOM-North Carolina Institute of Medicine
NCOMHHD- NC Office of Minority Health and Health Disparities
NCSOBM-North Carolina State Office of Budget and Management
NCSCHS-North Carolina State Center of Health Statistics
NC-North Carolina
SAMHSA-Substance Abuse and Mental Health Services Administration
SDoH-Social Determinants of Health
WHO-World Health Organization

Notes

- All data percentages are rounded to nearest whole number and cited to original source.
- The BC 2021 CHA uses inclusive and people first language that may appear differently than US Census terminology.

2020 US Census Language	BC 2021 CHA
American Indian	Indigenous/First Nation
African American	Black/African American
Hispanics non-White	Hispanic/Latin/Latinx
white	White
Women/Woman (pregnant, birthing, breastfeeding)	Woman/Individuals
Homelessness	People experiencing Homelessness
LBGTQ+	LBGTQ+

- Structural or systemic racism: "Racism is not always conscious, explicit, or readily visible—often it is systemic and structural. Systemic and structural racism are forms of racism that are pervasively and deeply embedded in systems, laws, written or unwritten policies, and entrenched practices and beliefs that produce, condone, and perpetuate widespread unfair treatment and oppression of people of color, with adverse health consequences" (Braveman, et al., 2022).

Buncombe County 2021 Community Health Assessment Executive Summary

Community Results Statement

Buncombe County is a caring community in harmony with its environment where citizens "succeed, thrive, and realize their potential" (Buncombe County Government, n.d.).

Partnership & Leadership for the Community Health Assessment Process

The NC General Assembly requires that local public health departments conduct community health assessments every 3-4 years. The 2021 Buncombe County CHA is a collaborative process conducted in partnership with multiple community organizations through the Community Health Improvement Plan (CHIP) Advisory Council. The CHIP Leadership Team provides guidance and recommendations to the council and BCHHS for development, implementation, and evaluation of the CHIP for equitable population health outcomes.

Name	Agency	Agency Website
Alison Climo	**Age-Friendly Buncombe County**	buncombecounty.org/governing/depts/dss/adults/age-friendly.aspx
Amanda Brickhouse-Murphy	**MAHEC – Mothering Asheville**	mahec.net/
Amieris Lavender	**YWCA-Asheville & WNC**	ywcaofasheville.org/
Angelica Wind	**NC Counts**	nccounts.org/about-us
***Anne Carpenter**	**HCA Healthcare (Mission Hospitals)**	missionhealth.org/
Ashley Tee	**YMCA-Asheville**	ywcaofasheville.org/
April Burgess-Johnson	**Helpmate**	helpmateonline.org/
***Belinda Grant**	**Mount Zion Community Development – Project NAF**	mtzionasheville.org/
Bob Wagner	**Mountain True**	mountaintrue.org/
Carolina Rodier	**Buncombe Partnership for Children**	buncombepfc.org/
Chaka Gordon	**Helpmate**	helpmateonline.org/
Christine Malloy	**HCA Healthcare (Mission Hospitals)**	missionhealth.org/
***Cindy McMillan**	**Sistas Caring 4 Sistas**	sistascaring4sistas.org/
Debbie Bryant	**Buncombe County Schools**	buncombeschools.org/
Deborah Calhoun	**United Way of Asheville-Buncombe**	unitedwayabc.org/
Elisa Quarles	**WNC Medical Society**	mywcms.org/

***Emma Olson**	**NC Center for Health & Wellness**	ncchw.unca.edu/
***Erin Bee**	**Health & Human Services – Public Health**	buncombecounty.org/governing/depts/hhs/default.aspx
***Evan Richardson**	**MAHEC**	mahec.net/
***Frank Castelblanco**	**MAHEC**	mahec.net/
Gabriela Escobar	**CIMA Compañeros Inmigrantes de las Montañas en Acción**	cimawnc.org/
***Ginger Clough**	**Health & Human Services – Public Health**	buncombecounty.org/governing/depts/hhs/default.aspx
Ina Ponder	**Health & Human Services – Public Health/Harm Reduction**	buncombecounty.org/governing/depts/hhs/default.aspx
JeWana Grier-McEachin	**Asheville Buncombe Institute for Parity Achievement**	abipa.org
***Jaclyn Kiger**	**Pisgah Legal Services**	pisgahlegal.org
Jennifer Teague	**Buncombe Health & Human Services – Adult/Aging**	buncombecounty.org/governing/depts/hhs/default.aspx
Judith Kirkman	**VAYA**	vayahealth.com
Kathey Avery	**Institute for Preventive Healthcare & Advocacy**	averyhec.com
Katherine Hyde Hensley	**Private Practice Clinician**	katherinehydehensley.com/
Kelly Hubbell	**YWCA-Asheville Mother Love**	ywcaofasheville.org/what-we-do/empowering-women/motherlove
***Kelsie Kee Clark**	**VAYA**	vayahealth.com
***Khadiya Ross**	**Health & Human Services – Public Health**	buncombecounty.org/governing/depts/hhs/default.aspx
Lauren McTigue	**YWCA-Asheville & WNC; Health & Wellness**	ywcaofasheville.org/what-we-do/promoting-health/
Lisa Williams	**Buncombe County Health and Human Services-Finance**	ywcaofasheville.org/
Marta Alcala Williams	**Asheville City Schools**	ashevillecityschools.net
Martha Draughn	**YMCA-Asheville**	ymcawnc.org/asheville
Monica Tucker	**YMCA-Asheville Minority Diabetes Prevention Program**	ymcawnc.org/mdpp
Natasha Adwaters	**Children First Buncombe County**	childrenfirstcisbc.org

Norma Brown	**Unete-Unmet Needs in Equity: Transformation Empowerment.**	unetenc.org
Rasheeda McDaniels Hall	**Buncombe County Health & Human Services – Community Engagement/CAPE**	buncombecounty.org/governing/depts/hhs/default.aspx
Rebecca Smith	**Buncombe County Health & Human Services/Child Welfare**	buncombecounty.org/governing/depts/dss/children/default.aspx
Rebecca Withrow	**OurVOICE**	ourvoicenc.org
Rhonda Coxe	**VAYA**	vayahealth.com/
Rosario Villarreal Redondo	**YMCA-Asheville Minority Diabetes Prevention Program**	ymcawnc.org/mdpp
Scott Dedman	**Mountain Housing Opportunities**	mtnhousing.org/
Shanon Martin	**Buncombe County Schools – Behavioral Health**	buncombeschools.org/departments/student_services/counseling
Sonia Kay	**YWCA Mother Love**	ywcaofasheville.org/what-we-do/empowering-women/motherlove/
Stephanie Kiser	**UNC School of Pharmacy - MAHEC**	mahec.net/
Tamarie Macon	**MAHEC**	mahec.net/residency-and-student-info/master-of-public-health/our-faculty
Thomas Cunningham	**Institute for Health Prevention Advocacy**	averyhec.com/ifpha
Thomas Priester	**Housing Authority of City of Asheville**	haca.org/
***Zo Mpofu**	**Health & Human Services – Public Health**	

**Current & Former: CHIP Leadership and Data Team*

Regional/Contracted Services

Our county received support from **WNC Healthy Impact**, a partnership and coordinated process between hospitals, public health agencies, and key regional partners in western North Carolina working towards a vision of improved community health. We work together locally and regionally to assess health needs, develop collaborative plans, take action, and evaluate progress and impact. This innovative regional effort is coordinated and supported by **WNC Health Network**. WNC Health Network is the alliance of stakeholders working together to improve health and healthcare in western North Carolina. Learn more at www.WNCHN.org.

Theoretical Framework/Model

WNC Health Network provides local hospitals and public health agencies with tools and support to collect, visualize, and respond to complex community health data through Results-Based Accountability™ (RBA). RBA is a disciplined, common-sense approach to thinking and acting with a focus on how people, agencies, and communities are better off for our efforts.

Collaborative Process Summary

Buncombe County's collaborative process is supported on a regional level by WNC Healthy Impact. Additionally, Buncombe County CHIP Leadership members were participants in the WNC Data Workgroup (hosted by WNC Healthy Impact) to determine updates to the overall WNC Regional Community Health Assessment survey and process, as well as choosing Buncombe County's three local survey questions and identifying Online Key Informant Survey format and distribution lists.

The CHIP Advisory Council reviewed primary and secondary data in both aggregated and disaggregated form to compare health outcomes across the myriad of demographics, such as race, gender, income, and age within the community. After identifying the most significant community concerns, the Advisory Council conducted prioritization exercises to choose areas of focus for Community Health Improvement Plans.

Phase 1 of the collaborative process began in January 2021 with the collection of community health data. *For more details on this process see **Chapters 1** and **7**.*

Key Findings

Buncombe County ranks 19th out of 100 counties in NC based on more than 30 measures of how healthy residents are and what will impact their future health (County Health Rankings, 2022).

Buncombe County Total Population: 271,534	
Age	Percentage of Population
Birth-18	19 %
19-64	62 %
65+	20%
Percentage Foreign Born	6%
Race	Percentage of Population
Black/African Americans	6%
Indigenous/First Nations & Alaskan Natives	0.4%
Asians	1 %
Hawaiian and Pacific Islanders	0.1%
Hispanics/Latin/Latinx of all races	7 %
Whites	88 %,
Identified as 2 or more races	2%
Additional races not specified above combined	1 %
Poverty	Percentage of Population
Overall Rate	14 %
Children less than 18	18 %
Persons 65+	9%
Persons with Disabilities	13%
Military Veterans	6%
Residents living in homes with one or more substandard conditions	31%
*Overdose Fatalities	116 (93 opioid)
(Source: US Census, 2021; *Injury & Prevention Branch, 2022)	

Primary and secondary data show that health focus areas, especially heart disease and diabetes, birth outcomes, and mental health and substance use disorder, adversely impact the community as a whole and disproportionately and significantly impact community members who are historically marginalized. Black/African American, Hispanic/Latin/Latinx, Indigenous/First Nation and those with low incomes are more likely to have poorer health outcomes, lower high school graduation rates, higher food and housing insecurity, increased hazardous environmental risks, and more limited access to economic and social development opportunities (NCOMHHD, 2018).

In 2020, Buncombe County (BC) Commissioners declared, "Racism a Public Health and Safety Crisis" (BCG, 2020) to acknowledge and address the impacts that persistent structural racism in public policy, institutional practices and cultural norms have on the root causes of health and

social-economic disparities for populations of color (NCIOM, 2020). The declaration links the social determinants of health (SDoH), to how historical and continued systemic racism shape the structure of communities, social and economic opportunities, and access to resources, wealth, and power. The SDoH, those conditions in the community where people live, learn, age, work, play, worship are structurally designed by public policy, drive 80% of health outcomes and highly correlate with race, age, gender, and income (CDC, 2021; NCIOM, 2020).

By focusing attention on the root causes of health and life course disparities, the 2021 CHA aligns strongly with and supports the BC Commissioner's Declaration of Racism as a Public Health and Safety Crisis, the BC Strategic Plan 2020-2025 and the BC Racial Equity Action Plan.

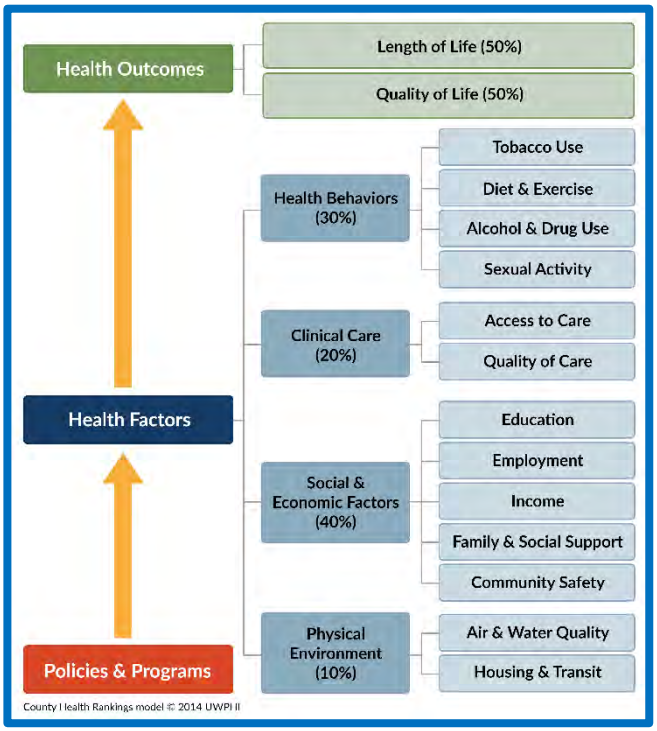
Health Priorities Areas

- Birth Outcomes/Infant Mortality
- Mental Health and Substance Misuse
- Chronic Health Conditions: Heart Disease & Diabetes

Next Steps

Throughout the spring and summer of 2022, the CHIP Advisory Council, Health Promotions Team and other key stakeholders will gather with community members in informal settings, formal focus groups and listening sessions to share the CHA results and hear residents' experiences and recommendations for addressing the root causes of the identified priority areas.

Once the focus groups and listening sessions are completed, the information shared by community members will be combined with the primary and secondary CHA data to develop the Community Health Improvement Plan.



Limitations

While great effort and planning occurred in collecting and analyzing WNC Healthy Impact Community Health Survey there are areas of concern related to inclusion and representation in the data. Small and/or unidentified populations mean that the data story is not necessarily representative of all communities and people in Buncombe County, especially for:

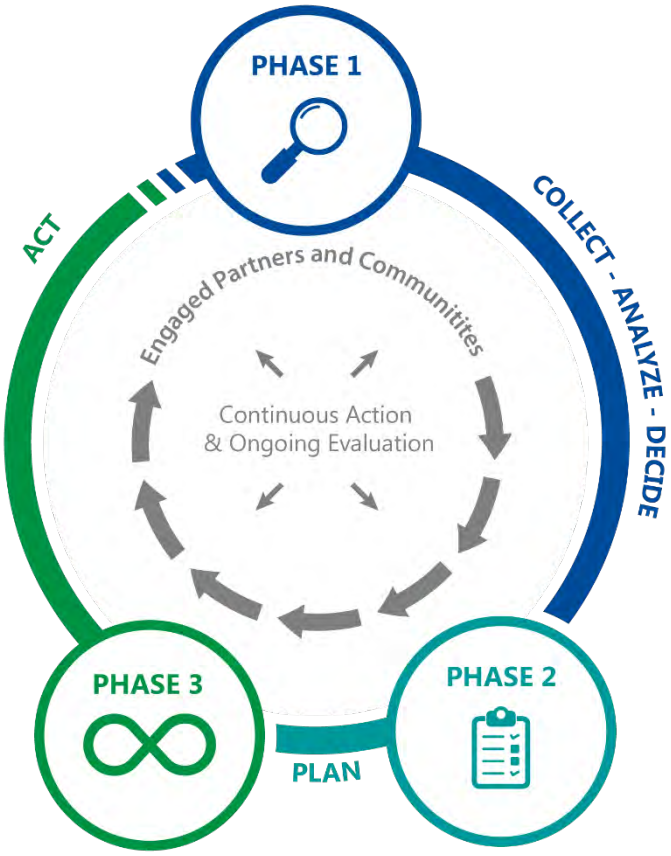
- Hispanic/Latin/Latinx engagement and response rates on *some* primary data
- Indigenous/First Nations response rates on *all* primary data
- Asian/Pacific Islander response rates on *all* primary data
- LBGTQ+ and gender non-binary engagement and response rates on *all* primary data
- Small incidence rates for some health conditions and/or health indicators means that the data alone may not accurately represent a picture of the county as a whole

Chapter 1- Community Health Assessment Process

Purpose

Community health assessment (CHA) is an important part of improving and promoting the health of county residents. A CHA results in a public report which describes the health indicators, status of the community, recent changes, and necessary changes to reach a community's desired health-related results.

Phases of the Community Health Improvement Process:

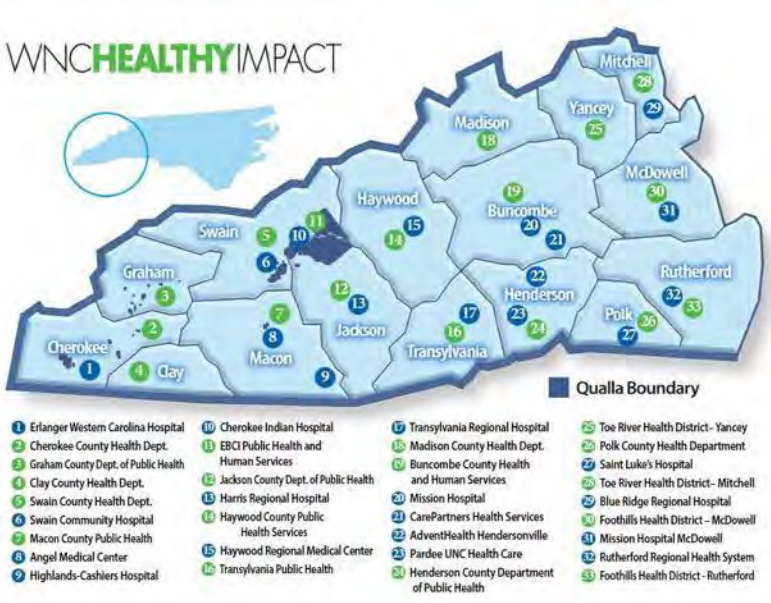


Definition of Community

Community is defined as “county” for the purposes of the North Carolina Community Health Assessment process.

WNC Healthy Impact

WNC Healthy Impact is a partnership among local and regional hospitals, public health agencies, and key regional partners towards a vision of improved community health. The vision is achieved by developing collaborative plans, taking action, and evaluating progress. More information is at www.wnchn.org/wnchealthyimpact.



Data Collection

The set of data reviewed for our community health assessment process is comprehensive, though not all of it is presented in this document. Within this community health assessment, we share a general overview of health and influencing factors, as well as the health focus areas identified through a collaborative process. Our assessment also highlights some of our community strengths and resources available to help address our most pressing issues.

Core Dataset Collection

The data came from the WNC Healthy Impact regional data and local data. To ensure a comprehensive understanding, the dataset includes both secondary (existing) and primary (newly collected) data. The following data set elements and collection are supported by WNC Healthy Impact data consulting team, a survey vendor, and partner data needs and input:

- A comprehensive set of publicly available secondary data metrics with our county compared to the sixteen county WNC Healthy Impact region
- Set of maps using Census and American Community Survey (ACS) data
- WNC Healthy Impact Community Health Survey (cell phone, landline and internet-based survey) of a random sample of adults in the county
- Online key informant survey

See **Appendix A** for details on the regional data collection methodology.

Additional Community-Level Data

Buncombe County's data assessment process also incorporated additional data from:

- America's Health Rankings – United Health Foundation
- Buncombe County COVID-19 Impact Study
- Centers for Disease Control
- Community Commons
- Community Voice through survey
- County Health Rankings
- Evaluation input from modified Whole Distance Exercises with existing community health coalitions
- Kids Count
- National Equity Atlas
- North Carolina Department of Health and Human Services – NC Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT)
- North Carolina Center for State Health Statistics
- North Carolina Opioid Action Plan Dashboard
- State of Black Asheville

Health Resources Inventory

We conducted an inventory of available resources of our community by reviewing a subset of existing resources currently listed in the 2-1-1 database for our county as well as working with partners to include additional information. See **Chapter 6** for more details related to this process.

Community Input & Engagement

Including input from the community is a critical element of the community health assessment process. Our county included community input and engagement in a number of ways:

- Partnership with community organizations around planning and promoting the community health assessment process
- Results from a primary survey of 611 Buncombe County residents conducted by Professional Research Consultants, Inc. (PRC)
    - This survey was conducted by PRC for each of the 16 counties making up Western North Carolina, and resulted in a total collection of 4,861 responses from the region which allows for county-to-county comparisons
- Results from the Online Key Informant Survey, consisting of 26 Buncombe County community leaders who have a broad interest in the health of the community (i.e. physicians, public health representatives, social service providers, other health professionals, and a variety of community leaders and representatives) based on their ability to identify primary health concerns for the populations with whom they work, as well as the overall state of community health
- *State of Black Asheville* Report

- Collaborative engagement within the CHIP Advisory Leadership Team (also serves as the CHA Data Team for Buncombe County) to support with primary data collection efforts
    - CHIP Leadership Team consists of representatives from: Mountain Area Health Education Center (MAHEC), NC Center for Health and Wellness (NCCHW), Pisgah Legal Services, VAYA Health (local MCO), Sistas Caring 4 Sistas (SC4S), Mount Zion Community Development, and Buncombe HHS Health Promotions
- Facilitated data analysis discussions via a modified Results-Based Accountability "Whole Distance Exercise" on compiled community health assessment data within the Buncombe County CHIP Advisory meetings (the CHIP Advisory membership consists of 30+ community organizations).

Direct community engagement is critical for equitable evaluation and identification of community health concerns, as such, community voices will take a stronger role and a guiding factor during the collaborative process of developing community health improvement plans. Due to the impacts and restrictions from the COVID-19 pandemic, community listening sessions were not fully conducted during the first phase of the CHA cycle as in prior years. As a result, community listening sessions will continue to be implemented in phase two of the CHA cycle, as we begin developing our Community Health Improvement Plan.

At-Risk & Vulnerable Populations

Throughout our community health assessment process, the CHA Data Team remained focused on understanding general health status and related factors for the entire population of our county as well as the groups particularly at risk for health disparities or adverse health outcomes. For the purposes of the overall community health assessment, we aimed to understand differences in health outcomes particularly among medically underserved, low-income, and/or minority populations, and others experiencing health disparities.

The at-risk and vulnerable populations of focus for our process and product include:

- Racial and ethnic groups experiencing differences in health outcomes
- Individuals impacted by the "Pair of ACES" – Adverse Childhood Experiences and Adverse Community Environments
- Individuals identifying as LGBTQ+
- Individuals who are uninsured or under-insured
- Individuals who face language access barriers
- Individuals experiencing houselessness
- Individuals experiencing poverty
- Individuals with difficulty accessing medical care or needing help accessing transportation

Though there are not universally accepted definitions of the three groups, here are some basic definitions from the Health Department Accreditation Self-Assessment Instrument (in some cases definitions have been slightly altered to better represent our region):

Underserved populations relate to those who do not access health care either because there is a lack of services or providers available or because of limitations such as income, literacy/language barriers or understanding on how to access services, cultural competency of clinicians, trust, transportation, or other barriers.

At-risk populations are the members of a particular group who are likely to, or have the potential to, get a specified health condition. This could be from engaging in behavior (such as pregnant women/individuals who smoke) that could cause a specified health condition, having an indicator or precursor (high blood pressure) that could lead to a specified health condition or having a high ACE score (traumatic experiences), which is correlated with increased risk of specified health conditions.

A vulnerable population is one that may be more susceptible than the general population to risk factors that lead to poor health outcomes. Vulnerable populations, a type of at-risk population, can be classified by such factors as discrimination/ prejudice based on race/ethnicity, socio-economic status, gender. cultural factors and age groups.

Health Department Self-Assessment Instrument (HDSAI) Interpretation Document v.7.0

Chapter 2 – Location, Geography & History of Buncombe County

Location, Geography, and History of Buncombe

Map of total Cherokee territory land each land cession; Library of Congress; https://www.loc.gov/resource/g3861e.np000155/

The 2021 Buncombe County Community Health Assessment acknowledges the first peoples, the **Anigiduwagi**, also known as the Cherokee, and that the area that makes up Buncombe County is their traditional land. Through years of coercion, broken treaties, violence and oppression, the land was forcibly taken from the Cherokee People (Buncombe County Register of Deeds, 2021).

This Land Acknowledgment respectfully recognizes the Cherokee as the traditional stewards of this land and their on-going relationship with the land.

Geography & History

Buncombe County encompasses 656.67 square miles of rugged mountains and valleys and includes the Swannanoa River, the French Broad River, the Great Craggy Mountains, the Blue Ridge Mountains, the Black Mountains, and a section of the Eastern Continental Divide. The Blue Ridge Mountains and the French Broad River are considered among the oldest mountain ranges and rivers of the world (RiverLink, 2022). The mountains, valleys and watershed have created a uniquely diverse ecosystem of plants, insects, and wildlife. The land of Buncombe County is a wonder of natural beauty and biodiversity that sustains and nurtures residents.

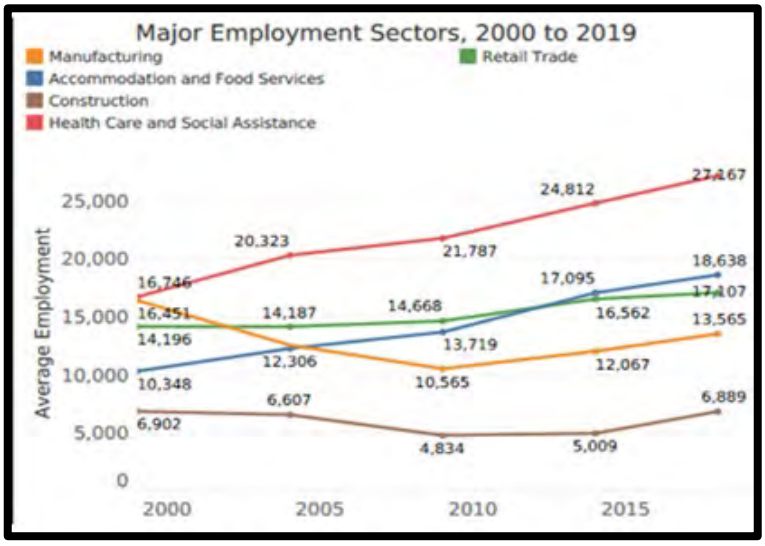
Buncombe County was formed in 1791 and made up most of western NC. Today, the county borders Henderson, Transylvania, Haywood, Madison, Yancey, McDowell and Rutherford Counties. As noted above, current day Buncombe County is part of the Cherokee's traditional lands. Early European settlers were Scots Irish, German, and Dutch settlers. The first enslaved Africans were in western NC as early as 1730 and brought to Buncombe County in 1777. The names of prominent people who enslaved Africans are still used on county and city streets, parks, buildings, and monuments (Calhoun Cutshall, 2021; Urban News, 2015). Today, Buncombe County continues to attract immigrants from across the world; 6% of all residents are foreign born (US Census, 2021).

By the 1890s, Asheville was an industrial hub in the region and as manufacturing grew, the French Broad River became a waste dumping site. In 1955, Asheville native Wilma Dykeman published, *The French Broad River*, beginning the call to restore the river. Over the following decades on-going conservation efforts and protections are helping the river become a vital natural, recreational, and economic resource. Today, the French Broad River has an $3.8 billion-dollar economic impact on the local economies, including Buncombe County (RiverLink, 2022; Ha, 2021).

What's Helping

RiverLink has helped restore over 2.5 miles of streams in the French Broad River Watershed. riverlink.org

Buncombe County is the 7th most populous county in North Carolina (and the largest metropolitan area in western North Carolina). Buncombe has six municipalities and sixteen unincorporated areas (Buncombe County Government, 2022b). The City of Asheville is the county seat; 35% of county residents live in Asheville (US Census, 2021).



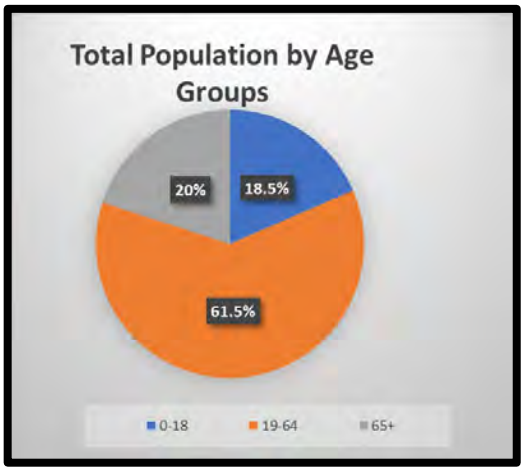
Source: NC Rural Center, 2021

Historically, Buncombe was overwhelmingly rural and agrarian. When the railways connected Asheville to Salisbury, industry and manufacturing began to take on larger economic and social influence.

In yet another economic transformation, Health Care and Social Assistance, Accommodation and Food Services and Retail are now the top employment sectors. (NC Rural Center, 2021).

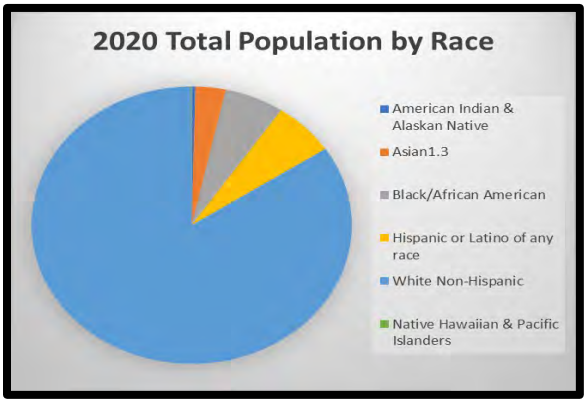
The People: A Population Overview

The 2020 US Census recorded a total of 271, 534 persons living in Buncombe County. Of total residents, 19% are children under 18 years old; 62% are between 19-64 years old; and those 65 and older make up 20% of the population. The median age is 42 years. Buncombe County has one of the state's fastest growing 65+ years population. The NC Office of State Budget and Management (NCOSBM) projects that by 2050, Buncombe County will have 49,752 persons 18 years old and younger and 84,753 persons 65 years old and over (NCSBM, 2021).

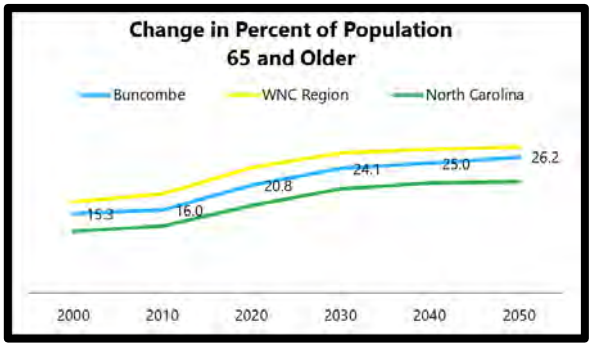


Source: US Census, 2021

The percentage of Buncombe's total population by race is: Black/African American, 6%; Indigenous/First Nation, 0.4%; Asians, 0.1%; Hawaiian and Pacific Islanders, 0.1%; Hispanic/Latin/Latinx of all races, 7%; Whites 88%; and additional other races combined were 1%. Two percent of residents identified as two or more races. Six percent of residents are foreign born and military veterans make up 8% of all community members.



Source: US Census, 2021

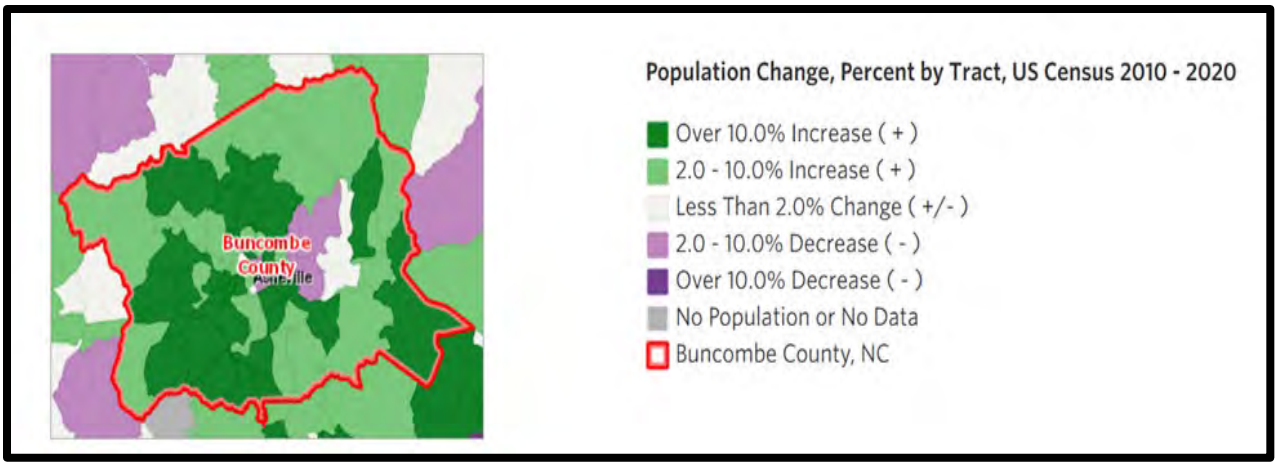


Source: US Census, 2021

A total of 13% of all Buncombe County residents have a disability and those 65 and older have the highest rates of disability. (US Census, 2021). In 2020, 1,465 residents were in institutional settings; 981 residents lived in skilled Nursing Facilities, 369 were incarcerated as adults, 24 in juvenile facilities, and 91 were in other facilities, such as a behavioral health facility. Residents in non-institutional settings included 1,626 in college or student housing and 1,314 in other settings such as shelters and emergency housing (U.S. Census Bureau, 2021).

Population Growth

Over the past 10 years, Buncombe County's population grew by 13% with most municipalities and unincorporated areas in the county seeing an increase in residents (US Census, 2021). By 2050 the county is projected to have 323,423 residents (NCOSBM, 2021).



Source: CARES Map Room

Blacks/African Americans were the only racial group that did not see a population increase between 2010-2020. The Black/African American population rose only by 0.7%, or 99 people, in the county and fell by 11% for Asheville residents. (US Census, 2021). Hispanics/Latins/Latinx of any race had the largest population increase. Non-Hispanic Whites increased by 5%, a higher percentage than the state and US (US Census, 2021).

Population Health Overview

Buncombe County ranks 19th as one of the healthiest counties in North Carolina. There are slightly more primary physicians, nurses, and mental health providers per 100,000 residents than the state's average and slightly less for dentists (County Health Rankings, 2020). Despite the overall ranking for county health, disparities in key population health indicators include:

Infant Mortality

Between 2016-2020, Buncombe County's infant mortality rate for Black/African American infants was 7.4% compared to White infants at 5.2%; the infant mortality disparity ratio for White and Black/African American infants was 1.42. (NCSCHS, 2020a). Infant mortality rate disparity ration refers to the ratio of the Black/African American infant mortality rate compared to the White infant mortality rate.

Life Expectancy

Total life expectancy at birth for Buncombe County residents is 78.7 years; the White: Black/African American ratio is 79:74 compared to the state ratio of 78.4:75.5 (NCIOM, n.d.).

What's Helping

Consulta Tu Compa works to provide one-on-one support to community members for resource and referral, advocacy, and accompaniment with community members to resolve their needs, including housing instability, financial crisis, and wage theft. cimawnc.org

Poverty Levels

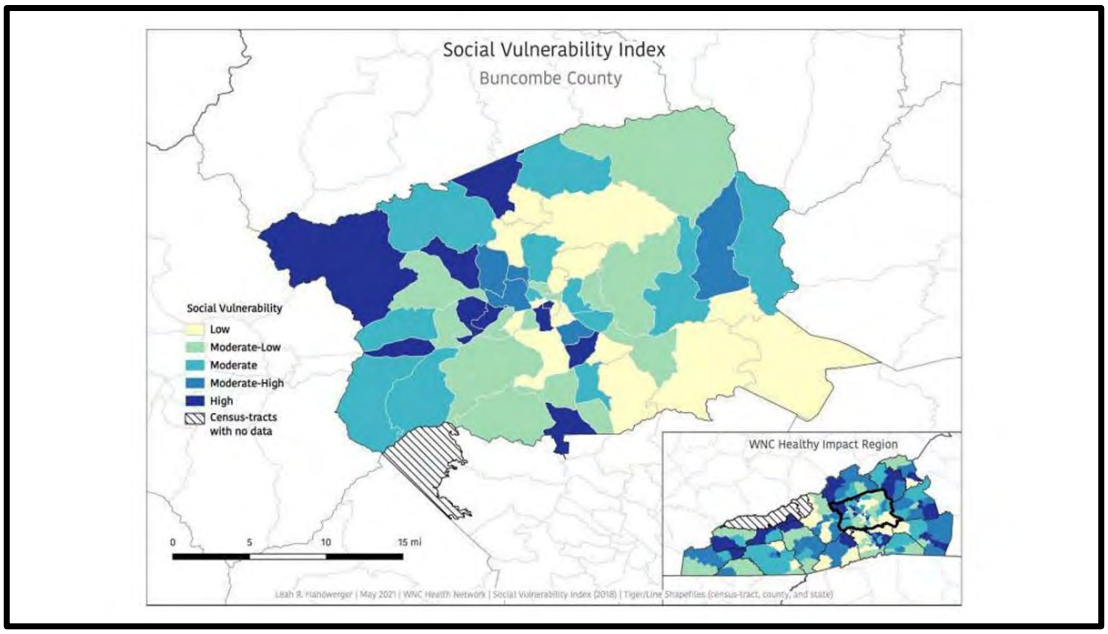
From 2015-2019, the overall poverty rate for Buncombe County was 14% with 18% of children under 18 and 9% of adults 65 and older living below the poverty level (US Census, 2021). Hispanics/Latins/Latinx had the highest poverty rate at 33%. The poverty rate for people with less than a high school education was 31% and 14% for those with a high school diploma (US Census, 2021).

Social Vulnerability

Social Vulnerability refers to the resilience of communities (the ability to survive and thrive) when confronted by external stresses on human health, stresses such as natural or human-caused disasters, or disease outbreaks. (CDC, 2018c).

The Social Vulnerability Index is scaled 0-1 with 1 the highest vulnerability rating. Buncombe County's overall Social Vulnerability Index is 0.3799, indicating a low to moderate level of vulnerability. However, when viewed by census tracts, there is wide variability of social vulnerability within the county with some areas at the highest vulnerability level (CDC, 2018).

COVID-19 Pandemic



Source: Social Vulnerability Index (2018), Tiger/Line Shapefiles

COVID-19 (Coronavirus 2019) pandemic, caused by the SARS-CoV-2 novel virus, has significantly impacted the health and well-being of residents in Buncombe County. As of April 2022, there have been 52,437 people infected with COVID-19 and 564 persons whose deaths were attributed to the virus. (UNC Gillings, 2022). At the time of writing the 2021 CHA, data related

to the impact of COVID-19 beyond infections and deaths among Buncombe residents, is still emerging. The COVID-19 Impact Study found that 32% of all residents forwent routine screenings due to COVID-19; 70% of Black/African American, Indigenous/First Nation and People of Color (BIPOC) residents reported wage loss; 24% of women residents lost their jobs (WNCHN, 2021). COVID-19 exposed and exacerbated racial and economic disparities and barriers to care, redirected resources to respond to COVID-19 related health and social needs, and increased isolation when schools, businesses, organizations, and spiritual and religious communities shifted to online formats to decrease the spread of the virus.

Source: One Buncombe, n.d.

The Community Health Assessment priorities were not changed due to COVID-19; however, the CHIP Advisory meeting was moved to an online format and community-based meetings were canceled in alignment with social distancing protocols necessary to prevent the spread of COVID-19. The Advisory Council recognizes the overlapping risk of COVID19 for community members most at risk for adverse health outcomes in the three priority areas of birth equity, heart disease and diabetes, and mental health and substance use disorder. Most Advisory Council members were highly engaged in supporting the public health response to COVID-19 and key in assisting residents in accessing free testing and vaccine clinics, as well as food distribution, shelter, housing, and healthcare.

Buncombe County residents donated $1.66 million dollars through the ***One Buncombe Fund*** to help each other keep housing, access medical care and food, and provide loans to small businesses during the height of the pandemic (One Buncombe, n.d.)

Chapter 3 – Social & Economic Factors

As described by Healthy People 2030, economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social community and context are five important domains of social determinants of health. Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. (Office of Disease Prevention and Health Promotion, 2020)

Income & Poverty

"Income provides economic resources that shape choices about housing, education, childcare, food, medical care, and more. Wealth, the accumulation of savings and assets, helps cushion and protect us in times of economic distress. As income and wealth increase or decrease, so does health" (County Health Rankings, 2021).

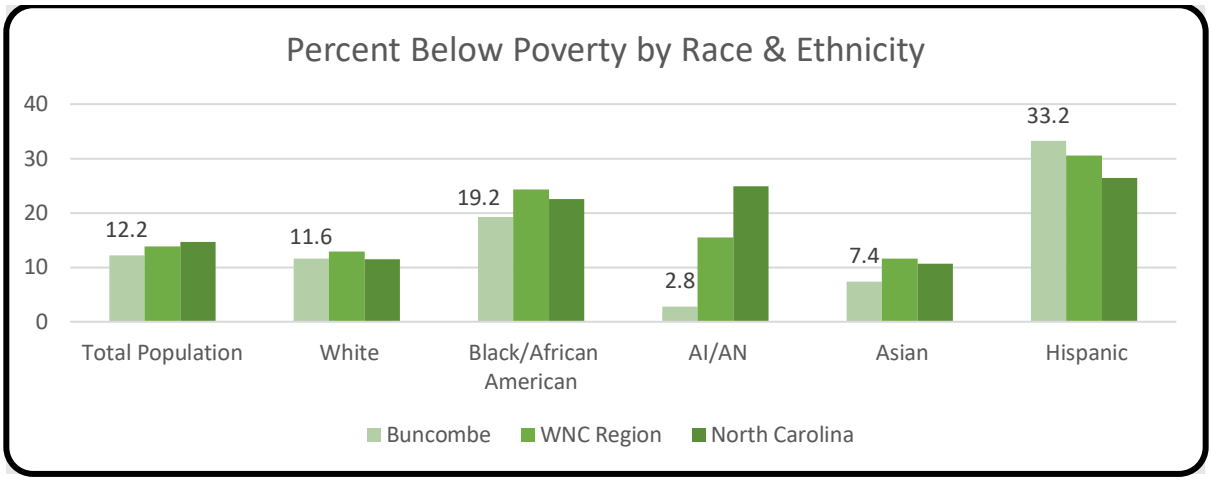
INCOME & POVERTY	
Median household income[1]	$55,032
Median family income[2]	$67,614
Per capita income	$33,835
Percent Below Poverty level	14%
Food and nutrition services participation (Stamp/SNAP Benefits)	31,208
Quality For Free and reduced-price school meals (Buncombe County Schools)	12,473

Source: UNC-Chapel Hill Jordan Institute for Families, 2021; NC Department of Public Instruction, 2021; United States Census Bureau (2021d; 2021i) ACS 5-Year Estimates

[1] Households: Households include all the people who occupy a housing unit. The occupants may be a single family, one person living alone, or two or more families living together

[2] Family Households consist of a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. All people in a household who are related to the householder are regarded as members of his or her family

In Buncombe County, 30,542 residents are currently experiencing poverty. Buncombe has a lower percentage of people living below the poverty level than the region and state. However, disaggregated data reveals that a greater percentage of Black/African American and Hispanic/Latin/Latinx residents experience poverty compared to White residents.



Source: United States Census Bureau (2021i)
ACS 5- Year Estimates

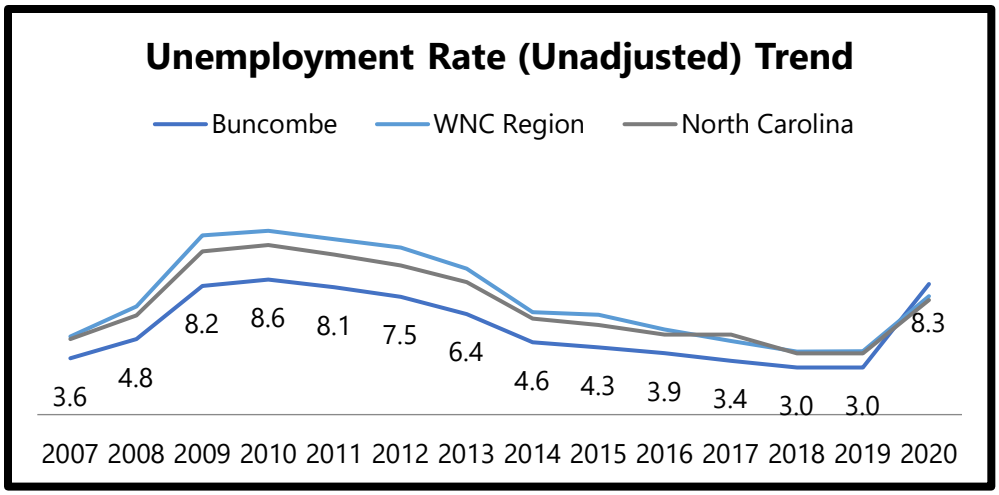
Employment

"Employment provides income and, often, benefits that can support healthy lifestyle choices. Unemployment and under employment limit these choices, and negatively affect both quality of life and health overall. The economic condition of a community and an individual's level of educational attainment both play important roles in shaping employment opportunities" (County Health Rankings, 2021).

The leading three employment sectors in Buncombe County are (NC Department of Commerce, 2021):

1. **Health Care & Social Assistance** (average weekly wage $1,195)
2. **Retail Trade** (average weekly wage $618)
3. **Accommodation & Food Services** (average weekly wage $454)

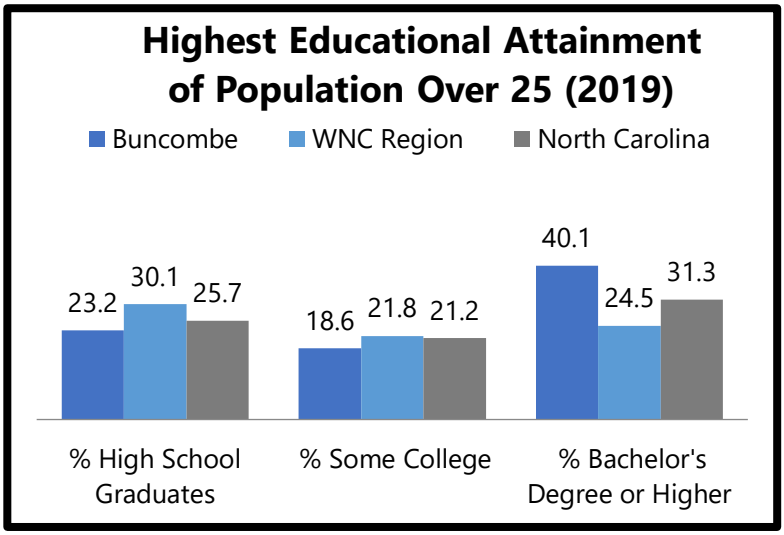
Buncombe County has had a steady decline in unemployment since 2007 and has consistently had lower unemployment rates in comparison to the region and state. The sharp increase in unemployment in 2020 coincides with the beginning of the COVID-19 pandemic and the economic fallout many businesses experienced due to having to shut down to mitigate the spread of the virus.



Source: NC Dept. of Commerce (2021)

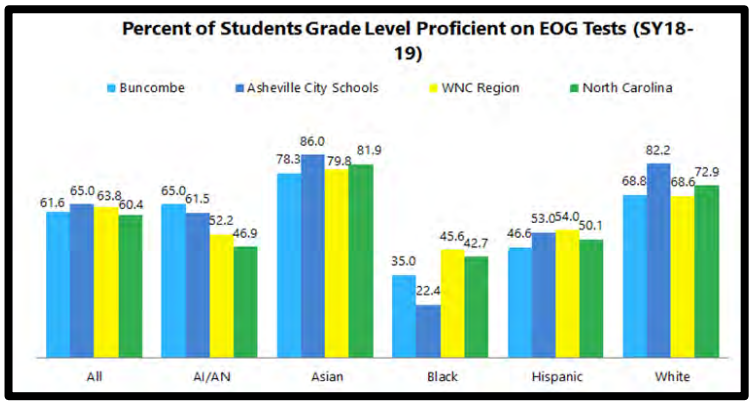
Education

"Better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. This is true even when factors like income are taken into account" (County Health Rankings, 2021). For the population that is 25 years and older, 23% of residents have a high school diploma. 18% have taken some post-secondary courses. 40% or 75,480 respondents within the county currently hold a bachelor's degree or higher.



Source: U.S. Census Bureau ACS 5-Year Estimates (2021b)

As of 2018, end-of-grade (EOG) proficiency data reveals that students in both Buncombe County and Asheville City Schools are meeting grade level proficiency in comparison to students in other parts of the state. However, there is a persistent education gap within the county. In both Asheville City Schools and Buncombe County School districts, students who are Black/African American and Hispanic/Latin/Latinx have a lower percentage of performing at grade level.



NC Department of Public Instruction

Source: NC Dept. f Public Instruction

What's Helping

United Way of Asheville and Buncombe County launched Homework Diners in November 2016. Homework Diners are a dynamic, comprehensive strategy that surrounds students and their families with a continuum of coordinated supports including academic support, opportunities to build parent-teacher relationships, a free and nutritious meal, connections to community resources, volunteer engagement, and family leadership.

Racism and Discrimination

"Racism is an underlying or root cause of health inequities and leads to unfair outcomes between racial and ethnic groups. Different geographic areas and various racial and ethnic groups experience challenges or advantages that lead to stark differences in life expectancy, infant mortality, poverty, and more" (County Health Rankings, 2021).

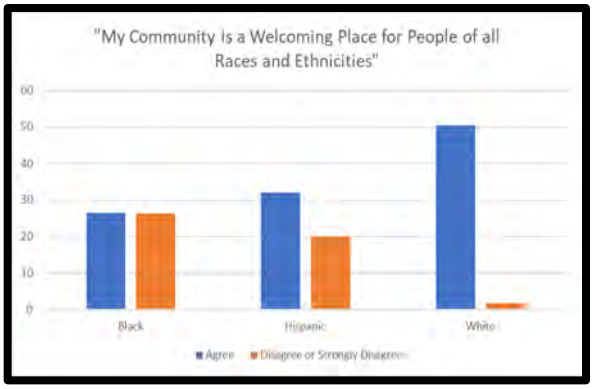
Recognizing the significant impact racism plays on health and wellbeing, in 2020 the Buncombe County Commissioners declared racism a public health and safety crisis, committing the county to improving community health by utilizing a racial equity framework in all its strategic planning.

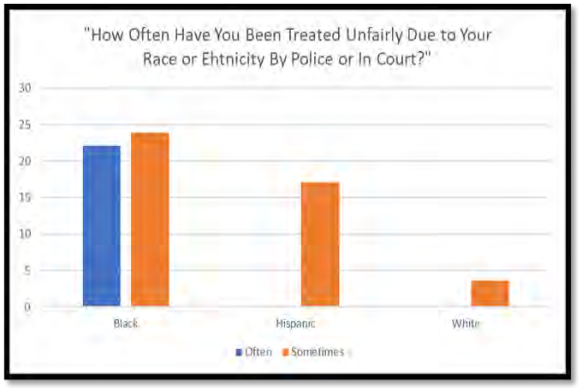
"Racism is a social system with multiple dimensions: individual racism is internalized or interpersonal; systemic racism is institutional or structural, and is a system of structuring opportunity and assigning value based on the social interpretation of how one looks… Racism is a threat to public health and safety, and is a paramount social determinant of health, shaping access to the resources that create opportunities for health, including justice, public safety, housing, education and employment, and is a persistent barrier to health equity for all Buncombe County residents" (Buncombe County, 2020)-

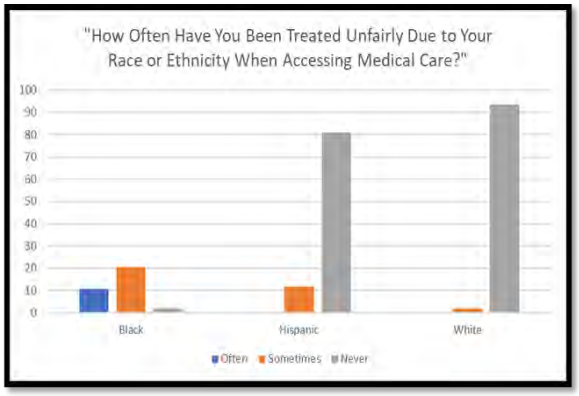
*See **Appendix B** for full declaration*

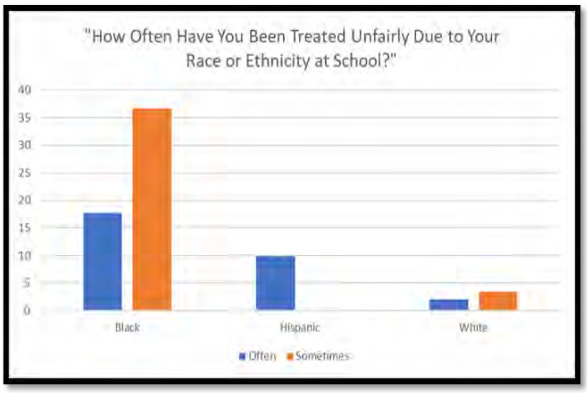
In the most recent Community Health Assessment survey, Buncombe County residents were asked to report if they have experienced discrimination in different sectors of their community.

As the charts below reflect (see also Appendix D for additional data), disaggregating the data from each survey question revealed a need for ongoing cross-sector strategies to dismantle racism and white supremacy culture within systems that impact individual and community health.





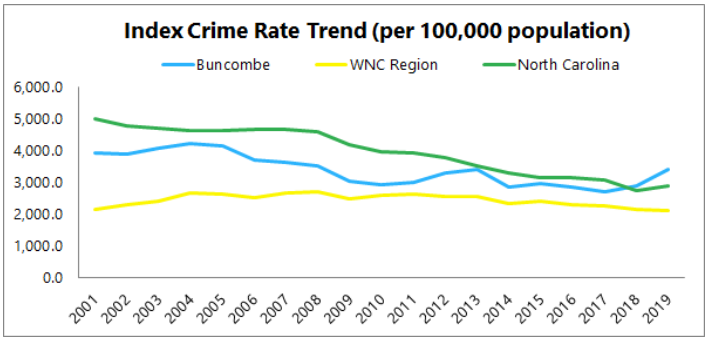




Source: WNC Health Network, 2021

Community Safety

"Injuries through accidents or violence are the third leading cause of death in the United States, and the leading cause for those between the ages of one and 44. Accidents and violence affect health and quality of life in the short and long-term, for those both directly and indirectly affected, and living in unsafe neighborhoods can impact health in a multitude of ways" (County Health Rankings, 2021).



Source: NC Dept of Justice, 2021

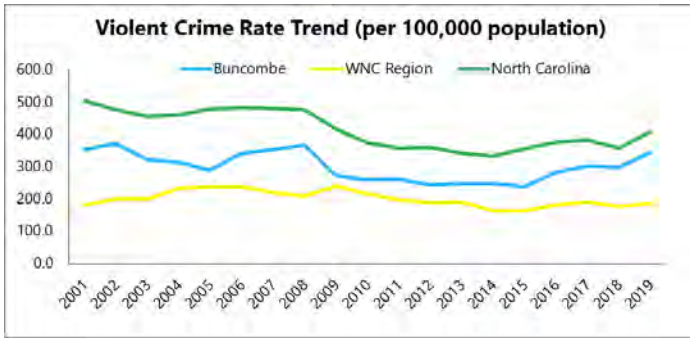
Crime trend data for Buncombe County currently dates to pre-pandemic. As of 2019, the overall crime trend in Buncombe County is 3,415.6 per 100,00 (includes both violent and property crimes combined). The violent crime trend in the county was 344.6 per 100,000, which includes the following offenses: murder, rape, robbery, and aggravated assault. Violent crime trends in Buncombe have been higher in comparison to the Western North Carolina Region; but lower than the State's violent crime trends until 2018 (NC Department of Justice, 2021). Property Crime trend in Buncombe County

is 3,072 per 100,000, which includes offenses related to burglary, larceny and motor vehicle theft.

What's Helping

Since joining the Safety & Justice Challenge, Buncombe County enhanced collaboration across justice system and community partners working to safely reduce the jail population, making it easier to respond quickly and efficiently during the pandemic. During the first two years of participating in the challenge, Buncombe surpassed the original goal of reducing the jail population by 15% with the average monthly population declining by 30% between February 2019 and January 2021.

- In 2020, 10% of the Buncombe residents who participated in Buncombe County's COVID-19 Impact Study reported feeling unsafe 'sometimes' or 'often' when sheltering in place
- North Carolina ranked 9th in the nation for reports of human trafficking in 2020 and worked with 260 trafficking survivors (North Carolina Department of Administration, 2022)
  - Homicide data currently demonstrates minimal change from prior health assessments and continues to remain lower than the state as a whole



Source: NC Dept. of Public Safety, 2021

Juvenile Justice

What's Helping

PIVOTPoint WNC works with youth and young adults historically considered at-risk: individuals with low- to moderate clinical acuity, behavioral, and family/peer relational challenges. Therapeutic adventure offers powerful experiential tools to challenge self-limiting beliefs, teach mindfulness-based skills of self-regulation and resilience, and to develop the types of relationships that support and maintain change. These relationships are at the core of what we do, and the adventures create unique opportunities for in-depth therapeutic processing & dynamic group facilitation.

A total of 524 juvenile justice complaints in 2020 resulted in services ranging from enrollment in community programs; detention center placement; and transfer to a superior court (NC Department of Public Safety, 2021). During the 2019-2020 school year, Buncombe County

Schools had a total of 161 acts of school violence in comparison to 15 acts of school violence within Asheville City Schools. *See appendix B for school violence data.*

Protective Services

In fiscal year 2021 (July 1, 2020-June 30, 2021), BC received 4,664 reports of child abuse and neglect with 101 of the reports substantiated and 331 families in need of support services to prevent abuse or neglect (BCHHS, 2022a). As of April 2022, there are 304 children birth-18 years old in Foster Care and 44 young adults in the 18-21 Foster Care Program (BCHHS, 2022a).

In addition, BC Adult Services received 1901 reports of abuse, neglect and exploitation of senior residents from July 1, 2021 through mid-May 2022 with 173 reports substantiated (BCHHS, 2022c).

What's Helping

The Buncombe County Home Visitor Collaborative, led by Project NAF, improves maternal, child and family health in partnerships through relationship-centered home visitation and care coordination focused on parenting, family health education and economic self sufficiency. Members include YCWA's Mother Love, Verner Early Head Start, Sistas Caring 4 Sistas, BC WIC, NFP and Care Coordination, and SW.

What's Helping

Meals on Wheels volunteers deliver meals to homebound seniors in Buncombe County every weekday. There are 38 meal delivery routes that cover 660 square miles throughout the county. Additional services that keep seniors healthy and safe, like pet food delivery, snow-boxes with ready-to-eat meals for winter weather days when inclement weather makes it unsafe to deliver, and connections with volunteer groups to help with home repair services and transportation.

Housing and Transportation

"Good health depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability, and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries, and poor childhood development. Housing measures can also be considered proxy indicators of more general socioeconomic circumstances. Households experiencing severe cost burden have to face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it makes it hard to afford health insurance, health care and medication, healthy foods, utility bills, or reliable transportation to work or school. This, in turn, can lead to increased stress levels and emotional strain" (County Health Rankings, 2021).

It is recommended that a person or household should not spend more than 30% of their income on housing cost (Lake, 2021). With the decreasing options for affordable housing in Buncombe County, many residents are having to spend greater portions of their income to cover housing cost.

Housing Costs Percentage of Income 2015-2019	
Median Gross Rent (2019)	$975
Renters paying >30%	49%
Renters paying >50%	19%
Owner Median Gross Monthly Cost (2019)	$1368
Owners paying >30%	27%
Owners paying >50%	10%
Percentage Residents living in substandard housing	31%
Source: United States Census Bureau (2021c; 2021e; 2021f; 2021g; 2021i)	

In 2020, 41% of Black/African Americans owned their own homes in Buncombe County compared to 66% of White households. The legacy of redlining and urban renewal continues to impact Black/African Americans' opportunity to build family generational wealth through home ownership (Durr, 2021).

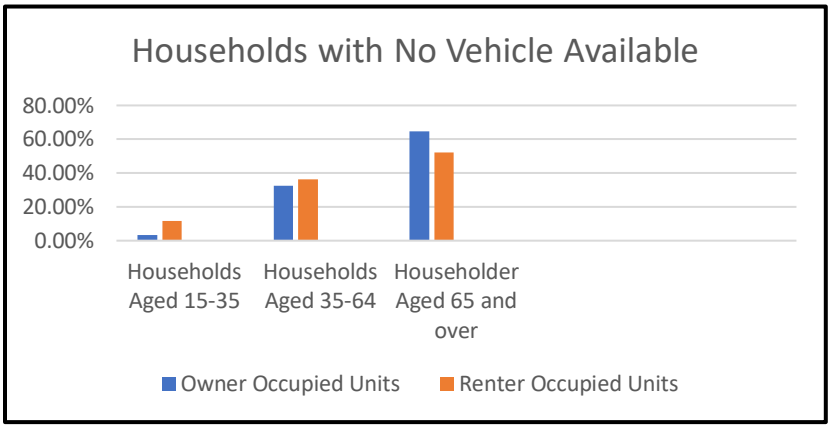
A higher portion of residents lived in homes with substandard conditions than in the state as a whole. From 2015-2019, a total of 33,397 or 31% of Buncombe County residents lived in homes with one or more substandard conditions (US Census, 2021).

In 2021, Buncombe residents were asked additional questions regarding their housing and potential issues in maintain housing stability. The data revealed that within the past twelve months, 10% of residents did not have electricity, water or heating in their home and 30% of residents were either "always", "usually", or "sometimes" worried or stressed about paying their rent or mortgage within the past year (WNC Health Network, 2021). Within the past three years 10% of people had to live with friends or relatives due to a housing emergency, and roughly 2% of residents have

What's Helping

ABCCM Transformation Village provides up to 100 beds of transitional housing for homeless women, mothers with children, and Veterans. At Transformation Village, lives are transformed through counseling, training for living wage employment, and help with reintegration into the community. Residents receive health care, healing, hope, and a home. Within a year of arriving homeless at the shelter, 8 out of 10 guests find a good job and resettle into permanent housing.

experienced homelessness within the past three years, this includes living in a car, outdoors or a temporary shelter (WNC Health Network, 2021).



For both renter and owner-occupied units, residents who are 65 and older have a high percentage of households that lack access to a vehicle which is higher in comparison to both the region and the state (U.S Census Bureau, 2021).

Source: United States Census Bureau (2021k) ACS 5-Year Estimates; See **Appendix F** for additional housing graphs

What's Helping

The Council on Aging's Call a Ride provides volunteer transportation to seniors who can no longer drive themselves and who cannot access public transportation.

Family & Social Support

"People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Neighborhoods richer in social capital provide residents with greater access to support and resources than those with less social capital" (County Health Rankings, 2021). For the previous Community Health Assessment cycles, Buncombe County residents were asked about the quality of social support. The data has revealed that the percentage of people that "always" or "usually" receive the emotional and social support they need has steadily seen a decrease. In 2021, 67% of respondents felt as though they received the support they needed, in comparison to 74% in 2018 (WNC Health Network, 2021). In 2021, seventy-three percent of respondents also reported that they "always" or "usually" have someone to rely on for help which includes: food, transportation, childcare, or other forms of support(WNC Health Network, 2021).

What's Helping

WNC Listening Line is a service in which provides residents of WNC a non-crisis community phone line. Volunteers for the listening line are community members who are able to connect with callers as fellow peers.

What's Helping

UNETE's mission is to collaborate with co-create inclusive and equitable spaces that foster health, strengthen self-advocacy and promote wellness for the whole-person and whole-community.

What's Helping

The BC Community Engagement serves as a liaison between the County and community to increase public awareness of and participation in County programs, services and initiatives. By supporting efforts to increase access, equity, inclusion, collaboration, and resiliency, Community Engagement seeks to create opportunities for positive change and thriving communities.

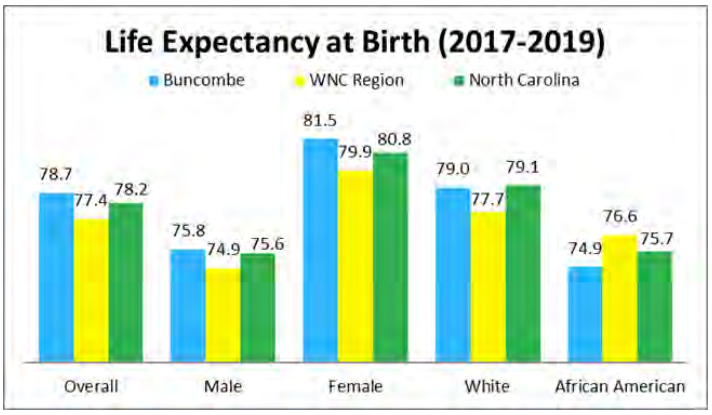
Chapter 4 – Health Data Findings Summary

Mortality

Buncombe County residents have an overall life expectancy rate of 78.7 years, which remains higher than the life expectancy rate for Wester North Carolina and the state as a whole (NCSCHS, 2021c).

Life Expectancy at Birth for Person Born in 2017-2019

When life expectancy rates are disaggregated by race, the data reflects that White Buncombe County residents live to an average age of 79 when compared with Black/African American Buncombe County residents who live to an average age of 74.9 (NCSCHS, 2021c).



Source: NCSCHS, 2021c

Leading Causes of Death

The North Carolina State Center for Health Statistics (2021c) *Cause of Death* data (*see also following table*) indicates the top fifteen leading causes of death for Buncombe County and includes rates for comparison to the Western North Carolina region and the state of North Carolina. Buncombe County has a lower mortality rate for eleven out of the fifteen causes of death when compared with the Wester North Carolina region, and when compared with mortality rates across North Carolina. Buncombe County data also reflects a lower mortality rate for eleven out of the fifteen causes of death. It is also important to highlight that the mortality rates for Buncombe County are higher than the state for: unintentional injuries, chronic lower respiratory diseases, and suicide.

15 Leading Causes of Death	Buncombe		Comparison to WNC Regional Average Rate		Comparison to NC Rate		White Non-Hispanic	African American non-Hispanic	African American Rate compared to White Rate
	# Deaths	Death Rate	Regional Rate	% Difference	NC Rate	% Difference	Rate	Rate	
Acquired Immune Deficiency Syndrome	**16**		0.0	#DIV/0!	1.8	-100.0%	--	--	
All Other Unintentional Injuries	786	53.2	50.7	5.0%	39.3	35.4%	57.0	48.0	-15.8%
Alzheimer's disease	623	32.8	34.3	-4.3%	36.9	-11.1%	33.5	--	
Cancer	2,744	150.0	157.3	-4.7%	158.0	-5.1%	149.8	194.3	29.7%
Cerebrovascular Disease	775	41.2	39.6	4.1%	42.7	-3.5%	40.4	63.3	56.7%
Chronic Liver Disease and Cirrhosis	188	11.7	15.8	-25.9%	10.6	10.4%	12.1	--	
Chronic Lower Respiratory Diseases	833	44.8	53.5	-16.2%	44.0	1.8%	46.5	32.2	-30.8%
Diabetes Mellitus	300	16.9	21.6	-21.8%	23.8	-29.0%	14.8	57.6	289.2%
Diseases of Heart	2,646	142.6	164.0	-13.0%	157.3	-9.3%	141.8	207.6	46.4%
Homicide	49	3.9	3.9	0.0%	6.8	-42.6%	1.9	23.9	1157.9%
Nephritis, Nephrotic Syndrome, and Nephrosis	251	13.5	14.7	-7.9%	16.5	-18.2%	12.4	44.0	254.8%
Pneumonia and Influenza	294	15.6	18.0	-13.5%	16.7	-6.6%	15.6	--	
Septicemia	140	7.7	10.7	-28.2%	12.7	-39.4%	7.5	--	
Suicide	253	18.6	20.2	-7.7%	13.4	38.8%	20.3	--	
Unintentional Motor Vehicle Injuries	168	12.2	16.3	-25.1%	14.7	-17.0%	12.3	--	
All Causes (some not listed)	13,375	751.0	805.5	-6.8%	780.0	-3.7%	750.3	1005.5	34.0%

Source: NCSCHS, 2021f

The mortality data also reflects that Black/African American Buncombe County residents experience higher rates of cancer, cerebrovascular disease (or stroke), diabetes, heart disease, homicide, and nephrosis (or diseases of the kidney) when compared to their White neighbors.

Health Status and Behaviors

North Carolina

The state of North Carolina ranked 32nd overall in the country for health outcomes in 2021, a slight improvement from 33rd in 2018's health rankings (United Health Foundation's America's Health Rankings, 2022).

Strengths

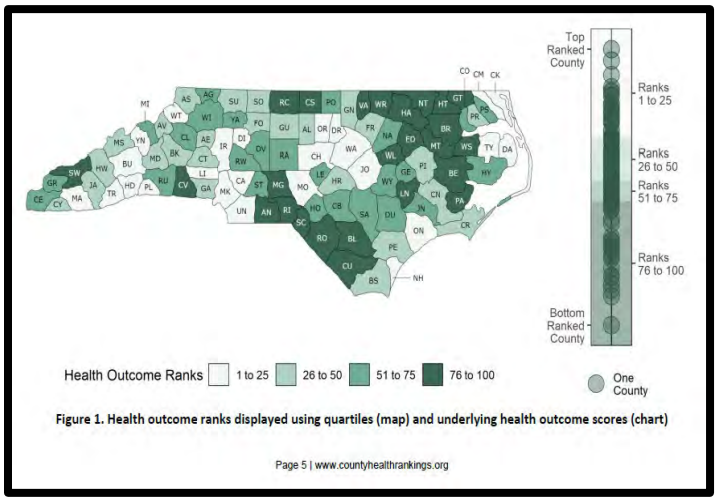
- Ranked 8th for low percentage of housing with lead risks
- Ranked 8th for physical environment
- Ranked 8th for low residential segregation (Black/African American-White index)
- Ranked 9th for childhood immunization rates by age 35 months

Challenges

- Ranked 5th for lowest per capita public health funding
- Ranked 40th for high percentage of households with food insecurity
- Ranked 41st for number of uninsured
- Ranked 45th for high number of new Chlamydia cases

Buncombe County

Buncombe County is ranked among the healthiest counties in North Carolina for health outcomes (19th) and health factors (8th) – both ranks falling in the highest quartile or 75-100% (County Health Rankings, 2022).

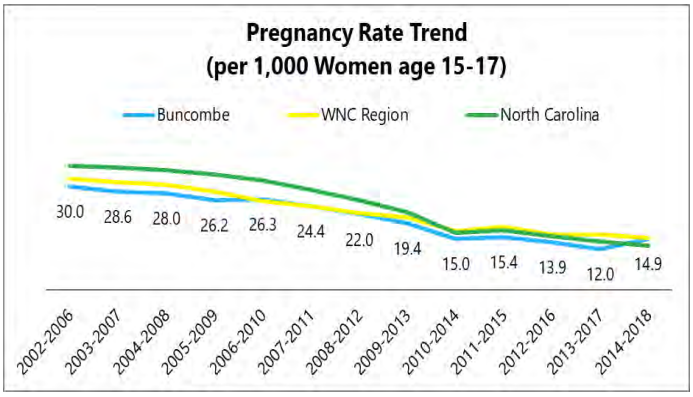


Source: County Health Rankings, 2022

"Health factors represent things that, if modified, can improve length and quality of life. They are predictors of how healthy our communities can be in the future. The four health factor areas in the model include Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment. Health outcomes represent how healthy a county is right now. They reflect the physical and mental well-being of residents through measures representing the length and quality of life typically experienced in the community. Data show a persistent pattern across the country in barriers to opportunity for people with lower incomes and for people of color. Differences in the opportunities available to different groups of people are related to unfair policies and practices." (County Health Rankings, 2022)

Maternal & Infant Health (**See also Chapter 7)*

The birth rate trend for Buncombe County has slightly declined from a rate of 10.0 (2014-2018) to 9.8 (2015-2019) and continues to remain lower than the state rate of 11.7 for the same time period (NCSCHS, 2021i). Hispanic/Latin/Latinx and Black/African American women and birthing individuals have the highest birth rates for ages 15-44, and when disaggregated by age groups, Black/African American teens (15-19) have the highest pregnancy rate of 36.6 (NCSCHS, 2021l).



Source: NCSCHS, 2021l

Overall abortion rates for Buncombe County continue to remain fairly steady at 9.2 (NCSCHS, 2021l). Other birth indicators such as prenatal smoking/tobacco use continue to decline for Buncombe County when compared with the other 15 counties that make up the Western North Carolina region (NCSCHS, 2021i).

What's Helping

Sistas Caring 4 Sistas is a community-based doula program founded by women of color for women of color who could benefit from this evidence-based form of birth support. Our doulas work in partnerships dedicated towards healthy, equitable outcomes as part of a larger social justice movement that is committed to eliminating health disparities for birthing individuals, families and infants of color.

Gestational diabetes rates for Buncombe County Hispanic/Latin/Latinx women/birthing people (17) are more than double compared to their White (7) and Black/African American (8) birthing neighbors (NCSCHS, 2021l). Additionally, while access to prenatal care rates have declined slightly for Black/African American and Hispanic/Latin/Latinx mothers and birthing individuals in Buncombe County, the rates of engagement in prenatal care across all race/ethnicity groups continue to surpass those for the remaining 15 counties that make up the Western North Carolina region, as well as the rate for the state (NCSCHS, 2021b).

Breastfeeding

According to Women, Infant, and Children (WIC) data provided by the NC Department of Health & Human Services Community Nutrition Services (2021) and North Carolina Crossroads WIC (2022), from July 1st 2020 – June 30th 2021, Buncombe County's WIC services had contact with and provided breastfeeding information to 969 individuals who gave birth – of those, 795 individuals initiated breastfeeding during the same time period for an average engagement rate of 82%, which ranks Buncombe County around 18th in the state (North Carolina Department of Health & Human Services Community Nutrition Services, 2021a).

What's Helping

WNC Breastfeeding Coalition

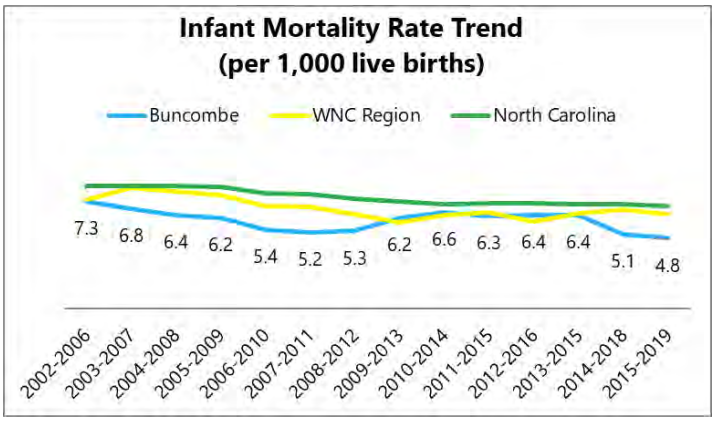
The Western North Carolina Breastfeeding Coalition is a joint effort from local lactation providers and advocates in WNC.

Of those individuals initially engaged with WIC during pregnancy (North Carolina Crossroads WIC, 2022), (North Carolina Department of Health & Human Services Community Nutrition Services, 2021b; 2021c; 2021d):

- 603 individuals were still breastfeeding at 6 weeks post-partum (59%)
- 399 individuals were still breastfeeding at 6-months post-partum (39%)
- 326 individuals reported breastfeeding at 12 months/1 year post-partum (33%)

Infant Mortality (*See also Chapter 7)

North Carolina Health and Human Services State Center for Health Statistics (2021), identifies that infant mortality is an indicator of a community's overall health. The overall infant mortality rate for Buncombe County has declined from 5.1 to 4.8 for 2015-2019, however, when disaggregated for the same time period Black/African American babies died at a rate of 7.4 compared to 5.2 for White babies (NCSCHS, 2021g).



Source: NCSCHS, 2021d

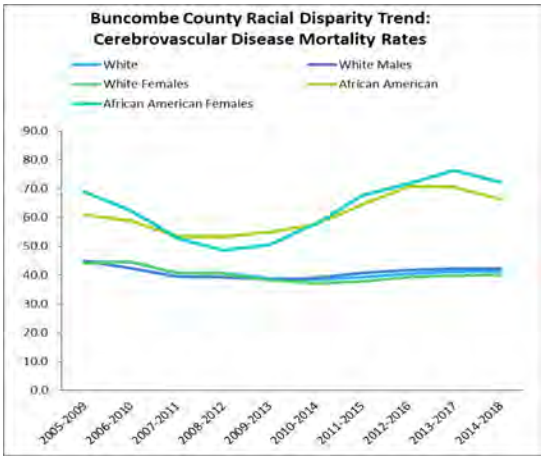
Relatedly, between 2016-2020 the White to Black/African American infant mortality disparity ratio in Buncombe County fell to 1.42, which also continues to reflect a decreasing trend (NCSCHS 2021d).

What's Helping

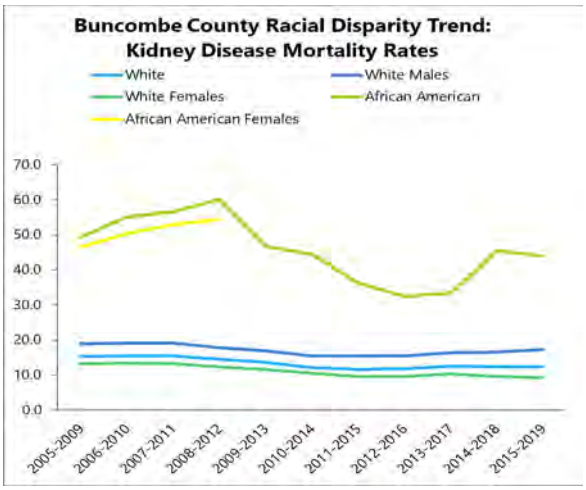
Mothering Asheville is a collaborative community-centered health movement focused on eliminating inequities in infant mortality in Buncombe County. An ever-growing movement, community partners include Sistas Caring 4 Sistas, MAHEC, Project NAF, Buncombe County's Nurse Family Partnership, WIC & Care Management, Institute for Health Prevention Advocacy, YWCA Asheville & WNC, Asheville-Buncombe Institute for Parity Achievement (ABIPA), Children First, and Pisgah Legal Services.

Chronic Disease (*See also Chapter 7)

Chronic diseases such as cancer, diabetes, heart disease, and lower respiratory disease are among the top causes of death for Buncombe County residents (NCSCHS, 2021c). Additionally, when data is disaggregated by race, there are clear disparities in health outcomes for Black/African American and Hispanic/Latin/Latinx residents experiencing cancer, cerebrovascular disease (commonly known as a stroke), kidney disease, and diabetes (NCSCHS, 2021j).



Source: NCSCHS, 2021j



Source: NCSCHS, 2021j

What's Helping

Minority Diabetes Prevention Program through the YMCA of WNC and ABIPA. The Minority Diabetes Prevention Program (MDPP) is a year-long, group-based program that helps people make realistic and achievable lifestyle changes.

Primary survey data reflects that 7% of respondents report having been diagnosed with heart disease, which is an increase from 2018 data (5%). Additionally, 10% of survey respondents reported being diagnosed with diabetes, a decline from 11% in 2018 (WNC Health Network, 2021).

Injury & Violence

Unintentional Deaths

- Fall-related deaths for Buncombe County continue to remain concentrated in the 85+ year age bracket (NCSCHS, 2021f)
- Unintentional Poisoning deaths continue to place Buncombe 2nd highest out of the 16 Western North Carolina region (NCSCHS,2021k)

Source: NCSCHS, 2021j

Intimate Partner Violence/Domestic Violence (IPV/DV)

In 2020, Buncombe County experienced 3 homicides due to intimate partner violence/domestic violence IPV/DV), an increase of three-fold from the prior year (Helpmate, 2022). Since the onset of the COVID-19 pandemic, lethality assessment protocol (LAP) calls from law enforcement to Helpmate, Buncombe County's IPV/DV service provider, increased by 14% and included assistance with providing lethality assessment and safety planning (Helpmate, 2022).

In 2021, Helpmate (2022) served 3,645 primary and secondary (child) survivors and received almost a 50% increase in requests in 2021 that were focused on safety planning.

What's Helping

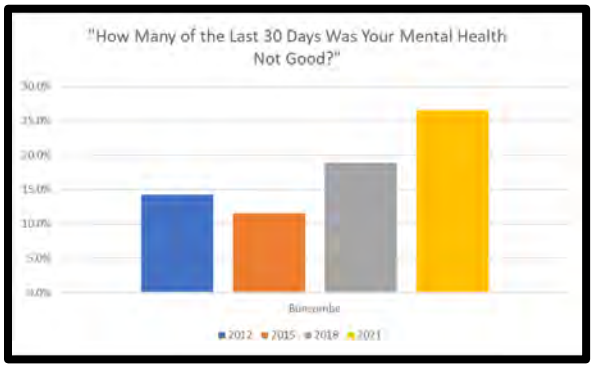
The Family Justice Center is a centralized location where victims of domestic and sexual violence can access coordinated support from several different partner agencies including law enforcement, non-profit service providers, health care providers and government services. The Buncombe County Family Justice Center is a collaborative effort of many community partners, many of whom lead the Buncombe County Violence Prevention Taskforce. All services provided at the Family Justice Center are provided directly by partner agencies at no cost.

Sexual Assault (SA)

From 2019-2020, 885 SA survivors called OurVOICE, Buncombe County's SA service provider, to report sexual assault and seek support services (North Carolina Department of Administration, 2021). The most prevalent types of SA calls reported by NC Department of Administration (2021) included: rape (494), child sexual assault (128), human trafficking (53), child sexual offense (50), incest (13), and adult survivor of child sexual assault (128). SA offender relationships are broken down by the following: relative (88), acquaintance (251), date (13), partner (85), spouse (14, stranger (51), and unknown (383).

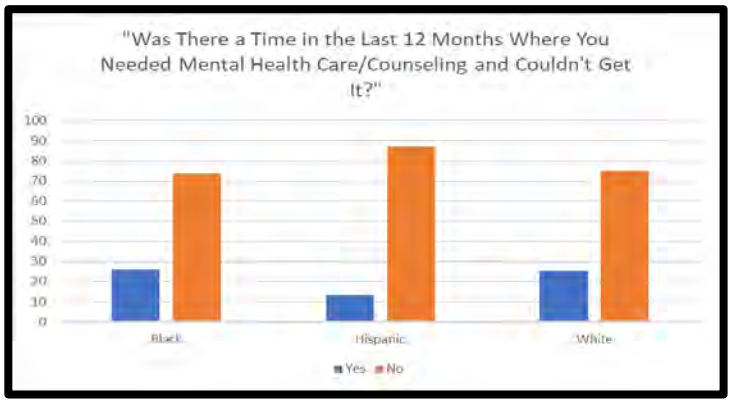
Mental Health (*See also Chapter 7)

- Days of Poor Health – 27% of Buncombe County survey respondents reported seven or more *poor days* of mental health in a month, which is an increase from 19% in the 2018 Buncombe CHA (WNC Health Network, 2021)
- 16% of Buncombe County survey respondents report their typical day is extremely or very stressful (WNC Health Network, 2021)
- 30% of Buncombe County survey respondents report they are currently receiving treatment for mental health – the disaggregated numbers are reflected in the graph to the right (WNC Health Network, 2021)



Source: WNC Health Network, 2021

- 25% of Buncombe County survey respondents reported being unable to obtain needed mental health services in the past year (WNC Health Network, 2021)



Source: WNC Health Network, 2021

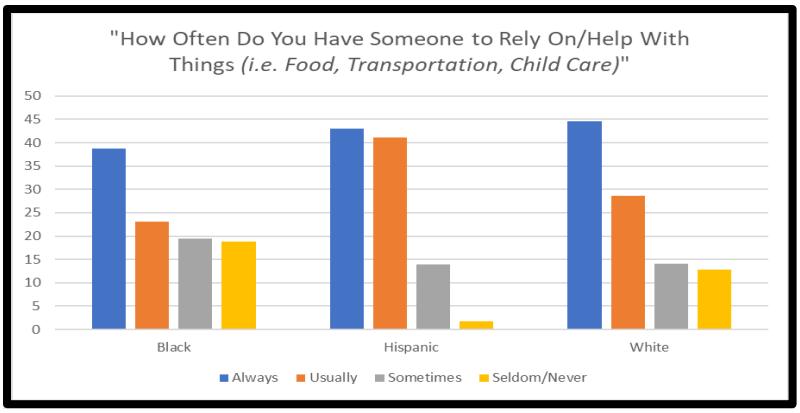
What's Helping The Institute for Preventative Healthcare and Advocacy introduces psychiatry residents from the MAHEC Center for Psychiatry and Mental Wellness to community-based mental through home visits with residents.

Resilience

Social/Emotional Support – 73% of Buncombe County survey respondents reported they 'always' or 'usually' get the social and emotional support needed (WNC Health Network, 2021)

As the graphs below reflect, the citizens of Buncombe County demonstrate a significant amount of resiliency and social connection

Source: WNC Workbook, 2021



Source: WNC Workbook, 2021

Substance Use (*See also Chapter 7)

The Opioid Epidemic

In Buncombe County, the impacts of the opioid epidemic are numerous and interconnect with all aspects of community and individual life. Since 2016, there has been a drastic increase in the number of opioid-related overdoses and overdose deaths in Buncombe County, a trend that is echoed across the state and the nation. Between 2015 and 2019 there were 405 Buncombe County residents who lost their lives due to opioid overdose, and those numbers have continued to increase over the last two years. (BCHHS, 2021). In 2020, 116 persons died to overdose with 93 due to opioids (BCHHS, 2022

Around the same time that efforts to address the rampant overprescribing of opioids were being implemented in North Carolina, the accessibility of synthetic opioids (most commonly, Fentanyl) began to rise in illegal markets. This shift in drug type and access required immediate flexibility in adapting public health interventions, as the emergence of synthetic opioids created an immediate risk for unintentional overdoses and deaths, primarily due to their potency or strength.

Over the last three years Buncombe County has established a continuum of harm reduction services to address the opioid crisis, and more recently has identified goals within the County's Strategic Plan that focus on resident wellbeing. These strategic goals identify data indicators linked to opioid-related outcomes in public health and child protective services (Buncombe County, 2021).

Opioids

48% of survey respondents identified that their live has been negatively impacted by self or other's substance abuse compared to 36% for the United States (WNC Health Network, 2021)

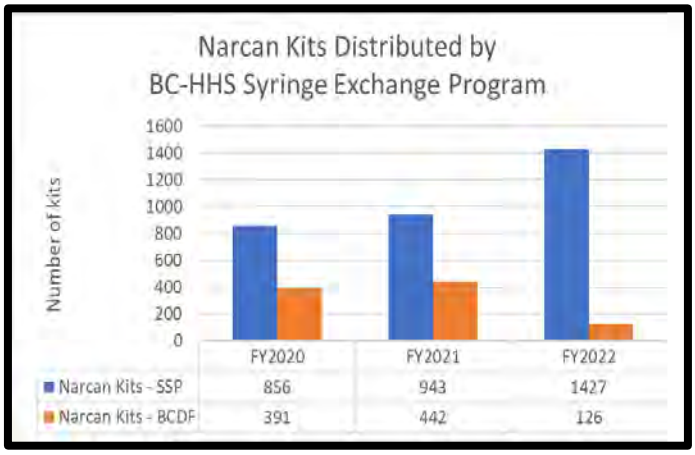
4% of Hispanic/Latin/Latinx respondents, 8% of Black/African American respondents, and 10% of White respondents report being prescribed opiates to treat pain (WNC Health Network, 2021)

According to NC DETECT (2022), a near real-time data base for North Carolina emergency departments, in 2021 there were 275 emergency room visits from Buncombe County residents for opioid overdose compared to 309 visits in the previous year.

In 2019, there were 107 deaths due to overdose (any poisoning) of which 90 deaths specific to opioids; in 2020 there 116 deaths due to overdose (any poisoning) and 93 deaths specific to opioids(North Carolina Health and Human Services Injury and Violence Prevention Branch, 2022).

Opioid Overdose Reversal Initiatives

In response to the opioid epidemic, Buncombe continues to identify, evolve, and expand harm reduction initiatives in collaboration with community partners. One of the most critical resources is access to opioid reversal administration training and naloxone (also known as Narcan). Buncombe County established partnerships between Health & Human Services and Justice and Detention Services to ensure that individuals and professional agencies can access opioid reversal kits and harm reduction training.



Source: BCHHS, 2022

Alcohol

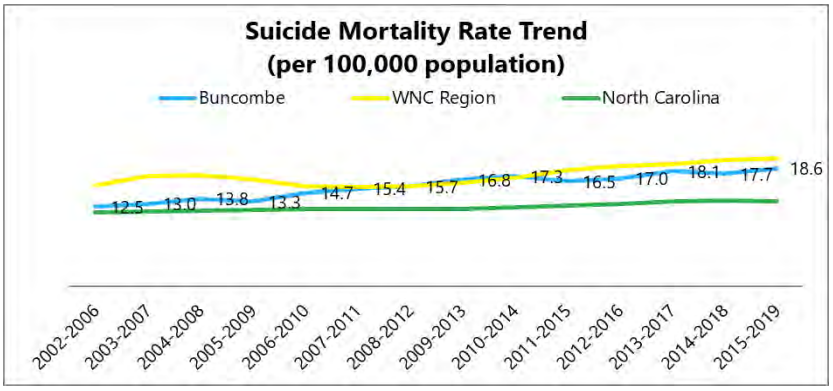
- Primary survey data reflects that 24% of Hispanic/Latin/Latinx respondents, 17% of Black/African American respondents, and 24% of White respondents identify engaging in excessive drinking, also called binge or heavy drinking (WNC Health Network, 2021)

Tobacco Use

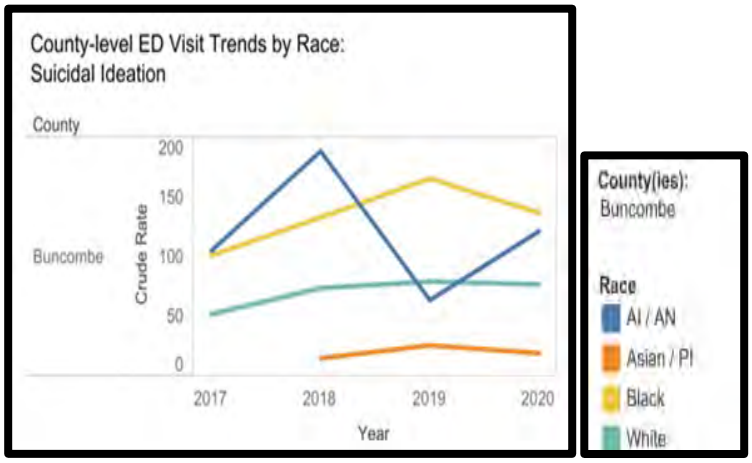
- 6% of Hispanic/Latin/Latinx respondents, 1% of Black/African American respondents, and 2% of White respondents report using chewing tobacco, dip, snuff, or other smokeless tobacco products every day (WNC Health Network, 2021)
    - 25% of Hispanic/Latin/Latinx respondents, 14% of Black respondents, and 8% of White respondents report smoking cigarettes every day (WNC Health Network, 2021)
    - 9% of Hispanic/Latin/Latinx respondents and 2% of White respondents report using e-cigarettes or vaping products every day compared to 2% of Black respondents who identified using those products 'some days' (WNC Health Network, 2021)

Suicide (*See also Chapter 7)

Buncombe County's suicide death rate for 2015-2019 was 18.6, which is lower than the overall suicide death rate for the remaining 15 counties within the Western North Carolina region, and higher than the state rate of 13.4 per 100,000 (NCSCHS, 2021j). Males continue to have higher suicide death rates than females in Buncombe County.



Source: NCSCHS, 2021j

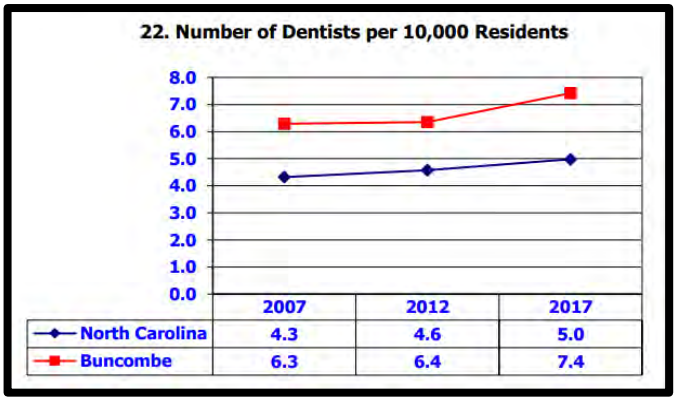


The NC DETECT Mental Health Dashboard (2022) reflects there are ongoing concerns related to suicidal ideation across all races and ethnicities in Buncombe County, with specific focus on the increase in Indigenous/Native American residents seeking crisis services related to suicide ideation between 2019 and 2020.

Source: NC DETECT Mental Health Dashboard, 2022

Oral Health

The NC Center for State Health Statistics (2019) County Trend Report, identifies that Buncombe County is well resourced for oral health, with a rate of 7.4 dentists for every 10,000 residents; however, in 2020 there were no public health dentists listed in Buncombe, compared to 75 general practice dentists who accept/bill Medicaid.



Source: NCSCHS, 2019

Clinical Care & Access

There are slightly more primary physicians, nurses, and mental health providers per 100,000 residents than the state's average and slightly less for dentists (County Health Rankings, 2020). In the 2021 Community Health Survey, 11% respondents stated that they are uninsured and 32% did not receive routine primary care due to COVID-19 (WNCHN, 2021).

Chapter 5 – Physical Environment

"The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives." **(County Rankings, 2022)**

Air Quality

"Clean air and safe water are prerequisites for health. Poor air or water quality can be particularly detrimental to vulnerable populations such as the very young, the elderly, and those with chronic health conditions." (County Health Rankings, 2021).

Microscopic pollutants in the air can slip past our body's defenses, penetrating deep into our respiratory and circulatory system, damaging the lungs, heart, and brain. The health effects of air pollution are serious-increasing risk for asthma, chronic bronchitis, other lung diseases and lung cancer, stroke, heart disease, and premature deaths for adults. Because of their small size, children inhale more air per unit of body

weight than adults and these higher levels of toxic particulates adversely affect their growth and development. Babies born to people exposed to air pollution are more likely to be born low birth weight and premature (WHO, 2022b).

The Air Quality Index (AQI) is a measure of criteria air pollutants in a geographical area and is an indicator for overall air quality. An AQI of 0-50 indicates satisfactory air quality, 51-100 is considered acceptable although some people are sensitive to air pollution at this level, and at AQI above 100, the air quality is unhealthy, at first for sensitive groups and then for others as the AQI rises (Air Now, n.d.). In 2020,

Key Outdoor Air Pollutants

Particulate matter: a mix of solid and liquid droplets primarily from fuel combustion

Nitrogen dioxide: from traffic

Ozone at ground level: caused by the reaction of sunlight with pollutants from industrial facilities and vehicle emissions

Sulphur dioxide: an invisible gas from burning fossil fuels like coal (WHO, 2022a)

Key Indoor Air Pollutants

Gas stoves and kerosene heaters, Secondhand smoke

Mold

Cleaning supplies

Insects & Insecticides

Paints

Building materials degrading or off-gassing. (USEPA, 2021)

Buncombe County had 320/365 days in the Good Air Quality range and 45/365 days in the Moderate Level; 168/365 days had higher levels of Ground-level ozone and 197 days with higher levels of fine particulate matter (PM2.5) (County Health Rankings, 2022).

The Toxics Release Inventory (TRI) provides information for communities to learn about toxic chemicals that industrial facilities are using and releasing into the environment, and whether those facilities are doing anything to prevent pollution. (EPA, 2022). TRI monitors chemicals that "cause cancer or other chronic human health effects, significant adverse acute human health effects and significant adverse environmental effects" (EPA, 2020).

What's Helping

MountainTrue fosters and empowers residents to connect and help sustain both each other and our natural environment through community planning, policy and project advocacy, and on-the-ground projects for thriving communities in our mountain region.

In 2020, the 20 monitored TRI facilities in Buncombe released 255,766lb of chemicals in the air and water (EPA, 2020) Buncombe County ranks 6th in the state for total pounds of chemical released into the air and water (Sorg, 2020). TRI facilities are more likely to be located in areas with more children under 5 and persons over 64 years old, and in areas with high number of residents of color, with lower incomes, holding less than a high school diploma, and are linguistically isolated (EPA, 2020).

See **Appendix C for additional maps related to environmental indicators of health*

Water Quality

"Ensuring the safety of drinking water is important to prevent illness, birth defects, and deaths (County Rankings, 2022)

North Fork Reservoir (City of Asheville, 2022)

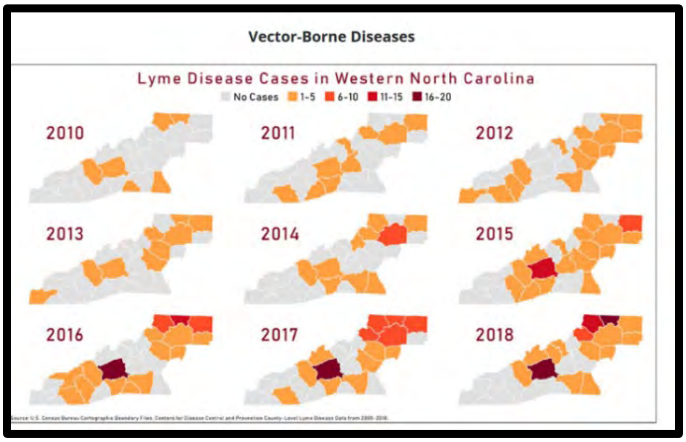
The Buncombe County Community Water Systems include municipalities, subdivisions, and mobile home parks. Sixty-one percent of Buncombe households use community water systems and there are 4754 permitted wells. According to Jessica Silvers, Buncombe County Environmental Health Director, well permits were not required prior to 2005; J. Silvers, personal communications, April 19, 2022). Buncombe County had no water violations in its municipal water system (County Rankings, water violations, 2022).

Climate and Health

"North Carolina is experiencing hotter temperatures, sea-level rise, impaired air quality and more frequent and intense hurricanes and precipitation events as a result of climate change. These hazards diminish health by causing or exacerbating heat-related illness, asthma,

respiratory illness, cardiovascular illness, impaired mental health, and other conditions. Existing inequities in environmental health exposures are exacerbated by climate change – older adults, children, low-income earners, outdoor workers, Spanish speakers, indigenous communities, and communities of color are disproportionately affected" (North Division of Public Health, n.d.).

As a region, Western North Carolina is expected to continue to have higher temperatures and changes in precipitation levels that increase community risks for natural hazardous events such as extreme heat, flash floods, droughts, wildfires, and landslides (NC Environmental Quality, 2020; Suggs, et al, 2021). Increased precipitation also contributes to vector-borne illnesses, such a Lyme Disease, as ticks carrying the bacteria that causes Lyme Disease spread into western North Carolina (Suggs, et. al, 2021).



Suggs, et al, 2021

Communities with a high social vulnerability index, as in parts of Buncombe County, have increased health risks due to limited financial ability to mitigate environmental and household risks. For example, neighborhoods with limited tree canopy and substandard housing may experience higher summer day and night temperatures than residents in neighborhoods with more trees, less concrete and financial means to cool their homes (NC Environmental Quality, 2020; Suggs, et al., 2021).

Changes in climate patterns, especially related to natural disasters and extreme heat events can adversely affect birth outcomes, cardiovascular disease and diabetes and mental health, the top priorities identified by the Community Health Assessment (Suggs, et al, 2021; NC Environmental Quality, 2020).

What's Helping

Buncombe County's Strategic Plan for Environmental & Energy Stewardship: High quality air, water, farmland, and renewable energy for future generations through greenhouse emission reduction and preservation of farmland and environmentally sensitive tracts of land.

Access to Healthy Food & Places

Food security, as defined by the United Nations' Committee on World Food Security, exists when all people, at all times, have physical, social, and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life (International Food Policy Research Institute, 2022).

What's Helping

A community-based non-profit providing access to fresh produce & wellness education for everyone. bountyandsoul.org

Buncombe County has 15 Farmers' Markets and 65 Food Bank (L. Weider, Community Markets Manager, MANNA Food Bank, personal communication, May 12, 2022). There are 26 supermarkets per 100,000 people, which is a higher per capital count than state or national averages. However, in 2019, according to the US Food & Agriculture, 31,172 people lived in seven food desert areas across the county and 19% of residents worried about running out of food or ran out of food at least once in the past year (WNC Health Network, 2021).

Physical Activity

Buncombe County residents have higher per person access to recreational and fitness facilities than residents in NC or across the nation, with 21 facilities per 100,00 persons. Combined, there are 94 public parks and facilities maintained by the City of Asheville and Buncombe County (The City of Asheville, n.d.; Buncombe County, 2022).

When asked about activity level over the past month, almost 20% residents report that they had no time for leisure activities and 23% report that they met the recommended physical activity level (WNC Health Network, 2021).

What's Helping

Through The Arc of Buncombe County's Health & Wellness program students with intellectual and developmental disabilities enjoy the benefits of healthy nutritional snacks, nutritional education, yoga therapeutics, dance, and mindfulness.

Chapter 6- Health Resources

Community resources are like community assets. They help meet certain needs for those living in and around the county. Community resources can be used to improve the quality of community life (University of Florida, 2022).

Health Resources

Process

WNC Health Network provided 211 resource data for the Buncombe Community Health Assessment Team. The 211 resource data allowed the team to identify potential gaps in community resources. The area 211 service provides a comprehensive and an up-to-date list of health and human services and is accessible to the public 24/7 by calling 2-1-1 or visiting their website at www.nc211.org. The Online Key Informant Surveys (OKIS) that were conducted as part of the 2021 Community Health Assessment also provided valuable first-person assessment and feedback from community leaders on area resources.

Findings

In the Key Informant Survey, participants were asked "what are the most important characteristics of a healthy community? Responses included: access to care/services, community connections/support, built environment, employment & opportunity.

In response to COVID-19 pandemic, many respondents reported that the community showed resilience. Agencies made swift pivots to mitigate the spread of COVID-19, additionally, community organizations partnered together in providing resources to the community including food distributions, and addressing health disparities.

"What immediately comes to mind is the large pivot so many social service agencies did in their service delivery due to the impact of COVID. In particular, all that had to change to ensure food was still accessible and safe to obtain (reducing exposure to COVID through drive through pickups, etc.). In addition, the way different agencies joined forces in a way that would not have happened without COVID. – Key Informant"

Simultaneously, while Buncombe was grappling with the COVID-10 pandemic, George Floyd was murdered on May 25, 2020. The killing of a Black/African American man by a White Minneapolis police officer, sparked protests locally and across the nation denouncing and demanding change in systemic racist policing, as well as drawing renewed attention to

structural racism in healthcare. In the Online Key Informant Survey, 32% of Black/African American residents reported they were 'often' or 'sometimes' treated unfairly because of their race or ethnicity compared to 2% of White residents (WNC Health Network, 2021).

Resource Gaps

Based on local review of available resources and key informant surveys around general availability of services (or those specifically related to prioritized needs), these resource gaps were identified that need to be filled in Buncombe County:

- **Access to Affordable Healthy Food**- there is an issue in getting the food distributed to the communities that need the resources, high food cost, and the presence of food swamps.
- **Adverse Childhood and Community Experiences/Trauma**- lack of resources for families, high stress in certain communities, houselessness, mental health issues
- **Availability of Healthcare Providers**- lack of appointments, provider shortage, transportation, lack of sliding scales, BIPOC providers, and realistic payment arrangements
- **Employment and Housing** - lack of jobs that pay a living wage and the increase in housing costs amid an existing housing crisis

Chapter 7 – Identification of Health Priorities

Health Priority Identification

Process

Every three years in the Community Health Assessment process we pause our work on improving community health to reflect on data from our county that shows the current needs of our community. During this period of collaborative reflection, we utilize a variety of primary and secondary data sources to evaluate and assess how well we are doing, and what action steps are still needed in order to continue to improve our community's health.

Buncombe County Health and Human Services collaborates with other community health organizations comprising the CHIP Advisory Council to promote the CHA survey throughout Buncombe County. Once all primary data is collected and the survey period has ended, BCHHS Health Promotions Team receives total response data and disaggregated response data from the WNC Healthy Impact Community Health Survey, and a comprehensive data workbook from the WNC Healthy Impact team that provides local, regional, and state data and data trends associated with the Community Health Assessment process (WNC Health Network, 2021). Additionally, WNC Healthy Impact compiles and anonymizes all qualitative, Online Key Informant Survey (OKIS) data for the Buncombe County CHIP Leadership/CHA Data Team. *See also* ***Appendix E***

Beginning in October 2021, CHA Data Team spent time analyzing and evaluating the collected primary and secondary data in order to better understand what health conditions are affecting the most people within our community. The team met with a wide variety of community leaders to identify what they are most concerned about, as well as which issues were affecting the most people in our community.

The following criteria was used to identify significant health issues:

- Data related to past community health assessment focus conditions/priorities
- Significant disparities exist within data, particularly for historically underserved, at-risk, and vulnerable populations
- Issues that surfaced as a topic of high community concern
- County data deviates notably from the region, state or benchmark

After thorough evaluation of all primary and secondary data the group reached consensus to present the top five health concerns, as identified by community partners in the OKIS, to the CHIP Advisory for closer evaluation. This process, often called health issue prioritization, is an opportunity for community stakeholders to determine which issues and results to focus for improving community health outcomes.

Overarching Framework

The Buncombe County CHIP Data Team and CHIP Advisory Council utilized an overarching public health framework centered on SDoH, anti-racism and the application of a life course perspective to identify underlying or root causes for health disparities within Buncombe County.

"A life course approach explicitly recognizes the importance of time and timing in understanding causal links between exposures and outcomes within an individual life course, across generations, and in population-level diseases trends. Adopting a life course perspective directs attention to how social determinants of health operate at every level of development—early childhood, childhood, adolescence and adulthood—both to immediately influence health and to provide the basis for health or illness later in life." (World Health Organization, 2021)

Given this framework, it became clear when examining the data that underlying root causes are common across each of the top five OKIS identified health conditions. The most prominent and influential root causes identified during data analysis are systemic racism and oppression and the pair of Adverse Childhood Experiences (ACEs) and Adverse Community Experiences. More specifically, the impact of trauma exposure epigenetically (generationally and historically), in utero, early life and throughout the life course, has a weathering effect resulting in poorer health outcomes and premature deaths for BIPOC, persons with marginalized identities and low income.

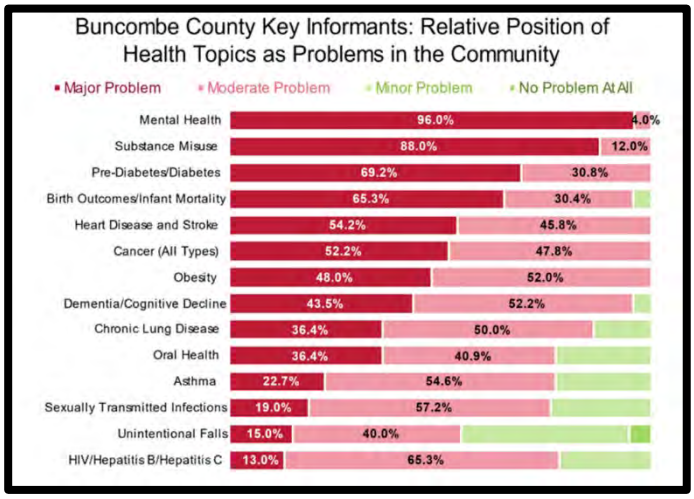
Identified Issues

During the above process, the Community Health Assessment Data Team identified the following health issues:

- ***Issue 1*: Mental Health**
- ***Issue 2*: Substance Use**
- ***Issue 3*: Pre-Diabetes/Diabetes**
- ***Issue 4*: Birth Outcomes/Infant Mortality** **long-term health priority Buncombe 2018 CHA/CHIP*
- ***Issue 5*: Heart Disease/Stroke**

Priority Health Issue Identification

Process



Source: WNC Health Network, 2021

Following the identification of the top five community health issues, the CHA data team compiled data packets for each of the identified health issues and distributed them to a wide network of community partners and stakeholders attending the CHIP Advisory group. (The Buncombe CHIP Advisory is comprised of 40+ community organizations whose service representation addresses many facets of individual and community health). Once specialized data packets were compiled and shared with the CHIP Advisory, members were asked to engage in a structured prioritization process to identify the Buncombe County 2021 CHA Health Priorities. The participants used the information presented to evaluate, score, and rank each health issue. Each voting member were asked to consider the severity of the issue, the relevancy of the issue, and the feasibility in improving the issue. *See **Appendix F** for prioritization tool*

During our group process for prioritization, the following criteria were applied to the issues listed above to select priority health issues of focus for our community over the next three years:

- **Criteria 1 – Relevant** – How important is this issue? *(Size of the problem; Severity of problem; Focus on equity; Aligned with HNC 2030; Urgency to solve problem; Linked to other important issues)*
- **Criteria 2 – Impactful** – What will we get out of addressing this issue? *(Availability of solutions/proven strategies; Builds on or enhances current work; Significant consequences of not addressing issue now)*
- **Criteria 3 – Feasible** – Can we adequately address this issue? *(Availability of resources (staff, community partners, time, money, equipment) to address the issue; Political capacity/will; Community/social acceptability; Appropriate socio-culturally; Can identify easy, short-term wins)*

Participants used a modified Hanlon method to rate the priorities using the criteria listed above. Once all members completed the prioritization worksheet, results were compiled to reflect an overall ranking. CHIP Advisory members then utilized a discussion and consensus

process to identify the top three health conditions for focus in the upcoming Community Health Improvement Plan development. Of note, during the 2018 Buncombe CHA/CHIP cycle, birth equity and infant mortality was identified as a long-term health priority, meaning that work on this area is set to continue throughout the Buncombe County 2021 CHA/CHIP process.

Identified Health Focus Areas

The following health issues are the final community-wide health focus areas for Buncombe County that were selected through the process described above:

- **Birth Outcomes/Infant Mortality: significant disparities are present in birth outcomes, infant mortality, and preconception health for Black and Latinx residents**
- **Mental Health and Substance Use/Misuse: trending increase of reported mental health symptoms (depression and suicidal ideation), continued increase in drug overdose deaths**
- **Chronic Disease Management (Diabetes and Heart Disease): significant disparities are present in mortality and morbidity rates for Black/African American and Hispanic/Latin/Latinx residents**

In the prioritization process, the common underlying or root causes of health inequities for the health focus areas were systemic racism, oppression and trauma.

Online Key Informant Survey (OKIS) Participants responded:

> ***"The entire community has a responsibility to make sure that all forms of Racism is rooted out. The first thing is to tell the truth! Truth about the past not to make people feel shame but to acknowledge that the systems that are put in place have helped some and harmed others. Educate so that we all can be better."***
>
> ***"The biggest thing is our institutions do not make an intentional effort to value those that have been marginalized. The courts, policing, housing and schools must become intentional in the change if we are going to see success."***

Priority Issue #1: Birth Outcomes & Infant Mortality

Summary:

In utilizing a public health life course approach, racial and ethnic disparities in birth outcomes and infant mortality can be strongly correlated with the transfer of historical and cumulative racial trauma intergenerationally, and also the present lifetime exposure to systems that are rooted in racism and discrimination. These disparities are further compounded when early life experiences expose infants and young children (and their developing brains and nervous systems) to adverse childhood and community stressors with limited opportunities for experiences that build resilience. Relatedly, public health research has continued to highlight that individuals who experience systemic oppression, racism, a high pair of ACES exposure, and barriers to accessing health resources face significant challenges to health equity throughout their lifetime (Geronimus, et al, 2006).

More specifically, racism accounts for the disparities of Black/African American birthing outcomes even when Black/African American birthing individuals are highly educated, have access to pre-natal care, and do not have underlying health conditions. Black/African American mothers and birthing individuals often experience negative health impacts during pregnancy and post-partum, primarily due to factors outside of their control (i.e., experiences of intergenerational trauma, pair of ACES, and the eroding effects of systemic racism and white supremacy culture) – studies have continued to see these disparities even when accounting for age and socio-economic status across groups (Burris & Hacker, 2017). What this means is that Black, Indigenous, and babies of color not only encounter the cumulative harms of interacting with and living within racists systems across their lifetime, they also have an increased likelihood of in utero exposure to toxic stress due to the historical and intergenerational trauma of racism in the United States.

Building off the science behind Adverse Childhood Experiences (ACEs) research, secure attachment between an infant and parent/caregiver is critical for supporting early brain and nervous system development (Gunner, et al, 1989). These early interpersonal connections are foundational in establishing the 'wiring' of the nervous system for interpreting safety and connection (Pietromonaco, et al, 2015). In Buncombe County evidence-based practices, such as attachment parenting, have become more prevalent as maternal and child health providers recognize the influence of this early intervention on health outcomes across the lifespan.

Buncombe County has been focused on eliminating the infant mortality disparity since the 2018 Buncombe CHA when it was deemed a long-term focus area for CHIP. One framework that is being applied to complex public health problems in Buncombe County is called Collective Impact. Collective impact is an intentional way of working across agencies and services to share information and collaborate efforts for the purpose of making greater progress on addressing an issue or health disparity (Kania & Kramer, 2011). One example of collective impact is the variety of strong community partnerships working together as "Mothering Asheville" to address Buncombe County's infant mortality rates and birth outcome disparities.

What Change Do We Want to See?

Birth Outcomes & Infant Morality Result: "All babies have a healthy start with the opportunity to reach their full potential – all babies are able to thrive beyond their first year of life."

What Do the Numbers Say?

Birth Outcomes Indicators:

Body Mass Index (BMI) During Pregnancy (NCSCHS, 2020a)

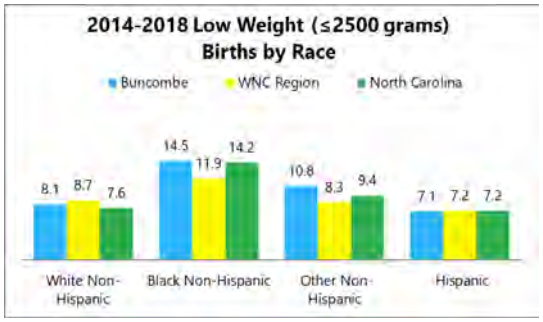
- 23% of pregnant individuals in Buncombe County have identified BMI between 25.0 – 29.9 which is classified as 'overweight' – this breaks out to 23% White, 16% Black/African American, 30% Hispanic/Latin/Latinx
- 21% of pregnant individuals in Buncombe County have identified BMI of 30.0+ which is classified as 'obese' – this breaks out to 18% White, 38% Black/African American, 25% Hispanic/Latin/Latinx

Access to Pre-Natal Care (NCSCHS, 2021b)

- 85% of White pregnant individuals, 77% of Black/African American, and 76% Hispanic/Latin/Latinx individuals accessed prenatal care in the first 1-3 months of pregnancy

Low Birth Weight (NCSCHS, 2020b)

- 9% of births in Buncombe were classified as low birth weight (under 2,500 grams)
- 1% of births in Buncombe were classified as very low birth weight (under 1,500 grams)



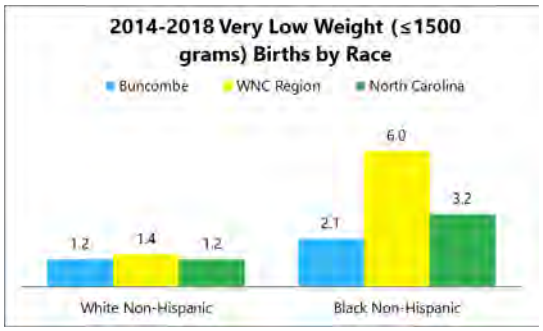
NCSCHS, 2020b

Pre-Term Births (NCSCHS, 2020b)

- Pre-term births (less than 37 weeks gestation) in Buncombe for 2014-2018 was 10% vs. 90% of births (37+ weeks of gestation)

Infant Morality (NCSCHS, 2021d)

- Overall infant mortality rate in Buncombe is 4.8 for 2015-2019 compared to 5.1 for 2014-2018
- For the period of 2014—2018 there were 38 White babies that died, 15 Black/African American babies that died, and 9 Hispanic/Latin/Latinx babies that died.



(NCSCHS, 2020b)

What Did the Community Say?

Key Informant Survey Participants responded:

"[There is a] Reduction of stress when affordable housing is available. A living wage for workers, adequate childcare and preschool (…) social-emotional learning and mental health support"

"Increasing focus and integration of the pair of ACEs model into community interventions – the growing work around integrating community and individual

resiliency education into our community. Fostering opportunities for authentic social connection and shared understanding, creating safe spaces for truth/voice to be heard, and incorporating lived experience into advocacy and policy shifts. Our community is also working to strengthen broad understanding of social and environmental determinants of health, intergenerational trauma, epigenetic impacts of historical and chronic trauma/stress exposure and focusing on 'upstream' interventions."

Community Partners responded:

What's Helping?

- *"Family/home visiting collaborative and community-based parenting programs (…) supports for young teen moms"*
- *Increased awareness of disparities and strategies to turn the curve"*
- *"Mothering Asheville provides opportunities for collective impact"*
- *"Moving out of silos and working together, coordinated learning, getting word out about, continuing to share what we are doing together vs. competing"*
- *"Home visitation and case managers programs; Buncombe County Home Visitor Collaborative"*
- *"Private Mental Health services focused on Perinatal, Positive Parenting, grief, etc."*
- *"Tele-medicine and mental health services attached with PN clinic"*

What's Hurting?

- *"Difficulty accessing affordable, quality childcare"*
- *"Poverty and systemic racism"*
- *"Generational trauma compounds health risks"*
- *"Abstinence-only courses"*
- *"Systemic racism and implicit bias in health care"*
- *"Still operating in silos; need to work towards collective impact to support each other's work; make sure that when someone finishes a service they are linked in to another service"*
- *"Racism for mothers who are afraid of the systems"*
- *"Lack of focus on early prevention and resources for young girls and the high stress and high cortisol levels that young children experiences early on makes it harder to manage stress later."*
- *"Services need to be culturally appropriate; how to accept help in a system that you don't trust, that mothers know "we get you, we are not going to let you fall" and that requires a different outreach"*

- *"Need to focus on Maternal morbidity, as well as Infant Mortality; needs more attention from state DPH, feels like there is no attention on WNC"*

What is Already Happening?

- **Mothering Asheville:** is a collaborative community-centered health movement focused in Buncombe County working to reduce, and ultimately eliminate, racial disparities in infant mortality by changing institutional policies to address structural racism and increase access to preventive services in community-based settings (Blue Cross Blue Shield, n.d.).
- **City MatCH "Equity Institute":** Buncombe County has been a participating member of CityMatCH for the last three years. City MatCH is a national membership organization of city and county health departments' maternal and child health (MCH) programs focusing on urban communities in the United States and is based out of the University of Nebraska Medical Center. The mission of CityMatCH is to "strengthen public health leaders and organizations to promote equity and improve the health of urban women, families, and communities (…) CityMatCH actively opposes racism in Maternal and Child Health by promoting and leading national, political, economic, social and structural change to achieve a just society." (University of Nebraska Medical Center, 2018)
- **Buncombe County Home Visitor Collaborative:** is a collaborative of community-based organizations that provide home visitation to families and residents in Buncombe County, primarily focused on families during pregnancy and the early years to reduce maternal and infant mortality, increase family health and wellbeing, and kindergarten readiness.

Community agencies partnering to address this issue:

- Asheville Buncombe Institute for Parity Achievement (ABIPA)
- Buncombe County Health & Human Services – WIC, NFP, Care Coordination
- Verner Center for Early Learning (Early Head Start Home Based Program)
- Buncombe County Partnership for Children
- Buncombe County Health & Human Services-Child Protection Team
- Children First/Communities in Schools of Buncombe County
- MAHEC
- Mothering Asheville Coalition
- Sistas Caring 4 Sistas
- YWCA of Asheville
- Mount Zion Community Development – Project NAF
- Institute for Health Prevention Advocacy

Priority Issue #2: Mental Health & Substance Use/Misuse

Summary: Population health data continues to reflect that mental health and substance use are a growing public health crisis across the nation, and local data supports similar levels of urgency in Buncombe County. In applying a socio-economic perspective and life course framework to mental health and substance use, the underlying or root causes of these health inequities becomes clearer. Suicide, drug abuse, and alcoholism are often called 'diseases of despair' as they are behavior-related conditions that often appear in concentration among groups who have experienced long-term social and economic hardships and/or who are living within regions facing extensive economic, political, and financial decline (George, et al, 2021). As opioid-related overdoses and deaths have continued to increase over the last five years, the impact of social isolation from the COVID-19 pandemic has created a deepening crisis.

The widespread impacts of economic and financial instability both prior to and following the emergence of the COVID-19 pandemic, has emerged as another root cause for these diseases of despair. Of the underlying root causes identified through a qualitative study conducted among urban and rural individuals: financial distress, barriers or inaccessible social services, and family division (divorce, separation, and/or single-parent households) surfaced as the most influential factors for diseases of despair (George, et al, 2021). Additionally, of those who participated in the study, building community resiliency was unanimously identified as a promising intervention to support greater connection with others (George, et al, 2021).

Health data has consistently demonstrated that human beings are "wired for connection" meaning that our nervous systems need social connection. Additionally, research also reflects that isolation is one of the leading factors for poor health outcomes, including mental health (Umberson & Montez, 2011). The quality and quantity of our social connections not only impact current health outcomes, but research has also shown that the presence of relationships and social connection have a cumulative impact on long-term health outcomes (Umberson & Montez, 2011). When examining mental health through the lens of racial equity, research also demonstrates that exposure to racism through structural and systemic oppression is as much of a significant health indicator as exposure to discrimination (Williams, 2019). More specifically, the experience of racism is a root cause for health disparities, not an individual's racial or ethnic identity. Given the root causes for diseases of despair, there is also a clear connection between an individual's exposure to Adverse Childhood Experiences and Adverse Community Environments (the pair of ACEs) and systemic racism and oppression on health outcomes.

Decades of research on Adverse Childhood Experiences has demonstrated that an individual's exposure to traumatic events increases the risk of substance use/abuse, which has since supported a shift towards trauma-informed treatment and services (Philippa, et al, 2011). This shift in treatment focus highlights the importance of trauma-informed and resiliency-based interventions – meaning the focus is now shifting to understanding the events, circumstances, and systems and environments (social determinants of health) that have caused harm to an individual, rather than placing unreasonable responsibility on an individual for circumstances which are heavily influenced by social and environmental determinants of health and often outside of their control. At a population level, this looks like dismantling oppression and racism

in all policies and systems, and on a community or local level this involves rebuilding mental health and substance use services and interventions that are culturally sensitive and trauma informed. This shift to providing evidence-based harm reduction interventions that center around meeting an individual "where they are" and creating opportunities for authentic connection and resiliency continue to show promising outcomes.

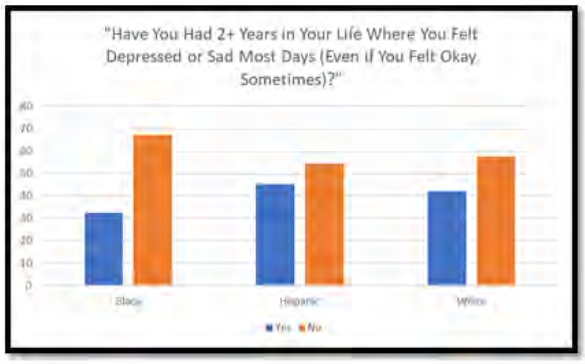
What Change Do We Want to See?

Mental Health & Substance Use Result: Everyone has access to the resources, skills, and environments for resilience and well-being.

What Do the Numbers Say?

Mental Health Indicators (WNC Health Network, 2021)

- 27% of survey respondents identified having more than seven days of poor mental health in the last month *(an 8% increase from the 2018 Buncombe CHA)*
- 42% of survey respondents have experienced symptoms of Chronic Depression *(compared to 33% from 2018 Buncombe CHA and 30% in the United States)*
- 13% of survey respondents identified that they were dissatisfied or very dissatisfied with life *(a 4% increase from the 2018 Buncombe CHA)*



WNC Health Network, 2021

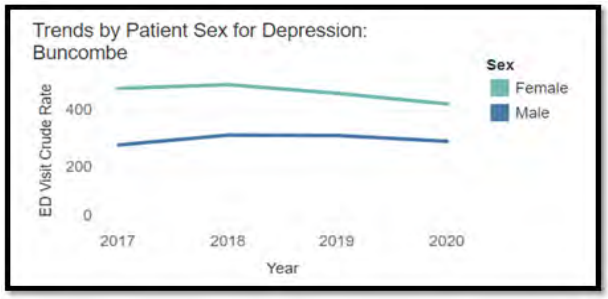
Access to Services/Care

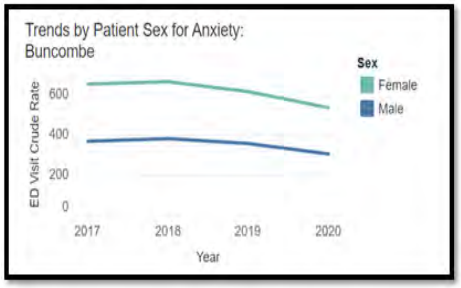
- 25% of survey respondents identified they were unable to access needed mental health care or counseling in the past year, which is an *8% increase from the 2018 Buncombe CHA (WNC Health Network, 2021)*

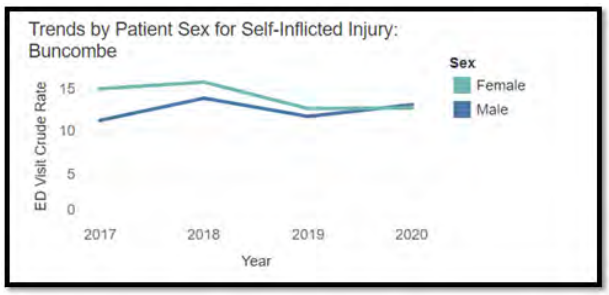
Mental Health-Related Emergency Department Visits (Anxiety, Depression, and Self-Harm)

- 9% of White survey participants, 8% of Black/African American participants, and 16% of Hispanic/Latin/Latinx participants identified having suicidal thoughts in the last twelve months (WNC Health Network, 2021)
- According to the NC DETECT Mental Health Dashboard (2022b), there are still concerning emergency room rates for depression, anxiety, suicidal ideation, and self-harm

See **Appendix B for additional NC DETECT Mental Health Dashboard data*



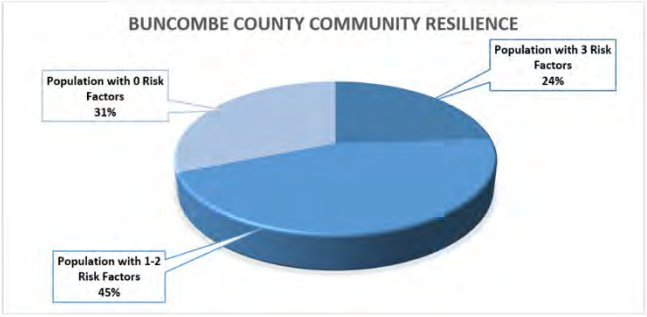




Charts retrieved from NC DETECT Mental Health Dashboard,2022b

Resiliency Resources

Community resiliency data reflects an estimated 45% Buncombe County residents have 1-2 risk factors (US Census Bureau, 2021).

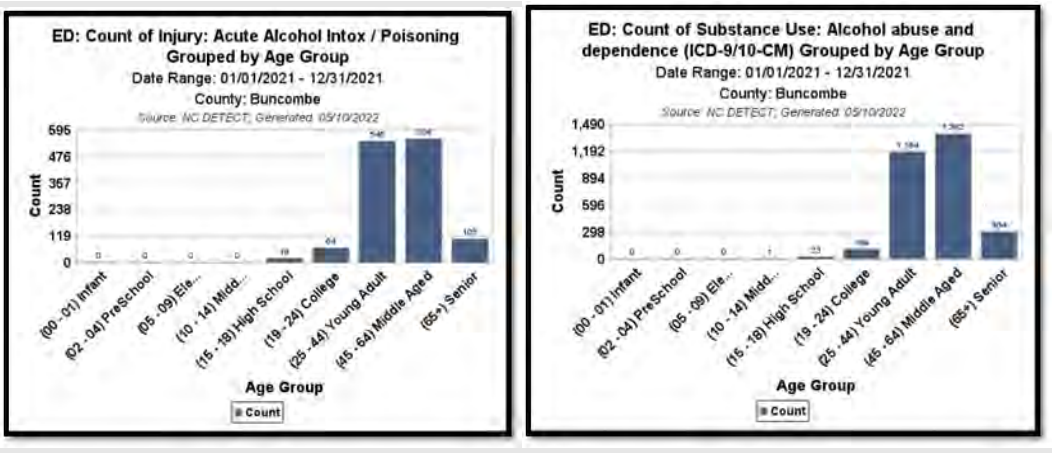


Source: US Census Bureau, 2021

Substance Use Indicators:

Alcohol Use & Dependency (WNC Health Network, 2021)

- 61% of survey respondents identified as current drinkers *which is a 9% increase from the 2018 Buncombe CHA (WNC Health Network*
- 23% of survey respondents identified themselves as heavy drinkers *(compared to 18% for the WNC region and 15% for North Carolina)*
    - 24% of White participants, 17% of Black/African American participants, and 24% of Hispanic/Latin/Latinx participants identified themselves as binge or heavy drinkers
- Emergency room data from 2021 for Buncombe County residents who presented with alcohol poisoning and alcohol abuse or dependence is broken out in the graphs below



Source: NC DETECT, 2022a

Opiate Use & Overdose Rates

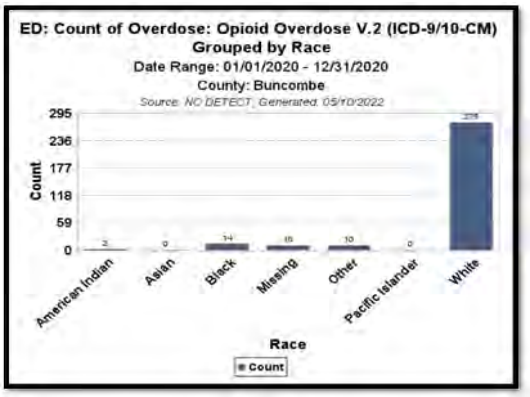
- 10% of White survey participants, 8% of Black/African American participants, and 4% of Hispanic/Latin/Latinx participants identified using prescription opiates in the last year (WNC Health Network, 2021)
- Emergency room data from 2021 for Buncombe County residents who presented with an overdose and 2020-2021 emergency room data for Buncombe County residents presenting with an opioid overdose is broken out in the graphs below (NC DETECT, 2022a)

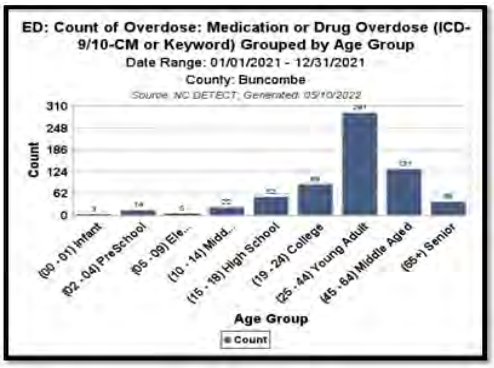
What Did the Community Say?

Key Informant Survey Participants responded:

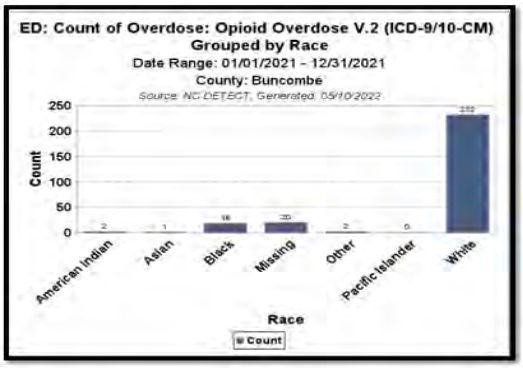
"There have many lessons learned from the pandemic. One of the primary silver linings is the renewed focus and normalization of social-emotional and mental health needs of our community. There has been a shift even within schools to elevate the instruction and support of social emotional learning that is both encouraging and hopeful. Schools are working on transformational systems changes to maximize emotional health of both students and adults."

"A strong sense of community/social connection and belongingness in all neighborhoods/for all people – people feel safe, seen, and valued; they know they are not alone, etc."





Source: NC Detect, 2022



Source: NC Detect, 2022

Community Partners responded:

- ***What's Helping?***

  Mental Health

  - *"Buncombe is resource rich comparatively"*
  - *"There are a lot of mental health professionals working in this area"*
  - *"Outreach to vulnerable, at-risk groups"*
  - *"Prevalence of telehealth and support group options [during COVID-19 pandemic]*
  - *"Community health workers are bridging a lot of gaps, especially when everything was shut down"*

  Substance Use/Misuse

  - *"Whole person and whole-family approaches to treatment"*
  - *"Peer Supports and harm reduction"*
  - *"Access to syringe services, Narcan, MAT [medication assisted treatment], and with walk-in opportunities"*

- *"Services for pregnant mothers"*
- *"Outreach... MAT being started in the field when people are ready in the moment"*
- *"Disposal units for safe syringe disposal"*

- ***What's Hurting?***

Mental Health

- *"Stigma"*
- *"Waitlists [for services] are sometimes longer than 3 months"*
- *"Medicaid access barriers and insurance costs"*
- *"Systemic racism within healthcare systems – we need more culturally aware service providers"*
- *"High cost of living and poverty creates housing instability which negatively influences mental health"*

Substance Use/Misuse

- *"NIMBYism"*
- *"Community stigma and lack of knowledge"*
- *"High cost of treatment options and waiting for openings"*
- *"Limited resources in rural areas [of Buncombe]"*
- *"There aren't any more low barrier shelter options now – affordable housing doesn't exist"*

What is Already Happening?

- **Circle of Security Parenting:** Circle of Security Parenting (COSP) is an 8-week, attachment-focused, trauma-responsive program that offers caregivers, parents, and professionals who work with young children a roadmap for understanding a child's relationship needs and for making sense of their own strengths and struggles with caregiving. The focus of COSP is increasing adult reflective capacity (rather than changing child behavior). COSP is an upstream prevention offering and an accessible engagement tool. There are now 41 facilitators in Buncombe County who are staff or partners with over 19 organizations, agencies, faith communities, behavioral health or medical practices, supported largely by *Resources for Resilience.* Groups are available in English and Spanish.
- **WNC Listening Line:** SeekHealing is a community mental health project of trained volunteers of neighbors, peers and community members who operate a listening line 7 days week, 8am-11pm to provide support through listening and connecting as peers.

- **NAMI:** The National Alliance of Mental Illnesses-NAMI Western Carolina is an organization of families, friends, and individuals whose lives have been affected by mental illness. Together, we advocate for better lives for those individuals who have a mental illness.
- **Helpmate:** Helpmate works with the community to eliminate abuse and fear by providing safety, shelter, and support for victims/survivors of intimate partner domestic violence in Buncombe County. Helpmate Counseling Services provides individual and group counseling in English or Spanish, free of charge, to all survivors, and has specialized services for parents and children who have experienced intimate partner domestic violence.
- **Mountain Child Advocacy Center (MCAC):** MCAC focuses on preventing harm, protecting children and helping families heal through best practice programs and community collaboration. MCAC works with a variety of partners and nonprofit organizations in Buncombe County to provide comprehensive care for children and their families who have experienced child abuse and neglect.
- **OurVOICE:** OurVOICE Counseling Services offers short-term therapy, in English or Spanish, to survivors to help them heal from experiences of sexual violence. This therapy is available to residents of Buncombe County, ages 13 and up, regardless of gender identity, ethnicity, socio-economic status, religion, or immigration status. Therapy is available for primary survivors as well as their loved ones (AKA secondary survivors).
- **Peer Support Specialists:** "Peer support workers are people who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process" (SAMHSA, 2022). Buncombe County Peer Support Specialist Programs include Appalachian Mountain Community Health Centers, Jordan Peer Recovery, October Road, RHA, Sunrise Community for Recovery and Wellness, and Umoja Health Wellness and Justice Collective.
- **All Souls Counseling:** All Souls Counseling Center is a nonprofit that provides quality affordable mental health counseling to uninsured and underinsured adults of Western North Carolina
- **Resources for Resilience:** Resources for Resilience teaches about trauma, the brain, and the human nervous system in a way that people of all ages and backgrounds can understand, as well as practical tools that anyone to use to help one another stay healthy and connected during tough times and work to prevent future adversities.

- **START Model in Child Protective Services:** The Buncombe County Sobriety Treatment and Recovery Team (START) program is based on a START model that began in Kentucky, and it is considered a Promising Practice. START is a child welfare program for families with co-occurring substance use and child maltreatment delivered in partnership with local addiction treatment services, including a Certified Peer Support Specialist with lived addiction and child welfare experience, access to a substance abuse clinician, and additional wrap-around supports.

- **Harm Reduction**

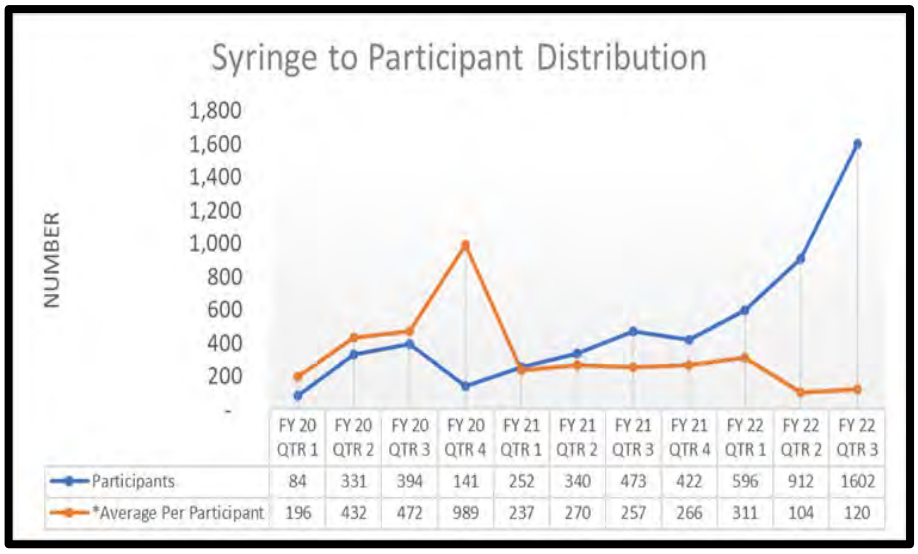
  One example of a harm reduction approach is Syringe Exchange Programs (SEPs) or Syringe Services Programs (SSPs). SEP/SSPs are evidence-based interventions that are associated with decreases in prevalence and incidence rates of HIV and viral hepatitis among people who inject drugs (Allen, et al., 2019). SEP/SSPs are also effective in providing overdose prevention resources. They provide access to sterile needles, syringes, and other injection equipment free of cost to promote safe disposal of used injection equipment. SSPs often provide condoms and naloxone, vaccinations, infectious disease testing, and referrals and links to substance use treatment and social support services.

  In 2020, Buncombe County Health and Human Services began contracting with Sunrise Community for Recovery and Wellness, the only Certified Peer Support-run/Certified Peer Support-led organization in Western North Carolina, to provide SEP/SSP within the Buncombe County Health Department. Additionally, there are at least three other non-profit organizations, Western North Carolina AIDS Project (WNCAP), Steady Collective, and Holler Harm Reduction, who support Buncombe County and surrounding rural areas with providing harm reduction and syringe exchange services. As the graph of Health

Syringe Disposal	FY2020	FY2021
Number of Disposal sites Emptied	N/A	12
Number of Syringes Returned at sites.	N/A	8,895
Number of returns from SEP/SSP Clients	4,300	15,356
(Combined) Returned Syringes	**4,300**	**24,251**

Source: BCHHS, 2022b

Department SEP engagement reflects, there has been growing community trust and engagement with overall harm reduction services since inception.



Source: BCHHS, 2022b

Syringe Disposal Unit in Downtown Asheville, NC (WLOS, 2022)

In late 2020, BCHHS worked in partnership with grant funding from Dogwood Health Trust to purchase and install community syringe disposals located at four locations in Asheville.

All of the disposal locations are accessible by the public 24/7 for disposal of all sharps.

- 40 Coxe Ave
- Isaac Dickson Footbridge
- Pack Library
- Pisgah View Apartments

Post-Overdose Response & Medication Assisted Treatment (MAT): Buncombe County's post-overdose response team (PORT) is an integrated public health/emergency services program that provides voluntary follow-up response to individuals in the community who have experienced an overdose in the last 48-72 hours. PORT services include linkage to a Certified Peer Support Specialist and Substance Use Clinician for ongoing support, direct connection with medical providers in the community who provide low/no-cost Medication-Assisted Treatment (MAT), and case management to support with building recovery capital (also known as social determinants of health resources that support an individual's ability to remain in substance use recovery).

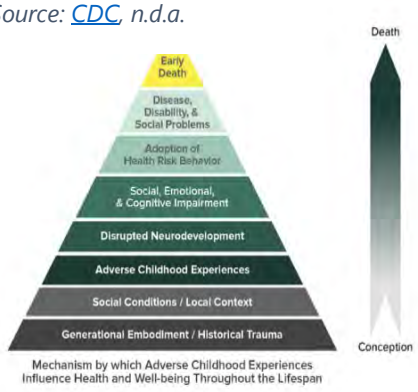
Buncombe County Detention Center: provides MAT services to individuals currently housed in Buncombe County detention facility, as well as those being released from detention/prison, as research reflects that individuals across North Carolina are 40 times more likely to overdose on opioids after release from detention or prison (Ranapurwala, Shanahan, et al., 2018).

Re-Entry Services: Buncombe County's Jail Diversion and Re-Entry Program serves individuals who interface with the criminal justice system due to serious mental illness and substance use. The program provides case management, treatment planning, and evidence-based group programming at the detention facility. Case managers provide information to the courts and serve as resources to law enforcement. The program seeks to increase engagement with community-based services and reduce the likelihood of re-arrest. Upon release from jail/detention/prison, individuals are linked with a certified peer support specialist who provides harm reduction services, including access to Narcan kits, information for local syringe exchange programs, and intensive case management supports to build recovery capital.

Priority Issue #3: Chronic Disease (Diabetes & Heart Disease)

Summary: Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both (CDC, 2022). SDoH, or root causes, have been found to "serve as a direct cause for a number of diseases" (Cockerham, et al., 2017). According to the National Research Council and the Institute of Medicine, the most significant underlying determinants of health are "income, accumulated wealth, education, occupational characteristics, and social inequality based on race and ethnic group membership" (2017). The Adverse Childhood Experience Study (ACES) and subsequent research expanding the original ACES and Community ACES, known as the Pair of ACEs, connect how stress and trauma increase the risk of chronic illness and premature deaths (CDC, n.d.a.; Social Policy Institute, n.d.)

Source: CDC, n.d.a.



As such, in utilizing a social-ecological framework and life course approach, minority groups are often most negatively impacted by chronic disease due to systemic oppression, influences of intergenerational trauma, and individual and community adverse childhood experiences (ACEs and Community ACEs) - meaning that individuals who are Black, Indigenous, and People of Color (BIPOC) experience increased risks for developing chronic diseases such as diabetes and heart disease. There is also a connection between food security, poverty, and chronic disease, as barriers to accessing prevention services, as well as timely health and wellness resources often creates further health inequity (Jayathilaka, 2020). When these circumstances are paired with existing issues related to high cost of living, lack of living wages, and chronic housing insecurity in Buncombe County, the negative impact on health outcomes is amplified.

As outlined in earlier chapters of this Community Health Assessment, primary and secondary data demonstrates clear health disparities and the ongoing adverse Social Determinants of Health (SDoH) conditions impacting Buncombe County health and wellbeing for all residents.

What Change Do We Want to See?

Chronic Disease Result: All residents benefit from the social conditions that support health and wellbeing.

What Do the Numbers Say?

Chronic Health Indicators:

Healthy Foods & Physical Activity

- 6% of respondents consume five or more servings of fruit and vegetables per day compared to 11% from the 2015 Buncombe CHA (WNC Health Network, 2021)
- 23% of survey respondents meet the recommended amount of physical activity compared to the Healthy People 2030 target of 28% or higher (WNC Health Network, 2021)

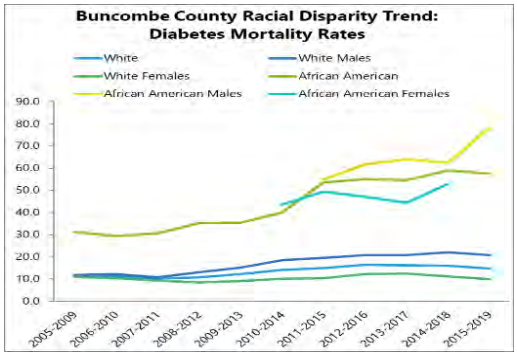
Weight or Body Mass Index (BMI)

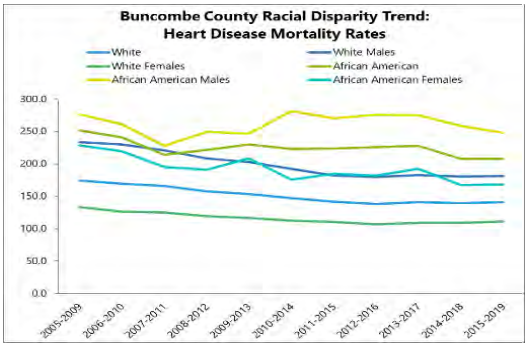
- 65% of survey respondents have a Body Mass Index (BMI) of 25.0 or higher compared to 59% from 2015 Buncombe CHA (WNC Health Network, 2021)

Chronic Disease Diagnosis – Heart Disease and Diabetes

- Buncombe County's 2015 – 2019 disaggregated diabetes mortality rates for Black/African American men are nearly 7 times higher than rates for all Whites combined (NC Center for Vital Statistics, 2021)
- 7% of all survey respondents have been diagnosed with heart disease compared to 5% from the 2018 Buncombe CHA (WNC Health Network, 2021)
    - 12% of Black/African Americans survey respondents have experienced a heart attack or have been diagnosed with heart disease compared to 7% of White survey respondents (WNC Health Network, 2021)

- 35% of survey respondents have high blood pressure compared to Healthy People 2030 target of 28% (WNC Health Network, 2021)
    - 46% of Black/African American survey respondents have been diagnosed with high blood pressure compared to 36% of White survey respondents (WNC Health Network, 2021)
- Buncombe County's 2015 – 2019 disaggregated heart disease mortality rates reflect Black/African American men have almost double the death rate compared to all Whites combined (NC Center for Vital Statistics, 2021)
- During 2015-2019, the death rate from heart disease for Blacks/African Americans was 207.6 per 100,000 compared to Whites at 141.4 per 100,000 (NC Center for Vital Statistics, 2021)
- During 2015-2019 death rate from diabetes mellitus for Blacks/African Americans was 57.6 per 100,000 compared to the rate for Whites 14.8 (NC Center for Vital Statistics, 2021)





Source: NC Center for Vital Statistics, 2021

What Did the Community Say?

Key Informant Survey Participants responded:

"A strong network of safety net providers [is needed] for the highly marginalized and vulnerable... This includes the uninsured and underinsured, minority populations, and the LGBTQIA+ population."

"Access to affordable health insurance options that do not have massive, insurmountable out of pocket deductibles. Creative payment models for preventive care, collaboration across healthcare sectors."

"Lack of understanding how racism and institutional racism affects health care. How providers treat racial minorities during an office visit and their lack of perception of how their actions effect patients."

Community Partners responded:

What's Helping?

"Food accessibility through local fresh produce/pop-up markets"

"Cooking classes within the Minority Diabetes Prevention Program"

"Expansion of SNAP (food stamps) resources and Child Tax Credits have helped ease some food and financial burdens for some during the pandemic"

"Building in protective factors for health equity in programs"

What's Hurting?

"Lack of true living wages for this area, cost of living/lack of affordable and safe housing... These all impact stress levels which contribute to chronic illness"

"Systemic oppression and racism – the pair of ACEs model"

"Exposure to constant stress and trauma – news, social media, state of the nation and world, pandemic, etc. Compounds the impacts of toxic stress in the body"

"Poor sleep habits and poor food regulations – the most accessible/convenient food sources are often the most processed, high sugar/fat content, chemicals and preservatives, etc."

"Ongoing issues with Medicaid expansion – people have to choose between meeting their basic needs, can't always access important medication (for prevention or disease management)"

What is Already Happening?

- **Minority Diabetes Prevention Program:** Through a partnership with the YMCA of WNC and ABIPA, community members who are pre-diabetic can participate in a yearlong evidence-based program. The goal of the program is to assist community members in achieving between 5% to 7 % of weight loss. During their participation, members engage with lifestyle coaches who work with community members to help create and sustain lifestyle changes to improve their health. Activities include cooking classes, physical activity and education classes.
- **Community Health Workers:** "A frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy" (NCDHHS, n.d.). ABIPA, IFHPA and UNETE are three CHW programs in Buncombe County.
- **COVID-19 "Advancing Equity" Initiatives:** Through funding provided by the state, Buncombe County has been able to provide strategic outreach and public health media messaging to populations who experience the deepest health disparities. Given the unknown long-term impacts of COVID-19 exposure and the known heightened health risks for individuals with co-occurring health conditions, it has been critical to structure outreach and interventions with an equity lens in order to effectively reach and support intended high-risk groups. In addition to collaborative initiatives around media messaging with WNC Health Network and other regional partners, Buncombe County also partnered to host COVID-19 vaccine clinics in tandem with the Mexican Consulate

visits to WNC over the last two years as a means to connect and build ongoing trust with historically marginalized communities.

- **Living Healthy Program:** Living Healthy with a Chronic Condition or Diabetes, also known as Chronic Disease Self-Management Program, was developed through Stanford University Patient Education. Living Healthy is a workshop given two and a half hours, once a week, for six weeks, in a community setting such as senior centers, churches, libraries and hospitals. Two trained leaders facilitate workshops, one or both of whom are non-health professionals with a chronic diseases themselves. The program is designed for people with one or more chronic condition and their caregiver or loved-one. Click here for a schedule of upcoming classes.

Chapter 8 - Next Steps

Collaborative Planning

Collaborative planning with the Buncombe CHIP Advisory and other community partners will result in the creation of a community-wide plan that outlines what will be aligned, supported and/or implemented to address the priority health issues identified through this assessment process.

In order to continue working towards inclusion and representation within public health, the community health improvement process/plan (CHIP) will primarily focus on engaging the communities most impacted by the identified health priority areas (infant mortality, mental health/substance use, and chronic health conditions). Systemic racism and oppression of marginalized identities has resulted in eroded trust; therefore, a critical component of building community resiliency is providing avenues to be seen, heard, and understood. Our goal with upcoming listening sessions and focus groups will be to partner with existing and trusted community leaders to offer safe and structured opportunities for residents to speak their truths about the conditions of their lives that are and are not conducive to health and wellbeing.

Sharing Findings

Once listening sessions are complete, short one-page summaries of each health priority/focus condition will be designed and, along with the 2021 CHA, disseminated to the community and partners through use of media resources.

Where to Access this Report

- **WNC Health Network:** https://www.wnchn.org/
- **Buncombe County Public Health - Health Data & Reports:** https://www.buncombecounty.org/governing/depts/health/Health_Reports.aspx
- **Buncombe County Public Libraries:** https://www.buncombecounty.org/governing/depts/library/default.aspx

For More Information and to Get Involved

For more information or to get involved, contact Ginger Clough, MPH, RN, Health Promotions Supervisor at Buncombe County Health and Human Services at 828-250-5000.

https://www.buncombecounty.org/governing/depts/health/default.aspx

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PHOTOGRAPHY CREDITS

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APPENDICES

Appendix A – Data Collection Methods & Limitations

Appendix B – Data

Appendix C – County Maps

Appendix D – Survey Findings

Appendix E – Online Key-Informant Survey Findings

Appendix F – Prioritization Tool

Appendix E – Housing

APPENDIX A - DATA COLLECTION METHODS & LIMITATIONS

Secondary Data Methodology

To learn about the specific factors affecting the health and quality of life of residents of WNC, the WNC Healthy Impact data workgroup and data consulting team identified and tapped numerous secondary data sources accessible in the public domain. For data on the demographic, economic and social characteristics of the region sources included: the US Census Bureau; NC Department of Health and Human Services; NC Office of State Budget and Management; NC Department of Commerce; UNC-CH Jordan Institute for Families; NC Department of Public Instruction; NC Department of Justice; NC Division of Health Benefits; NC Department of Transportation; and the Cecil B. Sheps Center for Health Services Research. The WNC Healthy Impact data consultant team made every effort to obtain the most current data available at the time the WNC Healthy Impact Data Workbook was prepared. It is not possible to continually update the data past a certain date; in most cases that end-point is September 2021. Secondary data is updated every summer in between Community Health Assessment (CHA) years.

The principal source of secondary health data for the WNC Healthy Impact Data Workbook is the NC State Center for Health Statistics (NC SCHS), including its County Health Data Books, Behavioral Risk Factor Surveillance System, Vital Statistics unit, and Cancer Registry. Other health data sources included: NC Division of Public Health (DPH) Epidemiology Section; NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services; the Centers for Disease Control and Prevention; National Center for Health Statistics; NC DPH Nutrition Services Branch; and NC DETECT.

Environmental data were gathered from sources including: US Environmental Protection Agency; US Department of Agriculture; and NC Department of Environment and Natural Resources.

Because in any CHA it is instructive to relate local data to similar data in other jurisdictions, throughout this report representative county data is compared to like data describing the 16-county region and the state of NC as a whole. The WNC regional comparison is used as “peer” for the purposes of this assessment. Where appropriate and available, trend data has been used to show changes in indicators over time.

The WNC Healthy Impact data workbook contains only secondary data that are: (1) retrieved directly from sources in the public domain or by special request; and (2) are available for all 16 counties in the WNC Healthy Impact region. All secondary data included in the workbook are the most current available, but in some cases may be several years old. Names of organizations, facilities, and geographic places presented in the tables and graphs are quoted exactly as they appear in the source data. In some cases, these names may not be those in

current or local usage; nevertheless, they are used so readers may track a particular piece of information directly back to the source.

Data limitations

Some data that is used in this report may have inherent limitations, due to the sample size, its geographic focus, or its being out-of-date, for example, but it is used nevertheless because there is no better alternative. Whenever this kind of data is used, it will be accompanied by a warning about its limitations.

Gaps in Available Information

While great effort and planning occurred around implementing the 2021 CHA survey, there are still some areas of concern related to inclusion and representation that are outlined below:

- Small respondent numbers from some groups means that the data story is not necessarily representative of all communities and people in Buncombe County
    - Hispanic/Latinx engagement and response rates on *some* primary data
    - Native American/American Indian response rates on *all* primary data
    - Asian/Pacific Islander response rates on *all* primary data
    - Transgender and/or gender non-binary engagement and response rates on *all* primary data
- Small incidence rates for some health conditions and/or health indicators means that the data alone may not accurately represent a picture of the county as a whole

WNC Healthy Impact Community Health Survey (Primary Data)

Survey Methodology

The 2021 WNC Healthy Impact Community Health Survey was conducted from March to June 2021. The purpose of the survey was to collect primary data to supplement the secondary core dataset and allow individual counties in the region to collect data on specific issues of concern. The survey was conducted throughout the entire WNC Healthy Impact region, which includes the following 16 counties: Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania and Yancey.

Professional Research Consultants, Inc. (PRC) designed and implemented the mixed-mode survey methodology, which included a combination of telephone (both landline and cell phone) interviews, online survey, as well as a community outreach component promoted by WNC Health Network and its local partners through social media posting and other communications. The survey methodology was designed to achieve a representative sample of the regional population that would allow for stratification by certain demographic characteristics, while also maximizing data collection timeliness and efficiency. Survey sampling and implementation methodology is described in greater detail below.

Survey Instrument

The survey instrument was developed by WNC Healthy Impact's data workgroup, consulting team, and local partners, with assistance from PRC. Many of the questions were derived from the CDC Behavioral Risk Factor Surveillance System (BRFSS) and other validated public health surveys. Other questions were developed specifically by WNC Healthy Impact, with input from regional and local partners, to address particular issues of interest to communities in western North Carolina. Each county was given the opportunity to include three additional questions of particular interest to their county, which were asked only of their county's residents.

Buncombe County-Specific questions:

The three additional county questions included in the 2021 survey were:

1) What is the frequency of being treated unfairly by the police or the courts due to race or ethnicity?
2) Have you ever felt emotionally upset as a result of treatment based on race or ethnicity?
3) Have you experienced symptoms of chronic depression?

Sampling Approach & Design

PRC designed the survey methodology to minimize sample bias and maximize representativeness by using best practice random-selection sampling techniques. They also used specific data analysis techniques, including poststratification, to further decrease sample bias and account for underrepresented groups or nonresponses in the population. Poststratification involves selecting demographic variables of interest within the population (here, gender, age, race, ethnicity, and poverty status) and then applying "weights" to the data to produce a sample which more closely matches the actual regional population for these characteristics. This technique preserves the integrity of each individual's responses while improving overall representativeness.

In order to determine WNC regional estimates, county responses were weighted in proportion to the actual population distribution to appropriately represent Western North Carolina as a whole. Since the sample design and quality control procedures used in the data collection ensure that the sample is representative, the findings may be generalized to the region with a high degree of confidence.

Survey Administration

PRC piloted the survey through 30 interviews across the region and consulted with WNC Health Network staff to resolve substantive issues before full implementation. PRC used trained, live interviewers and an automated computer-aided telephone interviewing system to administer the survey region-wide. Survey interviews were conducted primarily during evening and weekend hours, with some daytime weekday attempts. Interviewers made up to five call attempts per telephone number. Interviews were conducted in either English or Spanish, as preferred by respondents. The final sample included 56 (56.4) percent cell phone-based survey respondents and 44 (43.6) percent landline-based survey respondents. Including cell phone numbers in the sampling algorithm allowed better representation of demographic segments that might otherwise be under sampled in a landline-only model.

PRC worked with a third-party provider to identify and invite potential respondents for an online survey for a small proportion (3.5%) of the sample population. The online survey was identical to the telephone survey instrument and allowed better sampling of younger and more urban demographic segments.

PRC also created a link to an online version of the survey, and WNC Health Network and its local partners promoted this online survey link throughout the various communities in order to drive additional participation and bolster overall samples. This yielded an additional 1,717 surveys.

About the Buncombe Sample

Size: The total regional sample size was 4,861 individuals aged 18 and older, with 611 individuals from Buncombe County. PRC conducted all analysis of the final, raw dataset.

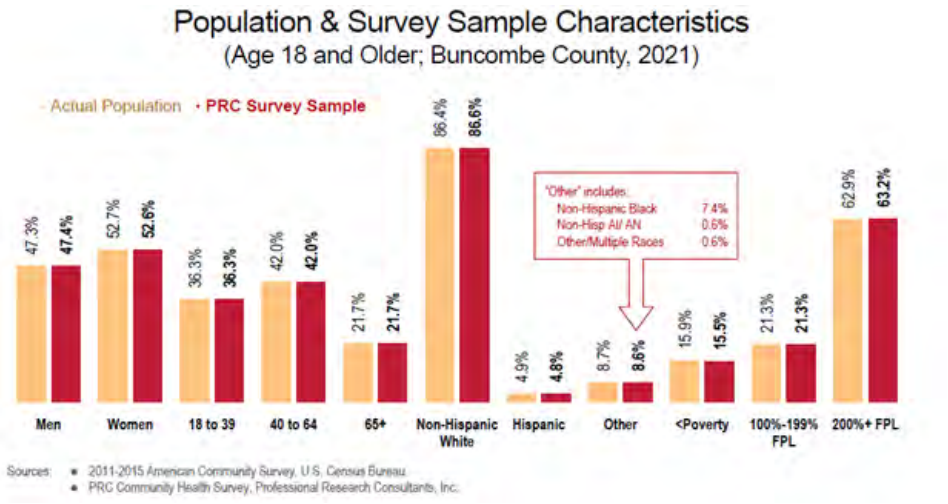
Sampling Error: For county-level findings, the maximum error rate at the 95% confidence level is approximately ±4.0% (Buncombe and Henderson counties), ±4.6% (Polk County), ±5.1% (Jackson and Madison counties), or ±6.9% (all other counties). Expected error ranges for a sample of 611 respondents at the 95% confidence level.

The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:

- If 10% of a sample of 200 respondents answered a certain question with a "yes," it can be asserted that between 6.0% and 14.0% (10% ± 4.0%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 43.1% and 56.9% (50% ± 6.9%) of the total population would respond "yes" if asked this question.

Characteristics: The following chart outlines the characteristics of the survey sample for Buncombe by key demographic variables, compared to actual population characteristics from census data. Note that the sample consists solely of area residents aged 18 and older.



North Carolina Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts where available, are taken from the 2020 PRC National Health Survey; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.

Healthy People 2030

Since 1980, the Healthy People initiative has set goals and measurable objectives to improve health and well-being in the United States. The initiative's fifth edition, Healthy People 2030, builds on knowledge gained over the past 4 decades to address current and emerging public health priorities and challenges.

An interdisciplinary team of subject matter experts developed national health objectives and targets for the next 10 years. These objectives focus on the most high-impact public health issues, and reflect an increased focus on the social determinants of health — how the conditions where people live, work, and play affect their health and well-being.

Survey Limitations and Information Gaps

Limitations

The survey methodology included a combination of telephone (both landline and cell phone) interviews, as well as an online survey. Limitations exist for these methods. For example, potential respondents must have access to a landline or a cell phone to respond to the

telephone survey. In addition, the telephone survey sample included landlines (versus cell phones), which may further skew responses to individuals or households with landlines.

The PRC online survey component also has inherent limitations in recruitment and administration. Respondents were recruited from a pre-identified panel of potential respondents. The panel may not be representative of the overall population.

Additionally, PRC created an online survey link, which was promoted by WNC Health Network and its local partners through social media posting and other communications. The online survey link respondents might not be representative of the overall population.

A general limitation of using online survey technology is that respondents must interpret survey questions themselves, rather than have them explained by a trained, live interviewer. This may change how they interpret and answer questions.

Lastly, the technique used to apply post stratification weights helps preserve the integrity of each individual's responses while improving overall representativeness. However, this technique can also exaggerate an individual's responses when demographic variables are under-sampled.

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health of the community overall. It does not measure all possible aspects of health in the community, nor does it represent all possible populations of interest. For example, due to low population numbers, members of certain racial/ethnic groups (e.g. Black, AI/AN, Hispanic/ Latinx, etc.) may not be identifiable or represented in numbers sufficient for independent analyses. In these cases, information gaps may limit the ability to assess the full array of the community's health needs.

Online Key Informant Survey (Primary Data)

Online Survey Methodology

Survey Purpose and Administration

The 2021 Online Key Informant Survey was conducted in June and July 2021. WNC Healthy Impact, with support from PRC, implemented an Online Key Informant Survey to solicit input from local leaders and stakeholders who have a broad interest in the health of the community. WNC Healthy Impact shared with PRC a list of recommended participants, including those from our county. This list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted through an email that introduced the purpose of the survey and provided a link to take the survey online. Reminder emails were sent as needed to increase participation.

Survey instrument

The survey provided respondents the opportunity to identify important health issues in their community, what is supporting or getting in the way of health and wellbeing in their community, and who in their community is most impacted by these health issues.

Participation

In all, 26 community stakeholders took part in the Online Key Informant Survey for our county, as outlined below:

Local Online Key Informant Survey Participation

Key Informant Type	Number Participating
Community Leader	10
Other Health Provider	5
Physician	1
Public Health Representative	4
Social Services Provider	6

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Survey Limitations

The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

To collect this data, purposive sampling (a type of non-probability sampling which targets a specific group of people) was used. Unlike the random sampling technique employed in the telephone survey, the purpose is not to make generalizations or statistical inferences from the sample to the entire population, but to gather in-depth insights into health issues from a group of individuals with a specific perspective.

Local Survey Data or Listening Sessions

In order to continue working towards inclusion and representation within public health, the community health improvement process will primarily focus on engaging the communities most impacted by the identified health priority areas (infant mortality, mental health/substance use, and chronic health conditions). We continue to acknowledge the historical harms that have been done to members of our community through systemic racism and oppression of marginalized identities, and we recognize that these experiences have eroded trust. A critical component of building community resiliency is providing avenues to be heard and understood. Our goal with upcoming listening sessions and focus groups will be to partner with trusted community leaders to offer safe and structured opportunities to truly listen to Buncombe County residents most impacted.

Additionally, once listening sessions are complete short one-page summaries of each health priority/focus condition will be drafted utilizing an equity lens. The goal is to share these resources with CHIP Advisory partners, as well as community leaders in order to create further transparency around the CHA/CHIP process. Partnership with language access services and communications teams will allow these data summaries to be translated into other languages present in Buncombe County, as well as developed into infographics in order to create further accessibility to the CHA/CHIP process. CHA findings will also be disseminated to the community and partners through use of media resources as a way to establish avenues to connect with all citizens of Buncombe County.

Data Definitions

Reports of this type customarily employ a range of technical terms, some of which may be unfamiliar to many readers. Health data, which composes a large proportion of the information included in this report, employs a series of very specific terms which are important to interpreting the significance of the data. While these technical health data terms are defined in the report at the appropriate time, there are some data caveats that should be applied from the onset.

Error

First, readers should note that there is some error associated with every health data source. Surveillance systems for communicable diseases and cancer diagnoses, for instance, rely on reports submitted by health care facilities across the state and are likely to miss a small number of cases, and mortality statistics are dependent on the primary cause of death listed on death certificates without consideration of co-occurring conditions.

Age-adjusting

Secondly, since much of the information included in this report relies on mortality data, it is important to recognize that many factors can affect the risk of death, including race, gender, occupation, education and income. The most significant factor is age, because an individual's risk of death inevitably increases with age. As a population ages, its collective risk of death increases; therefore, an older population will automatically have a higher overall death rate just because of its age distribution. At any one time some communities have higher proportions of "young" people, and other communities have a higher proportion of "old" people. In order to compare mortality data from one community with the same kind of data from another, it is necessary first to control for differences in the age composition of the communities being compared. This is accomplished by age-adjusting the data.

Age-adjustment is a statistical manipulation usually performed by the professionals responsible for collecting and cataloging health data, such as the staff of the NC State Center for Health Statistics (NC SCHS). It is not necessary to understand the nuances of age-adjustment to use this report. Suffice it to know that age-adjusted data are preferred for comparing most health

data from one population or community to another and have been used in this report whenever available.

Rates

Thirdly, it is most useful to use rates of occurrence to compare data. A rate converts a raw count of events (deaths, births, disease or accident occurrences, etc.) in a target population to a ratio representing the number of same events in a standard population, which removes the variability associated with the size of the sample. Each rate has its own standard denominator that must be specified (e.g., 1,000 women, 100,000 persons, 10,000 people in a particular age group, etc.) for that rate.

While rates help make data comparable, it should be noted that small numbers of events tend to yield rates that are highly unstable, since a small change in the raw count may translate to a large change in rate. To overcome rate instability, another convention typically used in the presentation of health statistics is data aggregation, which involves combining like data gathered over a multi-year period, usually three or five years. The practice of presenting data that are aggregated avoids the instability typically associated with using highly variable year-by-year data, especially for measures consisting of relatively few cases or events. The calculation is performed by dividing the sum number of cases or deaths in a population due to a particular cause over a period of years by the sum of the population size for each of the years in the same period.

Health data for multiple years or multiple aggregate periods is included in this report wherever possible. Sometimes, however, even aggregating data is not sufficient, so the NC SCHS recommends that rates based on fewer than 20 events—whether covering an aggregate period or not—be considered unstable. In fact, in some of its data sets the NC SCHS no longer calculates rates based on fewer than 20 events. To be sure that unstable data do not become the basis for local decision-making, this report will highlight and discuss primarily rates based on 20 or more events in a five-year aggregate period, or 10 or more events in a single year. Where exceptions occur, the text will highlight the potential instability of the rate being discussed.

Regional arithmetic mean

Fourthly, sometimes in order to develop a representative regional composite figure from sixteen separate county measures the consultants calculated a regional arithmetic mean by summing the available individual county measures and dividing by the number of counties providing those measures. It must be noted that when regional arithmetic means are calculated from rates the mean is not the same as a true average rate but rather an approximation of it. This is because most rates used in this report are age adjusted, and the regional mean cannot be properly age-adjusted.

Describing difference and change

Fifthly, in describing differences in data of the same type from two populations or locations, or changes over time in the same kind of data from one population or location—both of which appear frequently in this report—it is useful to apply the concept of percent difference or

change. While it is always possible to describe difference or change by the simple subtraction of a smaller number from a larger number, the result often is inadequate for describing and understanding the scope or significance of the difference or change. Converting the amount of difference or change to a percent takes into account the relative size of the numbers that are changing in a way that simple subtraction does not and makes it easier to grasp the meaning of the change.

For example, there may be a rate of for a type of event (e.g., death) that is one number one year and another number five years later. Suppose the earlier figure is 12.0 and the latter figure is 18.0. The simple mathematical difference between these rates is 6.0. Suppose also there is another set of rates that are 212.0 in one year and 218.0 five years later. The simple mathematical difference between these rates also is 6.0. But are these same simple numerical differences really of the same significance in both instances? In the first example, converting the 6-point difference to a percent yields a relative change factor of 50%; that is, the smaller number increased by half, a large fraction. In the second example, converting the 6-point difference to a percent yields a relative change factor of 2.8%; that is, the smaller number increased by a relatively small fraction. In these examples the application of percent makes it very clear that the difference in the first example is of far greater degree than the difference in the second example. This document uses percentage almost exclusively to describe and highlight degrees of difference and change, both positive (e.g., increase, larger than, etc.) and negative (e.g., decrease, smaller than, etc.).

Data limitations

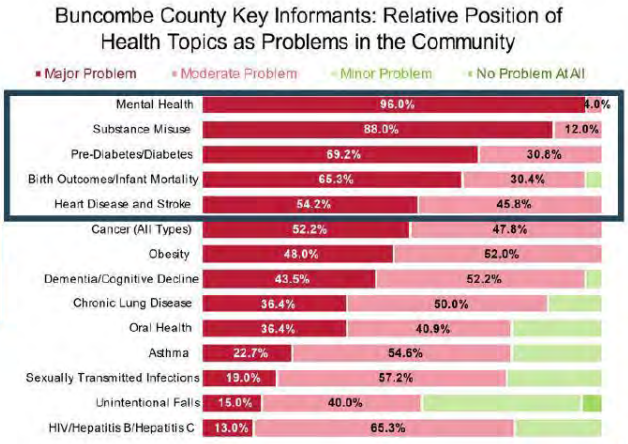
Some data that is used in this report may have inherent limitations, due to the sample size, its geographic focus, or its being out-of-date, for example, but it is used nevertheless because there is no better alternative. Whenever this kind of data is used, it will be accompanied by a warning about its limitations.

APPENDIX B - DATA

Buncombe CHA Prioritization Process: Data Summaries for OKIS "Top 5" Conditions

BUNCOMBE COUNTY

Online Key Informant Survey (OKIS) "TOP 5" Conditions



BUNCOMBE COUNTY

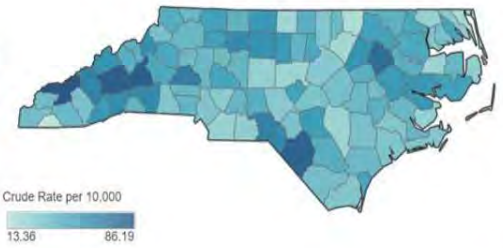
Buncombe County CHA Prioritization Process – Data Summary: Mental Health

BUNCOMBE COUNTY

Annual ED Visit Crude Rate per 10,000 person-years: Suicidal Ideation (2020)

Mouse over a county on the map to view county-specific details.
Click on a county on the map to filter the data table.

Buncombe	ED Visit Count	2,141
	Crude Rate	82.0
	ED Visit Percentage	3.0%



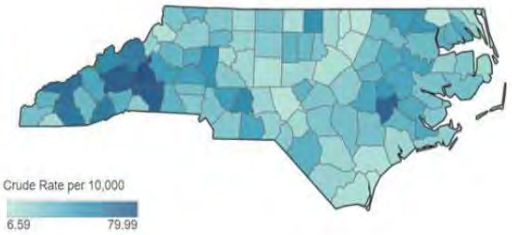
Source: NC Detect Mental Health Dashboard
https://ncdetect.org/mental-health-dashboard/

BUNCOMBE COUNTY

Annual ED Visit Crude Rate per 10,000 person-years: Trauma / Stressors (2020)

Mouse over a county on the map to view county-specific details.
Click on a county on the map to filter the data table.

Buncombe	ED Visit Count	1,969
	Crude Rate	75.4
	ED Visit Percentage	2.8%



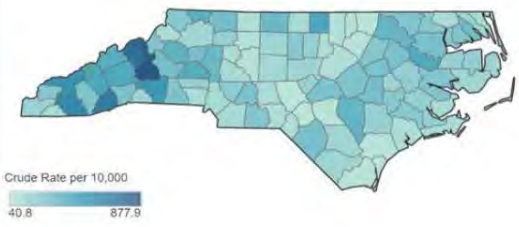
Source: NC Detect Mental Health Dashboard
https://ncdetect.org/mental-health-dashboard/

BUNCOMBE COUNTY

Annual ED Visit Crude Rate per 10,000 person-years: Anxiety (2020)

Mouse over a county on the map to view county-specific details.
Click on a county on the map to filter the data table.

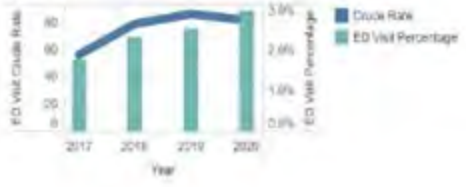
Buncombe	ED Visit Count	11,063
	Crude Rate	423.6
	ED Visit Percentage	15.5%



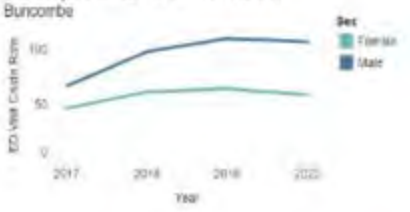
Source: NC Detect Mental Health Dashboard
https://ncdetect.org/mental-health-dashboard/

BUNCOMBE COUNTY

Annual Trends for Suicidal Ideation: Buncombe



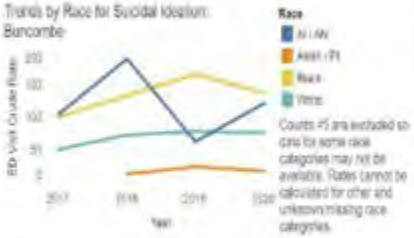
Trends by Patient Sex for Suicidal Ideation: Buncombe



Source: NC Detect Mental Health Dashboard https://ncdetect.org/mental-health-dashboard/

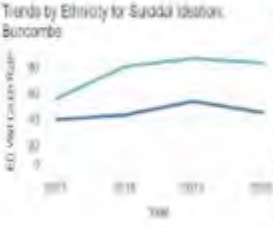
BUNCOMBE COUNTY

Trends by Race for Suicidal Ideation: Buncombe



Counts <5 are excluded so data for some race categories may not be available. Rates cannot be calculated for other and unknown/missing race categories.

Trends by Ethnicity for Suicidal Ideation: Buncombe



Counts <5 are excluded so data for an ethnicity group may not be available. Missing/unknown data are excluded from the graph.

Source: NC Detect Mental Health Dashboard https://ncdetect.org/mental-health-dashboard/

BUNCOMBE COUNTY

Insurance Breakdown for Suicidal Ideation: Buncombe

Trends by Age Group for Suicidal Ideation: Buncombe

	2017	2018	2019	2020
Ages 10-14	87.8	99.8	86.2	86.7
Ages 15-17	172.2	191.1	156.4	125.3
Ages 18-24	74.5	125.9	136.0	116.6
Ages 25-44	80.4	113.5	126.3	132.1
Ages 45-64	57.5	83.9	89.4	93.1
Ages 65+	10.8	20.7	23.2	18.3

Source: NC Detect Mental Health Dashboard https://ncdetect.org/mental-health-dashboard/

BUNCOMBE COUNTY

Buncombe County CHA Prioritization Process – Data Summary: Substance Use

BUNCOMBE COUNTY

ED Visits in Buncombe

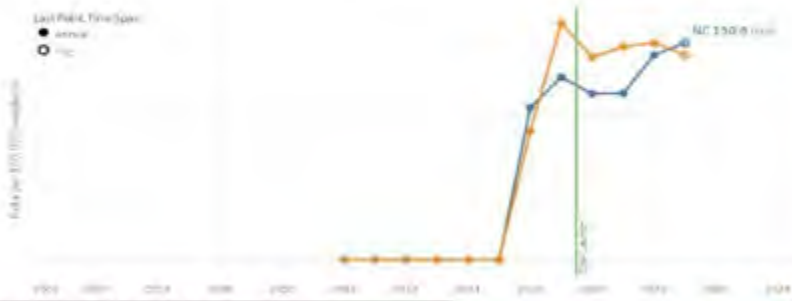
The rate of opioid overdose ED visits among residents of **Buncombe** in **2020 (Annual)** was 150.8.

(Rate per 100,000 residents. Number of ED visits: 394)

Place Rank

High

Compared to other Counties*



Source: NC Opioid Action Plan Dashboard
https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard

BUNCOMBE COUNTY

Foster Care in Buncombe

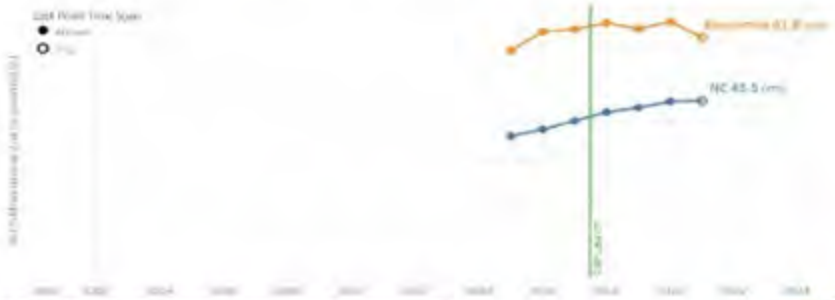
The percent of children in foster care due to parental substance use in **Buncombe** in **2020 (Annual)** was 65.9.

(% Children in care due to parental SU. Number of children: 276)

Place Rank

Highest

Compared to other Counties*



Source: NC Opioid Action Plan Dashboard
https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard

BUNCOMBE COUNTY

Treatment Services in Buncombe

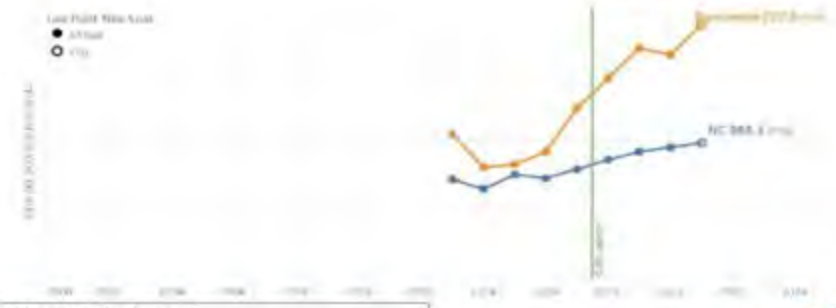
The rate of individuals with OUD served byTreatment programs who are uninsured or Medicaid beneficiaries in **Buncombe** in **2020 (Annual)** was **641.3**.

(Rate per 100,000 residents, Number of individuals served: 1,675)

Place Rank

High

Compared to other Counties*



Source: NC Opioid Action Plan Dashboard
https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard

BUNCOMBE COUNTY

Housing 211 Calls in Buncombe

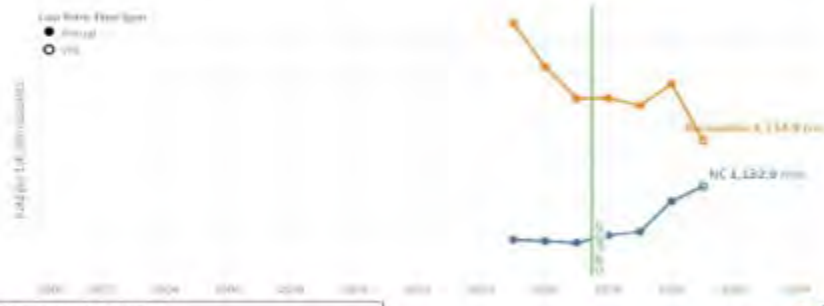
The rate of housing & homelessness related 211 calls in **Buncombe** in **2020 (Annual)** was **2,427.7**

(Rate per 100,000 residents, Number of calls: 6,341)

Place Rank

Highest

Compared to other Counties*

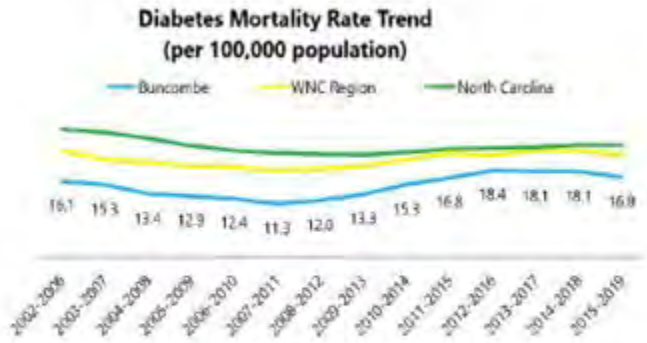


Source: NC Opioid Action Plan Dashboard
https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard

BUNCOMBE COUNTY

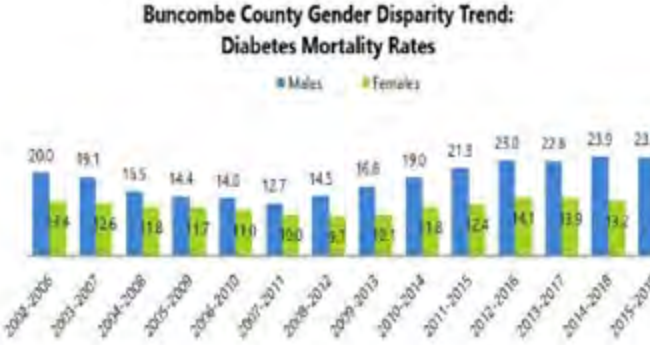
Buncombe County CHA Prioritization Process – Data Summary: Diabetes

BUNCOMBE COUNTY



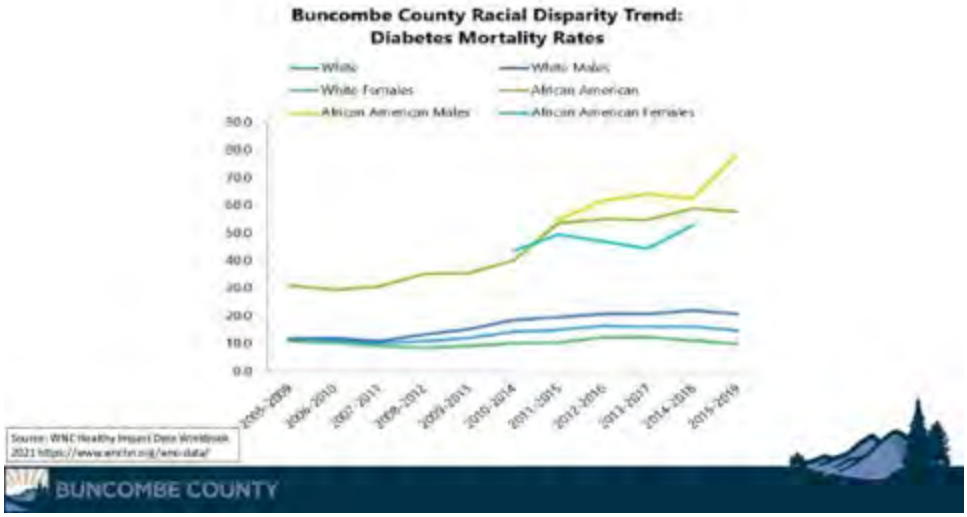
Source: WNC Healthy Impact Data Workbook 2021 https://www.wnchn.org/wnc-data/

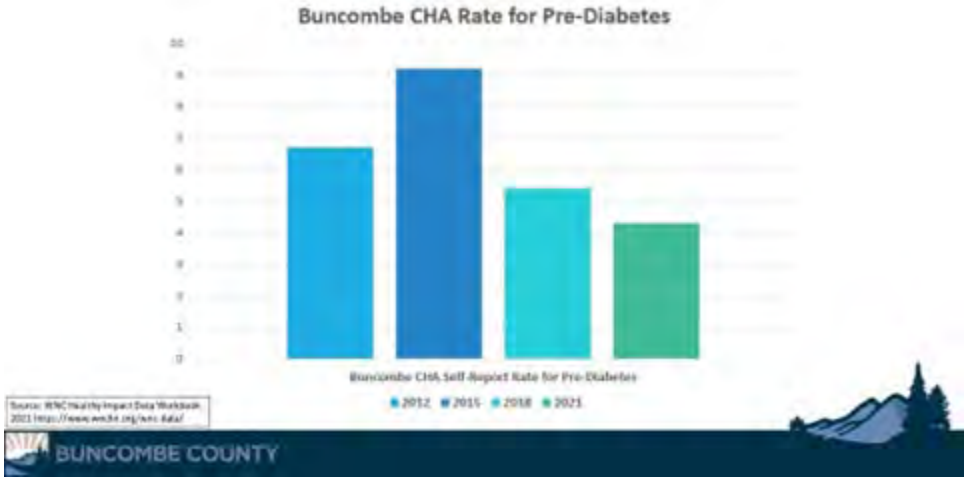
BUNCOMBE COUNTY

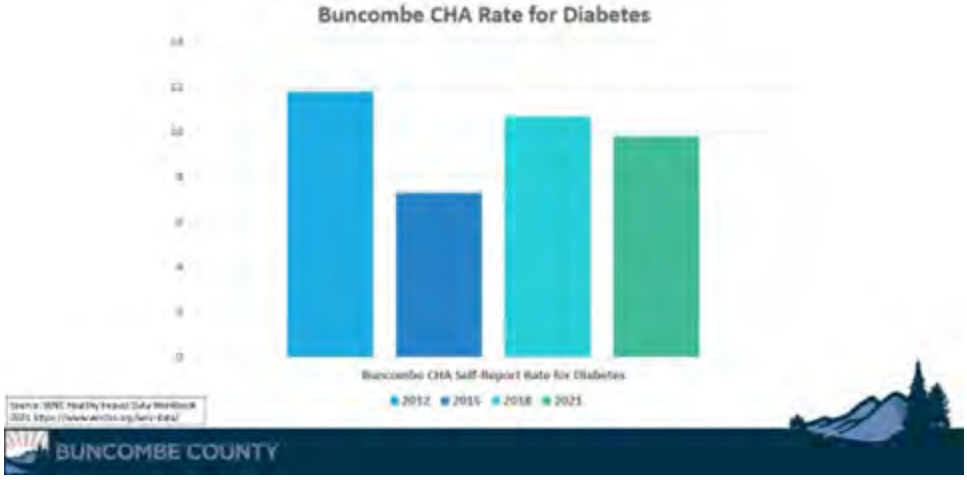


Source: WNC Healthy Impact Data Workbook 2021 https://www.wnchn.org/wnc-data/

BUNCOMBE COUNTY


Buncombe County Racial Disparity Trend:
Diabetes Mortality Rates
White
White Males
White Females
African American
African American Males
African American Females
50.0
40.0
30.0
20.0
10.0
0.0
2005-2009
2006-2010
2007-2011
2008-2012
2009-2013
2010-2014
2011-2015
2012-2016
2013-2017
2014-2018
2015-2019
BUNCOMBE COUNTY


Buncombe CHA Rate for Pre-Diabetes
Buncombe CHA Self-Report Rate for Pre-Diabetes
2012
2015
2018
2021
BUNCOMBE COUNTY


Buncombe CHA Rate for Diabetes
Buncombe CHA Self-Report Rate for Diabetes
2012
2015
2018
2021
BUNCOMBE COUNTY

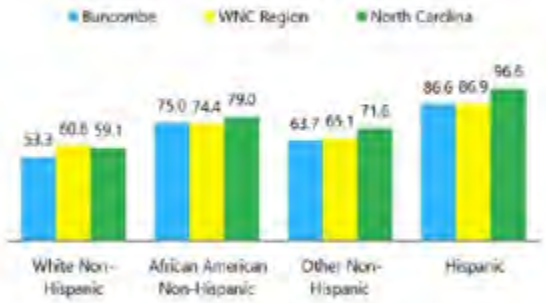
Buncombe County CHA Prioritization Process – Data Summary: Birth Outcomes/Infant Mortality

BUNCOMBE COUNTY

Pregnancy Rate Trend
(per 1,000 Women age 15-44)

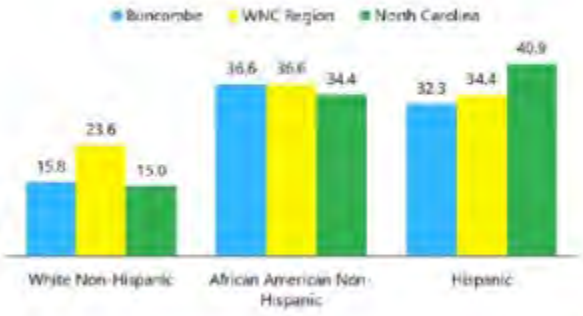
BUNCOMBE COUNTY

2019 Pregnancy Rate by Race
(per 1,000 Women age 15-44)



BUNCOMBE COUNTY

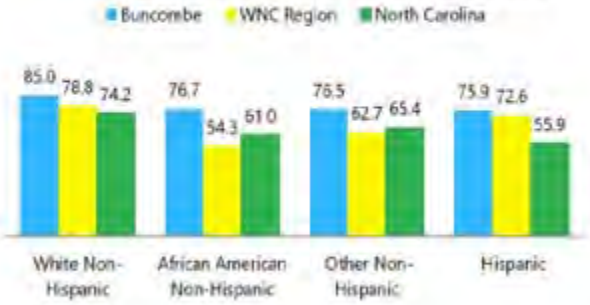
2019 Teen Pregnancy Rate by Race (per 1,000 Women age 15-19)



Source: WNC Healthy Impact Data Workbook 2021 https://www.wnchn.org/wnc-data/

BUNCOMBE COUNTY

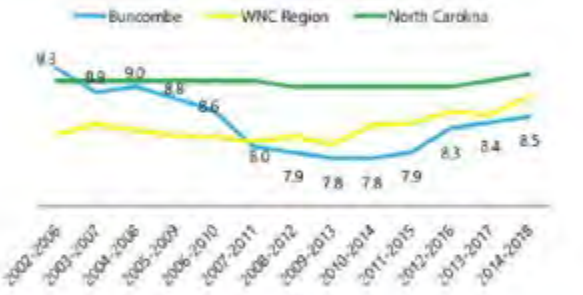
2019 Percent of Pregnancies Receiving Prental Care in the First Trimester, by Race



Source: WNC Healthy Impact Data Workbook 2021 https://www.wnchn.org/wnc-data/

BUNCOMBE COUNTY

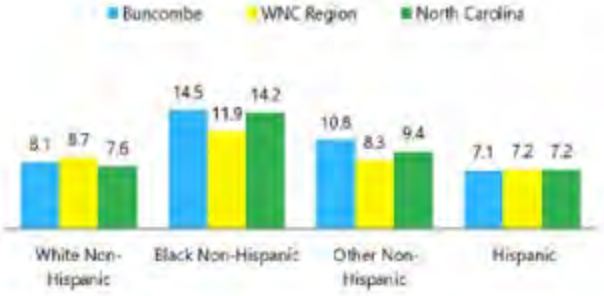
Low Weight Births Trend (≤2500 grams)



Source: WNC Healthy Impact Data Workbook 2021 https://www.wnchn.org/wnc-data/

BUNCOMBE COUNTY

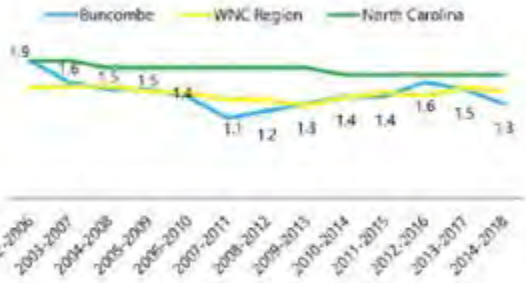
2014-2018 Low Weight (≤2500 grams) Births by Race



Source: WNC Healthy Impact Data Workbook 2021 https://www.wnchn.org/wnc-data/

BUNCOMBE COUNTY

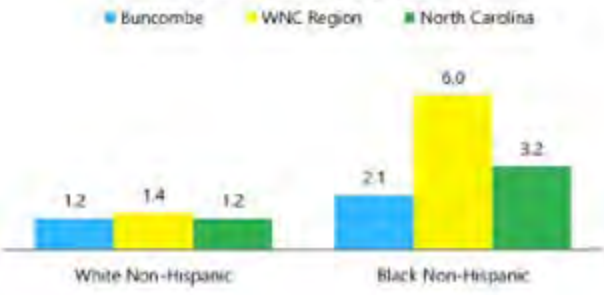
Very Low Weight Births Trend (≤1500 grams)



Source: WNC Healthy Impact Data Workbook 2021 https://www.wnchn.org/wnc-data/

BUNCOMBE COUNTY

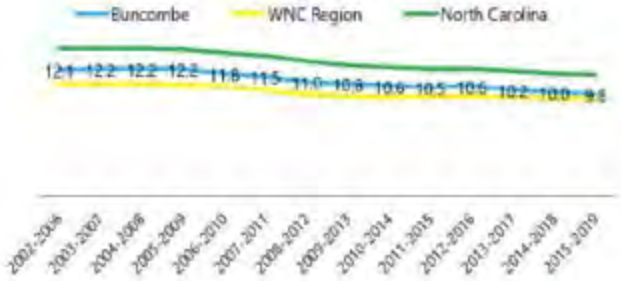
2014-2018 Very Low Weight (≤1500 grams) Births by Race



Source: WNC Healthy Impact Data Workbook 2021 https://www.wnchn.org/wnc-data/

BUNCOMBE COUNTY

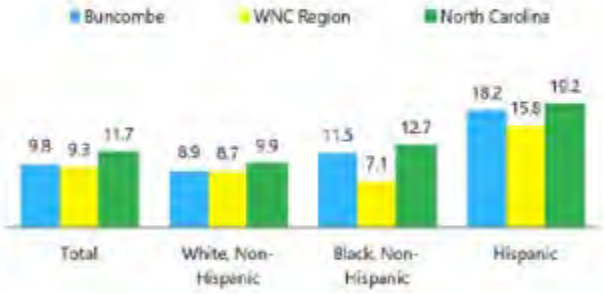
Live Birth Rate Trend
(per 1,000 population)



Source: WNC Healthy Impact Data Workbook 2021 https://www.wnchn.org/wnc-data/

BUNCOMBE COUNTY

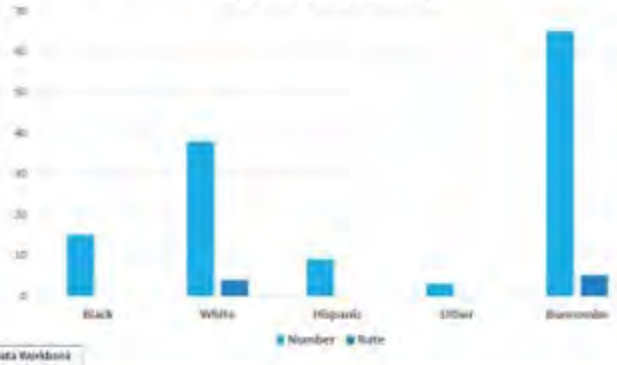
Live Birth Rate Comparison
2015-2019



Source: WNC Healthy Impact Data Workbook 2021 https://www.wnchn.org/wnc-data/

BUNCOMBE COUNTY

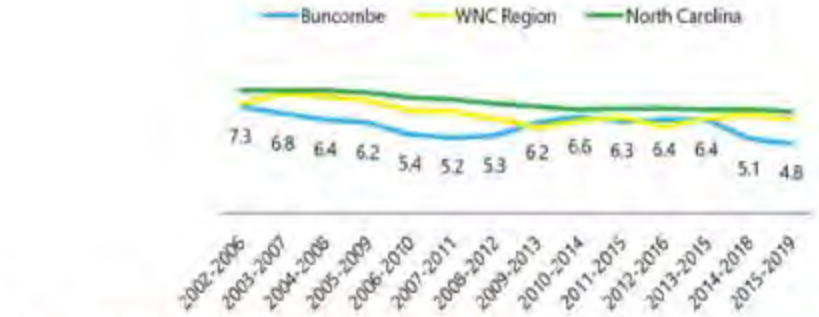
Buncombe Infant Mortality Trend 2014-2018
by Race and Ethnicity



Source: WNC Healthy Impact Data Workbook 2021 https://www.wnchn.org/wnc-data/

BUNCOMBE COUNTY

Infant Mortality Rate Trend
(per 1,000 live births)



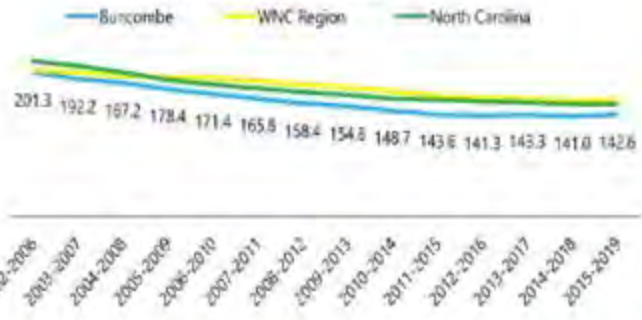
Source: WNC Healthy Impact Data Workbook 2021 https://www.wnchn.org/wnc-data/

BUNCOMBE COUNTY

Buncombe County CHA Prioritization Process – Data Summary: Heart Disease

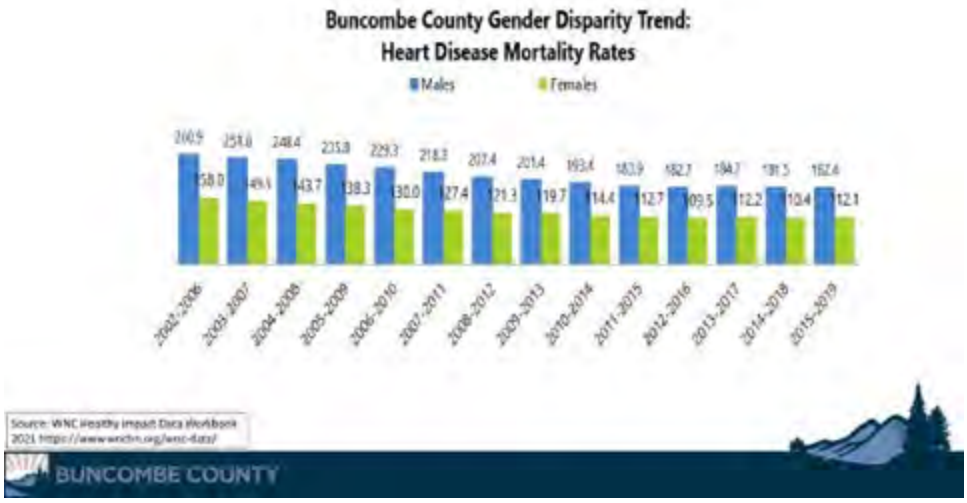
BUNCOMBE COUNTY

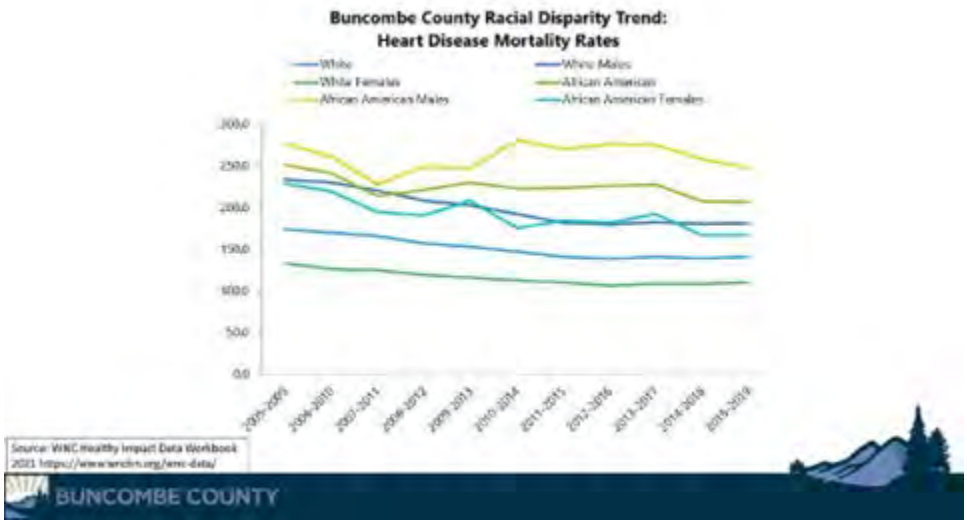
Heart Disease Mortality Rate Trend
(per 100,000 population)

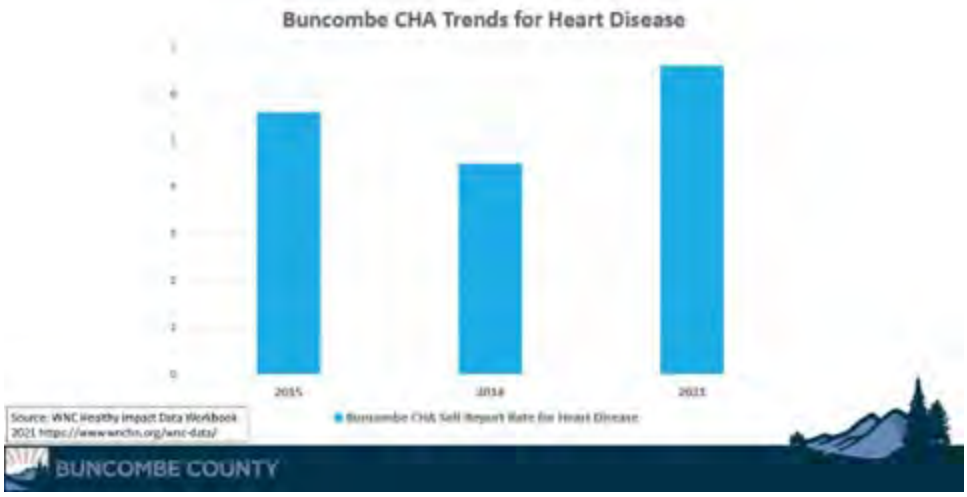


Source: WNC Healthy Impact Data Workbook 2021 https://www.wnchn.org/wnc-data/

BUNCOMBE COUNTY


Buncombe County Gender Disparity Trend:
Heart Disease Mortality Rates
Males
Females
260.9
251.0
248.4
235.8
229.3
218.3
207.4
201.4
193.4
183.9
182.7
194.7
191.5
167.4
158.0
149.6
143.7
138.3
130.0
127.4
121.3
119.7
114.4
112.7
109.5
112.2
110.4
112.1
2002-2006
2003-2007
2004-2008
2005-2009
2006-2010
2007-2011
2008-2012
2009-2013
2010-2014
2011-2015
2012-2016
2013-2017
2014-2018
2015-2019
Source: WNC Healthy Impact Data Workbook
2021 https://www.wnchn.org/wnc-data/
BUNCOMBE COUNTY


Buncombe County Racial Disparity Trend:
Heart Disease Mortality Rates
White
White Males
White Females
African American
African American Males
African American Females
200.0
250.0
200.0
150.0
100.0
50.0
0.0
2005-2009
2006-2010
2007-2011
2008-2012
2009-2013
2010-2014
2011-2015
2012-2016
2013-2017
2014-2018
2015-2019
Source: WNC Healthy Impact Data Workbook
2021 https://www.wnchn.org/wnc-data/
BUNCOMBE COUNTY


Buncombe CHA Trends for Heart Disease
2015
2018
2021
Buncombe CHA Self-Report Rate for Heart Disease
Source: WNC Healthy Impact Data Workbook
2021 https://www.wnchn.org/wnc-data/
BUNCOMBE COUNTY

PRC Coronavirus Community Impact Survey

Buncombe County Health & Human Services • Buncombe County, NC

The percentage of residents characterizing the **coronavirus/COVID-19 pandemic as a "major problem"** in this community is **49.5%**.

36.3% of households include **health care workers, first responders, or other essential workers.**

The percentage of respondents personally **tested for COVID-19** is **35.3%**.

The percentage of residents who **do NOT believe they could get a test** if they needed one is **2.2%**.

58.2% of households have an **older adult or someone with an underlying health condition**, putting them at greater risk.

The percentage of residents who say they are being **"extremely strict" in following social distancing and stay-at-home recommendations** is **31.9%**.

25.9% of residents have been able to **primarily work from home** since mid-March.

For ***me***, the most significant impact has been:

1. Not able to visit family/friends
2. Financial hardship
3. Mental health/stress/loneliness

Since Mid-March, someone in my household has:

Results are taken from a pulse survey of 225 community residents conducted in late November 2020.

PRC Coronavirus Community Impact Survey

Buncombe County Health & Human Services • Buncombe County, NC

33.8%

of residents chose to **forego a medical appointment** that they needed or already had scheduled because of concerns about coronavirus.

32.2%

tried telemedicine for the first time since mid-March.

80.8%

would be **likely to use telemedicine in the future.**

32.2%

of residents feel that their **mental health has gotten worse** since the pandemic began.

40.7%

are **NOT aware of any local mental health resources** where they could go for help.

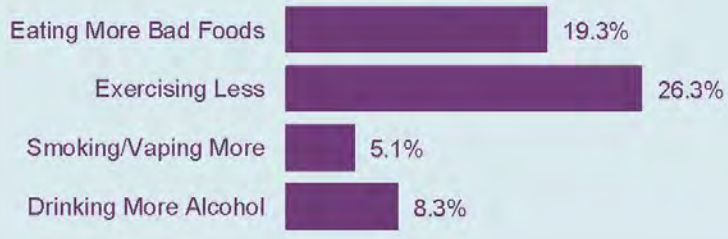
23.8%

of residents currently rate their **mental health** — including stress, depression, and problems with emotions — as only "fair" or "poor."

58.1%

would be **likely to talk with a mental health professional** about how the pandemic has affected them, if one were available to them at no cost.

Since Mid-March, I have been:



14.2%

are **arguing with family members** more.

27.0%

are **getting worse sleep.**

Results are taken from a pulse survey of 225 community residents conducted in late November 2020.

PRC Coronavirus Community Impact Survey

Buncombe County Health & Human Services • Buncombe County, NC

4.0%

of residents are currently pregnant or anticipate that they might become pregnant in the next year.

8.0%

of residents felt safe "little" or "none of the time" when sheltering in place at home.

28.1%

of Buncombe County residents are determined to be "lonely," based on a loneliness scale. Specifically, note the percentages of residents who often or sometimes feel that they lack companionship (47.5%), or feel left out (38.8%) or isolated from others (50.6%).

Results are taken from a pulse survey of 225 community residents conducted in late November 2020.

RESOLUTION NO. 20-08-03

Resolution Declaring Racism a Public Health & Safety Crisis

WHEREAS, Racism is a social system with multiple dimensions: individual racism is internalized or interpersonal; systemic racism is institutional or structural, and is a system of structuring opportunity and assigning value based on the social interpretation of how one looks. This unfairly disadvantages specific individuals and communities, while unfairly giving advantages to other individuals and communities, and saps the strength of the whole society through the waste of human resources[1] [2]; and

WHEREAS, Racism is a threat to public health and safety, and is a paramount social determinant of health, shaping access to the resources that create opportunities for health, including justice, public safety, housing, education and employment, and is a persistent barrier to health equity for all Buncombe County residents; and

WHEREAS, the Buncombe County Health and Human Services Board adopted a proclamation declaring Racism as a Public Health Crisis; and

WHEREAS, in addition to having an independent influence on the social determinants of health, racism in and of itself has been proven to have broad-reaching and direct negative impacts on individual health outcomes; and

WHEREAS, the NC Institute for Medicine, Healthy NC 2030 Report (HNC2030), notes "the root cause for the health disparities we see in populations of color is the historical and continued structural racism that has resulted in inequitable opportunities for healthy lives"; and

WHEREAS, the Buncombe County 2018 Community Health Assessment notes, Black babies are 3.8 times more likely to die in the first year of life than White babies, and where life expectancy is on average is 5.9 years shorter for Black residents when compared to White residents; and

WHEREAS, the Buncombe County Justice Resource Advisory Council adopted a proclamation declaring Racism a Public Safety Emergency; and

WHEREAS, in November 2018, the American Public Health Association declared law enforcement violence a public health problem; urging governments and law enforcement agencies to review policies that can lead to disproportionate violence against marginalized populations; and

WHEREAS, North Carolina Executive Order No. 145 (June 9, 2020) proclaims that a fair and equitable criminal justice system, free from racism and bias, is necessary to maintain the safety and well-being of the State of North Carolina; and

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[1] Jones CP. Confronting Institutionalized Racism. Phylon. 2002; 50(1/2):7---22.

[2] American Public Health Association. Racism and Health. Available at: https://www.apha.org/news-and-media/news-releases/apha-news-releases/2020/racism-is-a-public-health-crisis Accessed May 2, 2020.

WHEREAS, Chief Justice Cheri Beasley declares "disparities that exist as the result of policies and institutions; racism and prejudice have remained stubbornly fixed and resistant to change"; and

WHEREAS, institutional and systemic racism in housing, education, economic, health, and criminal justice policies and practices have caused deep disparities, harm, and mistrust; In 2019 Black American residents of Buncombe County make up 6.3% of the population, 25% of the jail population, and 69% of gun violence victims; and

WHEREAS, in Buncombe County, 20.64 percent of White homeowners experience housing cost burden, while 39.4 percent of Black homeowners experience cost burden. Similarly, in our county, 12 percent of White children compared to 24 percent of Black children, and 40 percent of Hispanic children live in poverty; and

WHEREAS, the Buncombe County Board of Commissioners 2020-2025 Strategic Plan identifies equity as a foundational focus area with a commitment to systems, policies, programs and practices that supports and integrates equity and an organizational culture that embraces diversity and inclusion; and

WHEREAS, the County Manager has established a cross-departmental Equity & Inclusion staff workgroup to design, coordinate and organize a community - informed Equity Action Plan that includes an equity data governance collaborative to collect, monitor, evaluate and publicly display relevant data.

NOW, THEREFORE, BE IT RESOLVED, that we, the Buncombe County Board of Commissioners assert that racism is a public health and safety crisis affecting our entire County and should be treated with the urgency and funding of a public health and safety emergency. Looking at racism in this way offers policymakers, county management, criminal justice stakeholders, health officials, and others an opportunity to analyze data and discuss how to dismantle or change problematic institutions. Buncombe County will seek to promote racial equity through policies approved by the Board of Commissioners and will encourage other local, state and national entities to recognize racism as a public health and safety crisis as well.

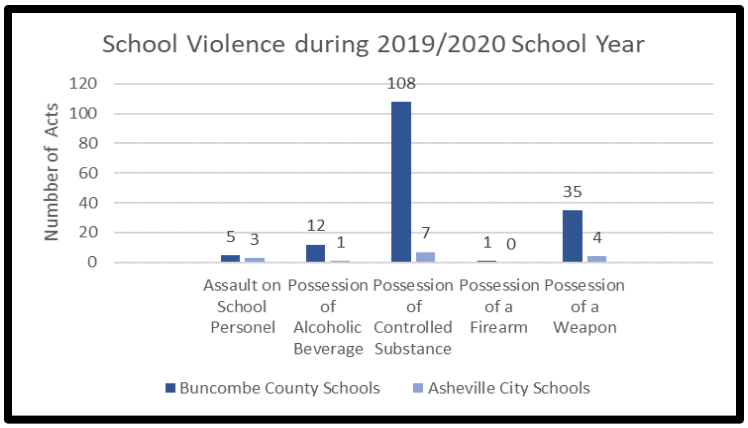
Adopted by the Buncombe County Board of Commissioners on August 4, 2020.

COUNTY CLERK

COMMISSION CHAIR

Approved as to form:

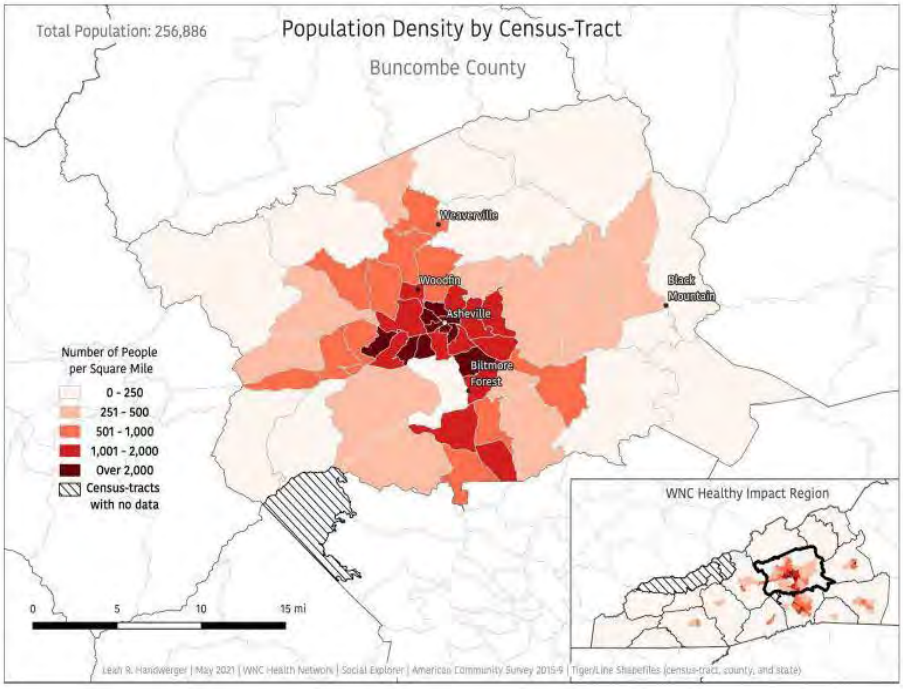
COUNTY ATTORNEY

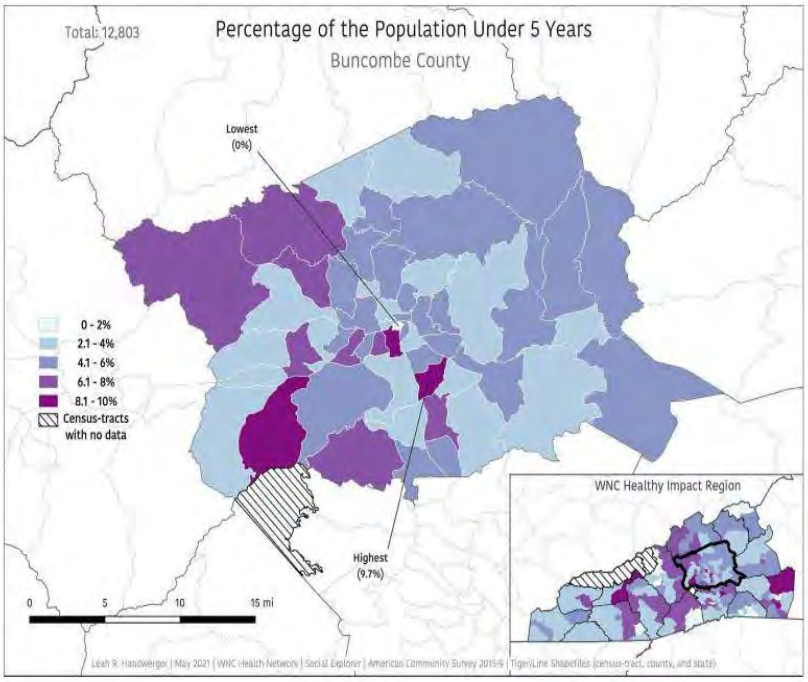

School Violence during 2019/2020 School Year
Numbber of Acts
120
100
80
60
40
20
0
5
3
12
1
108
7
1
0
35
4
Assault on School Personel
Possession of Alcoholic Beverage
Possession of Controlled Substance
Possession of a Firearm
Possession of a Weapon
Buncombe County Schools
Asheville City Schools

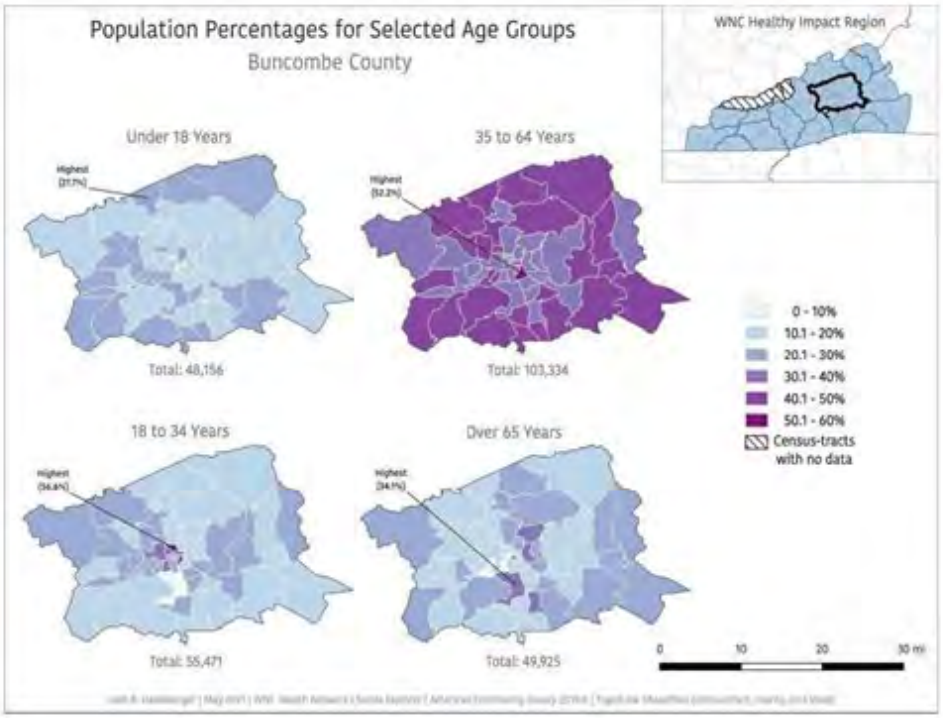
APPENDIX C - County Maps

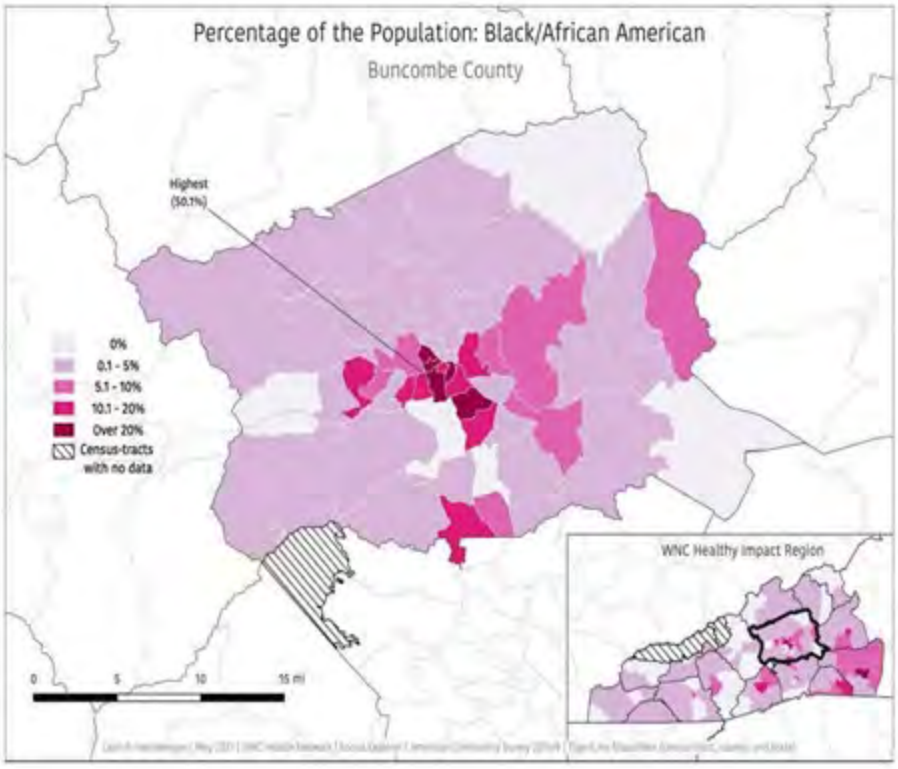
Buncombe County Maps
2021

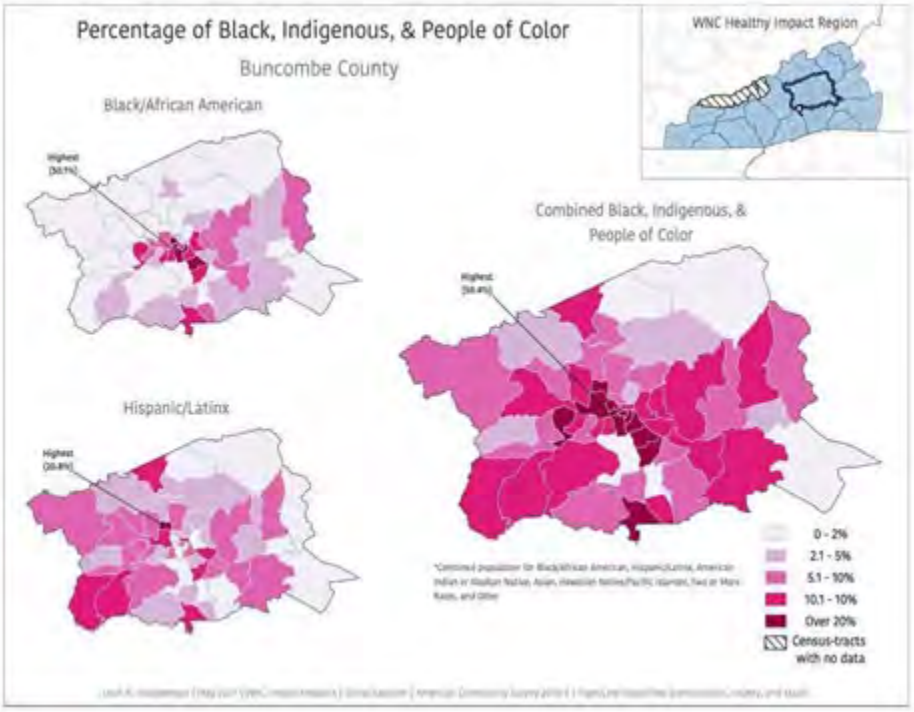
Sources: Social Explorer, American Community Survey 5-Year Estimates 2015-2019, Food Access Research Atlas (2019), Social Vulnerability Index (2018), Tiger/Line Shapefiles

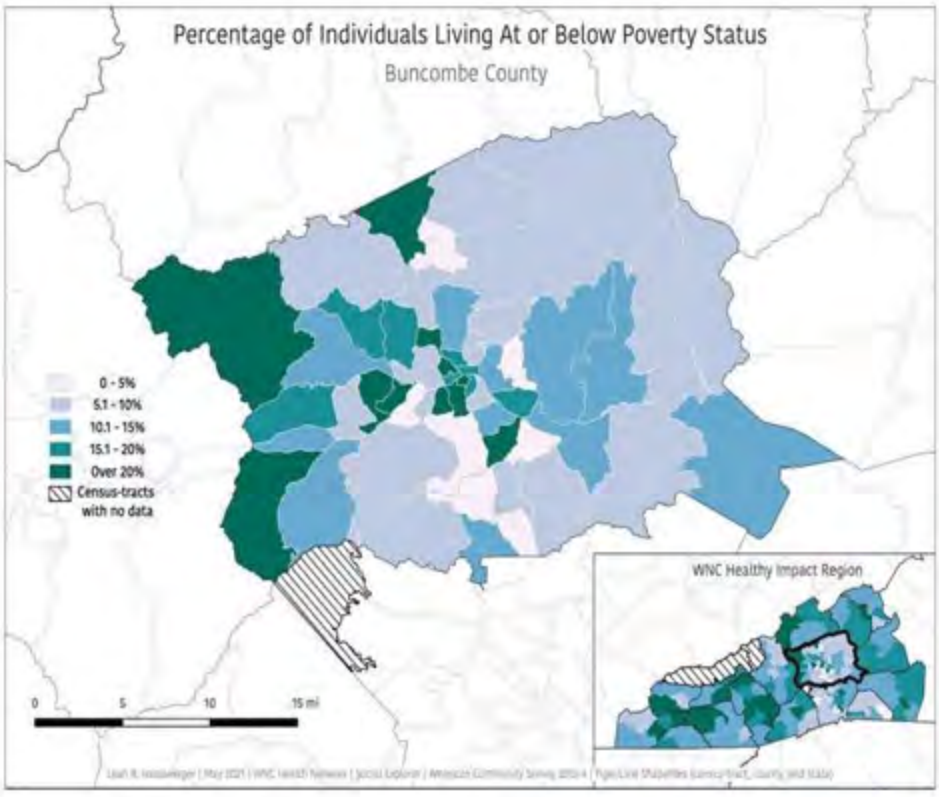

Total Population: 256,886
Population Density by Census-Tract
Buncombe County
Weaverville
Woodfin
Asheville
Black Mountain
Biltmore Forest
Number of People per Square Mile
0 - 250
251 - 500
501 - 1,000
1,001 - 2,000
Over 2,000
Census-tracts with no data
0
5
10
15 mi
WNC Healthy Impact Region
Leah R. Handwerger | May 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)

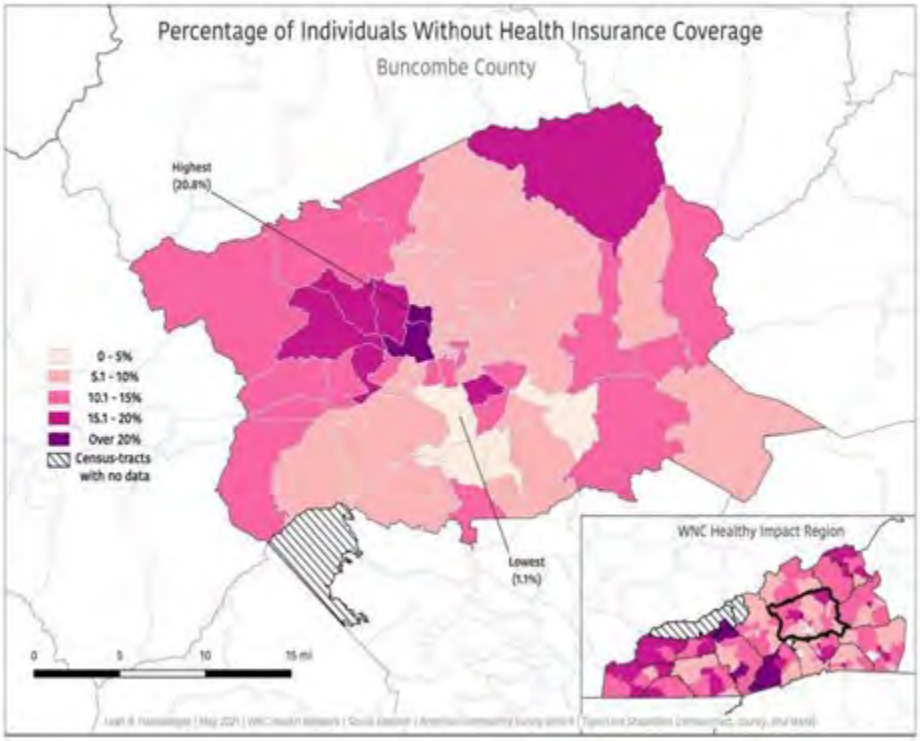

Total: 12,803
Percentage of the Population Under 5 Years
Buncombe County
Lowest (0%)
Highest (9.7%)
0 - 2%
2.1 - 4%
4.1 - 6%
6.1 - 8%
8.1 - 10%
Census-tracts with no data
0
5
10
15 mi
WNC Healthy Impact Region
Leah R. Handwerger | May 2021 | WNC Health Network | Social Explorer | American Community Survey 2015-9 | Tiger/Line Shapefiles (census-tract, county, and state)

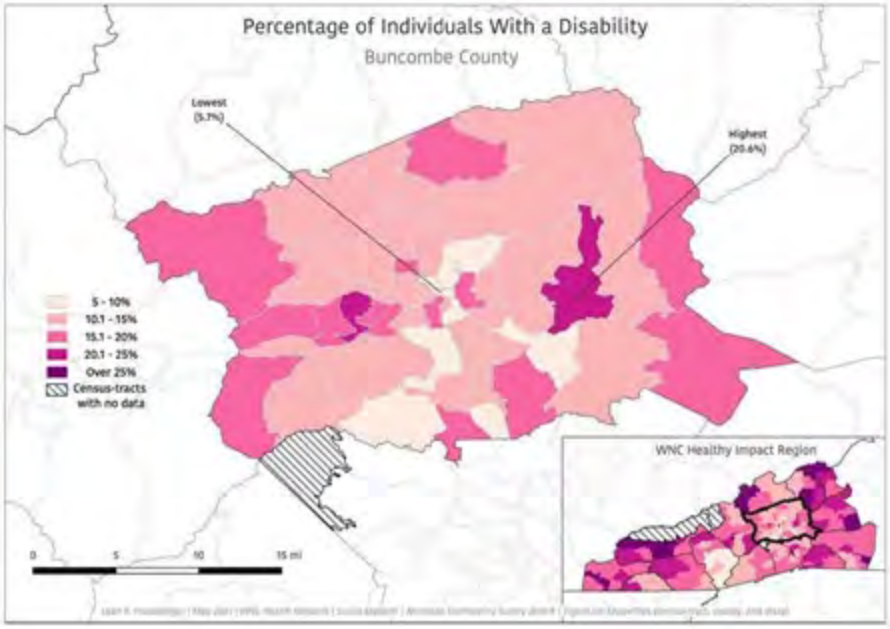

Population Percentages for Selected Age Groups
Buncombe County
WNC Healthy Impact Region
Under 18 Years
35 to 64 Years
18 to 34 Years
Over 65 Years
Total: 48,156
Total: 103,334
Total: 55,471
Total: 49,925
0 - 10%
10.1 - 20%
20.1 - 30%
30.1 - 40%
40.1 - 50%
50.1 - 60%
Census-tracts with no data
0
10
20
30 mi

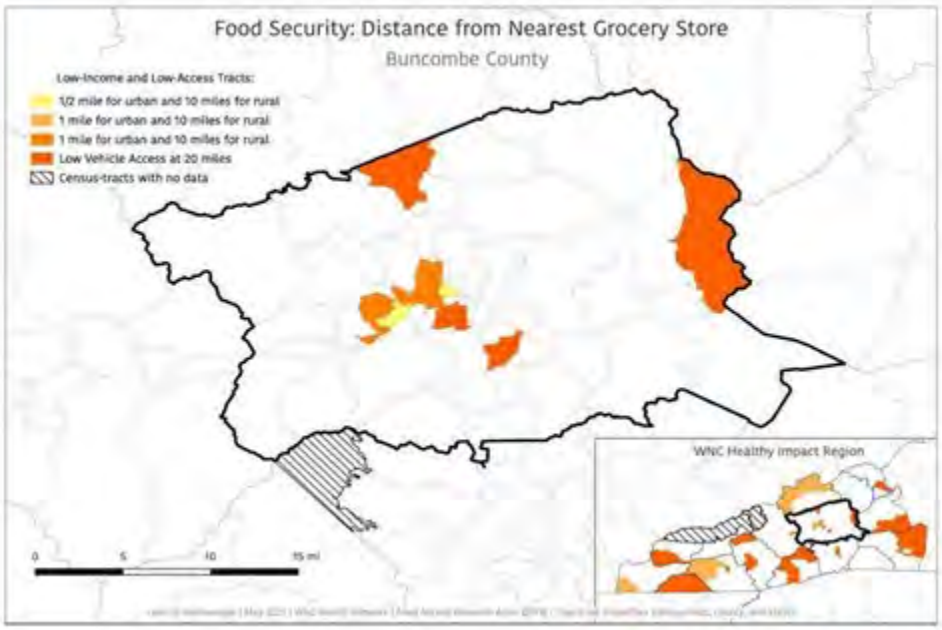

Percentage of the Population: Black/African American
Buncombe County
Highest (50.1%)
0%
0.1 - 5%
5.1 - 10%
10.1 - 20%
Over 20%
Census-tracts with no data
WNC Healthy Impact Region
0
5
10
15 mi

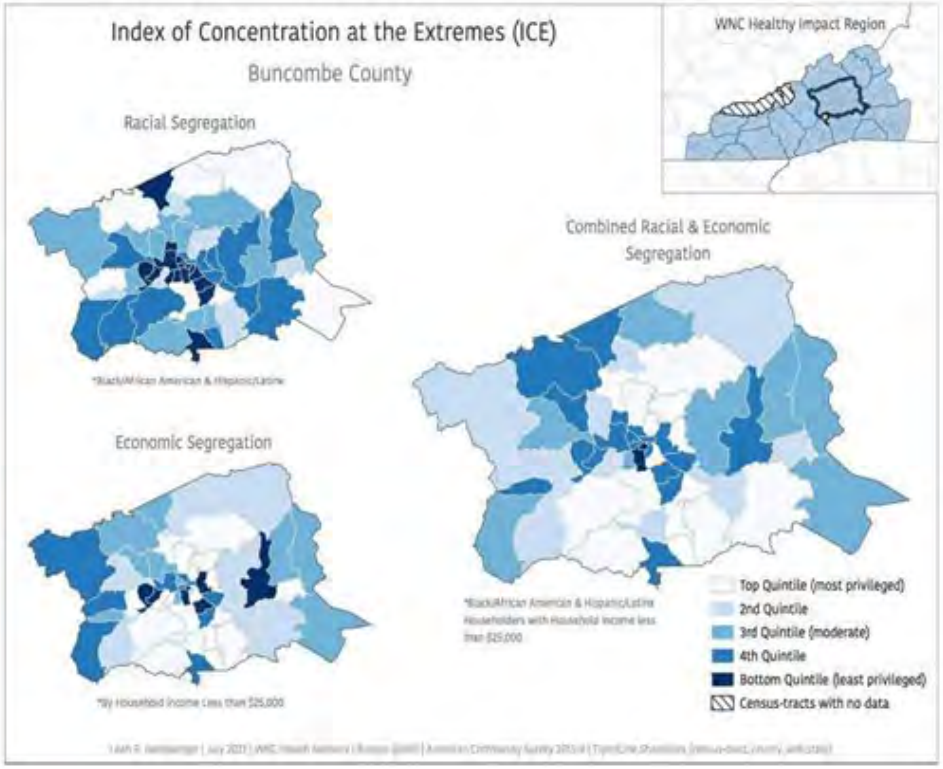

Percentage of Black, Indigenous, & People of Color
Buncombe County
Black/African American
Hispanic/Latinx
Combined Black, Indigenous, & People of Color
WNC Healthy Impact Region
0 - 2%
2.1 - 5%
5.1 - 10%
10.1 - 10%
Over 20%
Census-tracts with no data

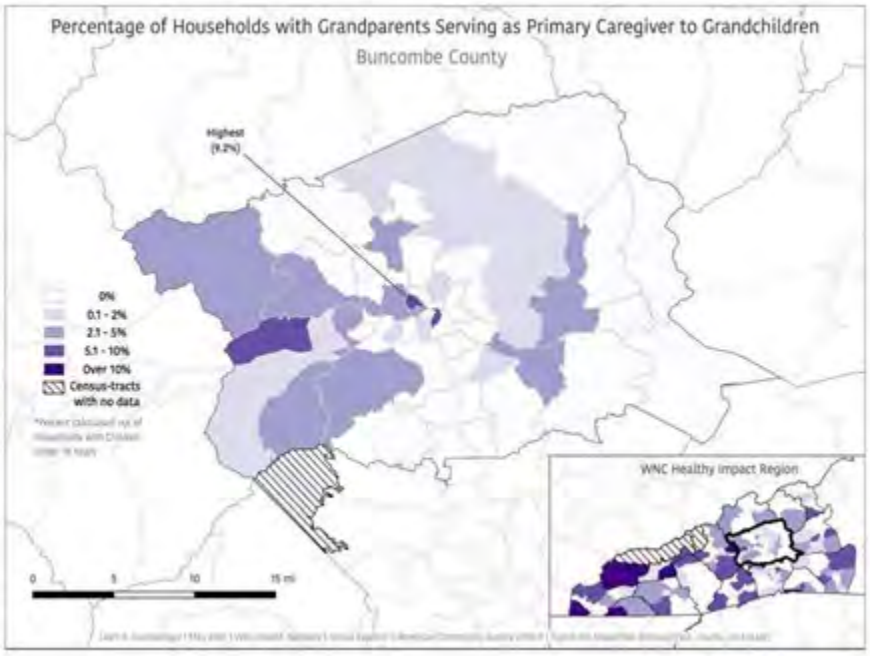

Percentage of Individuals Living At or Below Poverty Status
Buncombe County
0 - 5%
5.1 - 10%
10.1 - 15%
15.1 - 20%
Over 20%
Census-tracts with no data
WNC Healthy Impact Region
0
5
10
15 mi

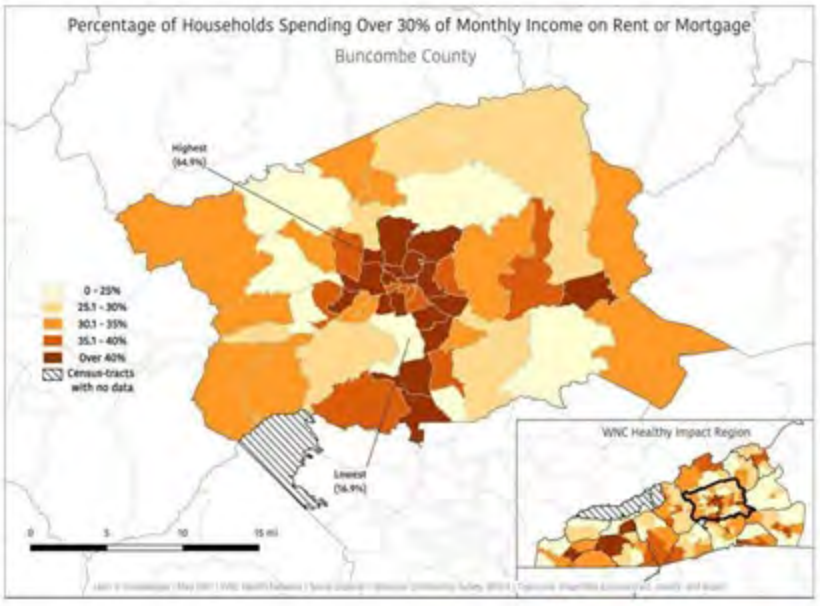

Percentage of Individuals Without Health Insurance Coverage
Buncombe County
Highest
(20.8%)
Lowest
(1.1%)
0 - 5%
5.1 - 10%
10.1 - 15%
15.1 - 20%
Over 20%
Census-tracts
with no data
0
5
10
15 mi
WNC Healthy Impact Region

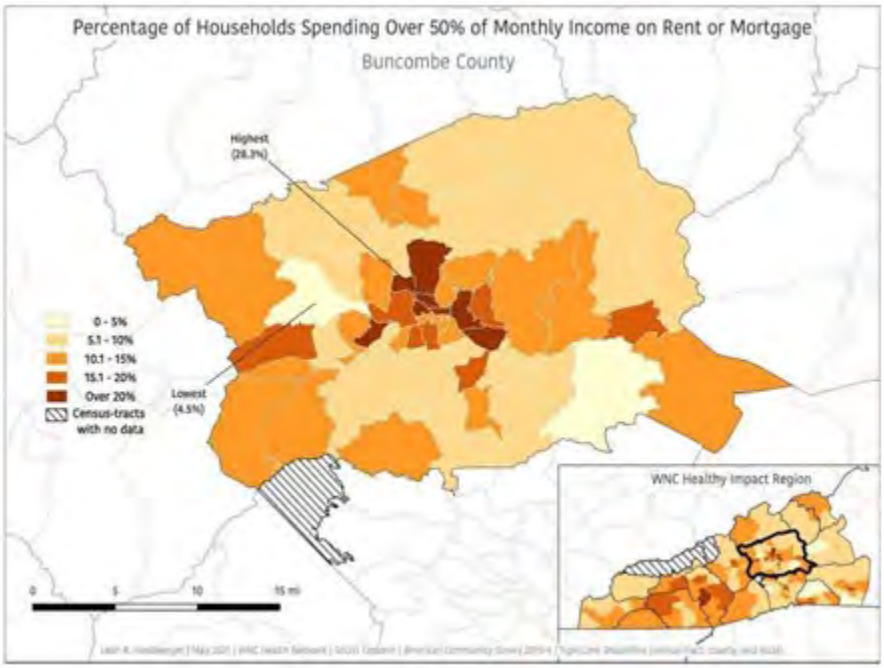

Percentage of Individuals With a Disability
Buncombe County
Lowest
(5.7%)
Highest
(20.6%)
5 - 10%
10.1 - 15%
15.1 - 20%
20.1 - 25%
Over 25%
Census-tracts
with no data
0
5
10
15 mi
WNC Healthy Impact Region


Food Security: Distance from Nearest Grocery Store
Buncombe County
Low-Income and Low-Access Tracts:
1/2 mile for urban and 10 miles for rural
1 mile for urban and 10 miles for rural
1 mile for urban and 10 miles for rural
Low Vehicle Access at 20 miles
Census-tracts with no data
0
5
10
15 mi
WNC Healthy Impact Region


Index of Concentration at the Extremes (ICE)
Buncombe County
WNC Healthy Impact Region
Racial Segregation
*Black/African American & Hispanic/Latinx
Economic Segregation
*By Household Income Less than $25,000
Combined Racial & Economic Segregation
*Black/African American & Hispanic/Latinx Householders with Household Income less than $25,000
Top Quintile (most privileged)
2nd Quintile
3rd Quintile (moderate)
4th Quintile
Bottom Quintile (least privileged)
Census-tracts with no data

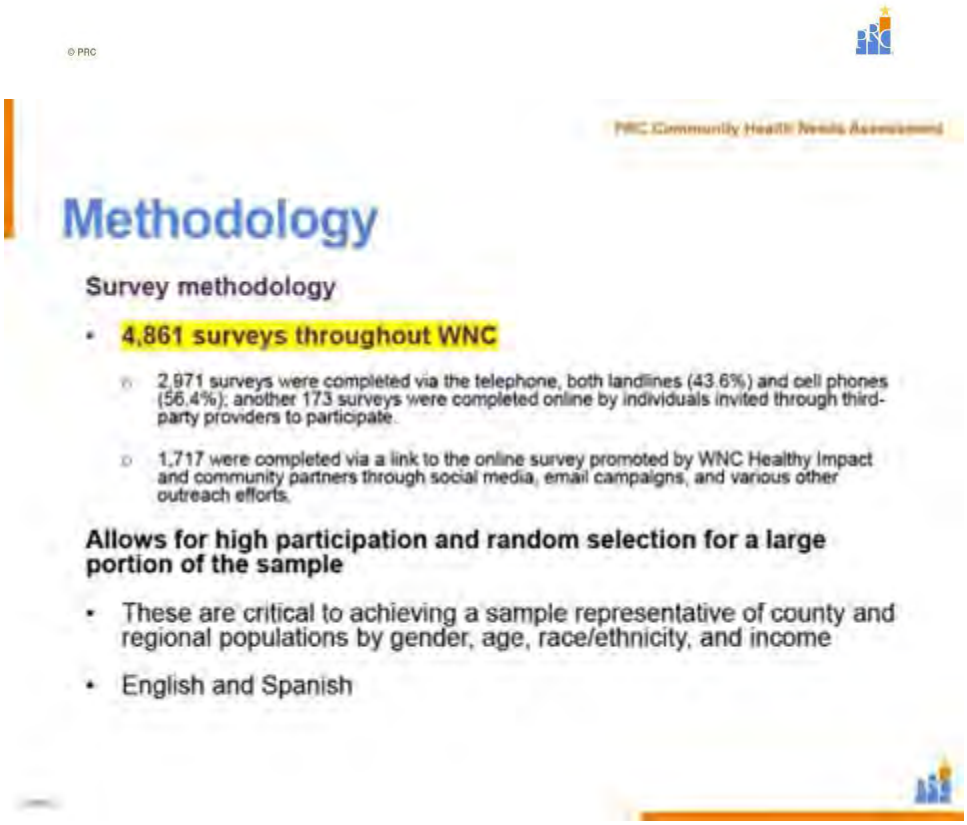

Percentage of Households with Grandparents Serving as Primary Caregiver to Grandchildren
Buncombe County
Highest
(9.2%)
0%
0.1 - 2%
2.1 - 5%
5.1 - 10%
Over 10%
Census-tracts
with no data
WNC Healthy Impact Region
0
5
10
15 mi


Percentage of Households Spending Over 30% of Monthly Income on Rent or Mortgage
Buncombe County
Highest
(64.9%)
Lowest
(16.9%)
0 - 25%
25.1 - 30%
30.1 - 35%
35.1 - 40%
Over 40%
Census-tracts
with no data
WNC Healthy Impact Region
0
5
10
15 mi


Percentage of Households Spending Over 50% of Monthly Income on Rent or Mortgage
Buncombe County
Highest
(28.3%)
Lowest
(4.5%)
0 - 5%
5.1 - 10%
10.1 - 15%
15.1 - 20%
Over 20%
Census-tracts
with no data
0
5
10
15 mi
WNC Healthy Impact Region

APPENDIX D - Survey Findings

SOCIAL DETERMINANTS OF HEALTH



Methodology

4,861 surveys throughout WNC

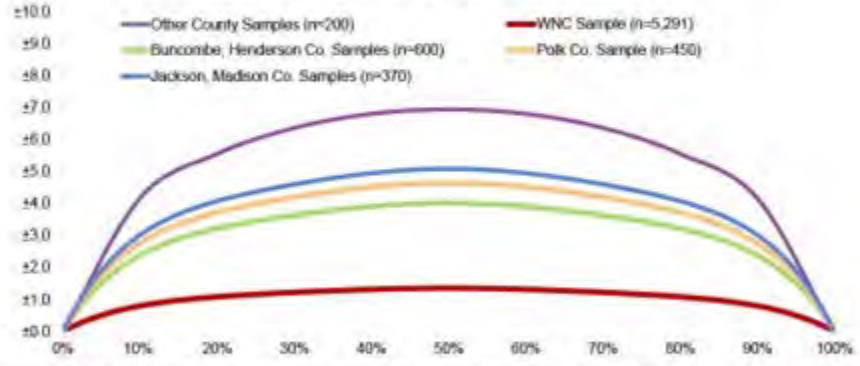
- Adults age 18+
- Gathered data for each of 16 counties
- Weights were added to enhance representativeness of data at county and regional levels

Keep in mind

Sampling levels allow for good local confidence intervals, but you should still keep in mind that error rates are larger at the county level than for WNC as a region

- Results for WNC regional data have maximum error rate of +1.3% at the 95% confidence level
- Results for Buncombe and Henderson counties have an approximate maximum error rate of +4.0% at the 95% confidence level
- Results for Polk County have an approximate maximum error rate of +4.6% at the 95% confidence level
- Results for Jackson and Madison counties have an approximate maximum error rate of +5.1% at the 95% confidence level
- Results for other individual counties have an approximate maximum error rate of +6.9% at the 95% confidence level

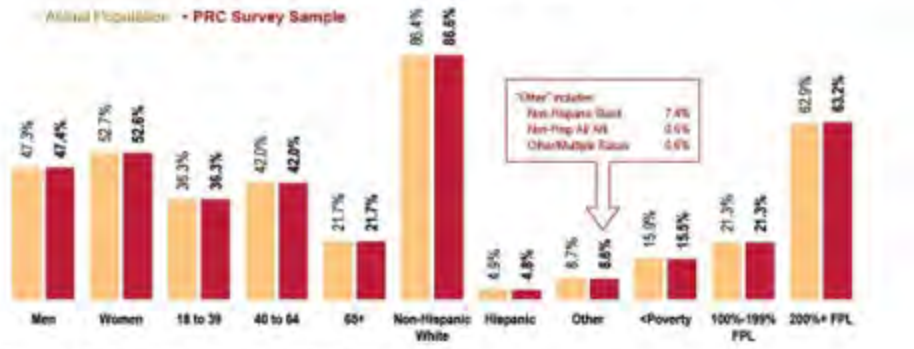
Approximate Error Ranges at the 95 Percent Level of Confidence



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the reported error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 5,291 respondents answered a certain question with a "yes," it can be asserted that between 9.2% and 10.8% (10% ± 0.8%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 48.6% and 51.4% (50% ± 1.4%) of the total population would respond "yes" if asked the question.

Population & Survey Sample Characteristics
(Age 18 and Older; Buncombe County, 2021)



Sources:
- 2011-2015 American Community Survey, U.S. Census Bureau
- PRC Community Health Survey, Professional Research Consultants, Inc.

American Indian/ Alaska Native Sample
(By County, 2021)

Equity

"Often/Sometimes" Treated Unfairly
Due to Race/Ethnicity When Getting Medical Care
(Western North Carolina, 2021; By County)

"Often/Sometimes" Treated Unfairly at School Due to Race/Ethnicity
(Western North Carolina, 2021; By County)

Had a Time in the Past Year When Home Was Without Electricity, Water, or Heating

(Western North Carolina, 2021; By County)

■ 2021

Worried or Stressed About Paying Rent or Mortgage in the Past Year

("Always/Usually/Sometimes" Responses; Western North Carolina, 2021; By County)

■ 2015 ■ 2018 ■ 2021

Support

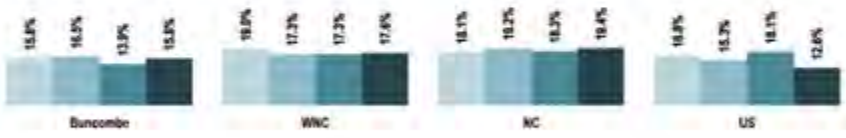
Have Someone to Rely on for Help or Support if Needed

(e.g. Food, Transportation, Childcare, etc.; Western North Carolina, 2021; By County)

● 2021

Self-Report "Fair" or "Poor" Overall Health
(By County)

2012 2015 2018 2021

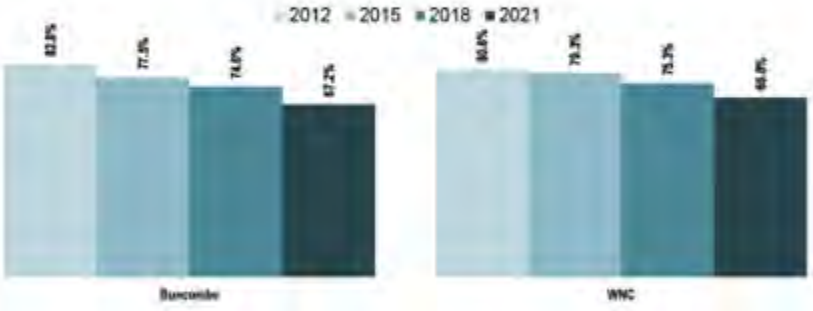


Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item R]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents

Mental Health & Mental Disorders

"Always" or "Usually" Get Needed Social/Emotional Support
(By County)



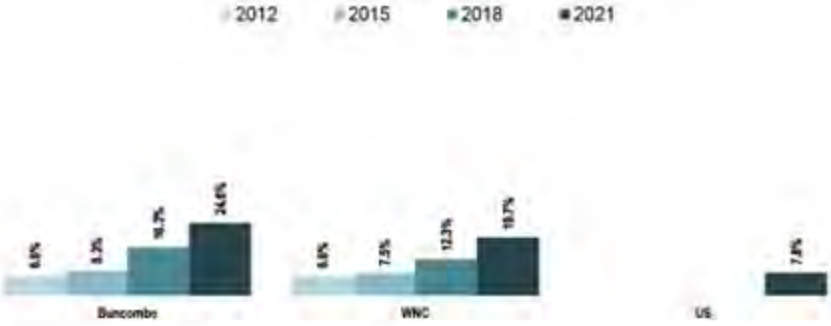
Source: • [illegible]
Notes: • [illegible]

Typical Day is "Extremely/Very Stressful"
(By County)

Source: • [illegible]
• [illegible]
Notes: • [illegible]

Currently Taking Medication or Receiving Treatment for Mental Health
(Western North Carolina, 2021; By County)

Did Not Get Mental Health Care or Counseling That Was Needed in the Past Year
(By County)



Cardiovascular Risk

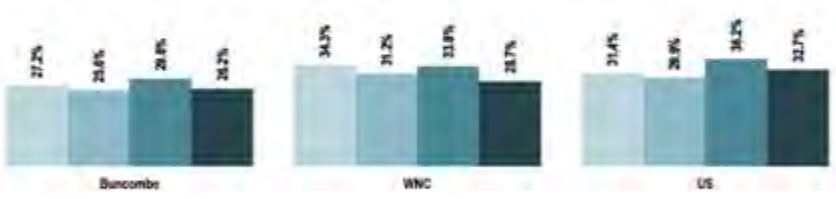
Prevalence of Heart Disease
(By County)

2015 2018 2021

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. (Item 10)
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents

Prevalence of High Blood Cholesterol
(By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Site: 1.1]
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents

Diabetes

Respiratory Conditions

Prevalence of Asthma
(By County)

2015 2018 2021

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item R3]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents

Lost a Job During the Pandemic
(Western North Carolina, 2021; By County)

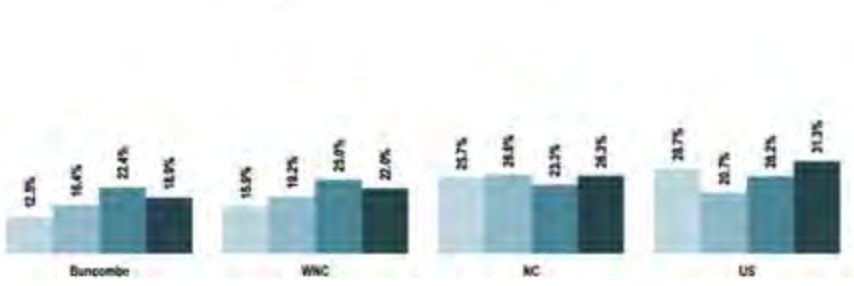
Lost Work Hours or Wages During the Pandemic
(Western North Carolina, 2021; By County)

MODIFIABLE HEALTH RISKS

Nutrition

Physical Activity & Fitness

No Leisure-Time Physical Activity in the Past Month
(By County)



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. (Item 52).
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

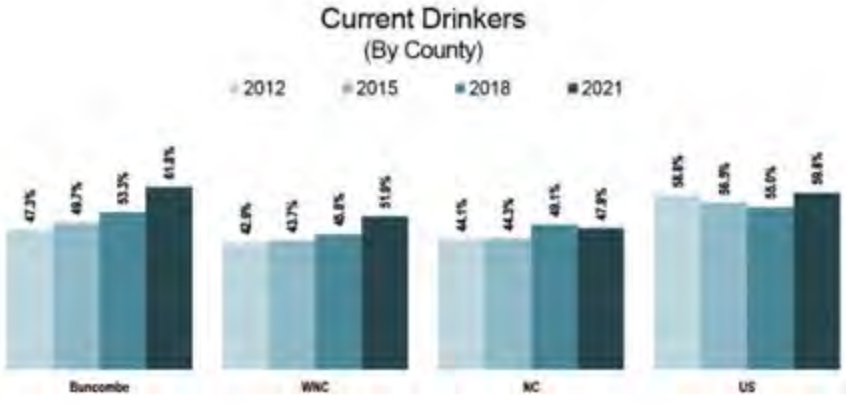
Body Weight

Healthy Weight
(Body Mass Index Between 18.5 and 24.9; By County)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. (item 92)
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

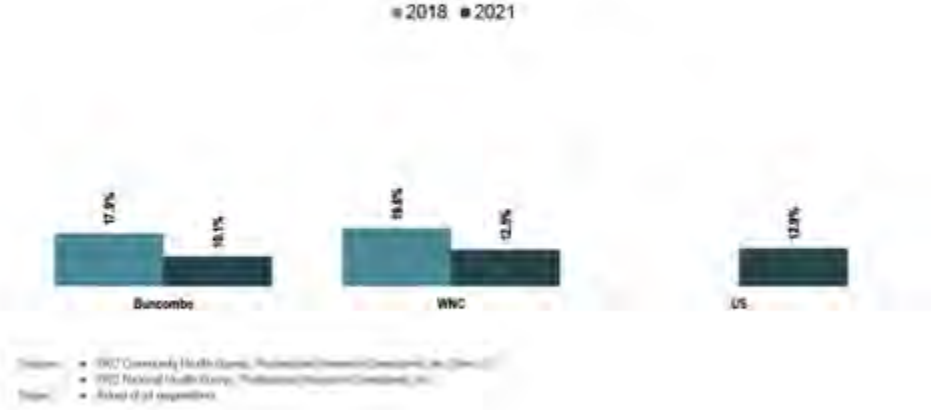
Substance Abuse



Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. (Item 22)
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.

Used Prescription Opiates/Opioids in the Past Year, With or Without a Prescription
(By County, 2021)



Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)
(By County, 2021)

Currently Use Smokeless Tobacco Products
(By County)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); North Carolina data

Notes:
- Asked of all respondents
- Includes regular and occasional smokers (everyday and some days).

Currently Use Vaping Products (Such as E-Cigarettes)
(By County)

Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
- PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); North Carolina data

Notes:
- Vaping products (such as electronic cigarettes or e-cigarettes) are battery-operated devices that contain traditional cigarette smoking (e.g. do not contain the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors.
- Includes regular and occasional smokers (everyday and some days).

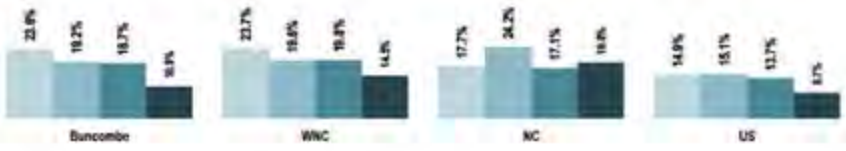
Health Insurance Coverage

Lack of Healthcare Insurance Coverage

(Adults Age 18-64; By County)

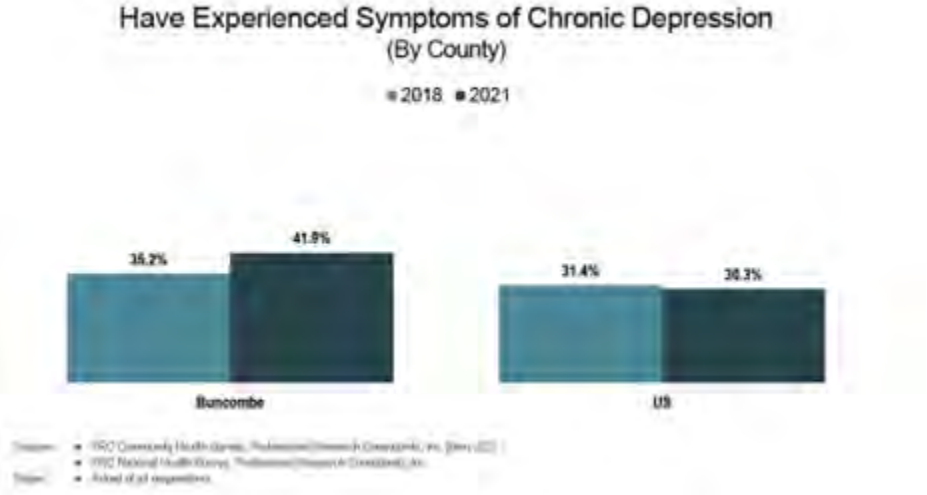
Healthy People 2030 Target = 7.9% or Lower

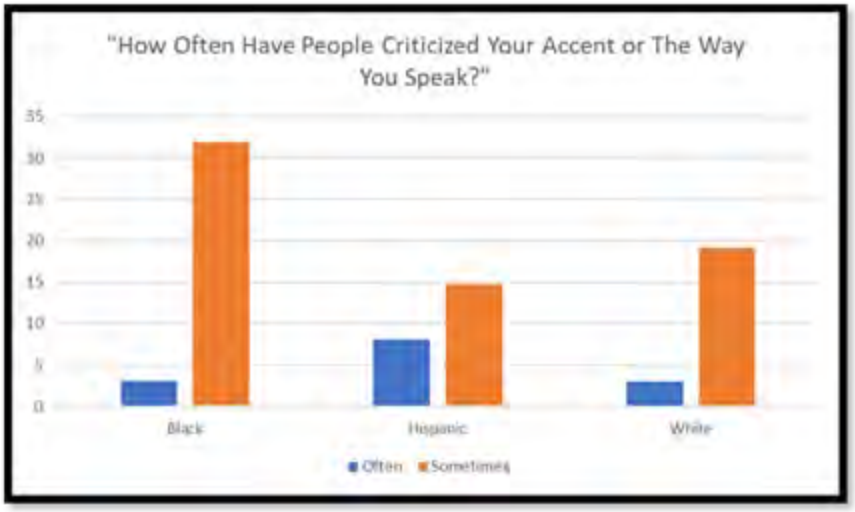
2012 2015 2018 2021

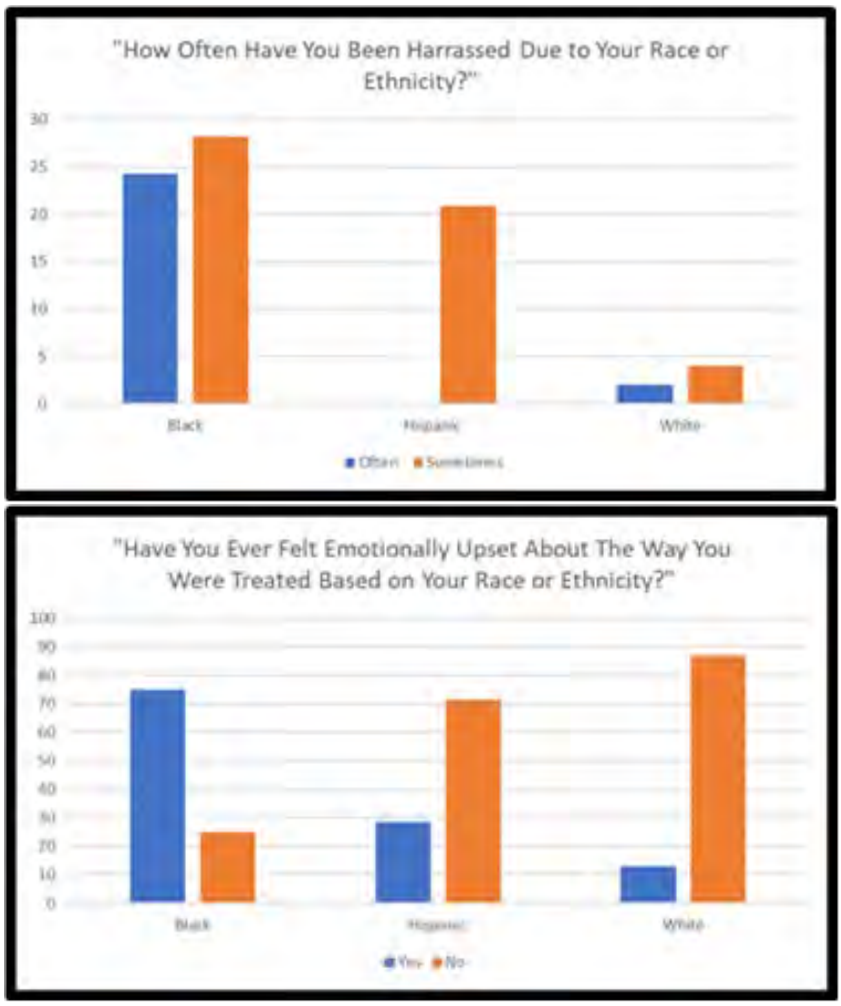


"Extremely/Very Likely" to Use Telemedicine for Future Routine Care
(Western North Carolina, 2021; By County)

COUNTY-SPECIFIC QUESTIONS


Have Experienced Symptoms of Chronic Depression
(By County)
2018
2021
35.2%
41.9%
31.4%
30.3%
Buncombe
US


"How Often Have People Criticized Your Accent or The Way You Speak?"
35
30
25
20
15
10
5
0
Black
Hispanic
White
Often
Sometimes



Source: WNC Health Network (2021)

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q5. First I would like to ask, overall, how would you describe your county as a place to live? Would you say it is:

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Excellent	18.5%	11.5%	31.0%	18.4%
Very Good	43.8%	22.8%	28.7%	41.2%
Good	25.9%	39.4%	32.9%	26.8%
Fair	8.4%	25.2%	1.8%	9.4%
or Poor	3.4%	1.1%	5.6%	4.2%
n =	471	91	23	605

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q6. Would you say that, in general, your health is:

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Excellent	16.0%	8.1%	13.4%	15.7%
Very Good	38.6%	35.1%	31.5%	37.5%
Good	30.0%	39.5%	45.4%	31.0%
Fair	11.2%	13.5%	9.6%	11.8%
or Poor	4.2%	3.7%	0.0%	4.0%
n =	475	92	23	610

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q7. Was there a time in the past 12 months when you needed medical care, but could not get it?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	11.6%	13.0%	12.2%	12.1%
No	88.4%	87.0%	87.8%	87.9%
n =	474	92	23	609

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q10. Have you ever suffered from or been diagnosed with the following medical conditions: A Heart Attack, Also Called a Myocardial Infarction, OR Angina OR Coronary Heart Disease?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	6.7%	11.8%	0.0%	6.6%
No	93.3%	88.2%	100.0%	93.4%
n =	475	91	23	609

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q11. Have you ever suffered from or been diagnosed with the following medical conditions: A Stroke?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	3.3%	2.5%	0.0%	3.1%
No	96.7%	97.5%	100.0%	96.9%
n =	475	92	23	610

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q12. Have you ever suffered from or been diagnosed with the following medical conditions: High Blood Pressure?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	36.1%	45.6%	13.5%	35.4%
No	63.9%	54.4%	86.5%	64.6%
n =	476	92	23	610

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q13. Have you ever suffered from or been diagnosed with the following medical conditions: High Blood Cholesterol (Blood cholesterol is a fatty substance found in the blood.)?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	26.8%	29.4%	19.6%	26.2%
No	73.2%	70.6%	80.4%	73.8%
n =	471	91	23	605

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q14. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	14.7%	20.0%	33.9%	15.7%
No	85.3%	80.0%	66.1%	84.3%
n =	474	92	23	609

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q15. Do you still have asthma?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	59.1%	52.6%	58.8%	58.7%
No	40.9%	47.4%	41.2%	41.3%
n =	67	16	7	91

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q16. Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	10.0%	11.8%	4.1%	9.8%
No	90.0%	88.2%	95.9%	90.2%
n =	427	78	21	544

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q17. Have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	5.1%	2.1%	0.0%	4.7%
No	94.9%	97.9%	100.0%	95.3%
n =	382	64	19	481

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q18. Doctors and other medical providers sometimes use telemedicine or tele-health to evaluate, diagnose, or treat a patient using a computer, smartphone, or telephone to communicate in real time without being face-to-face. In the future, how likely would you be to use telemedicine instead of office visits if you needed routine medical care--such as a check-up--got sick or hurt, or needed advice about a health problem? Would you be:

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Extremely Likely	23.7%	15.2%	31.4%	23.2%
Very Likely	33.1%	29.0%	18.7%	31.7%
Somewhat Likely	22.4%	24.5%	31.0%	23.0%
Not Very Likely	15.1%	24.9%	9.3%	15.5%
or Not at All Likely	5.6%	6.3%	9.6%	6.6%
n =	474	90	23	607

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q19. The next questions are about tobacco use. Do you NOW smoke cigarettes "Every Day," "Some Days," or "Not At All"?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Every Day	8.2%	13.6%	24.5%	9.3%
Some Days	3.2%	2.9%	3.7%	3.2%
Not At All	88.6%	83.5%	71.8%	87.6%
n =	471	92	22	604

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q20. During how many of the past 7 days, at your workplace, did you breathe the smoke from someone'+temp44+' who was using tobacco? (INTERVIEWER: Code "Not Applicable" as 8.)

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
1	4.2%	9.3%	1.8%	4.5%
2	1.8%	3.3%	0.0%	1.8%
3	1.6%	4.2%	0.0%	1.6%
4	0.8%	0.0%	0.0%	0.7%
5	0.2%	0.8%	5.6%	0.5%
6	0.0%	0.8%	0.0%	0.1%
7	1.9%	0.0%	0.0%	1.6%
Not Applicable	24.9%	23.8%	26.6%	24.9%
None	64.6%	57.6%	66.0%	64.3%
n =	472	92	23	606
NLS	0.0	0.0	0.0	0.0

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q21. Do you currently use chewing tobacco, dip, snuff, or snus (pronounced "snoose"; rhymes with goose) "Every Day," "Some Days," or "Not At All"?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Every Day	1.9%	1.3%	5.6%	2.0%
Some Days	1.4%	0.0%	0.0%	1.2%
Not At All	96.7%	98.7%	94.4%	96.8%
n =	475	92	23	609

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q22. Electronic "vaping" products, such as electronic cigarettes, are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. Do you NOW use electronic "vaping" products, such as electronic cigarettes, "Every Day," "Some Days," or "Not At All"?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Every Day	2.3%	0.0%	8.5%	2.4%
Some Days	4.3%	2.4%	0.0%	3.8%
Not At All	93.4%	97.6%	91.5%	93.8%
n =	475	92	23	610

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q26. Opiates ("OH-pee-its") or opioids ("OH-pee-oids") are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine ("MORE-feen"), codeine ("KOH-deen"), hydrocodone ("HYE-droh-KOH-dohn"), oxycodone ("OX-ee-KOH-dohn"), methadone ("METH-uh-dohn"), and fentanyl ("FEN-ten-ill"). In the PAST YEAR, have you used any of these prescription opiates? (INTERVIEWER For Reference Only: Common Brand Name Opiates are Vicodin, Dilaudid, Percocet, Oxycontin, and Demerol.)

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	10.4%	7.9%	3.6%	10.1%
No	89.6%	92.1%	96.4%	89.9%
n =	474	92	23	609

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q27. To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs? Would you say:

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
A Great Deal	13.0%	7.4%	9.9%	12.4%
Somewhat	16.7%	22.1%	11.3%	16.5%
A Little	19.3%	11.0%	17.6%	18.7%
or Not At All	51.0%	59.5%	61.3%	52.3%
n =	472	90	23	605

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q29. Do you identify your gender as:

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Female	51.7%	59.6%	44.2%	51.7%
Male	47.3%	40.4%	55.8%	47.4%
or Some Other Way	1.0%	0.0%	0.0%	0.9%
n =	476	92	23	611

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q32. Which of the following BEST describes you? Are you: An Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living ON the Qualla (KWAH-lah) boundary; An Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living OFF the Qualla (KWAH-lah) boundary, or An Enrolled Member of a Different Federally-Recognized Tribe?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Enrolled EBCI off Boundary	n < 5	n < 5	n < 5	n < 5
n =				

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q33. Please tell me your level of agreement or disagreement with the following statement: I feel that my community is a welcoming place for people of all races and ethnicities. Do you:

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Strongly Agree	14.1%	16.1%	28.7%	14.8%
Agree	50.4%	26.2%	32.0%	47.3%
Neither Agree nor Disagree	21.1%	31.6%	19.2%	22.5%
Disagree	13.2%	17.6%	20.1%	13.7%
or Strongly Disagree	1.2%	8.5%	0.0%	1.7%
n =	474	91	23	607

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q34. Over your entire lifetime, how often have you been threatened or harassed because of your race or ethnicity? Would you say:

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Often	2.0%	24.3%	0.0%	4.3%
Sometimes	4.0%	28.2%	20.9%	7.1%
Rarely	29.4%	30.6%	19.4%	28.6%
or Never	64.6%	16.9%	59.7%	60.0%
n =	473	92	23	607

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q35. Over your entire lifetime, how often have you been treated unfairly because of your race or ethnicity WHEN GETTING MEDICAL CARE? Would you say:

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Often	0.0%	10.9%	0.0%	1.6%
Sometimes	2.1%	20.6%	11.7%	4.3%
Rarely	4.3%	37.8%	7.3%	7.0%
or Never	93.6%	30.7%	81.0%	87.2%
n =	474	92	23	608

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q36. Over your entire lifetime, how often have you been treated unfairly because of your race or ethnicity AT SCHOOL? Would you say:

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Often	2.0%	17.7%	9.9%	4.0%
Sometimes	3.4%	36.7%	0.0%	6.4%
Rarely	11.1%	24.0%	19.5%	13.0%
or Never	83.5%	21.6%	70.6%	76.6%
n =	471	92	23	606

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q311. Over your entire lifetime, how often would you say you have been treated unfairly because of your race or ethnicity BY THE POLICE OR THE COURTS? Would you say:

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Often	0.0%	22.1%	0.0%	1.8%
Sometimes	3.6%	23.9%	17.1%	5.9%
Rarely	4.9%	23.1%	3.7%	6.3%
or Never	91.6%	30.9%	79.2%	85.9%
n =	475	90	23	607

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q37. Over your entire lifetime, how often have people criticized your accent or the way you speak? Would you say:

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Often	3.0%	3.1%	8.1%	4.0%
Sometimes	19.1%	31.9%	14.7%	19.8%
Rarely	29.1%	26.7%	45.9%	29.5%
or Never	48.9%	38.3%	31.3%	46.6%
n =	475	92	23	609

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q312. Have you ever felt emotionally upset, for example angry, sad, frustrated, shameful, or embarrassed, as a result of how you were treated based on your race or ethnicity?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	13.1%	75.0%	28.5%	19.1%
No	86.9%	25.0%	71.5%	80.9%
n =	474	92	23	608

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q39. What is the highest grade or year of school you have completed?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Grades 1 through 8 (Elementary)	0.9%	0.0%	2.2%	0.8%
Grades 9 through 11 (Some High School)	1.6%	6.3%	12.4%	2.5%
Grade 12 or GED (High School Graduate)	11.3%	26.3%	8.5%	12.2%
College 1 Year to 3 Years (Some College or Technical School)	26.4%	26.4%	28.1%	27.0%
Bachelor's Degree (College Graduate)	29.6%	20.1%	32.8%	29.1%
Postgraduate Degree (Master's, M.D., Ph.D., J.D.)	30.2%	20.8%	15.9%	28.3%

Asheville, NC - 2021 CHNA - Buncombe

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n =	475	92	23	610

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q40. For employment, are you currently:

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Employed for Wages	53.6%	53.4%	61.7%	53.9%
Self-Employed	10.2%	7.9%	0.0%	9.8%
Out of Work for More Than 1 Year	1.5%	0.0%	3.6%	1.5%
Out of Work for Less Than 1 Year	4.4%	0.0%	13.5%	4.4%
A Homemaker	2.9%	1.8%	9.3%	3.0%
A Student	1.2%	10.4%	0.0%	2.0%
Retired	19.2%	21.8%	11.9%	19.0%
or Unable to Work	6.9%	4.7%	0.0%	6.5%
n =	476	92	23	611

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q41. Do you have any kind of health care coverage, including health insurance, a prepaid plan such as an HMO, or a government-sponsored plan such as Medicare, Medicaid, Military, or Indian Health Services?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	92.8%	83.0%	93.4%	91.4%
No	7.2%	17.0%	6.6%	8.6%
n =	474	92	23	609

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q42. Next, I would like to ask about your living situation. Was there a time in the past 12 months when you did not have electricity, water, or heating in your home?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	11.2%	6.9%	8.0%	10.6%
No	88.8%	93.1%	92.0%	89.4%
n =	473	91	23	607

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q43. In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed: (INTERVIEWER: This Response List is Different Than All Others in This Survey.)

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Always	6.3%	5.9%	19.4%	7.0%
Usually	5.4%	10.1%	3.7%	5.6%
Sometimes	16.4%	19.2%	29.4%	17.4%
Rarely	16.7%	27.2%	25.1%	18.4%
or Never	55.2%	37.7%	22.5%	51.7%
n =	456	82	22	579

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q44. Has there been a time in the PAST THREE YEARS when you had to live with a friend or relative because of a housing emergency, even if this was only temporary?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	9.8%	13.2%	0.0%	9.5%
No	90.2%	86.8%	100.0%	90.5%
n =	475	91	23	609

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q45. Has there been any time in the PAST THREEE YEARS when you were living on the street, in a car, or in a temporary shelter?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	1.8%	4.1%	0.0%	1.9%
No	98.2%	95.9%	100.0%	98.1%
n =	475	92	23	610

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q50. Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months. The first statement is: "I worried about whether our food would run out before we got money to buy more." Was this statement:

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Often True	4.4%	5.9%	0.0%	4.6%
Sometimes True	12.6%	17.3%	21.4%	13.6%
or Never True	83.1%	76.7%	78.6%	81.9%
n =	475	90	23	608

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q51. The next statement is: "The food that we bought just did not last, and we did not have money to get more." Was this statement:

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Often True	2.5%	5.0%	0.0%	2.9%
Sometimes True	7.7%	13.7%	13.5%	8.3%
or Never True	89.8%	81.4%	86.5%	88.8%
n =	474	91	23	608

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q52. The next questions are about physical activity. During the past month'+temp82+' did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	82.3%	64.3%	89.0%	81.1%
No	17.7%	35.7%	11.0%	18.9%
n =	475	92	23	609

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q60. Now I would like to ask, in general, how satisfied are you with your life? Would you say:

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Very Satisfied	32.0%	38.3%	29.2%	32.6%
Satisfied	55.2%	48.0%	67.2%	54.7%
Dissatisfied	11.5%	13.7%	3.6%	11.5%
or Very Dissatisfied	1.3%	0.0%	0.0%	1.2%
n =	474	91	23	606

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q61. How often do you get the social and emotional support you need? Would you say:

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Always	24.5%	30.7%	18.2%	24.5%
Usually	42.4%	33.2%	49.6%	42.7%
Sometimes	23.2%	18.9%	19.9%	22.3%
Seldom	8.2%	15.8%	12.3%	8.9%
or Never	1.7%	1.3%	0.0%	1.6%
n =	472	91	23	604

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q62. How often do you have someone you can rely on to help with things like food, transportation, child care, or other support if needed? Would you say:

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Always	44.6%	38.7%	43.1%	43.7%
Usually	28.6%	23.1%	41.1%	29.1%
Sometimes	14.0%	19.4%	13.9%	14.6%
Seldom	6.5%	10.6%	0.0%	6.6%
or Never	6.3%	8.3%	1.8%	6.1%
n =	469	91	23	601

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q63. Now thinking about your MENTAL health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
1	8.1%	11.2%	14.1%	8.6%
2	10.8%	10.6%	12.9%	10.7%
3	6.9%	13.8%	0.0%	7.0%
4	4.1%	5.4%	0.0%	4.0%
5	7.6%	5.9%	2.6%	7.1%
6	0.9%	2.4%	0.0%	0.9%
7	3.2%	0.5%	12.0%	3.8%
8	1.2%	0.0%	4.2%	1.2%
9	0.8%	0.6%	0.0%	0.7%
10	5.5%	1.1%	16.3%	5.7%
11	0.0%	0.6%	0.0%	0.0%
12	1.2%	0.0%	0.0%	1.0%
14	0.9%	0.6%	0.0%	0.8%
15	4.7%	6.9%	2.1%	4.7%
16	0.1%	0.0%	0.0%	0.1%
18	0.3%	0.0%	0.0%	0.2%
19	0.3%	0.0%	0.0%	0.2%
20	5.0%	0.0%	4.2%	4.7%
21	0.5%	0.0%	4.2%	0.6%
22	0.7%	0.0%	0.0%	0.6%
25	0.5%	0.6%	0.0%	0.4%
26	0.5%	0.0%	5.0%	0.7%
27	0.2%	0.0%	0.0%	0.2%
28	0.1%	0.0%	0.0%	0.1%
30	4.5%	4.2%	2.3%	4.5%

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

None	31.5%	35.8%	20.2%	31.3%
n =	468	90	22	599

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q64. Thinking about the amount of stress in your life, would you say that most days are:

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Extremely Stressful	5.2%	2.5%	2.0%	4.8%
Very Stressful	10.8%	11.8%	17.8%	11.3%
Moderately Stressful	48.0%	42.7%	51.4%	47.5%
Not Very Stressful	28.4%	33.8%	28.8%	28.5%
or Not At All Stressful	7.7%	9.3%	0.0%	7.7%
n =	474	90	23	607

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q65. In addition, please tell me your level of agreement or disagreement with the following statements: I am confident in my ability to manage stress and work through life's difficulties.? Do you:

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Strongly Agree	33.5%	25.6%	11.6%	32.1%
Agree	51.9%	51.3%	64.1%	51.8%
Neither Agree nor Disagree	8.4%	19.0%	17.1%	9.9%
Disagree	5.4%	4.1%	7.2%	5.4%
or Strongly Disagree	0.9%	0.0%	0.0%	0.8%
n =	471	91	23	605

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q66. In addition, please tell me your level of agreement or disagreement with the following statements: I am able to stay hopeful even in difficult times.? Do you:

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Strongly Agree	29.6%	33.7%	21.9%	29.2%
Agree	51.9%	48.4%	69.1%	52.7%
Neither Agree nor Disagree	12.2%	12.4%	9.1%	12.1%
Disagree	5.6%	5.0%	0.0%	5.3%
or Strongly Disagree	0.7%	0.5%	0.0%	0.8%
n =	473	90	23	606

Asheville, NC - 2021 CHNA - Buncombe

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The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q322. Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	42.3%	32.6%	45.4%	41.9%
No	57.7%	67.4%	54.6%	58.1%
n =	472	91	22	604

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q67. Was there a time in the past 12 months when you needed mental health care or counseling, but did not get it at that time?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	25.2%	26.1%	13.1%	24.6%
No	74.8%	73.9%	86.9%	75.4%
n =	471	92	23	606

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q68. Are you NOW taking medication or receiving treatment, therapy, or counseling from a health professional for any type of MENTAL or EMOTIONAL HEALTH NEED?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	31.2%	27.5%	8.4%	30.0%
No	68.8%	72.5%	91.6%	70.0%
n =	474	92	22	607

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q69. The next question is about a sensitive topic, and some people may NOT feel comfortable answering. Please keep in mind that you do not have to answer any question you do not want to. Has there been a time in the past 12 months when you thought of taking your own life?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	9.4%	8.2%	15.7%	9.7%
No	90.6%	91.8%	84.3%	90.3%
n =	472	92	23	607

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q70. '+temp70+' Since March of 2020, have you or has any other adult in your household: Lost a Job?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	17.4%	9.8%	32.1%	17.6%
No	82.6%	90.2%	67.9%	82.4%
n =	471	91	23	605

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q71. '+temp70+' Since March of 2020, have you or has any other adult in your household: Lost Hours or Wages, But Didn't Lose a Job?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	30.1%	25.7%	52.2%	31.1%
No	69.9%	74.3%	47.8%	68.9%
n =	469	92	22	603

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q72. '+temp70+' Since March of 2020, have you or has any other adult in your household: Lost Health Insurance Coverage?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	8.7%	8.9%	15.5%	9.1%
No	91.3%	91.1%	84.5%	90.9%
n =	471	92	22	605

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q73. Has there been a time since March 2020 when you needed medical care or had a medical appointment scheduled, but you chose to avoid receiving care due to concerns about coronavirus?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	31.9%	18.3%	45.1%	32.1%
No	68.1%	81.7%	54.9%	67.9%
n =	473	91	23	607

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q74. Thinking about all of the ways that the coronavirus pandemic has affected you, what would you say is the most significant to you and your family?

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Limitations of Daily Activities	11.3%	17.2%	11.7%	12.3%
Not Being Able to go Out	13.4%	4.8%	6.6%	12.1%
Not Being Able to Visit Friends/Relatives	7.9%	2.7%	0.0%	7.0%
Isolation	6.9%	5.4%	4.9%	6.7%
Don't Know/Not Sure	4.8%	11.2%	39.0%	6.7%
Change in Work Situation	5.4%	4.8%	2.1%	5.1%
Aggravation of the way it's Being Handled	4.8%	9.2%	2.5%	4.8%
Government Restrictions	3.9%	13.6%	2.1%	4.3%
Financial	3.5%	3.9%	0.0%	3.4%

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

More Appreciation for Things	3.0%	0.0%	0.0%	2.6%
Staying Safe/Healthy	2.2%	3.6%	9.6%	2.6%
Having to Wear a Mask	2.4%	0.0%	6.3%	2.3%
Family/Self Caught the Virus	1.8%	8.9%	2.1%	2.3%
Children not in School	2.2%	0.0%	0.0%	2.1%
Social Distancing	2.3%	0.0%	0.0%	2.0%
Loss of Job	2.1%	1.3%	0.0%	1.9%
Stress	1.6%	0.0%	6.1%	1.8%
Brought Us Closer Together	1.7%	0.0%	0.0%	1.5%
Hasn't Affected Us	1.5%	0.8%	0.0%	1.3%
Delayed Access to Care	1.4%	0.0%	0.0%	1.2%
Not Being Able to Travel	1.4%	0.0%	0.0%	1.2%
Appreciation of a Lower key Lifestyle	1.3%	0.7%	0.0%	1.2%
Mental Health	0.9%	0.0%	4.9%	1.1%

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

People Who Won't get the Vaccine	1.1%	0.0%	0.0%	1.0%
Waiting to be Vaccinated	0.9%	0.0%	0.0%	1.0%
Worried About Family/Friends Getting the Vaccination	0.6%	7.0%	0.0%	0.9%
Getting Staff Care for My Disability in My Home	1.0%	1.1%	0.0%	0.9%
Child Care	1.0%	0.0%	0.0%	0.9%
Fake News	0.4%	0.0%	0.0%	0.9%
Concern for the Millions That Have Been Affected	0.8%	0.0%	0.0%	0.7%
Loss of Our Constitutional Rights	0.5%	0.0%	0.0%	0.6%
Confusion on What/What not to Do	0.5%	0.0%	0.0%	0.5%
Capability of the Vaccination Process	0.5%	0.0%	0.0%	0.5%

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

Fun	0.5%	0.0%	0.0%	0.5%
Employment	0.5%	0.0%	0.0%	0.4%
Inconvenience	0.4%	0.0%	0.0%	0.4%
Availability of Public Transportation	0.4%	0.0%	0.0%	0.4%
WORKING FROM HOME	0.4%	0.7%	0.0%	0.4%
Having to Work More	0.4%	0.0%	0.0%	0.3%
Uncertainty About the Future	0.3%	0.0%	0.0%	0.3%
Loss of Freedom	0.3%	0.0%	0.0%	0.3%
Anxiety	0.3%	0.0%	0.0%	0.2%
Hardship	0.3%	0.0%	0.0%	0.2%
Business Closures	0.3%	0.0%	0.0%	0.2%
Lack of Routine	0.2%	0.0%	0.0%	0.2%
Aggravation	0.2%	0.0%	0.0%	0.2%
No Impact	0.2%	0.0%	0.0%	0.2%
Death of Friend/Relative	0.0%	0.0%	0.0%	0.1%
Fatigue	0.0%	1.7%	0.0%	0.1%
Fear People Have	0.0%	0.0%	2.2%	0.1%
Worry About how/Where to get the Vaccine	0.1%	0.0%	0.0%	0.1%

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

Made Me More Active/Physically Fit	0.1%	0.0%	0.0%	0.1%
Access to Rapid Testing	0.1%	0.0%	0.0%	0.1%
Change in Our Living Situation	0.0%	0.7%	0.0%	0.0%
Refused to get the Vaccine	0.0%	0.7%	0.0%	0.0%
n =	435	72	20	546

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q76. Food Security.

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Food Secure	82.5%	76.0%	73.0%	80.9%
NOT Food Secure	17.5%	24.0%	27.0%	19.1%
n =	474	90	23	607

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q77. [Those With Diagnosed Depression] Seeking Help.

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
n =	n < 5	n < 5	n < 5	n < 5

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q78. Heart Attack/Angina/Coronary Disease. (Composite)

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
n =	n < 5	n < 5	n < 5	n < 5

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q79. Cardiovascular Risk. (Composite)

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
1+ Cardiovascular Risk Factors	80.5%	85.2%	82.0%	80.3%
No Risk Factors	19.5%	14.8%	18.0%	19.7%
n =	476	92	23	611

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q83. [Adult] Currently Has Asthma.

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	8.5%	10.5%	19.9%	9.0%
No	91.5%	89.5%	80.1%	91.0%
n =	472	92	23	607

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q85. Diabetes.

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	10.0%	11.8%	4.1%	9.8%
Borderline/Pre-Diabetic	4.6%	1.8%	0.0%	4.3%
No	85.5%	86.3%	95.9%	85.9%
n =	427	78	21	544

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q86. Borderline/Pre-Diabetic.

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	4.6%	1.8%	0.0%	4.3%
No	95.4%	98.2%	100.0%	95.7%
n =	427	78	21	544

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q87. Number of Chronic Conditions.

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
n =	n < 5	n < 5	n < 5	n < 5

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q89. 5 or More Servings of Fruits/Vegetables Per Day.

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	7.3%	0.8%	0.0%	6.3%
No	92.7%	99.2%	100.0%	93.7%
n =	464	90	23	596

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q90. Meets Physical Activity Guidelines.

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Meets Muscle-Strengthening Guideline	10.6%	11.9%	8.5%	10.3%
Meets Aerobic Guideline	36.4%	14.6%	62.8%	35.5%
Meets Both	23.6%	28.0%	5.5%	23.2%
Meets Neither	29.4%	45.5%	23.2%	31.0%
n =	470	89	23	602

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q91. Body Mass Index.

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
9.4	0.0%	0.6%	0.0%	0.0%
16.7	0.5%	0.0%	0.0%	0.4%
17.6	0.0%	1.4%	8.7%	0.5%
18.3	0.1%	0.0%	0.0%	0.1%
18.5	0.5%	0.0%	0.0%	0.4%
18.6	0.2%	0.0%	0.0%	0.2%
18.8	0.6%	0.0%	0.0%	0.6%
19.1	0.3%	0.0%	0.0%	0.2%
19.2	0.8%	0.0%	0.0%	0.7%
19.3	0.2%	0.0%	3.7%	0.4%
19.4	0.4%	0.0%	0.0%	0.4%
19.5	0.7%	0.0%	0.0%	0.6%
19.6	0.4%	0.0%	0.0%	0.3%
19.7	0.4%	0.6%	0.0%	0.4%
19.8	0.1%	1.4%	0.0%	0.2%
20	0.5%	0.0%	1.9%	0.5%
20.1	0.0%	0.8%	0.0%	0.1%
20.2	0.7%	1.8%	0.0%	0.7%
20.3	1.4%	0.0%	0.0%	1.2%
20.4	1.4%	1.2%	0.0%	1.3%
20.5	0.2%	0.0%	0.0%	0.2%
20.6	1.0%	0.0%	0.0%	1.0%
20.7	0.2%	0.0%	0.0%	0.2%
20.8	0.7%	0.0%	0.0%	0.6%
20.9	0.2%	0.0%	0.0%	0.2%
21	0.4%	0.0%	0.0%	0.4%

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

21.1	0.3%	0.6%	0.0%	0.3%
21.3	0.7%	1.2%	0.0%	0.7%
21.5	0.6%	0.0%	0.0%	0.5%
21.6	1.0%	0.0%	0.0%	0.8%
21.7	0.1%	0.0%	3.7%	0.3%
21.8	1.0%	0.7%	0.0%	0.9%
21.9	0.7%	0.0%	0.0%	0.6%
22	0.7%	5.1%	1.9%	1.1%
22.1	0.8%	0.0%	0.0%	0.7%
22.2	1.1%	0.0%	0.0%	0.9%
22.3	0.8%	0.0%	0.0%	0.7%
22.4	0.8%	0.0%	0.0%	0.7%
22.5	0.4%	0.0%	0.0%	0.3%
22.6	0.2%	0.6%	0.0%	0.2%
22.7	0.7%	0.0%	0.0%	0.6%
22.8	0.1%	0.0%	0.0%	0.1%
22.9	0.9%	0.0%	0.0%	0.8%
23	1.1%	0.0%	0.0%	0.9%
23.1	0.1%	0.6%	0.0%	0.2%
23.2	0.4%	0.0%	0.0%	0.4%
23.3	0.6%	0.0%	0.0%	0.5%
23.4	1.0%	1.8%	3.7%	1.2%
23.5	1.4%	0.0%	0.0%	1.2%
23.6	0.6%	0.0%	0.0%	0.5%
23.7	0.2%	1.5%	0.0%	0.7%
23.8	1.1%	0.0%	0.0%	0.9%
23.9	0.8%	0.0%	0.0%	0.7%
24	0.6%	0.9%	4.5%	0.9%
24.1	0.5%	1.4%	0.0%	0.5%
24.2	1.3%	0.0%	0.0%	1.1%
24.3	0.9%	2.1%	0.0%	0.9%
24.4	1.7%	0.0%	0.0%	1.4%

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

24.5	0.2%	0.6%	0.0%	0.2%
24.6	0.3%	0.0%	0.0%	0.2%
24.7	0.2%	1.9%	0.0%	0.3%
24.8	0.6%	0.0%	0.0%	0.5%
24.9	0.0%	0.9%	0.0%	0.1%
25	1.5%	1.2%	8.7%	1.8%
25.1	3.3%	0.0%	0.0%	2.9%
25.2	0.1%	2.7%	0.0%	0.3%
25.4	0.5%	0.6%	0.0%	0.5%
25.5	0.1%	0.0%	0.0%	0.1%
25.6	0.4%	0.0%	0.0%	0.4%
25.7	0.6%	0.0%	0.0%	0.6%
25.8	1.2%	0.0%	4.2%	1.2%
25.9	0.2%	1.4%	0.0%	0.3%
26	0.1%	0.0%	2.0%	0.2%
26.1	0.2%	0.0%	0.0%	0.2%
26.2	0.2%	0.0%	0.0%	0.2%
26.3	0.4%	0.0%	1.9%	0.4%
26.4	0.8%	0.0%	0.0%	0.6%
26.5	1.3%	2.0%	0.0%	1.2%
26.6	1.3%	0.0%	0.0%	1.2%
26.7	0.0%	1.4%	0.0%	0.1%
26.8	0.4%	0.0%	16.0%	1.1%
26.9	0.7%	0.9%	0.0%	0.7%
27.0	1.0%	0.0%	0.0%	0.9%
27.1	0.8%	0.0%	0.0%	0.7%
27.2	0.4%	0.0%	0.0%	0.3%
27.3	1.3%	0.0%	4.4%	1.4%
27.4	3.4%	1.2%	5.7%	3.3%
27.5	1.2%	0.6%	0.0%	1.1%
27.6	0.4%	0.0%	0.0%	0.3%
27.7	0.3%	0.0%	0.0%	0.2%

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

27.8	0.5%	0.0%	0.0%	0.4%
27.9	0.9%	0.7%	0.0%	0.8%
28	0.3%	0.0%	0.0%	0.3%
28.1	1.0%	2.9%	0.0%	1.1%
28.2	0.5%	6.6%	1.9%	0.9%
28.3	0.8%	0.9%	0.0%	0.9%
28.4	0.9%	0.6%	0.0%	0.8%
28.6	0.5%	0.0%	0.0%	0.4%
28.7	0.5%	0.0%	0.0%	0.4%
28.9	0.8%	0.0%	0.0%	0.7%
29	0.5%	1.8%	0.0%	0.6%
29.1	1.0%	0.0%	0.0%	0.8%
29.2	0.4%	0.6%	8.9%	0.8%
29.3	0.8%	0.7%	0.0%	0.7%
29.4	0.5%	0.0%	0.0%	0.4%
29.5	0.4%	0.0%	0.0%	0.3%
29.6	0.5%	0.0%	0.0%	0.5%
29.7	0.1%	0.0%	0.0%	0.1%
29.8	0.3%	1.4%	0.0%	0.3%
29.9	0.4%	0.0%	5.8%	0.6%
30	1.3%	2.7%	0.0%	1.3%
30.1	0.8%	7.5%	0.0%	1.2%
30.2	0.3%	0.0%	0.0%	0.4%
30.3	0.8%	0.0%	8.7%	1.1%
30.4	0.8%	2.7%	0.0%	0.9%
30.5	0.3%	0.0%	0.0%	0.2%
30.6	0.2%	0.0%	0.0%	0.2%
30.7	0.8%	2.7%	0.0%	0.8%
30.8	0.8%	0.0%	0.0%	0.7%
31	0.2%	0.0%	0.0%	0.2%
31.1	0.1%	0.0%	0.0%	0.1%
31.2	0.8%	0.6%	0.0%	0.7%

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

31.3	0.2%	4.1%	0.0%	0.5%
31.5	0.4%	0.0%	0.0%	0.3%
31.8	0.2%	0.0%	0.0%	0.2%
31.9	1.7%	0.6%	3.7%	1.7%
32	0.0%	0.9%	0.0%	0.1%
32.1	0.2%	0.6%	0.0%	0.2%
32.3	0.2%	0.0%	0.0%	0.2%
32.4	0.0%	0.0%	0.0%	0.1%
32.5	0.1%	0.0%	0.0%	0.1%
32.6	0.6%	0.0%	0.0%	0.5%
32.7	0.6%	0.0%	0.0%	0.5%
32.8	0.9%	0.0%	0.0%	1.0%
32.9	0.6%	0.0%	0.0%	0.5%
33	0.6%	0.0%	0.0%	0.5%
33.1	0.0%	1.5%	0.0%	0.1%
33.3	0.7%	2.2%	0.0%	0.7%
33.4	0.0%	0.6%	0.0%	0.0%
33.5	0.2%	0.0%	0.0%	0.1%
33.7	0.4%	0.0%	0.0%	0.3%
33.8	0.2%	0.0%	0.0%	0.2%
33.9	0.0%	0.8%	0.0%	0.1%
34	0.1%	0.0%	0.0%	0.1%
34.1	0.1%	0.0%	0.0%	0.1%
34.2	0.2%	0.0%	0.0%	0.2%
34.3	0.4%	0.0%	0.0%	0.3%
34.4	0.1%	0.0%	0.0%	0.1%
34.5	0.1%	0.0%	0.0%	0.1%
34.9	0.2%	0.0%	0.0%	0.4%
35	0.1%	0.0%	0.0%	0.1%
35.2	0.9%	0.0%	0.0%	0.8%
35.3	0.5%	0.8%	0.0%	0.4%
35.4	0.3%	0.0%	0.0%	0.3%

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

35.5	0.5%	0.6%	0.0%	0.5%
35.9	0.1%	0.0%	0.0%	0.1%
36	0.1%	0.9%	0.0%	0.2%
36.2	0.4%	0.0%	0.0%	0.4%
36.5	0.0%	0.0%	0.0%	0.2%
36.6	0.1%	0.0%	0.0%	0.1%
36.8	0.2%	0.0%	0.0%	0.1%
36.9	0.2%	0.0%	0.0%	0.2%
37	0.5%	0.6%	0.0%	0.5%
37.1	0.4%	0.0%	0.0%	0.4%
37.2	0.5%	0.6%	0.0%	0.5%
37.6	0.2%	0.0%	0.0%	0.2%
37.7	0.0%	2.4%	0.0%	0.2%
38	0.7%	0.0%	0.0%	0.6%
38.4	0.1%	1.2%	0.0%	0.2%
38.7	0.5%	0.0%	0.0%	0.4%
38.9	0.1%	0.0%	0.0%	0.1%
39	0.0%	1.2%	0.0%	0.1%
39.2	0.6%	0.0%	0.0%	0.5%
39.5	0.3%	0.0%	0.0%	0.3%
39.9	1.0%	0.0%	0.0%	0.8%
40.3	0.0%	0.9%	0.0%	0.1%
40.4	0.7%	0.0%	0.0%	0.6%
40.6	0.0%	0.6%	0.0%	0.0%
40.7	0.2%	0.0%	0.0%	0.2%
41.1	0.5%	0.0%	0.0%	0.4%
41.5	0.1%	0.0%	0.0%	0.1%
41.6	0.5%	0.0%	0.0%	0.4%
42.3	0.0%	0.9%	0.0%	0.1%
42.4	0.0%	1.4%	0.0%	0.1%
43.3	0.1%	0.0%	0.0%	0.1%
43.6	0.0%	0.6%	0.0%	0.0%

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

44.3	0.0%	0.6%	0.0%	0.0%
44.8	0.4%	0.0%	0.0%	0.3%
44.9	0.5%	0.6%	0.0%	0.5%
45.9	0.3%	0.0%	0.0%	0.2%
46.1	0.0%	0.6%	0.0%	0.0%
46.6	0.0%	0.0%	0.0%	0.1%
46.9	0.1%	0.0%	0.0%	0.1%
48.6	0.0%	0.6%	0.0%	0.0%
49.2	0.2%	0.0%	0.0%	0.2%
49.6	0.1%	0.0%	0.0%	0.1%
49.8	0.2%	0.0%	0.0%	0.2%
51.7	0.2%	0.0%	0.0%	0.2%
52.7	0.1%	0.0%	0.0%	0.1%
54.7	0.1%	0.0%	0.0%	0.1%
54.9	0.2%	0.8%	0.0%	0.2%
56.2	0.2%	0.0%	0.0%	0.2%
59.6	0.5%	0.0%	0.0%	0.4%
59.9	0.1%	0.0%	0.0%	0.1%
68.4	0.2%	0.0%	0.0%	0.2%
71.6	0.1%	0.0%	0.0%	0.1%
73	0.0%	0.6%	0.0%	0.0%
n =	466	85	22	591

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q92. Weight Status.

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Underweight (BMI Under 18.5)	0.6%	2.0%	8.7%	1.1%
Healthy Weight (18.5 to 24.9)	35.6%	25.7%	19.3%	34.3%
Overweight (25.0 and 29.9)	33.5%	28.3%	59.6%	34.0%
Obese (30.0 and Over)	30.3%	44.1%	12.4%	30.6%
n =	466	85	22	591

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q93. Healthy Weight.

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	35.6%	25.7%	19.3%	34.3%
No	64.4%	74.3%	80.7%	65.7%
n =	466	85	22	591

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q94. Obese.

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	30.3%	44.1%	12.4%	30.6%
No	69.7%	55.9%	87.6%	69.4%
n =	466	85	22	591

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q99. Current Ecig User.

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
n =	n < 5	n < 5	n < 5	n < 5

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q100. Excessive Drinking. (Binge or Heavy Drinking)

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	23.8%	16.8%	24.4%	23.2%
No	76.2%	83.2%	75.6%	76.8%
n =	472	92	23	607

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q101. [Adults 18-64] Insured Status.

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Yes	90.6%	78.5%	92.9%	89.1%
No	9.4%	21.5%	7.1%	10.9%
n =	347	66	21	452

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q102. [Adults 18+] Specific Source of Ongoing Care.

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
n =	n < 5	n < 5	n < 5	n < 5

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q103. [Adults 18-64] Insured Status. (3 Categories)

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
n =	n < 5	n < 5	n < 5	n < 5

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q106. Age Groupings. (3 Categories.)

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
18 to 39	33.4%	39.9%	59.2%	36.0%
40 to 64	43.3%	39.1%	33.3%	42.1%
65/Over	23.2%	21.0%	7.5%	21.9%
n =	474	92	23	609

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q107. Age Groupings. (5 Categories.)

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
18 to 34	17.8%	23.8%	53.5%	20.5%
35 to 44	22.9%	24.8%	15.6%	23.1%
45 to 54	16.4%	10.6%	14.6%	15.7%
55 to 64	19.6%	19.8%	8.8%	18.8%
65/Over	23.2%	21.0%	7.5%	21.9%
n =	474	92	23	609

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q108. Combined Race/Ethnicity.

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Non-Hispanic White	100.0%	0.0%	0.0%	86.5%
Non-Hispanic Black	0.0%	100.0%	0.0%	7.4%
HISPANIC	0.0%	0.0%	100.0%	4.9%
Non-Hispanic Asian	0.0%	0.0%	0.0%	0.0%
Non-Hispanic American Native	0.0%	0.0%	0.0%	0.6%
Other	0.0%	0.0%	0.0%	0.7%
n =	476	92	23	604

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q109. HHS Poverty Status. (Two Categories)

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Below 200% of Poverty	35.4%	49.8%	34.6%	36.4%
200% of Poverty or Higher	64.6%	50.2%	65.4%	63.6%
n =	422	80	19	539

Asheville, NC - 2021 CHNA - Buncombe

This table was generated on 1/26/2022 using all data visible to Jo.Bradley.

The following questions were filtered on to create columns:
108 - Combined Race/Ethnicity.

Q110. HHS Poverty Status. (Three Categories)

	Non-Hispanic White	Non-Hispanic Black	HISPANIC	Overall
Below Poverty	15.4%	23.5%	5.0%	15.6%
100% to 199% of Poverty	20.0%	26.3%	29.7%	20.8%
200% of Poverty or Higher	64.6%	50.2%	65.4%	63.6%
n =	422	80	19	539

APPENDIX E– ONLINE KEY INFORMANT SURVEY FINDINGS

2021 COMMUNITY HEALTH NEEDS ASSESSMENT — KEY INFORMANT FINDINGS

Buncombe County, North Carolina

Sponsored by
WNC Health Network for
WNCHEALTHYIMPACT

2021-0740-02

Prepared by PRC

www.PRCCustomResearch.com

TABLE OF CONTENTS

INTRODUCTION

QUALITY OF LIFE

PERCEPTIONS OF LOCAL QUALITY OF LIFE

Key Informant Perceptions of Community Resilience

In the Online Key informant Survey, community stakeholders were asked: *"Thinking over the past 12 months, what have you experienced in your community that has helped you feel inspired, confident, or hopeful related to the health and wellbeing of people in your community?"* The following represent their verbatim responses.

Community Response to COVID-19 Pandemic

> Collaborative effort to support the needs of others. – Social Services Provider (Buncombe County)
>
> The pandemic response was handled extremely well. Implementing the Governor's EO's and the response by the county and partners to COVID testing and vaccination. Community organizations as well as nonprofits all came together on behalf of the residents of Buncombe County. – Other Health Provider (Buncombe County)
>
> The community came together to quickly address the pandemic with a focus on reaching high risk populations. Folks mostly adhered to 3W protocols and did what was possible to keep each other safe. Neighbors and families also supported each other. – Other Health Provider (Buncombe County)
>
> The resilience of people in the face of COVID. Once the initial panic settled, settled into a rhythm of life. Neighbors helped neighbors. People were outside more. I spoke to many neighbors that I had never met before. – Community Leader (Buncombe County)
>
> Increased community partnerships to handle the pandemic, racism, housing, opiate use crisis. – Physician (Buncombe County)
>
> The collaboration and focus on community need during COVID has been remarkable and inspiring. The vaccine effort, and the focus of institutional leaders to prioritize and work with trusted gatekeepers to marginalized communities was wonderful. I am also hopeful that new resources coming to the community-- federal or state COVID recovery funds, Healthy Opportunities pilot money, opioid settlement funds, plus the resources of Dogwood Health Trust and HCA Healthcare via Mission Health will combine for real upstream solutions to health disparities. – Public Health Representative (Buncombe County)
>
> Collaboration around the pandemic, and relatively low infection rates among affordable housing residents. – Community Leader (Buncombe County)
>
> Vance monument coming down and City of Asheville moving forward with an attempt to provide reparations for Black city residents. – Other Health Provider (Buncombe County)
>
> Participating in working with grassroots leaders in impacted neighborhoods across Buncombe to keep the community safe and to support and lift the community during the pandemic. – Social Services Provider (Buncombe County)

COVID-19 Testing/Vaccination Efforts

> The overall COVID response including the collaboration and coordination among diverse organizations, the focus on equity during the early vaccination process. – Other Health Provider (Buncombe County)
>
> Vaccinations and the efforts that so many people came together to make it a positive thing for the community. Chosen working with the African American community to do over 1000 age 65 and older, YMCA working with Buncombe county, MACHEC and AMCHC making staff available. This was beautiful. – Social Services Provider (Buncombe County)
>
> Working in the Buncombe County mass vaccination center. – Social Services Provider (Buncombe County)
>
> High numbers of people getting vaccinated. – Community Leader (Buncombe County)
>
> Vaccination access in the community and businesses resuming operations have helped me to be hopeful. – Community Leader (Buncombe County)

Community Food Distribution

> Being most familiar with the food system, seeing organizations and individuals step up and provide food to the community when the need was so great was heartening. Hopefully this energy shifts to eliminating the need for emergency food. – Community Leader (Buncombe County)
>
> What immediately comes to mind is the large pivot so many social service agencies did in their service delivery due to the impact of COVID. In particular, all that had to change to ensure food was still accessible and safe to obtain (reducing exposure to COVID through drive through pickups, etc.). In addition, the way different agencies joined forces in a way that would not have happened without COVID. – Social Services Provider (Buncombe County)

Living wage jobs. Equitable access to health care. – Community Leader (Buncombe County)

Community Connections/Support

High engagement of adult mentorship. – Physician (Buncombe County)

Communities with a purpose and resources to create the things they need to thrive (support for communities at the grassroots that focus on agency and autonomy). – Social Services Provider (Buncombe County)

Health & Wellbeing of Residents

Mental health. 1. Promote healthy living habits particularly in schools with kids. 2. Teachers and law enforcement can recognize early warning signs of mental health issues and they know how to respond. – Community Leader (Buncombe County)

Access to Affordable Healthy Food

Vibrancy in healthy eating and active living landscape– for everyone (think Downtown Welcome Table model, community cooking events and classes) (think greenways accessible to all communities, community centers with variety of activities, access to WNC's renowned outdoor spaces for everyone). – Public Health Representative (Buncombe County)

Built Environment

Safe neighborhoods and housing. – Other Health Provider (Buncombe County)

Access to recreation. – Social Services Provider (Buncombe County)

Affordable Housing

Access to affordable, safe housing. – Social Services Provider (Buncombe County)

Equality

Parity in health outcomes. – Community Leader (Buncombe County)

Equal (across income/gender/race) access to healthy communities/resources. – Social Services Provider (Buncombe County)

Community Connections/Support

A strong sense of community/social connection and belongingness in all neighborhoods/for all people – people feel safe, seen, and valued; they know they are not alone, etc. – Public Health Representative (Buncombe County)

Belonging. – Public Health Representative (Buncombe County)

THIRD MENTION

Access to Care/Services

Real access to the full life and all of the institutions of our greater community. – Social Services Provider (Buncombe County)

Employment & Opportunity

Living wage. Money is the source of conflict, mental health issues, etc. If people make adequate income to buy food and take care of essentials they will be healthier and less stressed. – Community Leader (Buncombe County)

Economic vitality– educational and employment opportunities for everyone who wants them, regardless of income, academic, or criminal backgrounds. – Public Health Representative (Buncombe County)

Awareness/Education

High high-school graduation rates. – Other Health Provider (Buncombe County)

Access to Affordable Healthy Food

Access to fresh foods. – Social Services Provider (Buncombe County)

Food security. – Community Leader (Buncombe County)

Affordable Housing

Affordable housing for all. – Community Leader (Buncombe County)

High quality affordable housing. – Community Leader (Buncombe County)

Secure and affordable housing. – Physician (Buncombe County)

Community Connections/Support

One that believes in science and the public good and supports one another for general betterment rather than pitting groups against one another and politicizing science and medicine. – Community Leader (Buncombe County)

Diversity

A thriving community where everyone's basic needs are met. – Social Services Provider (Buncombe County)

Equitable access to resources (food, healthcare, childcare, prevention) – everyone is able to get the support they need to live healthy, happy lives. – Public Health Representative (Buncombe County)

Built Environment

Clean air and water. – Community Leader (Buncombe County)

Safety

Spatial, interpersonal, and political safety. – Public Health Representative (Buncombe County)

A community that does not permit violence to be tolerated, where there are services to both survivors and perpetrators of violence. – Other Health Provider (Buncombe County)

Lower Infant Mortality Rates

Lower infant mortality rates. – Community Leader (Buncombe County)

Low infant mortality and high-quality medical options. – Social Services Provider (Buncombe County)

Increasing focus and integration of the pair of ACEs model into community interventions – the growing work around integrating community and individual resiliency education into our community. Fostering opportunities for authentic social connection and shared understanding, creating safe spaces for truth/voice to be heard, and incorporating lived experience into advocacy and policy shifts. Our community is also working to strengthen broad understanding of social and environmental determinants of health, intergenerational trauma, epigenetic impacts of historical and chronic trauma/stress exposure and focusing on 'upstream' interventions. – Public Health Representative (Buncombe County)

Awareness by medical and social service agencies, trauma-informed care practices. – Physician (Buncombe County)

Trauma informed school-based efforts, growing knowledge about trauma, Family Justice Center. – Other Health Provider (Buncombe County)

Affordable Housing

Reduction of stress when affordable housing is available. A living wage for workers, adequate childcare and preschool. Sound education that includes social-emotional learning, SEL, and mental health support. – Community Leader (Buncombe County)

CHALLENGES

Access to Care/Services

Lack of resources for families, high stress in certain communities. – Physician (Buncombe County)

Alcohol/Drug Use

Substance use, homelessness, mental health issues. – Community Leader (Buncombe County)

Denial/Stigma

ACE Collaborative disbanded, stigma, still not widespread awareness of resilience. Informed approaches, police and system changes. – Other Health Provider (Buncombe County)

Contributing Factors

Ongoing challenges re: social and environmental determinants of health have a deep impact on resiliency – lack of safe and affordable housing, ongoing exposure to violence, poverty (including intergenerational), low paying jobs/lack of true living wage, not being able to afford health insurance or access preventive care – including mental health and substance use services – all maintain trauma activation. Additionally, there are systems still entrenched in racism and bias – "seeking help" from these systems or relying on these systems to protect is not always the case. It is also challenging to work on addressing and healing personal or familial trauma when basic needs aren't able to be met and individuals are stuck in fight/flight/freeze responses. There have been efforts to create trauma-informed systems in our community, but SO much more work needs to be done – particularly within healthcare and social support-oriented services, as well as the justice/legal system. – Public Health Representative (Buncombe County)

Employment

Low paying jobs, unstable housing, cost of living. Unsure of the family supports in schools, churches and community. High cost of childcare. – Public Health Representative (Buncombe County)

POPULATIONS IMPACTED

Children

Children in general as ACEs span all groups, but more likely affecting those that may be more affected by low paying jobs, housing insecurity, food insecurity, etc. Those with a substance use disorder. – Public Health Representative (Buncombe County)

Unhoused children, children experiencing poverty and the additional stressors of the pandemic. – Other Health Provider (Buncombe County)

Low Income

Poverty seems to be the common theme around adequate health care, dental and physical health, infant mortality. – Community Leader (Buncombe County)

All Populations

> Groups that have multiple intersecting marginalized identities, such as women and children, BIPOC, immigrants, LGBTQ+, ESL, IDD, etc. are most impacted because of systemic limitations and barriers that prevent and oppress them from accessing what they need. – Public Health Representative (Buncombe County)

People of Color

> Black and brown communities, rural. – Physician (Buncombe County)

Availability of Primary Care Providers, Specialists, Hospitals, or Other Places That Provide Healthcare Services

STRENGTHS

Local Providers

> Variety of health care providers, not just MD's, but also physician assistants and DNP. Providers are located at sites in many parts of the county offering better accessibility than in other western NC counties. - Community Leader (Buncombe County)

Local Healthcare Facilities

> MAHEC, FQHCs, healthy opportunities. - Physician (Buncombe County)

> The FQHCs in the area do a good job with primary care for those in the low income market. - Social Services Provider (Buncombe County)

Affordable Care/Services

> Affordable Access to Coordinated Health Care: an ORGANIZED safety net that includes Free Clinics, FQHCs, Primary Care Practices, Medication Assistance, Dental, Behavioral Health services, Insurance Coverage, Specialty Care, and Hospital services, as well as Community Health Workers and other navigator roles to ensure continuity of care based on need. - Public Health Representative (Buncombe County)

> With the number of uninsured and under-insured in our community, we still have significant numbers of individuals that are unable to afford consistent care. Even for those partially insured or insured with "high deductible" plans, the out of pocket expenses are significant deterrents for seeking care. Not to mention our significant shortage of care of mental health related issues. Even if you have good insurance, it could be weeks or months before you can be seen or evaluated. The successful models of care involve "team based, interprofessional" approaches. Leveraging community health workers, pharmacists, nutritionists, care managers to "wrap" complex patients in the services they need. Unfortunately, the payment models do not always align for the team to be involved and primary care practices struggle to achieve their needed financial targets and remain in business, much less add other team members that may not be able to directly bill for their services. - Community Leader (Buncombe County)

CHALLENGES

Access to Care/Services

> the perceptions of lack of care and sense of community by a large for-profit hospital; many providers being dissatisfied and leaving this medical system; the few excellent providers have a long wait time for appointments; the lack of providers representing non-white ethnicities/races - Community Leader (Buncombe County)

Transportation

> Transportation and lack of knowledge to and about the health care centers. - Social Services Provider (Buncombe County)

Affordable Care/Services

> unfortunately, I think I listed these in my first response - so I will focus on what supports people - easy and affordable access to care, transparent and easy navigation across care providers, transportation, extended clinic hours, telehealth options, emphasis that "prevention" is the key to long term health - Community Leader (Buncombe County)

CHALLENGES

Awareness/Education

> Insufficient investment in high quality preschool and after school programming. A consistent and sustained resistance to change within the Asheville City Schools district by white parents to preserve school programs that benefit primarily their children and not students of color. – Community Leader (Buncombe County)

> Poor accountability on the school system to provide a safe and effective learning experience for all, especially black and brown people. – Physician (Buncombe County)

> Lack of will to invest in education. Unequal access, particularly to early child ED and childcare. – Community Leader (Buncombe County)

Politics

> Political divide and the focus away from the science and preventative health care needs of the community. – Community Leader (Buncombe County)

POPULATIONS IMPACTED

Children

> Children, future workforce. – Public Health Representative (Buncombe County)

> Children, mothers. – Community Leader (Buncombe County)

All Populations

> All residents. – Community Leader (Buncombe County)

People of Color

> Black, Latina and older adults. – Community Leader (Buncombe County)

> African Americans and other people of color. – Community Leader (Buncombe County)

> Black and brown and Spanish speaking communities. – Physician (Buncombe County)

Family & Social Support

STRENGTHS

Community Partners

> The shift from agencies to trauma-informed work, equity focus, and the commitment to serving the whole child or whole person. – Community Leader (Buncombe County)

> Nonprofit agencies, philanthropy, school system and local communities' governments, boards and elected Opportunities for engagement and connection across the life continuum. Prenatal services, positive youth environments, strong mental health services, economic opportunities, senior supports. – Public Health Representative (Buncombe County)

Supportive Community Members

> People came together organically over the pandemic to support each other, provide informal childcare, etc. – Other Health Provider (Buncombe County)

> A sense of community with participation in any of many social support and program groups. – Other Health Provider (Buncombe County)

Community Engagement

> Community events that are open to all. – Social Services Provider (Buncombe County)

CHALLENGES

Isolation

> Isolation, lack of awareness or ability to engage with service, events, and opportunities. – Public Health Representative (Buncombe County)

> Isolation and a history of mental health and/or trauma. – Other Health Provider (Buncombe County)

Social isolation due to the pandemic. Not all folks have supportive biological families. – Other Health Provider (Buncombe County)

Education/Awareness

Finding an event for a specific population that is well attended, like parents of young kids, parents of Neonatal Intensive Care Unit graduates. – Social Services Provider (Buncombe County)

POPULATIONS IMPACTED

Children

Children. – Community Leader (Buncombe County)

Elderly

Isolated older adults and those at higher risk for COVID-19. Had challenging times during the pandemic. – Other Health Provider (Buncombe County)

Substance Abusers

Individuals or families with substance use and/or behavioral health issues. – Other Health Provider (Buncombe County)

Families

Parents. – Social Services Provider (Buncombe County)

Rural

Perhaps rural community members and also seniors. – Public Health Representative (Buncombe County)

Income & Employment

STRENGTHS

Employment

Availability of higher paying jobs that don't require degree. – Social Services Provider (Buncombe County)

Low unemployment rates in the area. – Community Leader (Buncombe County)

There are many technical service providers offering free assistance to both jobseekers and would-be entrepreneurs. There are programs to help people move from unemployment to employment. – Community Leader (Buncombe County)

Community Partners

Active collaboration efforts at the Chamber of Commerce and Land of Sky involving employers who need workers. Living wage advocacy by Just Economics in the community. – Community Leader (Buncombe County)

CHALLENGES

Employment

A lack of high-paying jobs (so many jobs here are in the service or tourism industry) and lack of affordable childcare (although the Buncombe County Early Childcare money has helped considerably) and problems with public transportation and affordable housing near that transportation. – Community Leader (Buncombe County)

Lack of a living wage in this high cost of living area. – Community Leader (Buncombe County)

Low wage economy based on tourism and exploding housing costs stressing the economics of lower income residents. Endangering their ability to make ends meet. – Community Leader (Buncombe County)

Low wages affect the ability for affordable housing, etc. – Social Services Provider (Buncombe County)

POPULATIONS IMPACTED

All Populations

Working adults. – Social Services Provider (Buncombe County)

POPULATIONS IMPACTED

Elderly

> Older adults. – Social Services Provider (Buncombe County)

People of Color

> People of color and low-income people. – Community Leader (Buncombe County)

Racism & Other Forms of Discrimination

STRENGTHS

Awareness/Education

> The entire community has a responsibility to make sure that all forms of Racism is rooted out. The first thing is to tell the truth! Truth about the past not to make people feel shame but to acknowledge that the systems that are put in place have help some and harmed others. Educate so that we all can be better. – Social Services Provider (Buncombe County)

> Reparations, cultural vibrancy and inclusion, equity in every system of life. – Social Services Provider (Buncombe County)

> Acknowledgement of past wrong-doing and conversations, policies in favor of reparations. – Community Leader (Buncombe County)

> Growing awareness on community and leadership/institutional levels, Racial Justice Coalition, County Commissioner's investing in equity, BCHHS and city efforts to create offices of DEI. – Other Health Provider (Buncombe County)

Community Leaders Actively Involved

> The number of young black and LatinX leaders that have come on the scene in the last ten or so years, who have developed new and innovative solutions. The amazing work of organizations like the new, energized YMI Cultural Center or CoThink or Poder Emma or Word on the Street or My Community Matters. – Community Leader (Buncombe County)

Supportive Community Members

> Creating a community where BIPOC communities feel a sense of belonging. – Other Health Provider (Buncombe County)

Affordable Care/Services

> Fair and equitable access to health care. – Other Health Provider (Buncombe County)

Local Government

> Local county and city government have recently made declarations around racism being a public health crisis and a public safety crisis, which has supported deeper dialogue and evaluation into the ways that systemic racism exists in our community. Additionally, there are several initiatives focused on racial equity that are being spearheaded by local government, which has supported public acknowledgement and visibility around this very real issue. There are also many BIPOC-led organizations who have been leading this movement and building awareness at a grassroots level that should be acknowledged. There is growing movement to push "talk into action" and that feels hopeful. – Public Health Representative (Buncombe County)

CHALLENGES

Lack of Knowledge/Education

> The biggest thing is our institutions do not make an intentional effort to value those that have been marginalized. The courts, policing, housing and schools must become intentional in the change if we are going to see success. – Social Services Provider (Buncombe County)

> Lack of ownership and action towards making changes – particularly for those who are not part of a racial minority in our community. There is still a pervasive disconnect around the role that people (and organizations) play in maintaining unequal, oppressive systems, reinforcing harmful norms and narratives, and silencing those with lived experience. There is a need to lift, amplify, and believe BIPOC voices and truths – AND do it in a way that promotes healing and unity. – Public Health Representative (Buncombe County)

> The challenge of our larger community wanting to support a specific segment of the population. Not having solutions being informed by the population most impacted by the issue. – Other Health Provider (Buncombe County)
>
> Lack of understanding how racism and institutional racism affects health care. How providers treat racial minorities during an office visit and their lack of perception of how their actions effect patients. – Other Health Provider (Buncombe County)

Structural/Systemic Racism

> Different communication styles, structural racism that refuses to budge. Fear of loss of power instead of embracing shared power. Old ways of doing things instead of listening more to new, innovative ideas. – Community Leader (Buncombe County)
>
> Systemic racism still exists in schools, law enforcement, medical care. Overall stress at all income levels. – Community Leader (Buncombe County)
>
> Structural racism and compounded years of inequities in every system of life. – Social Services Provider (Buncombe County)
>
> Confusing systemic racism with personal attacks on being racist, limited awareness, denial, white supremacy culture is entrenched. – Other Health Provider (Buncombe County)

POPULATIONS IMPACTED

People of Color

> African Americans. – Social Services Provider (Buncombe County)
>
> African American and LatinX communities. – Social Services Provider (Buncombe County)
>
> BIPOC communities. – Other Health Provider (Buncombe County)
>
> African Americans and Hispanics, especially those at lower income levels. – Community Leader (Buncombe County)
>
> Black and African American community. – Other Health Provider (Buncombe County)

Vulnerable Populations

> Those who hold intersecting and marginalized identities are most impacted by racism, discrimination, and oppression – they face the most barriers when navigating systems because of compounded bias and oppression – however, they are also the most blamed/shamed for their circumstances, because there is ongoing inability to acknowledge how social and environmental determinants of health, historic racism, and societal bias can outweigh personal behavior choices when it comes to health equity. – Public Health Representative (Buncombe County)

All Populations

> All of the above. – Other Health Provider (Buncombe County)

Safe & Healthy Housing

STRENGTHS

Affordable Housing

> Access to affordable housing, public transportation and recreation options. – Social Services Provider (Buncombe County)
>
> A massive investment in new affordable housing opportunities would best support the health and wellbeing of the community. This should be both rental housing for those who prefer that and affordable home ownership for families to build equity and foster long term sustainability. – Community Leader (Buncombe County)

Having a Safe Home

> Having real homes with equity opportunities rather than dense overcrowded developments where people are housed into poverty forever. – Social Services Provider (Buncombe County)

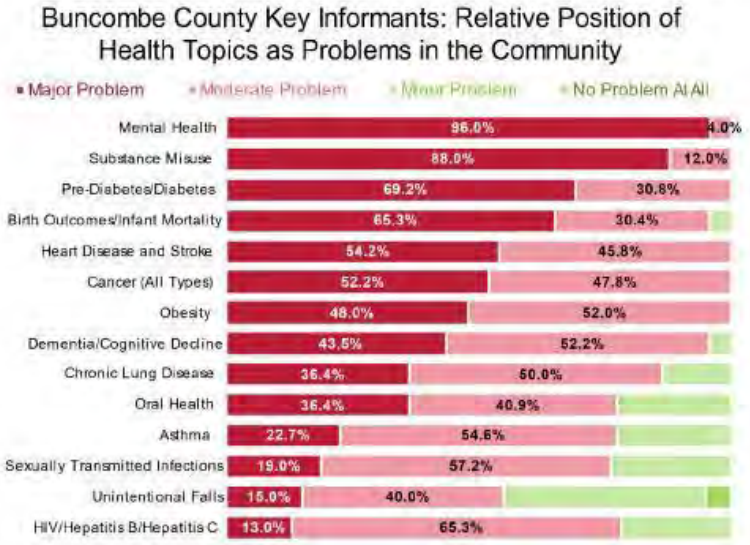
Safety Net Providers

> Strong safety net providers such as FQHC's, free and charitable clinics, low cost behavioral health and substance abuse treatment. Charity care at the hospital that is affordable and accessible. Access to affordable medications. – Other Health Provider (Buncombe County)

HEALTH ISSUES

KEY INFORMANT RATINGS OF HEALTH ISSUES

Key informants taking part in the Online Key Informant Survey were asked to rate each of 14 health issues; the following chart illustrates those most often identified as "major problems" in their own communities.



Appendix F – Prioritization Tool

WNCHEALTHYIMPACT

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RATING & PRIORITIZING KEY HEALTH ISSUES

Instructions

Step 1:	Rate each health issue in the table below for each of the 3 selection criteria: **1** = low priority; **2** = medium; **3** = high; **4** = very high priority **See CHIP Advisory PowerPoint handout with additional information on selection criteria**
Step 2:	Add the 3 scores for each health issue from left to right. Enter the total score into the "Total Rating" column on the far right of the table below.
Step 3:	Highlight or **Bold** the top 3 scores from the "Total Rating" column.
Step 4:	Type the top 3 corresponding health issues in the Step 4 table below. i.e. Highest score = #1 rank, next highest score = # 2 rank, etc.
Step 5:	Return your completed Ranking & Prioritizing Sheet to CHIP Leadership (erin.bee@buncombecounty.org and ginger.clough@buncombecounty.org) by **close of business on February 21st, 2022**

Worksheet: RATING & PRIORITIZING KEY HEALTH ISSUES

Step 1: LIST KEY HEALTH ISSUES (below) Note: You can always add additional criteria		Step 2: RATE AGAINST SELECTION CRITERIA (1=lowest priority; 2=medium; 3=high; 4=highest) RELEVANT *How important is this issue?* • Size of the problem (e.g. % of population affected) • Severity of the problem (e.g. cost to treat, lives lost, etc.) • Focus on equity • Aligned with HNC 2030 • Linked to other important issues • Urgency to solve problem; community concern (e.g. as identified by key informants/OKIS data)		IMPACTFUL *What will we get out of addressing this issue?* • Availability of solutions/proven strategies • Builds on or enhances current work • Significant consequences of not addressing issue now		FEASIBLE *Can we adequately address this issue?* • Availability of resources (staff, community partners, time, money, equipment) to address the issue • Political capacity/will • Community/social acceptability • Appropriate socio-culturally • Can identify easy, short-term wins		Step 3: TOTAL RATING
a.	Mental Health		+		+		=	
b.	Substance Use		+		+		=	
c.	Diabetes		+		+		=	
d.	Heart Disease		+		+		=	

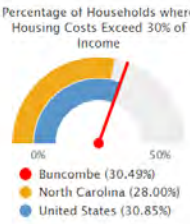
Step 4: RANK ORDER KEY HEALTH ISSUES Highest scoring health issue from Step 3 = 1, next highest scoring health issue = 2, etc.	
#1	
#2	
#3	

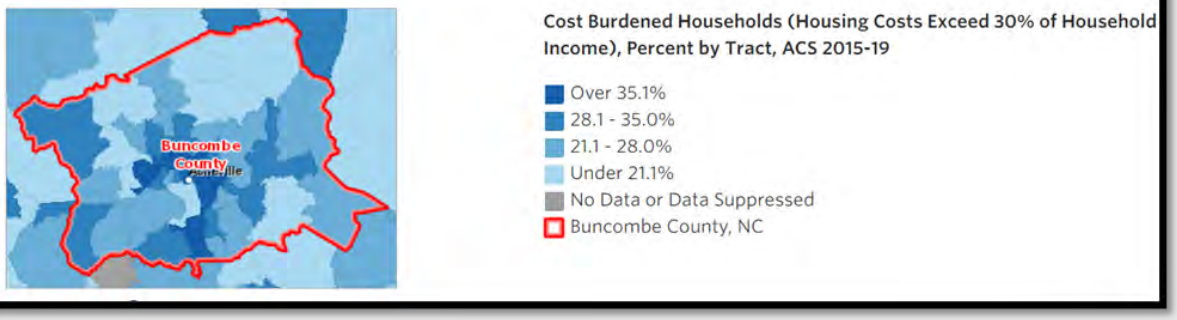
Tool developed August 2015 by WNC Healthy Impact, Prioritization Workgroup; adapted from *Rating/Ranking Key Health Issues* (Health Resources in Action) and the *Hanlon Method for Prioritizing Health Problems* (NACCHO). Reviewed and edited by WNC Health Network, August 2018 and revised in Sept 2021.

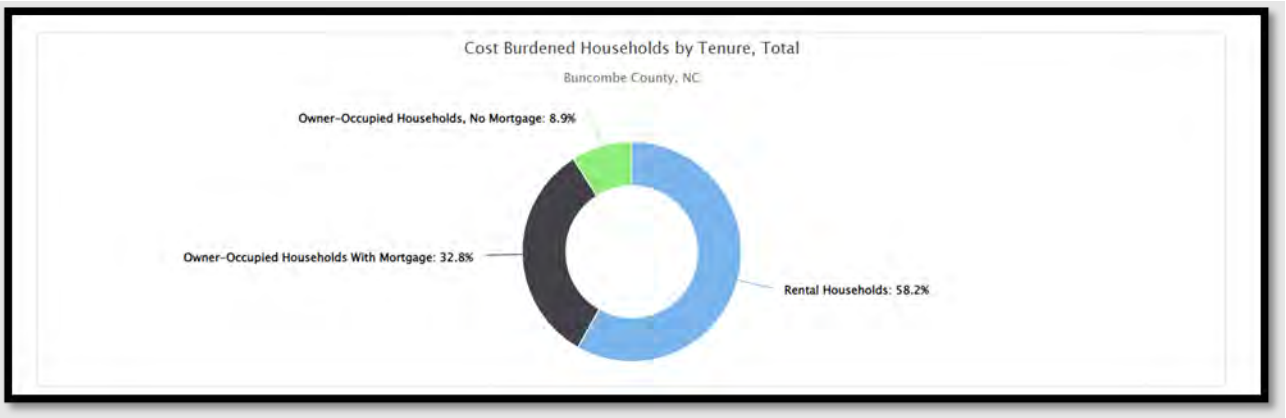
Appendix G- Housing Data

Report Area	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	Cost Burdened Households, Percent
Buncombe County, NC	107,479	32,766	30.49%
North Carolina	3,965,482	1,110,399	28.00%
United States	120,756,048	37,249,895	30.85%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract → Show more details



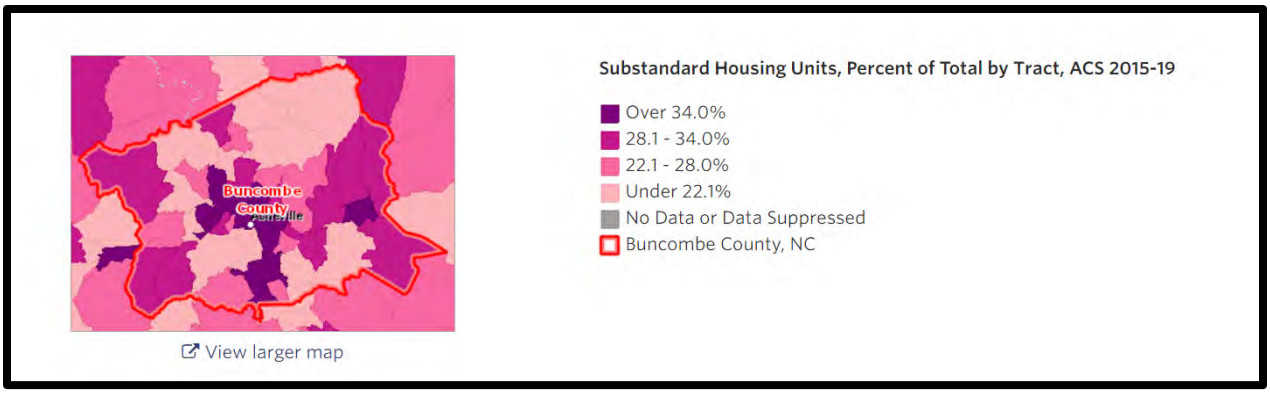




Report Area	Total Occupied Housing Units	Occupied Housing Units with One or More Substandard Conditions	Occupied Housing Units with One or More Substandard Conditions, Percent
Buncombe County, NC	107,479	33,397	31.07%
North Carolina	3,965,482	1,131,278	28.53%
United States	120,756,048	38,530,862	31.91%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract → Show more details

A higher portion of residents lived in home with substandard conditions than in the state. From 2015-2019, a total of 33,397 or 31.07% of residents lived in homes with one or more substandard conditions (US Census, Community Surveys) https://www.census.gov/programs-surveys/acs



Community Commons
.https://sparkmap.org/report/?REPORT=%7B%22name%22%3A%22Standard%20Report%22%2C%22style%22%3A%22EN-free%22%2C%22contentId%22%3A%22%23cdt-report-content%22%2C%22output%22%3A%7B%22countylist%22%3Afalse%2C%22statelist%22%3Atrue%2C%22ziplist%22%3Afalse%2C%22tractlist%22%3Afalse%2C%22

Substandard Housing: Number of Substandard Conditions Present

Report Area	No Conditions	One Condition	Two or Three Conditions	Four Conditions
Buncombe County, NC	68.93%	29.59%	1.48%	0.00%
North Carolina	71.47%	27.38%	1.15%	0.00%
United States	68.09%	30.03%	1.87%	0.01%

Substandard Housing: Number of Substandard Conditions Present
Buncombe County, NC