



Health Factors

Health Behaviors

MATCH – County Ranking Data (Mobilizing Action Toward Community Health)

2010 Snapshot of Health Behaviors that Impact Health Outcomes

MATCH - Buncombe County	Buncombe Value	NC Value	Target Value*	
Health Behaviors NC County Rank: 6th Healthiest				
<u>Adult smoking [6]</u>	24%	23%	20%	↓
<u>Adult obesity [7]</u>	21%	29%	24%	↓
<u>Binge drinking [8]</u>	11%	11%	5%	↓
<u>Motor vehicle crash death rate [9]</u>	15	20	15	↓
<u>Chlamydia rate [10]</u>	268	346	89	↓
<u>Teen birth rate [11]</u>	46	51	39	↓

Notes: Motor vehicle crash death rate is per 100,000 (crude rate), 2000-2006; Chlamydia rate is per 100,000 (2005 data); Teen birth rate is per 1,000 female population, ages 15-19, 2000-2006

Source URL: <http://www.countyhealthrankings.org/north-carolina/buncombe>

About the Target Value

The arrows help us know whether we should be higher or lower than the targeted value in order to improve health. For example, when looking at Adult Smoking, the Buncombe Value is higher than the Target Value. We need to decrease ↓ the percentage of adults who smoke in order to meet or exceed the Target Value.

About the Buncombe Value

The Buncombe Value is calculated using multiple years of data to stabilize the data and offer a good “snapshot” of a particular health behavior. Health behaviors that are highlighted in **Red** are above ↑ the Target Value.

In this Section...

Find data from the Local Health Survey and from other sources about health behaviors that impact health outcomes.

· **Tobacco Use** (adults and teens)

· **Obesity** (adults and children)

· **Diet and Exercise**

- Risky Behaviors

Alcohol Use (adults and teens)

HIV and Chlamydia

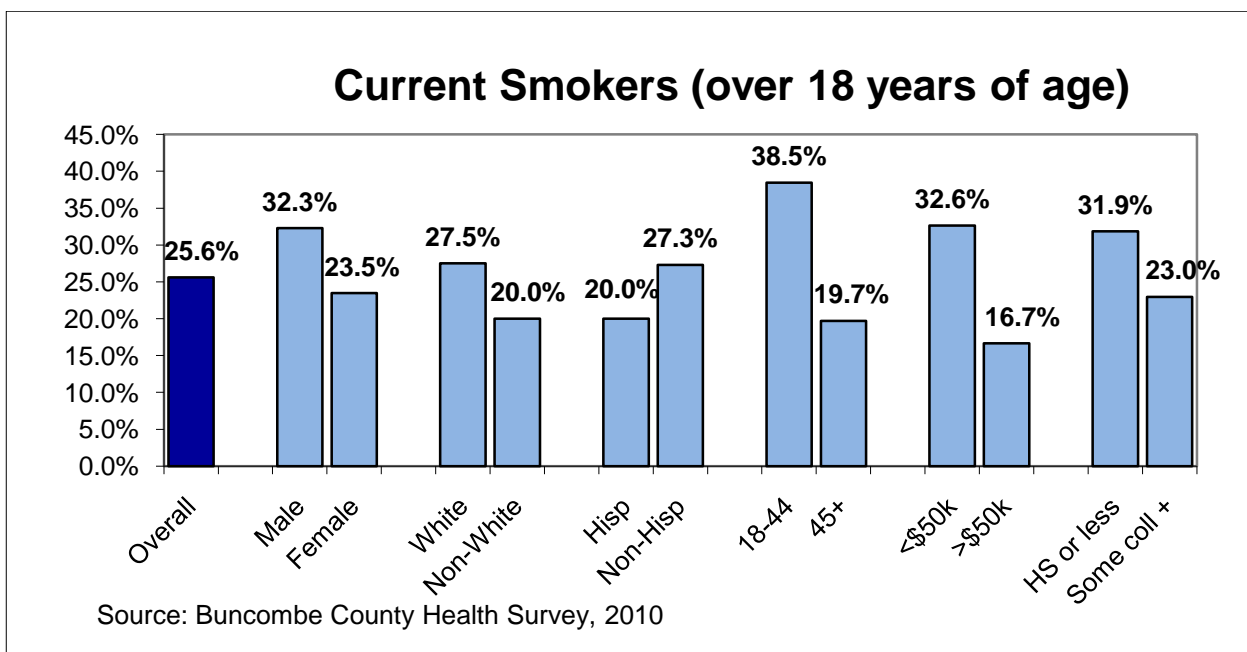
Teen Births

Unintended pregnancy (women of all ages)



Category Health Behavior	Tobacco Use
Indicators	Current Tobacco Use among adults, pregnant women, and youth
Why is this important?	<p>Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes in the future and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs. The relationship between tobacco use and poor health affects is well documented. Cigarette smoking is the leading cause of preventable death and is identified as the cause of multiple diseases, cancers, adverse reproductive effects including fetal deaths and low birth weight, and other health problems. (MATCH County Ranking Report)</p> <p>Smoking during pregnancy can have a negative impact on the health of women, infants, and children by increasing the risk of complications during pregnancy, premature delivery, and low birth weight—some of the leading causes of infant mortality (DHHS, Women's Health Report, 2010)</p>

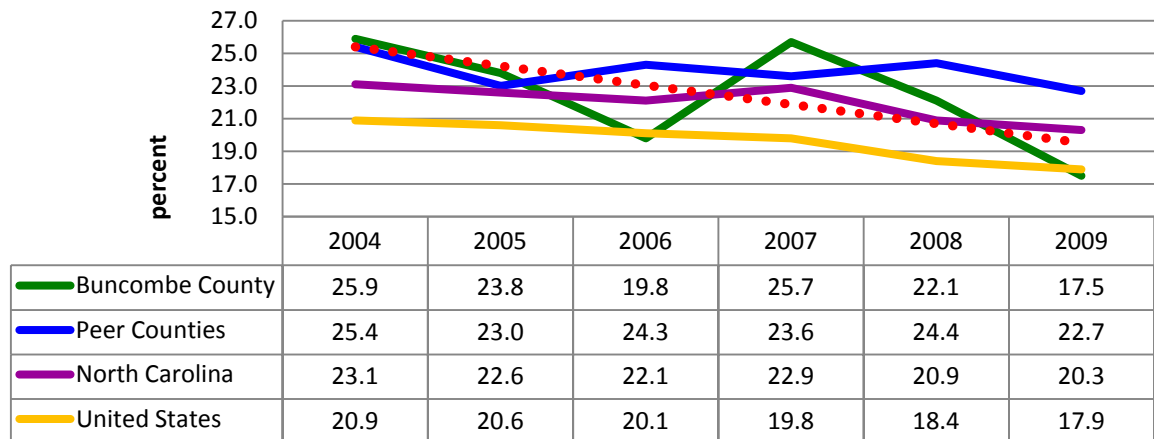
Local Health Survey



Overall, 1 out of every 4 adults in Buncombe smoke cigarettes. Of note, there are significant differences in patterns of residents who are current smokers. Younger and middle-age adults surveyed (age 18-44) were almost twice as likely to smoke as those over age 45. Those who earned less than \$50,000 per year were almost twice as likely to smoke as those who had higher earnings. This reflects a nation-wide pattern in which adults with higher income and higher education are less likely to be current smokers.

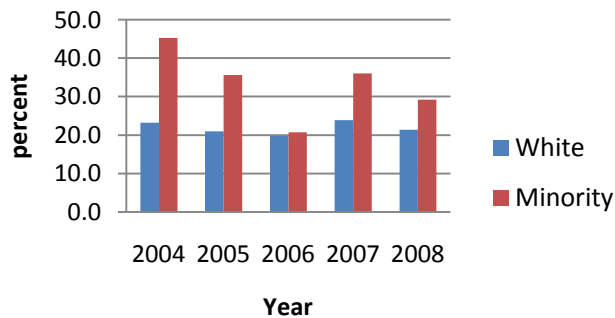


% of Buncombe Adults who smoke compared to peers, state and nation



Peer Counties for Buncombe: Burke, Davidson, Randolph
Source: NC and US Behavior Risk Factor Surveillance Survey (BRFSS)

% of adults in BC who smoke by Race



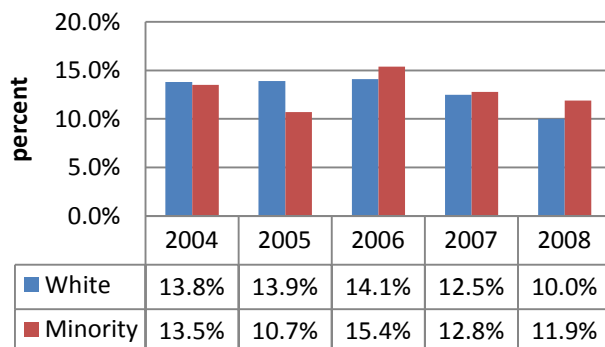
Source: NC BRFSS

Smoking and other tobacco use is the leading cause of preventable death in the United States.

In Buncombe County, we have seen a steady decline in our percent of adults who smoke for the past three years. Buncombe percents are now slightly below the state average and the averages in other communities similar to ours.

Buncombe County minority residents are more likely to be smokers than are white residents. This is striking when you consider that nationwide, it is white residents who are more likely to be smokers.

% of women in BC who smoked while pregnant by race



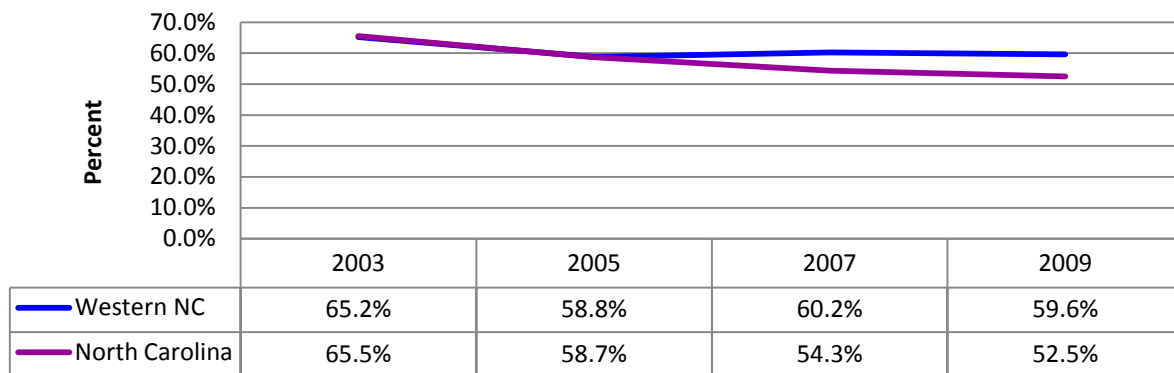
Source: NC Vital Statistics

Over 10% of pregnant women in Buncombe County report being current smokers. This is almost exactly the same rate as pregnant women in state as a whole. This statistic is captured during the birth certificate completion process – after the baby has been born and the mother is less likely to lie to hide behavior that she most likely knows endangered her baby's health.

Pregnancy is a time period when many women smokers are highly motivated to quit smoking.



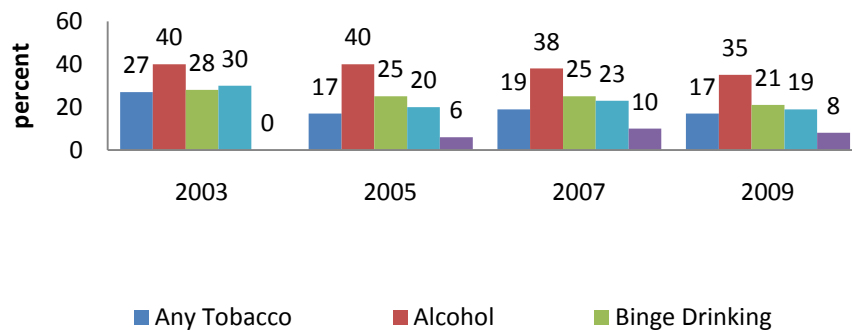
High School Tobacco Use (current use)



Includes use of any tobacco product (cigarettes, cigars, smokeless tobacco, pipes, or bidis)

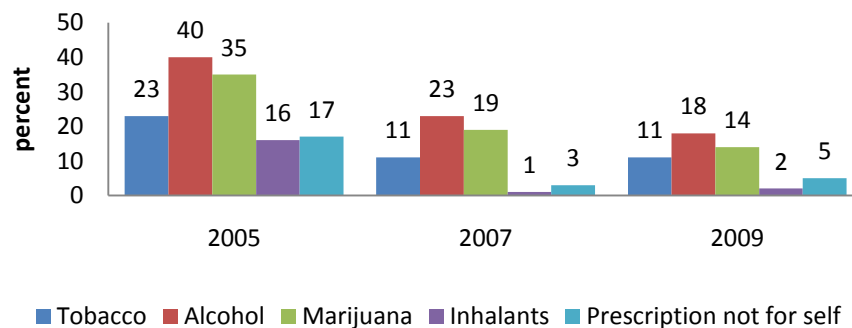
Source: Western Region and NC data from NC Tobacco Prevention and Control Branch Survey on Tobacco Use

High School Drug Use (past 30 days), Buncombe County Schools



Source: Buncombe County Schools YRBS

High School Drug Use (past year), Asheville City Schools



Source: Asheville City Schools, Youth Risk Behavior Survey

While use of tobacco products by high school students has been declining statewide, **half of high school students in Western NC region reported current use of tobacco (2009)**. Tobacco use for WNC is somewhat higher than NC, overall.

NOTE: The data for Buncombe County and Asheville City schools are from YRBS surveys rather than the NC Tobacco Prevention and Control Survey. Survey populations differ, as well as the questions. Data should not be compared by school systems. Important trends can be noted for each school system.



Summary of Findings

What does the data tell us?

Among Buncombe adults who participated in the local health survey:

- Overall, **1 out of 4 Buncombe adults currently smokes** cigarettes.
- Almost twice as many adults with lower income smoke than those with incomes above \$50,000 (33% vs. 17%).
- Significantly more adults with an education level of high school or less smoke compared to those with some college or higher (32% vs. 23%).
- Among local health survey participants, more whites smoke than nonwhites (27% vs. 20%); however, this differs somewhat from the findings in NC BRFSS data, which is a telephone survey that only includes participants with a landline telephone (no cell phones were included). The difference may be due to local survey being randomized by households rather than landline telephones.

Among Buncombe adults who participated in NC BRFSS survey:

- Over past 5 years, adult smoking among county residents has trended downward.
- In 2009, the county tobacco use dipped to just below the US percentage rate, as well as state and peer county comparisons; although five years ago Buncombe's percentage was comparable to peer counties and above the state average. Because of fluctuations in data, a red-dotted trend line was used to indicate the overall, steady decline in Buncombe's percentage of smokers. See chart, page 47.

Buncombe County's *six year average* of adults who are current smokers is slightly above the North Carolina average (24% vs. 23%). Both county and the state are ABOVE the Target of 20%.

Youth Risk Behavior Survey (YRBS) is conducted every other year in both school systems (Asheville City and Buncombe County) with a representative sample of students. Although questions are standardized, each school system can select the survey questions. There are slight differences in the questions (past 30 days vs. past year). Western Region YRBS data indicates that **over half of students** currently use tobacco products.

Data made available from the school systems indicates that local tobacco use is much less than Western Region data and has declined by 50% over the past six years, especially when comparing 2005 to 2009 data for Asheville City schools (22% to 11%). Buncombe County students have experienced a 37% decline in tobacco use (27% to 17%) during the same period, 2005 - 2009.

Where can I find more data about tobacco use?

BC Health Survey, 2010: <http://www.buncombecounty.org>

BC and NC BRFSS: <http://www.schs.state.nc.us/SCHS/brfss/>

US BRFSS: <http://apps.nccd.cdc.gov/BRFSS/>

Western Region and NC YRBS: <http://www.nchealthyschools.org/data/yrbs/>

US YRBS: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

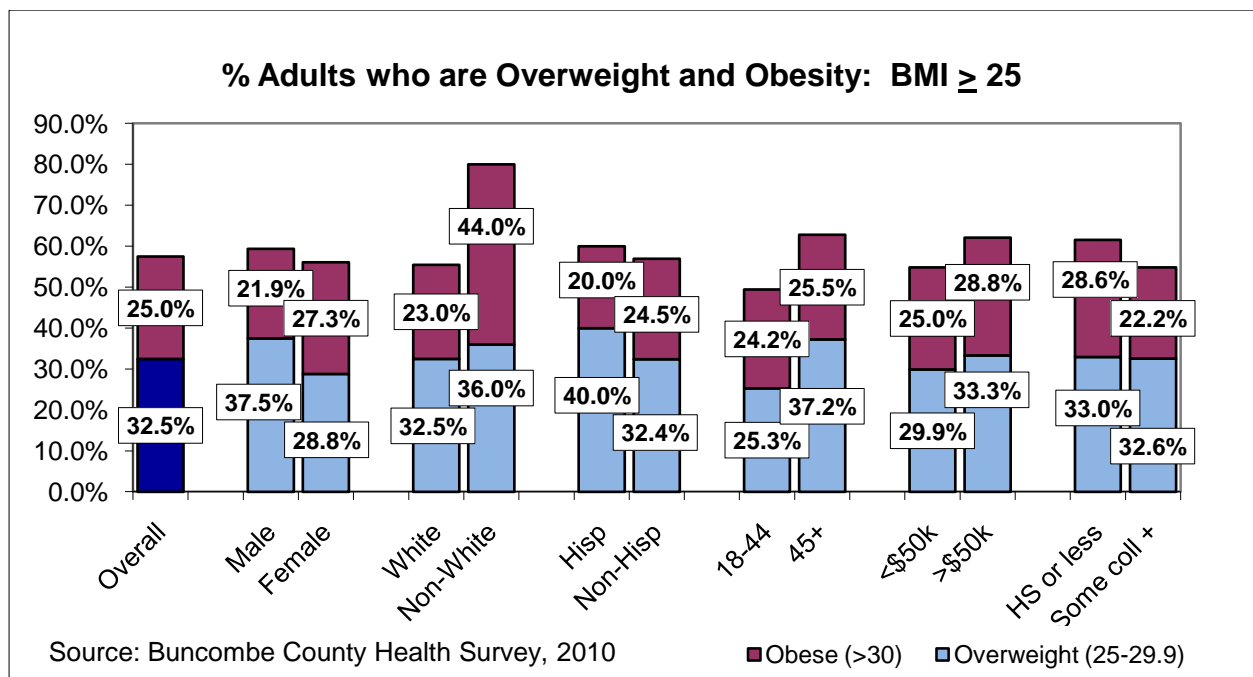
MATCH – County Health Rankings: <http://www.countyhealthrankings.org/north-carolina>



Category Health Behavior	Healthy Weight
Indicators	Adults and children – weight status
Why is this important?	<p>Obesity rates continue to increase over the years across all age groups, sexes, educational, and income levels. In addition to genetics, unhealthy diet and lack of exercise are key contributors to rising obesity rates. Diet and exercise can be affected by interventions at the individual and community level.</p> <p>Obesity is measured because it can be addressed within communities by changing unhealthy environmental conditions that contribute to poor diet and exercise.</p> <p>Being overweight or obese increases the risk for a number of health conditions, such as heart disease, type 2 diabetes, cancer, high blood pressure, high cholesterol, stroke, infertility problems, and poor health status. Additionally, there are direct and indirect economic costs associated with obesity. In 1998, the U.S. spent 9.1% of total medical expenses on obesity- and overweight-associated medical costs. (MATCH County Ranking Report)</p>



Local Health Survey



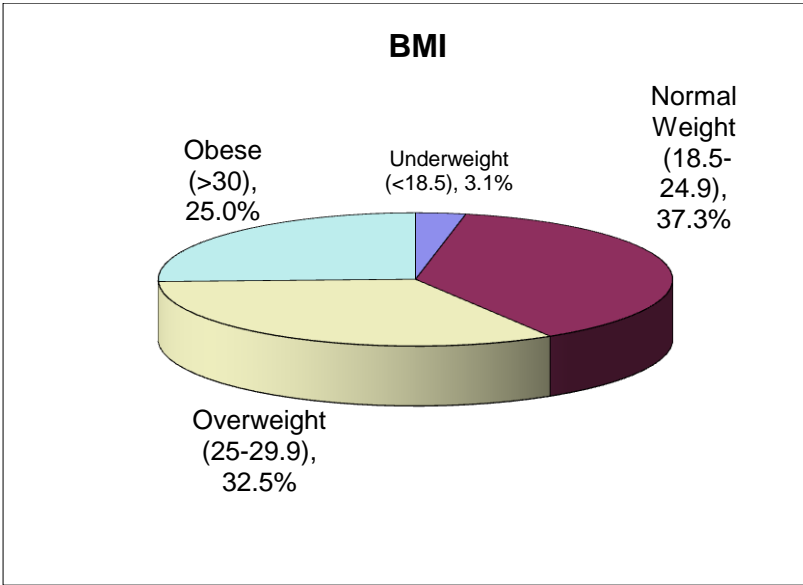
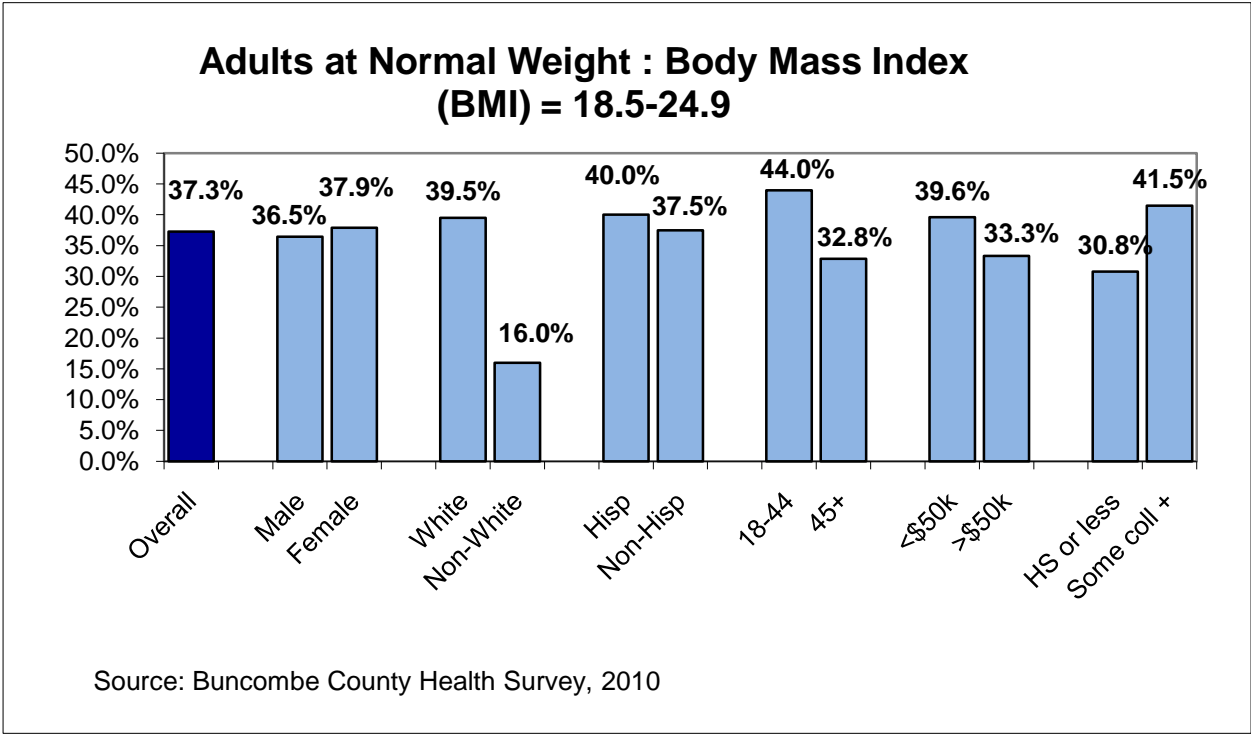
Using the reported height and weight gathered during the local health survey, a BMI (Body Mass Index) was calculated and weight status determined. Among all survey respondents, **over 57% are either overweight or obese**. When we look at data by race there is a notable disparity between white and non-white respondents. **8 out of 10 non-white are either overweight or obese**.



Healthy Weight



Local Health Survey



Source: Buncombe County Health Survey, 2010

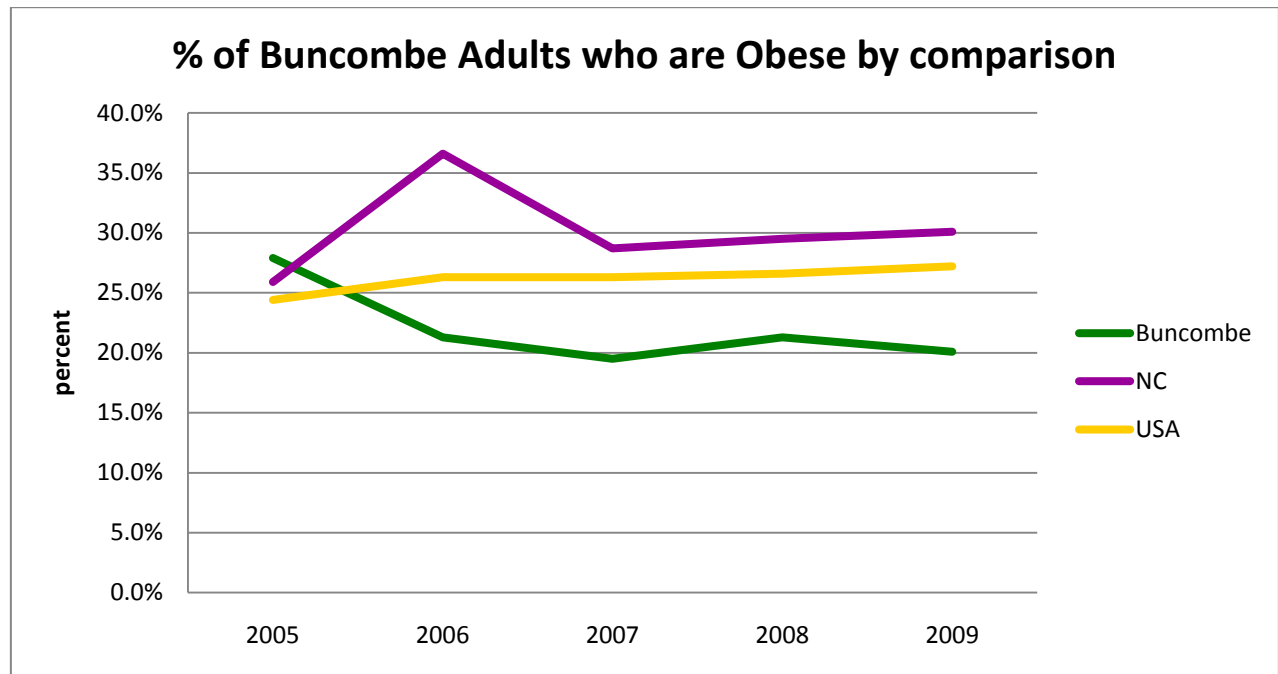
**Health Opinion
Survey Findings**

Obesity, Nutrition and Physical Activity ranked in the top five health issues people are most concerned about.

Among local survey respondents, we find that just over **1 in 3 people in Buncombe County** are at **normal weight**. When looking at the pie chart, we also notice that 3.1% are underweight, which can have health effects due to inadequate nutrition.



Healthy Weight

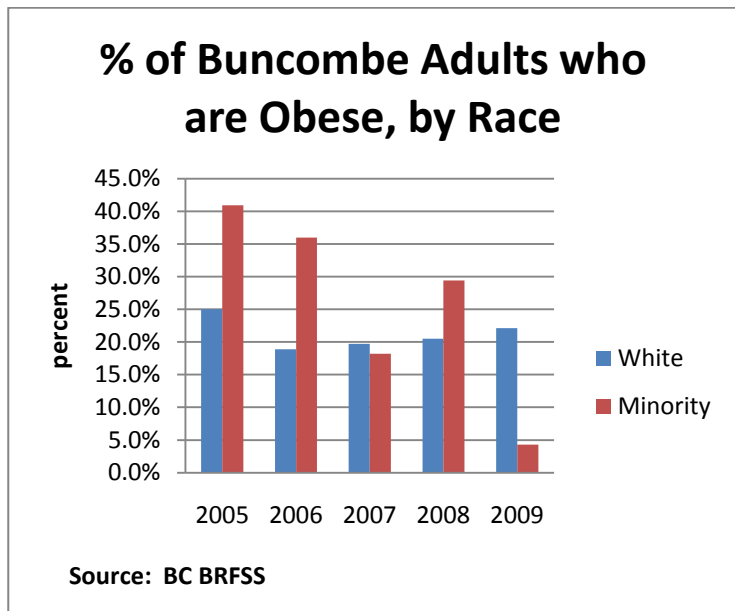


Source: NC and US Behavior Risk Factor Surveillance Survey

NC and US BRFSS is a randomized telephone survey. It's important to note that cell phones are not included in this survey and therefore the survey responses do not represent the population who only use cell phones.

BRFSS results indicate that the percent of Adults who are obese is approximately 20% versus 25% among those participating in the randomized local health survey.

BRFSS data allows us to compare county data to the same NC and US data.



Caution should be used when interpreting data from the Local Health Survey and BRFSS data by race, due to the small sample size. When looking at percent of adults who are obese by race, we see an overall downward trend among minorities. In 2009 there appears to be a sharp drop among minorities, which is likely due to small sample size. The local health survey does not show a similar comparison to whites or prevalence of obese weight status.

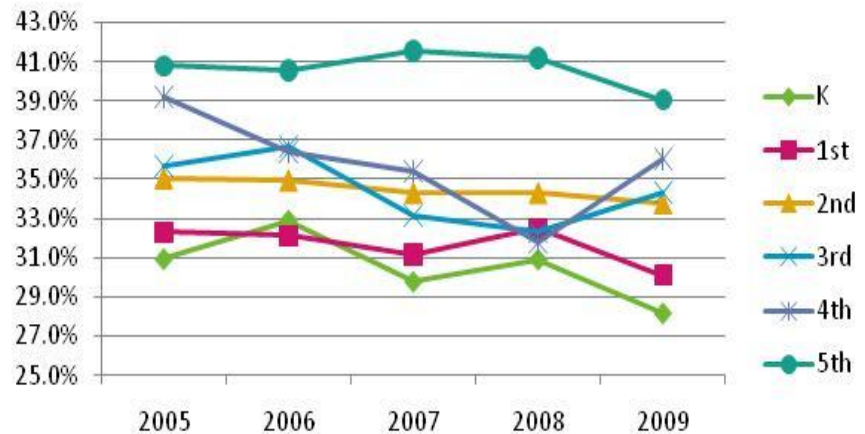


Healthy Weight

Health Opinion Survey Findings

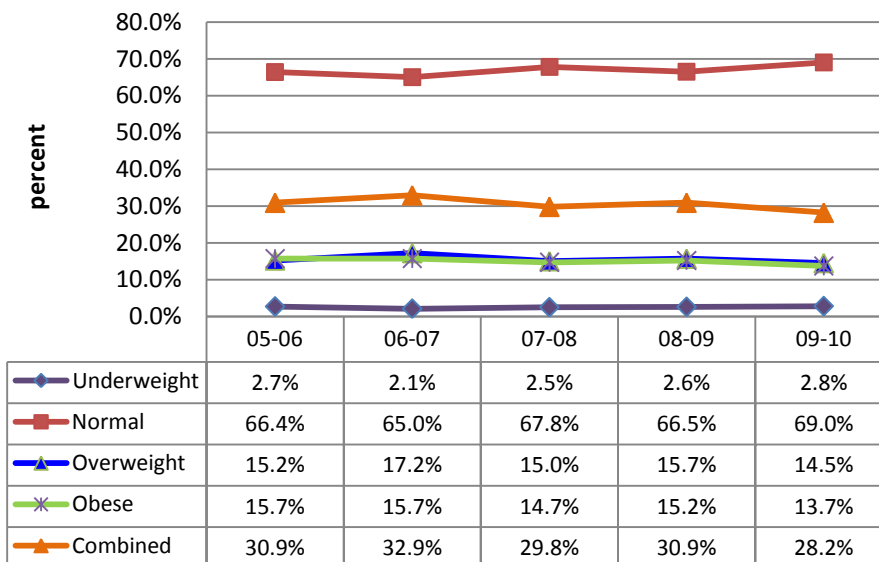
People believe that Physical Activity & Nutrition should be a priority for schools in order to impact obesity among children.

Trends in Overweight Status ≥ 85 Percentile by Grade



Source: BMI Assessment for ALL K - 5 students, Buncombe Co. and Asheville City Schools

Trends in Kindergarten Weight Status



Health Opinion Survey Findings

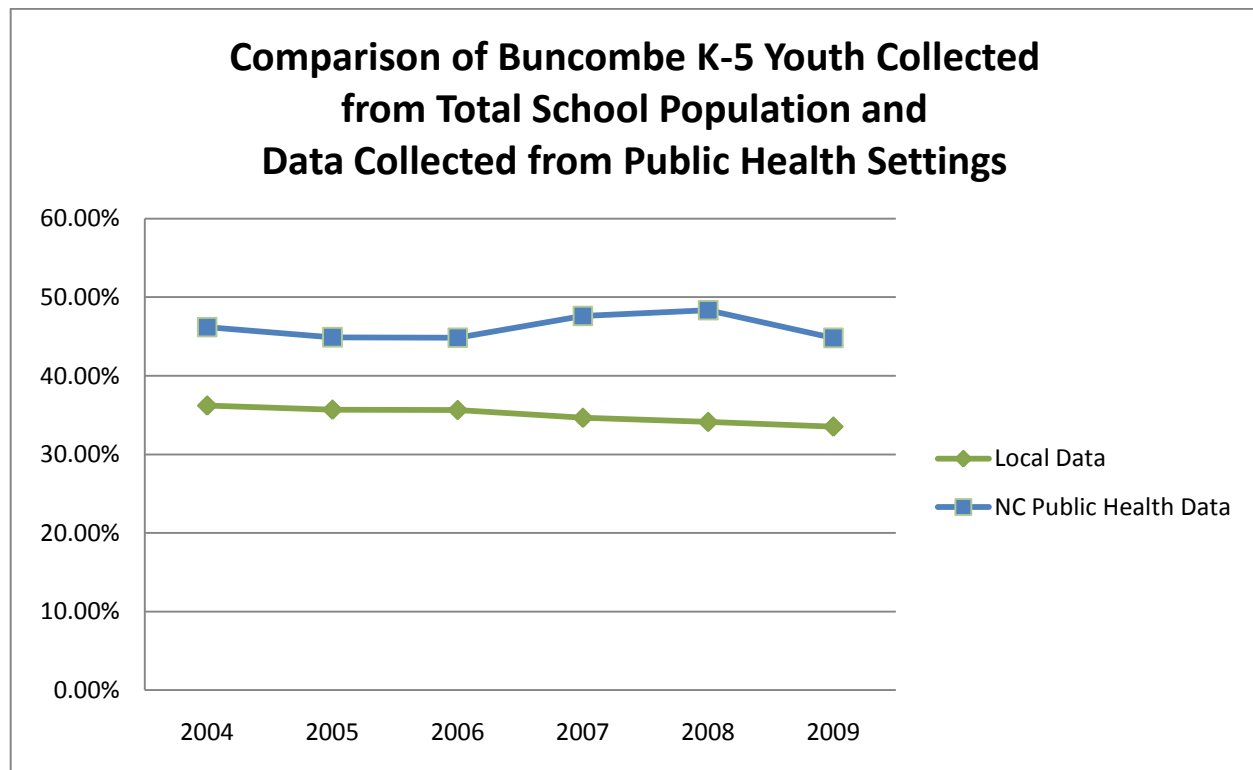
Ranked #2:
Initiatives should focus on children and youth for the greatest impact on obesity and Healthy weight.

Source: BMI Assessment for ALL K – 5 students in both school systems.

Weight status is reported differently for adults and children. For children and teens, the amount of body fat changes with age and can even change monthly. The amount of body fat differs between girls and boys. Because of these differences what is healthy is not based on the BMI number, but rather where that BMI number falls among children of the same age and gender. Children at the 85th percentile or above BMI-For-Age are considered overweight. Those at the 95th percentile or above are considered obese.



Healthy Weight



Source: North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS)

Local data on weight status among school-age children does not allow us to account for factors such as race, ethnicity, and socioeconomic status and regional differences that health experts tell us contribute significantly to childhood overweight. According to the Institute for Medicine of the National Academy of Sciences, “Hispanic, non-Hispanic black, and Native-American children are disproportionately affected. Mexican-American boys and non-Hispanic girls have the highest prevalence”. Evidence also suggests that socioeconomic status appears to play a role though the influence is not seen across all ethnic groups, nor does the influence appear at the same ages.

North Carolina annually reports BMI-for-Age data by county. This data is collected from children seen in public health settings. Compared with local data collected from all school children ages 5-11, the prevalence of overweight and obesity among lower income children seen in public health settings would appear to be significant. These findings are consistent with research that correlates an increase in obesity among lower socio-economic populations. The increase in overweight noted in NC Public Health data in 2007 & 2008 could indicate increasing health disparity or be due to a smaller sample size.



Summary of Findings

What does the data tell us?

Among Buncombe adults who participated in the local health survey:

- 1 out of 3 Buncombe adults are at normal, healthy weight
- Over half (57%) are either overweight or obese
- 8 out of 10 non-whites were either overweight or obese
- For every person that is at normal weight we find nearly 2 who are at unhealthy weight

Among Buncombe adults who participated in NC BRFSS survey:

- Buncombe has a lower percentage of adults who are obese than either the state or the nation. (20% compared to 30% NC).
- Both US and NC rates have trended upward while Buncombe county has trended downward.
- We cautiously interpret a slight downward trend in obesity among minorities over the last five years.

Buncombe County's *six year average* for adults who are obese is below the North Carolina average (21% vs. 29%) and is also BELOW the Target of 24%.

Children in grades K - 5 in Buncombe County and Asheville City schools participate in a Body Mass Index (BMI) assessment each year. This local data indicate:

- 28% of Kindergarteners are overweight, increasing each year to 39% of 5th graders. We can see how the increase sets the continuous upward trend into adulthood.
- Over the past 5 years, there are slight decreases in percentage of overweight and obese children in all grades, especially among Kindergarten and 1st grades.

What do people care about?

- Health opinion survey results indicate that many people are concerned about issues related to being overweight, diet, and exercise.
- In the top five health concerns – many people expressed a desire to focus on children where they hope to have the biggest impact on obesity by preventing the rise in obesity as children get older.
- Also in the top five health concerns – many people wish schools would make it a priority to improve nutrition and increase physical activity thus impacting thousands of children.

Where can I find more data about obesity?

BC Health Survey, 2010: <http://www.buncombecounty.org>

BC and NC BRFSS: <http://www.schs.state.nc.us/SCHS/brfss/>

US BRFSS: <http://apps.nccd.cdc.gov/BRFSS/>

NC State Center for Health Statistics: <http://www.schs.state.nc.us/SCHS/data/databook>

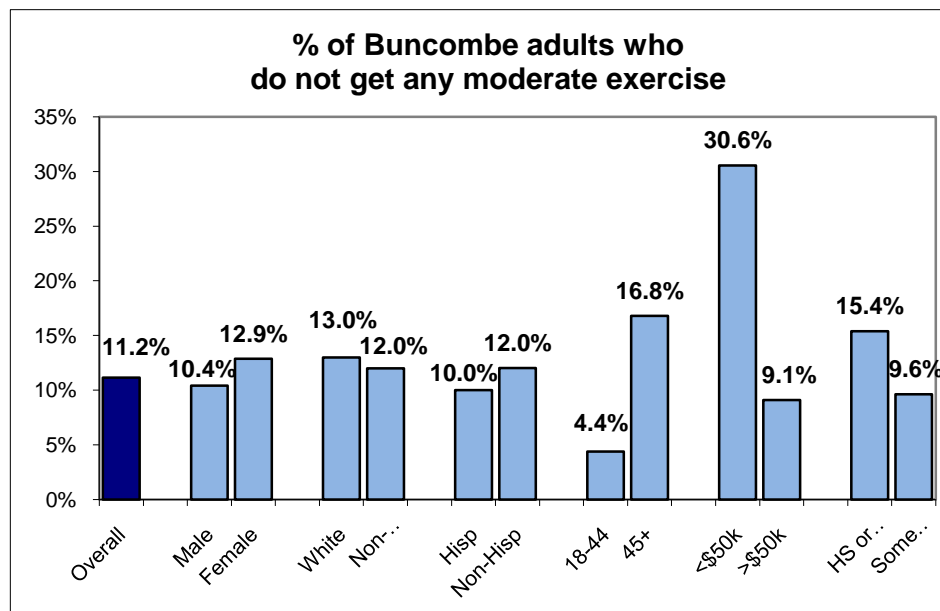
NC CATCH (warehouse of data): <http://www.schs.state.nc.us/SCHS/catch/>

MATCH – County Health Rankings: <http://www.countyhealthrankings.org/north-carolina>



Category Health Behavior	Diet and Exercise
Indicators	Diet and Exercise
Why is this important?	<p>Obesity rates continue to increase over the years across all age groups, sexes, educational and income levels. In addition to genetics, unhealthy diet, and lack of exercise are key contributors to rising obesity rates. Diet and exercise can be affected by interventions at the individual and community level. (MATCH County Ranking Report)</p> <p>Community level interventions include “built environment” such as sidewalks to schools and in neighborhoods, making it easier to walk than ride a car; and increasing access to healthier foods such as fresh fruit and vegetable stands and gardens, convenience stores, and tailgate markets.</p>

Local Health Survey



Health Opinion Survey Findings

Ranked #4:

Increasing opportunity to make healthy choices such as access to walking trails and healthy foods

Buncombe County Health Survey, 2010

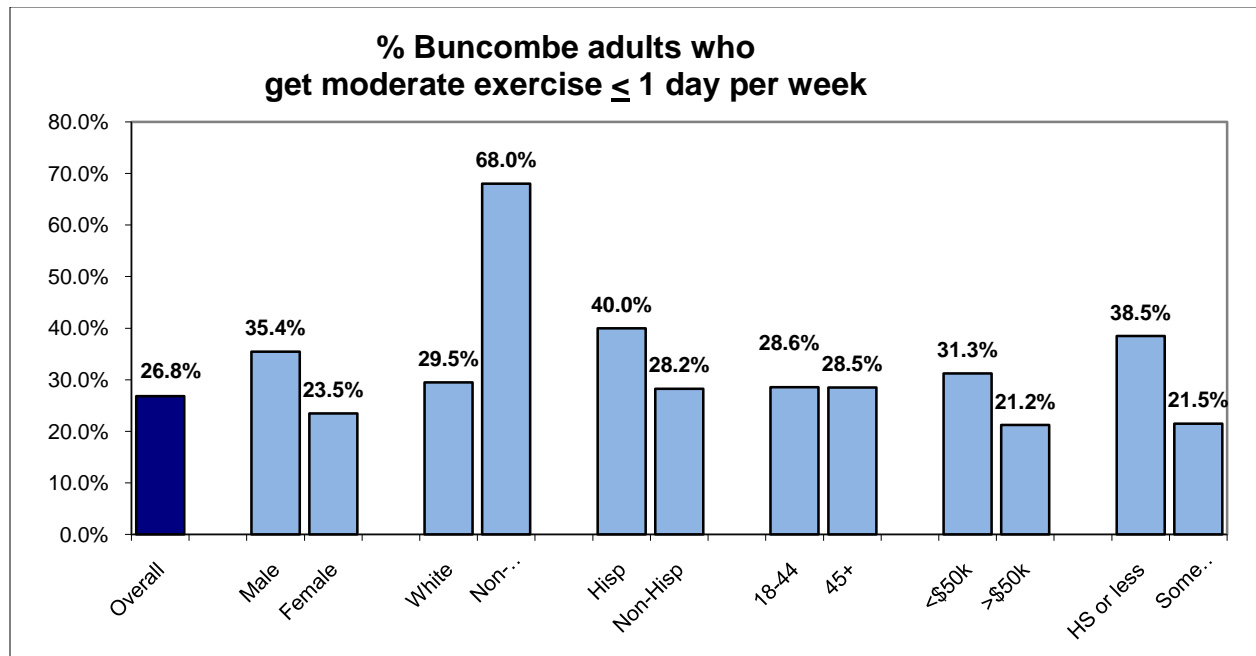
Among local survey respondents, 1 in 10 did not get any moderate exercise within a week. The biggest disparity is observed among income levels, with nearly 1 in 3 adults making less than \$50,000 not getting any exercise. The residents most likely to get moderate exercise are those less than 45 years of age.

Health Opinion survey results indicated that many people would like to see more opportunities to walk on sidewalks and walking trails, and access healthy foods.



Diet and Exercise

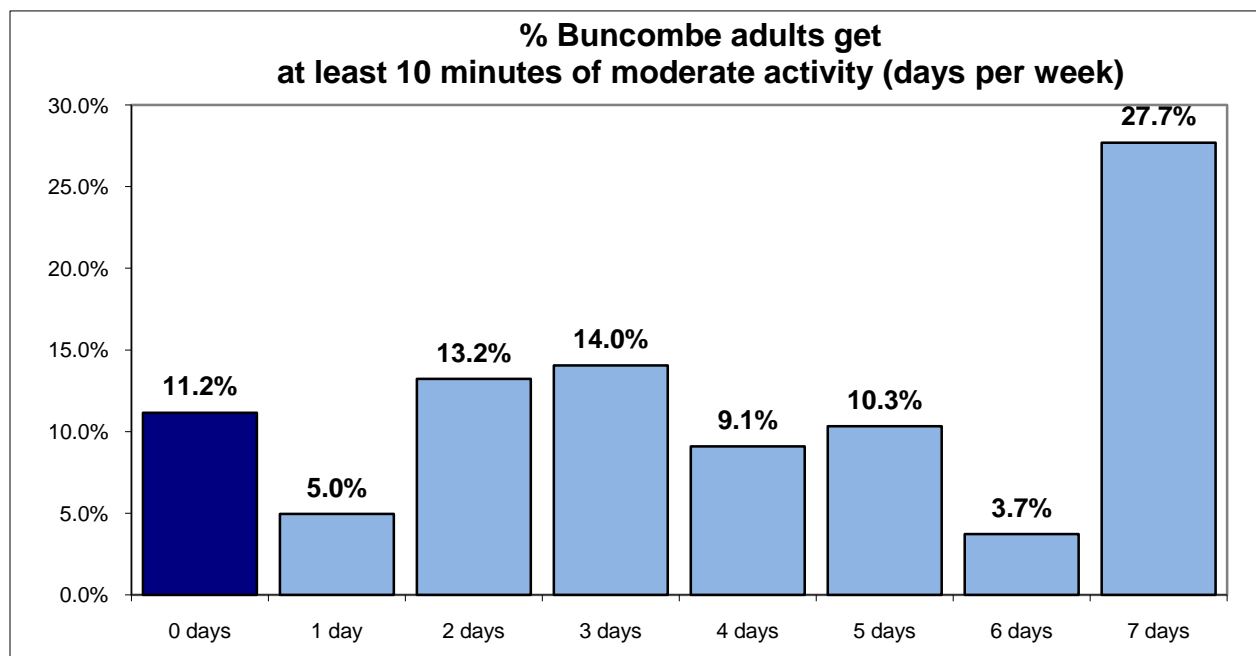
Local Health Survey



Health Opinion Survey Findings

Ranked #5: Increasing physical activity for adults and children.

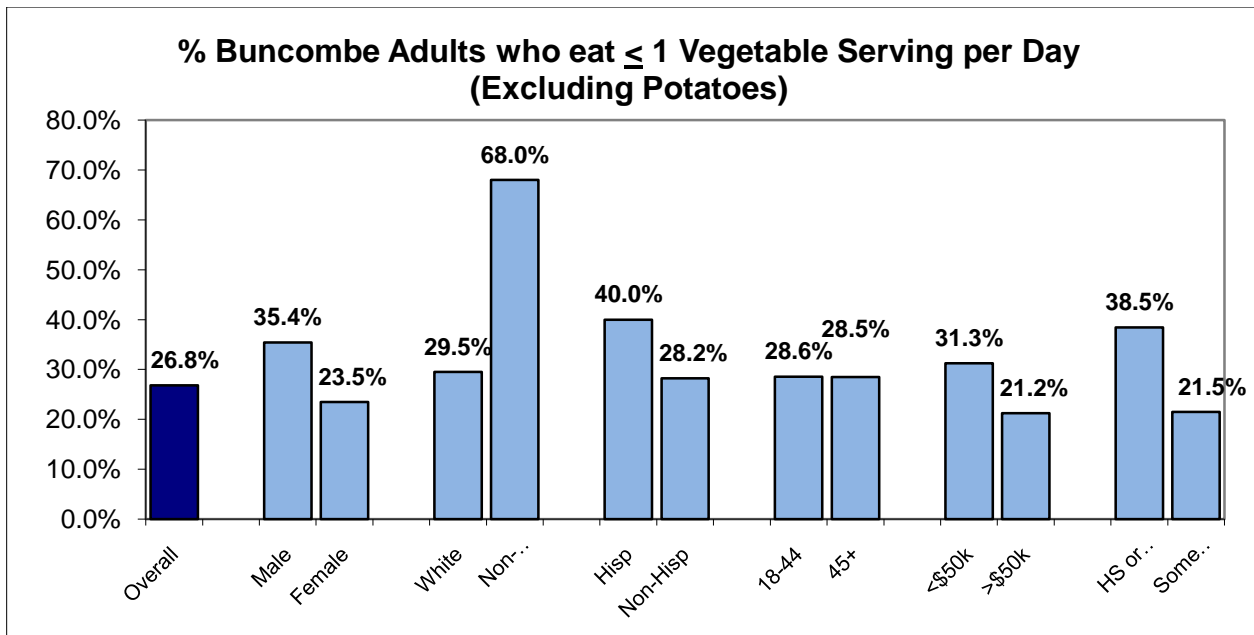
Local Health Survey





Diet and Exercise

Local Health Survey

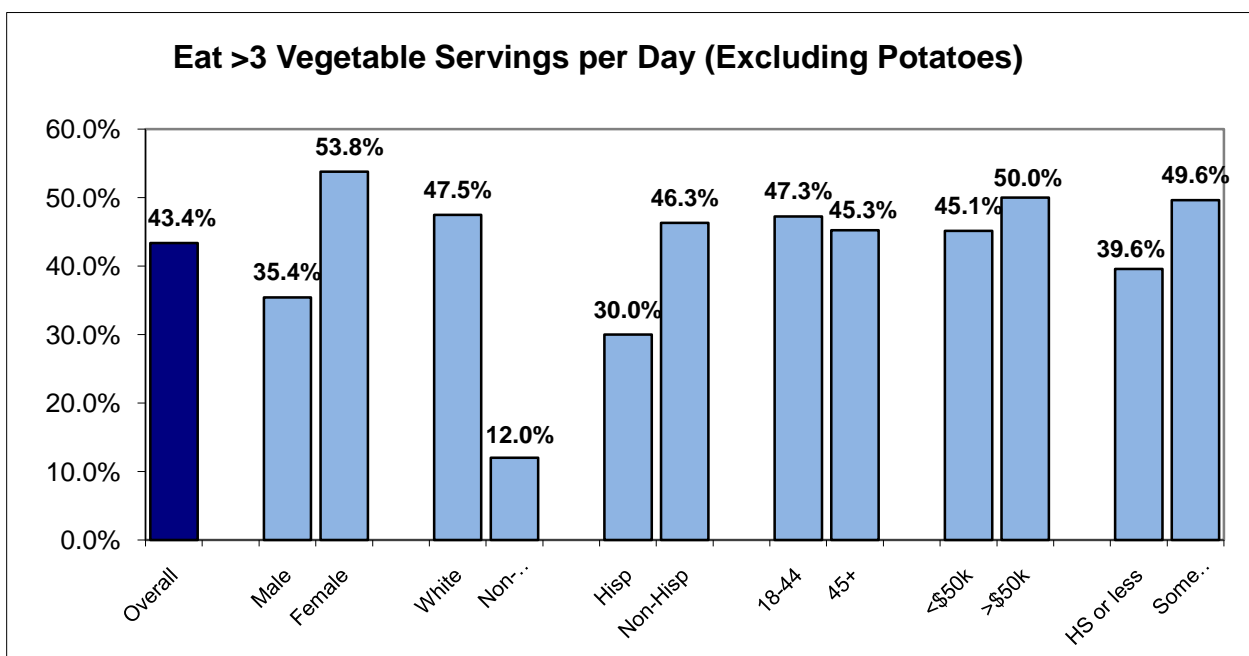


Buncombe County Health Survey, 2010

Health Opinion Survey Findings

Ranked #3: Improve nutrition for adults and children.

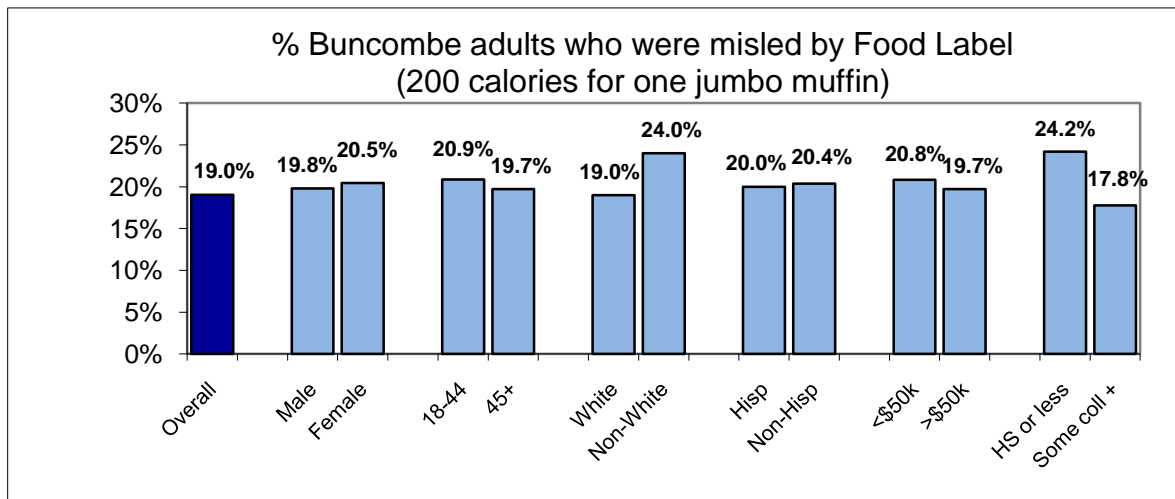
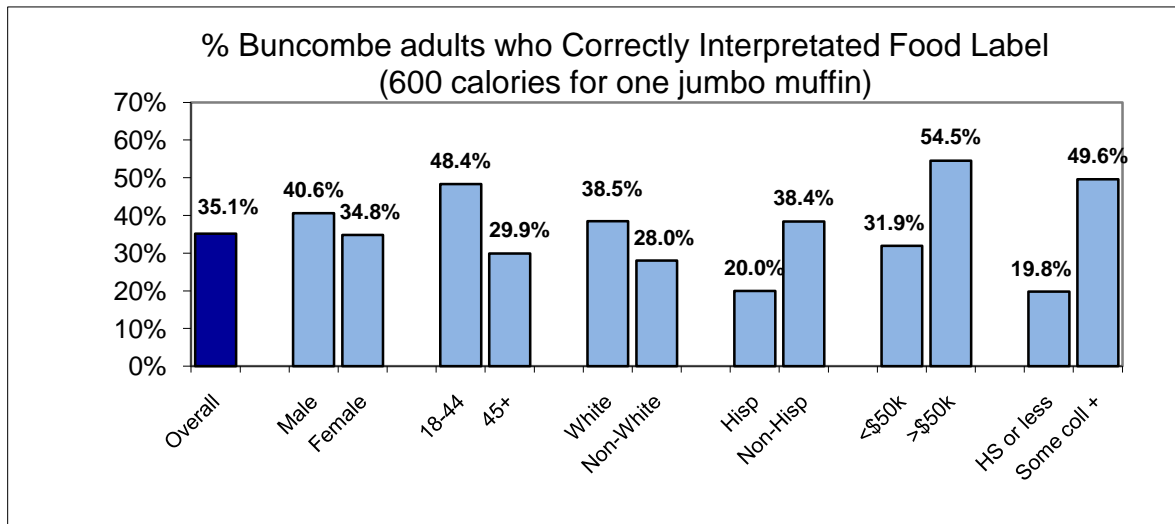
Local Health Survey



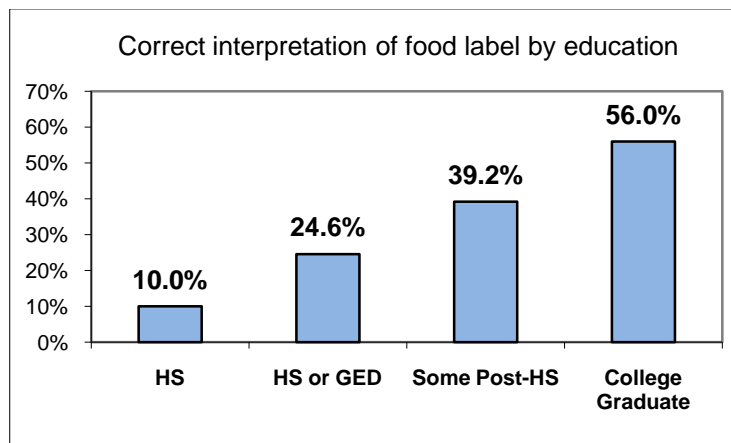


Diet and Exercise

Local Health Survey



The local health survey included an exercise interpreting a real food label seen on Jumbo Muffins. Only 35% got the correct answer; however, there is a correlation between education and getting the correct answer -- higher levels of education were more likely to correctly answer the question. Over half of those who graduated college correctly interpreted the food label. The math involved seemed to be the biggest barrier to selecting the correct answer.



Food labels are intended to help people make healthful decisions, yet they are often misleading and especially difficult for those with less education to interpret.



Summary of Findings

What does the data tell us?

Among Buncombe adults who participated in the local health survey:

- 1 in 10 reported they did not get any moderate exercise within a week.
- Nearly 1 in 3 adults making less than \$50,000 reported not getting any moderate exercise within a week.
- Overall, 1 in 4 reported getting moderate exercise one or less times per week, and 2 out of 3 nonwhites reported exercising one or less times per week.
- Over 25% reported getting at least 10 minutes of exercise every day of the week.
- Overall, 25% reported eating one or less servings of vegetables per day, and 68% of non-whites reported eating one or less servings of vegetables per day.
- Just over 40% reported eating three or more servings of vegetables per day, and only 12% of non-whites reported the same.
- Correctly reading food labels is difficult, especially among those with less education. According to survey results, the higher the level of education, the more likely someone will read a food label correctly.

What do people care about?

Health opinion survey results indicate that many people are concerned about issues related to being overweight, diet, and exercise.

- Ranked #3 - Improving nutrition for adults and children.
- Ranked #4 - Increasing physical activity among adults and children.
- Rank #5 - Increasing opportunities to walk and get healthy food.

Where can I find more data about physical activity and nutrition?

BC Health Survey, 2010: <http://www.buncombecounty.org>

BC and NC BRFSS: <http://www.schs.state.nc.us/SCHS/brfss/>

US BRFSS: <http://apps.nccd.cdc.gov/BRFSS/>

NC CATCH (warehouse of data): <http://www.schs.state.nc.us/SCHS/catch/>

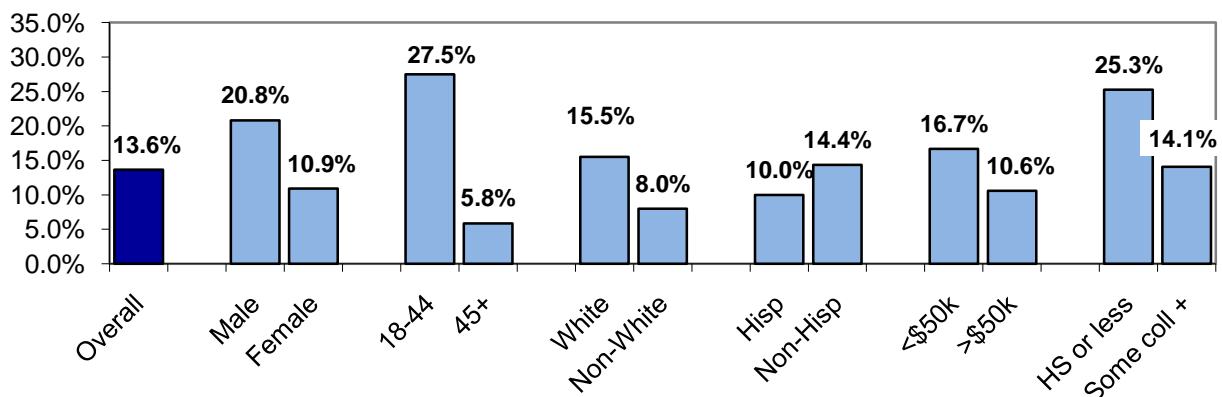
MATCH – County Health Rankings: <http://www.countyhealthrankings.org/north-carolina>



Category Health Behavior	Alcohol use
Indicators	Adult and Youth Alcohol Use
Why is this important?	<p>We look at prevalence of excessive alcohol use in the population due to the adverse health outcomes with which it is associated. Binge drinking is an indicator frequently used to measure excessive alcohol use at the population level.</p> <p>Binge drinking is a risk factor for a number of adverse health outcomes. These include alcohol poisoning, hypertension, heart attacks, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.</p> <p>Binge drinking has increased significantly since 1995; currently approximately 30% of drinkers report binge drinking. Additionally, there is a strong correlation between binge drinking and alcohol-impaired drivers. And alcohol-related motor vehicle crashes also make up a significant portion of alcohol-related deaths. (MATCH County Ranking Report)</p>

Local Health Survey

Of Buncombe adults who drank any alcohol in past 30 days
(consumed five or more alcoholic beverages on any one occasion)



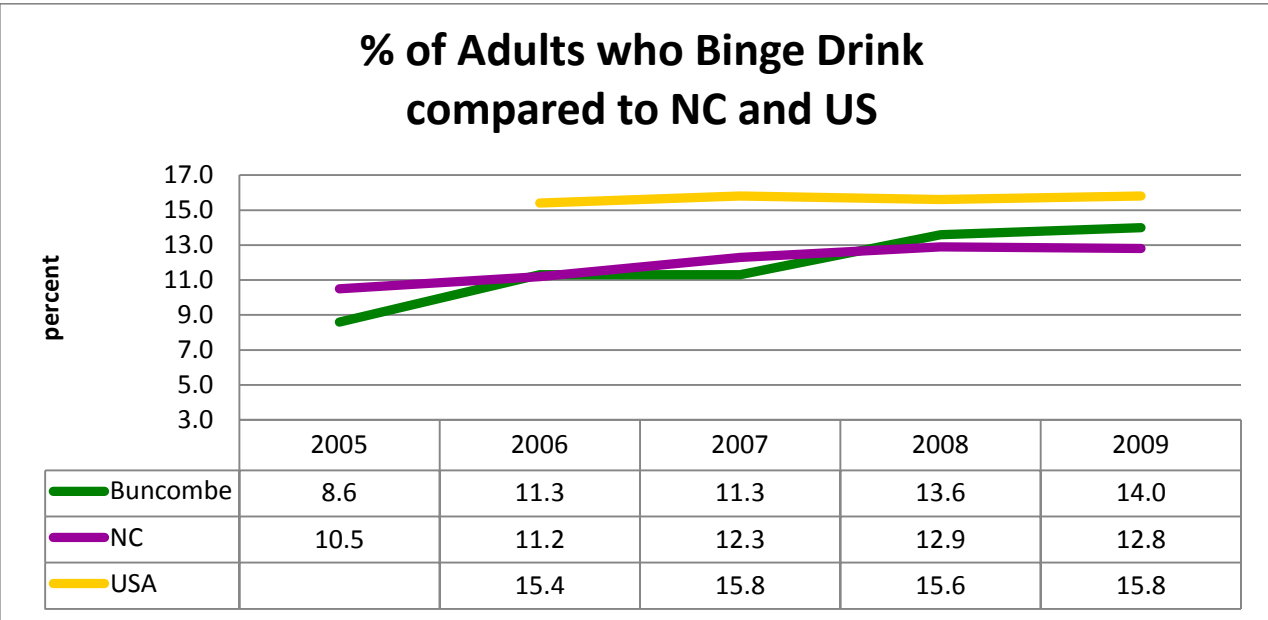
Source: Buncombe County Health Survey, 2010

Overall, 14% of survey respondents report consuming five or more drinks on one occasion (considered Binge drinking), with nearly twice that among adults less than 44 years of age and those with less education.

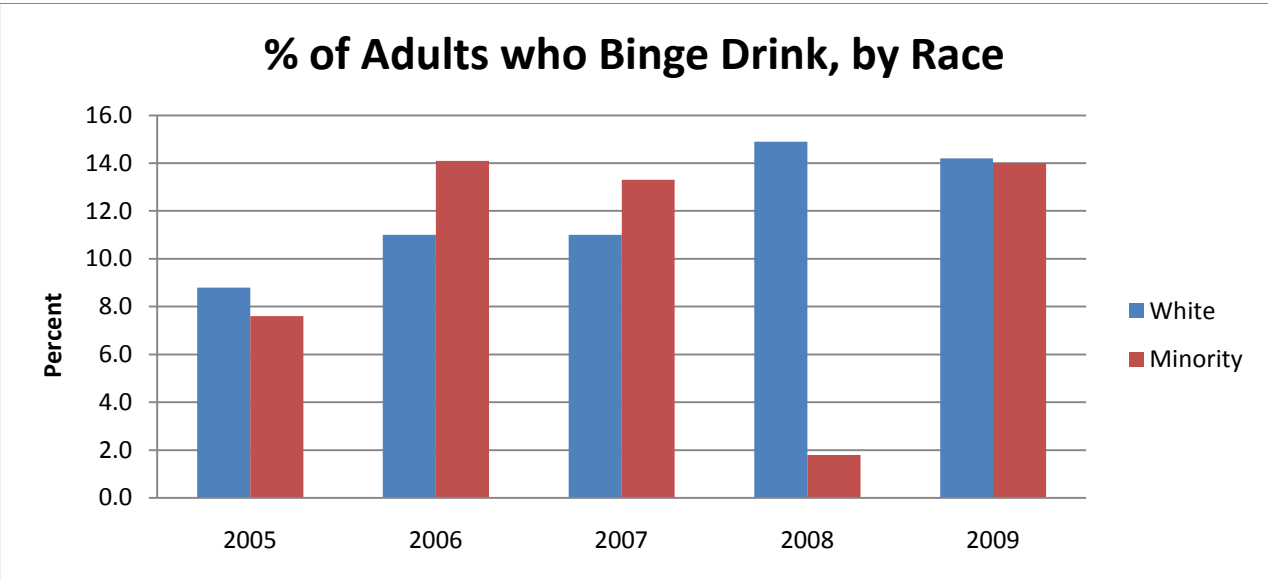
Reports of Binge drinking from previous local health surveys were higher in 1995 and 2000 (16% and 15% respectively), indicating a slight decrease in Binge drinking over the past 15 year.



Alcohol use



Source: NC and BC Behavior Risk Factor Surveillance Survey



Source: NC and BC Behavior Risk Factor Surveillance Survey

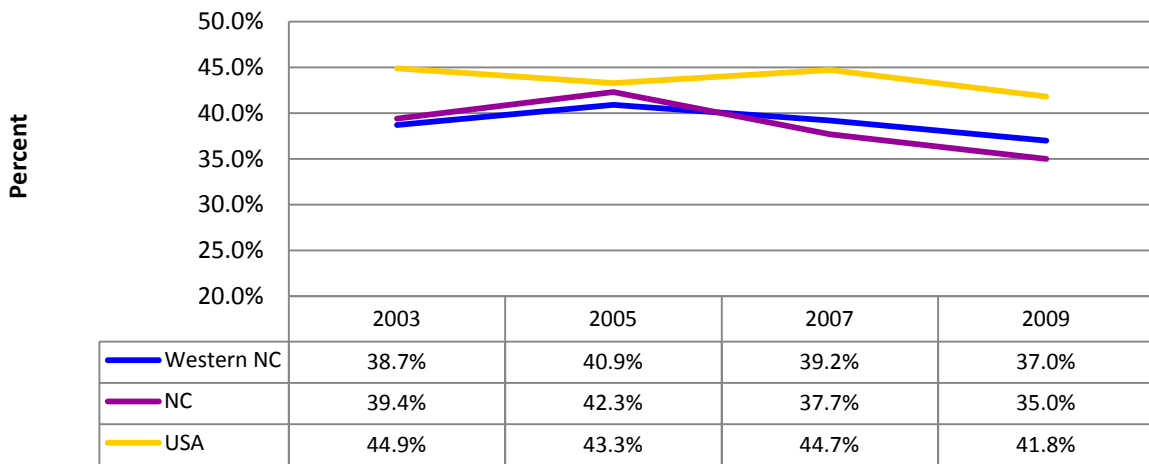
When comparing the local health survey and 2009 BRFSS data for overall population note very similar results (13.6% and 14%). However, there are differences when comparing race, which may be due to smaller numbers in either survey sample.

The BRFSS data by race indicates that Binge Drinking among minorities may have more than doubled over the past 5 years, although by 2009 rates of minorities are similar to whites. The 2008 data does not follow a similar trend, possibly due to small numbers; therefore, caution should be used when interpreting the data by race.



Alcohol use

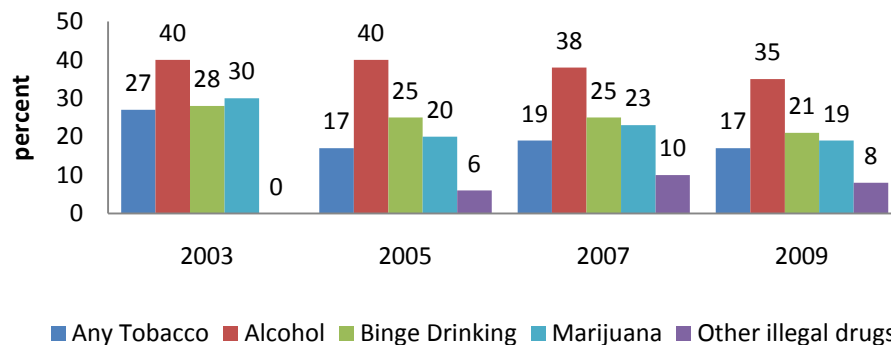
High School Alcohol Use (past 30 days)



Source: NC and US Youth Risk Behavior Survey

High School Drug Use (past 30 days),

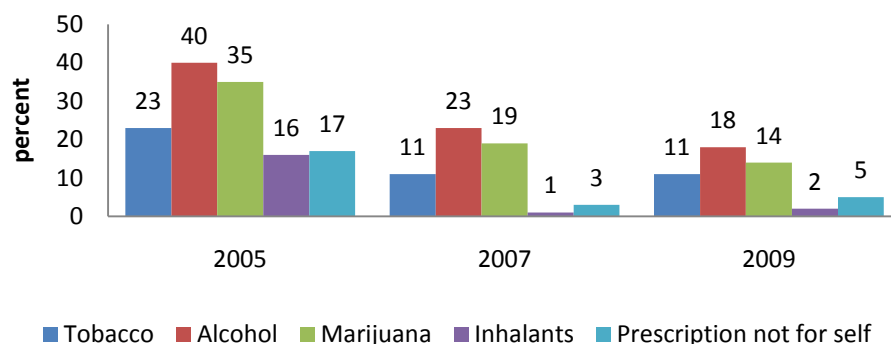
Buncombe County Schools



Source: Buncombe County Schools Youth Risk Behavior Survey

High School Drug Use (past year),

Asheville City Schools



Source: Asheville City Schools, Youth Risk Behavior Survey

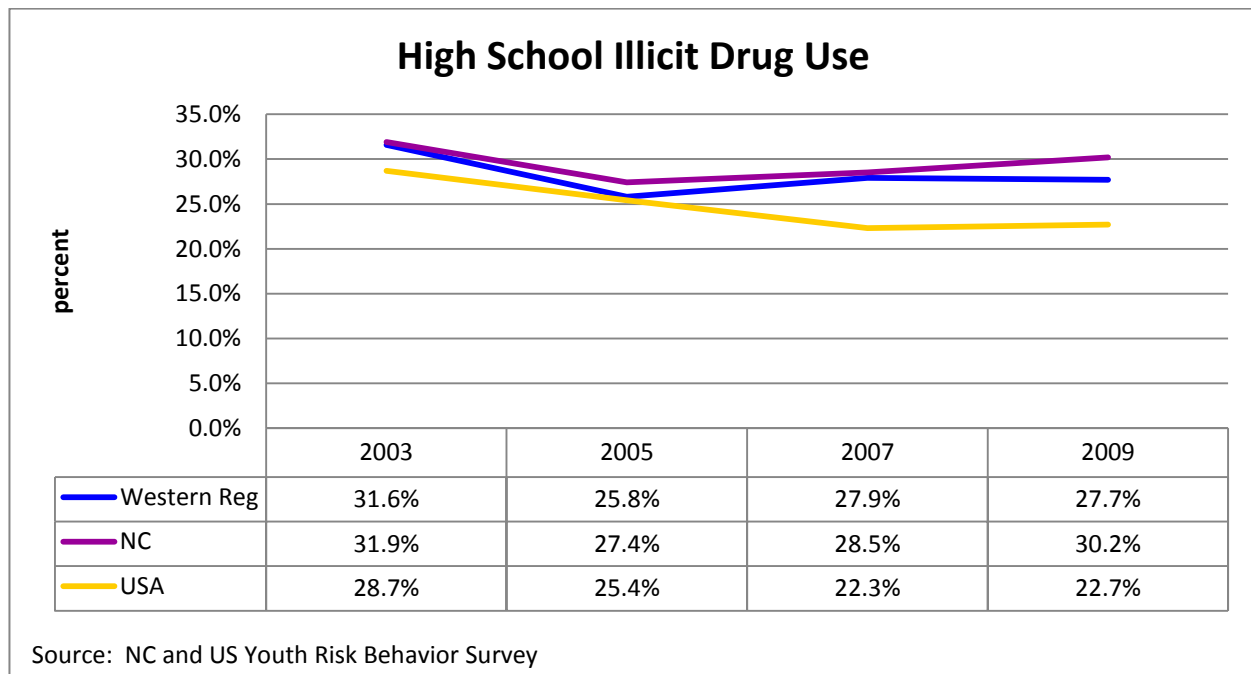
Alcohol use among high school students in Western NC is slightly above NC but below the average for US youth.

Youth Risk Behavior Survey is conducted in both school systems but with slight variations in the questions asked.

Average use of alcohol cannot be compared because of the variation in the question asked (past year vs. past 30 days). However, comparison can be made from year to year within each school system. It appears that alcohol use has declined since 2003 in both school systems and the region.



Category Health Behavior	Illicit drug use among youth
Indicators	Youth Illicit Drug Use
Why is this important?	<p>Among youth, the use of alcohol and other drugs has been linked to unintentional injuries, physical fights, academic and occupational problems, and illegal behavior.</p> <p>Marijuana (21%-current use) is the most commonly used illicit drug among youth in the United States. Others include cocaine (3%-current), inhalants (12%-lifetime), ecstasy (7%-lifetime), methamphetamines (4%-lifetime), heroin (2%-lifetime), and hallucinogenic (8%-lifetime) drugs. [Center for Disease Control and Prevention]</p> <p>Drug use contributes directly and indirectly to the HIV epidemic and alcohol and drug use contribute markedly to infant morbidity and mortality.</p> <p>[Youth Risk Behavior Survey]</p>

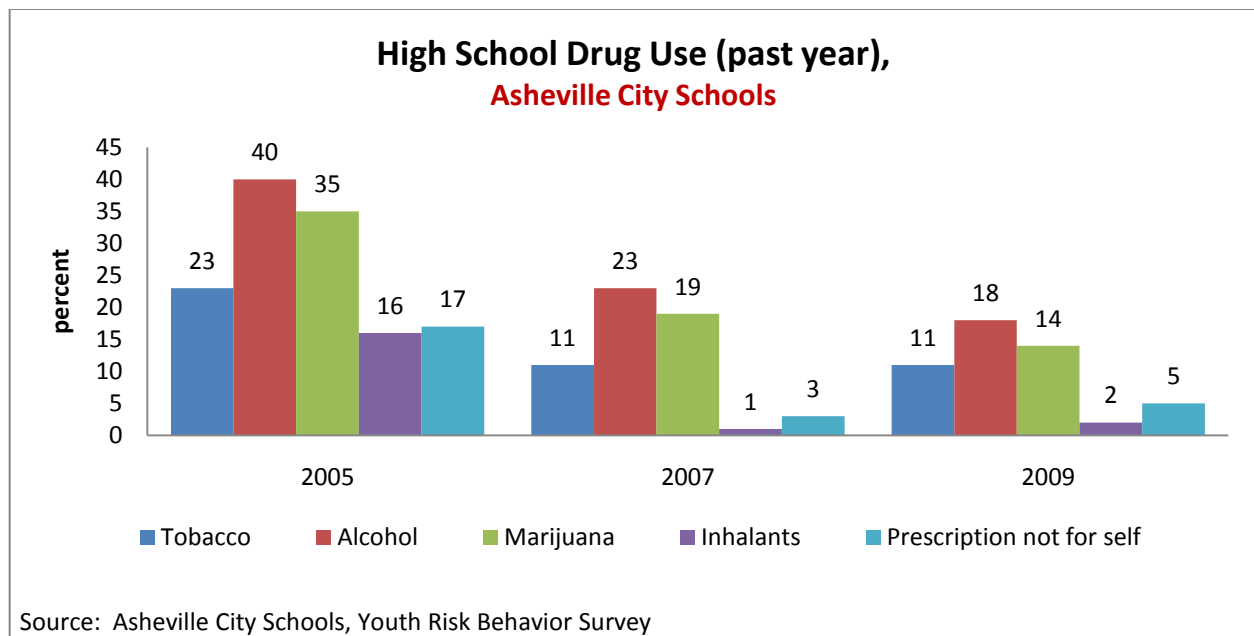
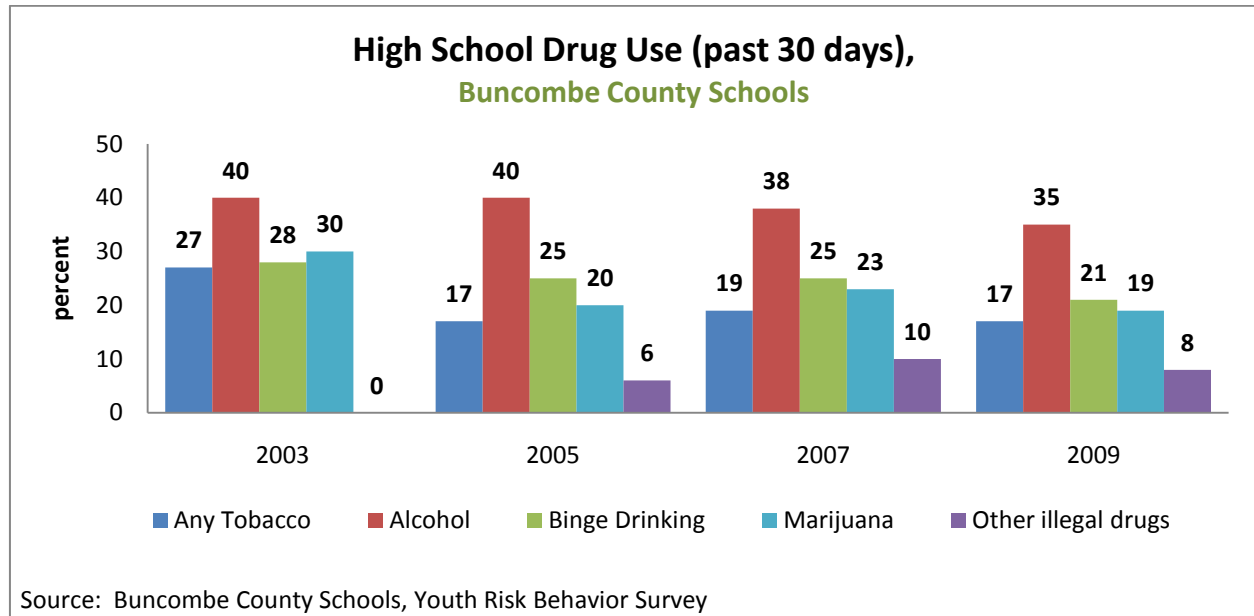


The YRBS data measures percentage of high school youth (in 9th to 12th grade) who have offered, sold, or been given an illicit drug by someone on school property (in the past 30 days). More than 1 in 4 high school students in Western NC report they were offered, sold, or had been given some type of illicit drug (other than marijuana or alcohol) in the past 30 days.

The YRBS data indicates that the average percent of students in both NC and Western region exposed to or using illicit drugs (all combined) is higher than US averages. Both the state and the region have increased slightly since 2005, while the US has trended downward.



Illicit drug use among youth

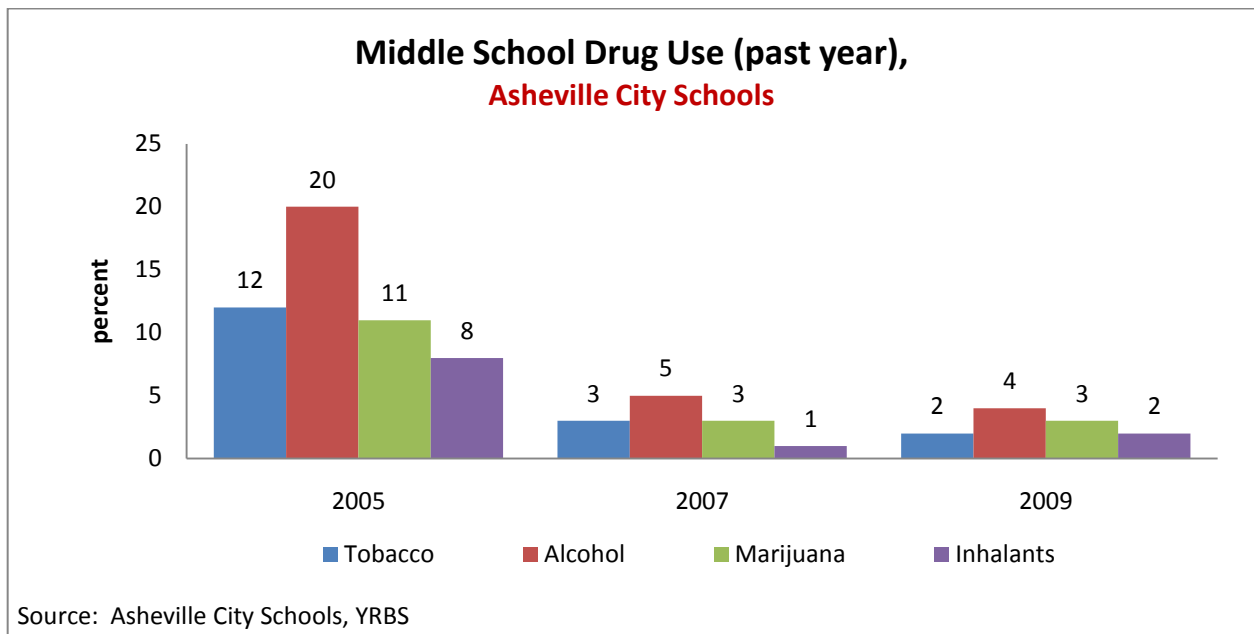
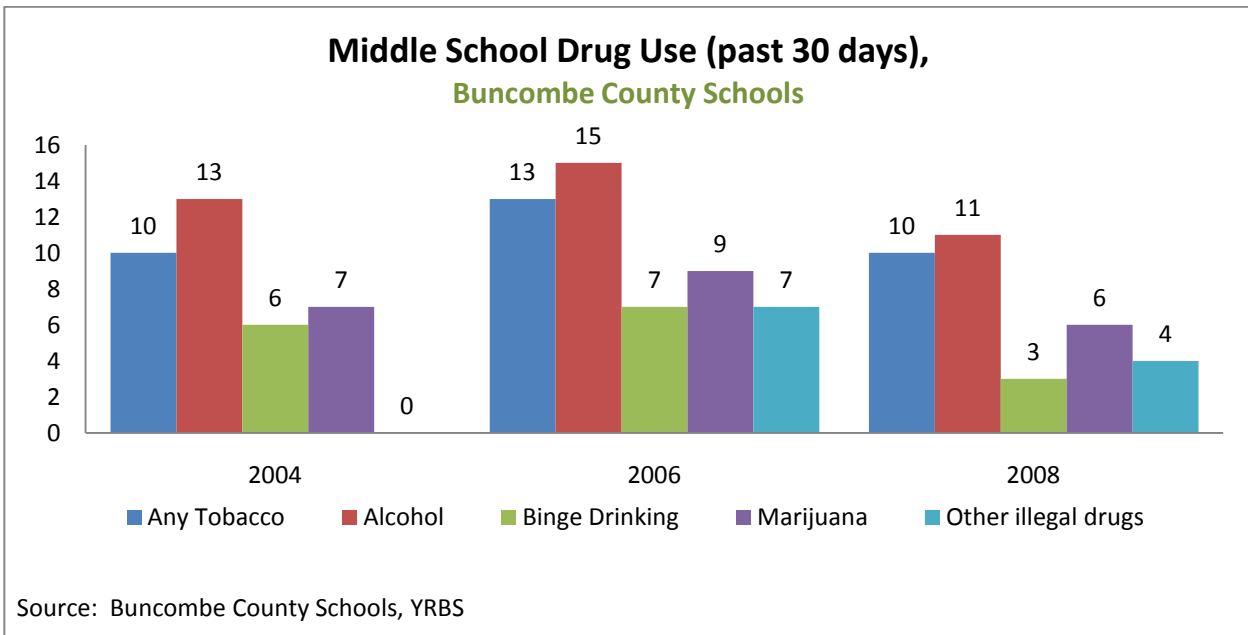


Youth Risk Behavior Survey is conducted in both school systems (grades 9 – 12) but with slight variations in the survey questions. The county schools measure “past 30 days”, whereas the city school measure “past year”. However, we can make important observations about trends in drug use. Tobacco has decreased or stayed the same in both sets of data. Also, alcohol and marijuana use have steadily decreased in both school systems but with greater decreases observed in the city schools.

It’s notable that student use of “other illegal drugs”, measured by the county schools, has experienced a slight overall increase since 2005 (note: was not measured in 2003). Prescription drug use, measured by city schools, has experienced a significant decrease since 2005.



Illicit drug use among youth



Youth Risk Behavior Survey is conducted in both school systems (grades 6-8) but with slight variations in the survey questions. The county schools measure “past 30 days”, whereas the city school measure “past year”. However, we can note general trends in drug use in each set of data but without comparing one school to the other.

It appears that students reporting drug use in the city schools has decreased significantly since 2005, especially for use of alcohol. Drug use among county school students has experienced overall decreases since 2004; although, in 2008, 1 in 10 middle schools students reported use of alcohol and tobacco.



Summary of Findings

What does the data tell us about alcohol and drug use?

Among **Buncombe adults** who participated in the local health survey:

- 14% of adults report Binge Drinking during the past 30 days.
- There has been a slight decrease in Binge Drinking compared to local surveys in previous years (16% in 1995, 15% in 2000).

Buncombe County's six year average for adults reporting Binge Drinking is 11%, which is the same as North Carolina's average and ABOVE the Target of 5%.

Among **high school and middle school students** who participated in Youth Risk Behavior Survey:

- Approximately 37% of high school students in the Western Region reported Binge Drinking, similar to the use reported by high school students in the county school system.
- In 2009, 35% of high school students within the county school system reported binge drinking, which is higher than the overall percent of adults who reported binge drinking, even when comparing to younger adults, ages 18 – 44 (27.5%).
- Since 2003, we observe declines in alcohol use among high school students in the western region and both school systems, with the largest decrease among students in the Asheville city school system, which experienced a decrease of 55% since 2005.
- Over 1 in 4 high school students in the western region were offered, sold, or given illicit drugs by someone on school property in 2009.
- Reported use of marijuana has decreased in both school systems among both middle and high school students since 2004.
- In 2008, 1 in 10 middle school students in the county school system reported either using alcohol or tobacco.
- We observe decreases in overall drug use in both Asheville City schools and Buncombe County schools, among middle and high school students.

Where can I find more data about alcohol and drug use?

BC Health Survey, 2010: <http://www.buncombecounty.org>

BC and NC BRFSS: <http://www.schs.state.nc.us/SCHS/brfss/>

US BRFSS: <http://apps.nccd.cdc.gov/BRFSS/>

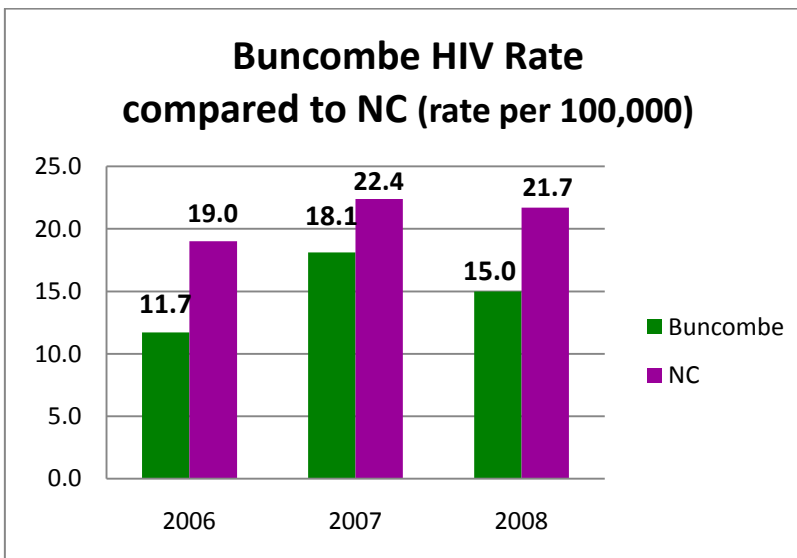
Western Region and NC YRBS: <http://www.nchealthyschools.org/data/yrbs/>

US YRBS: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

MATCH – County Health Rankings: <http://www.countyhealthrankings.org/north-carolina>



Category Health Behavior	Unsafe Sex
Indicators	Rates of Chlamydia and HIV, and Teen Births
Why is this important?	<p>“Unsafe sex” is intended to reflect sexual behavior that increases the risk of such adverse outcomes as unintended pregnancy and transmission of sexually transmitted infections, including HIV. By monitoring teen births and rates of Chlamydia it provides a sense of the level of unsafe sex in our county compared to other counties in the state.</p> <p>Evidence suggests that teen pregnancy significantly increases risk of repeat pregnancy and risk of contracting sexually transmitted infections (STI). One review found that one third of pregnant teens were infected with at least one STI, some of which can be transmitted from mother to child. Teens can have lower weight gains and other health problems that can impact the health of the child. Furthermore, potential long-term outcomes of teen pregnancy are lower levels of educational attainment, higher rates of marital instability, and increased likelihood of single parenthood compared to older mothers. [MATCH County Ranking Report]</p>



HIV Testing at the Buncombe County Department of Health	
2006	<u>19 HIV positives</u> 4,275 HIV tests
2007	<u>41 HIV positives</u> 4,381 HIV tests
2008	<u>110 HIV positives</u> 4,947 HIV tests

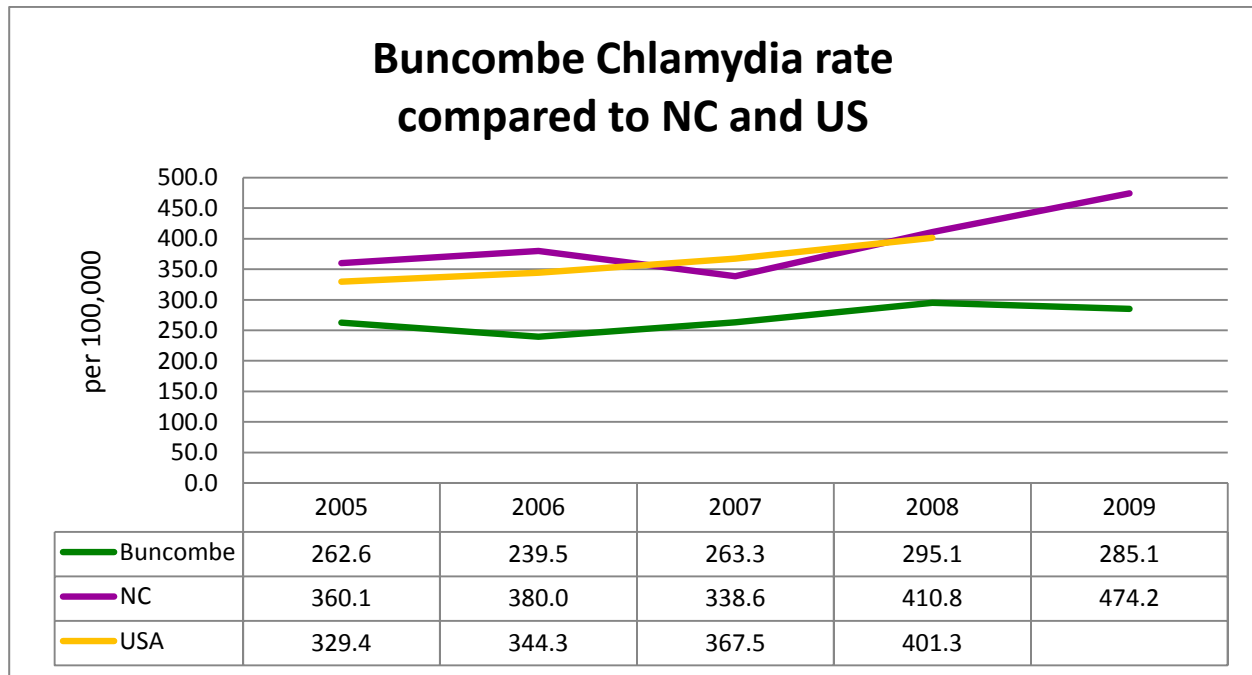
Source: NC Epidemiology, State Center for Health Statistics: 2008 Epidemiology Profile Report

Between 2006 and 2008, Buncombe’s HIV rate is between 20 – 40% less than North Carolina’s HIV rate. During this same period the county rates have increased by 22%, compared to an increase of 12% in NC rates, which might also reflect increased awareness about testing. **CDC estimates that 1 in 5 people infected with HIV don’t know.**

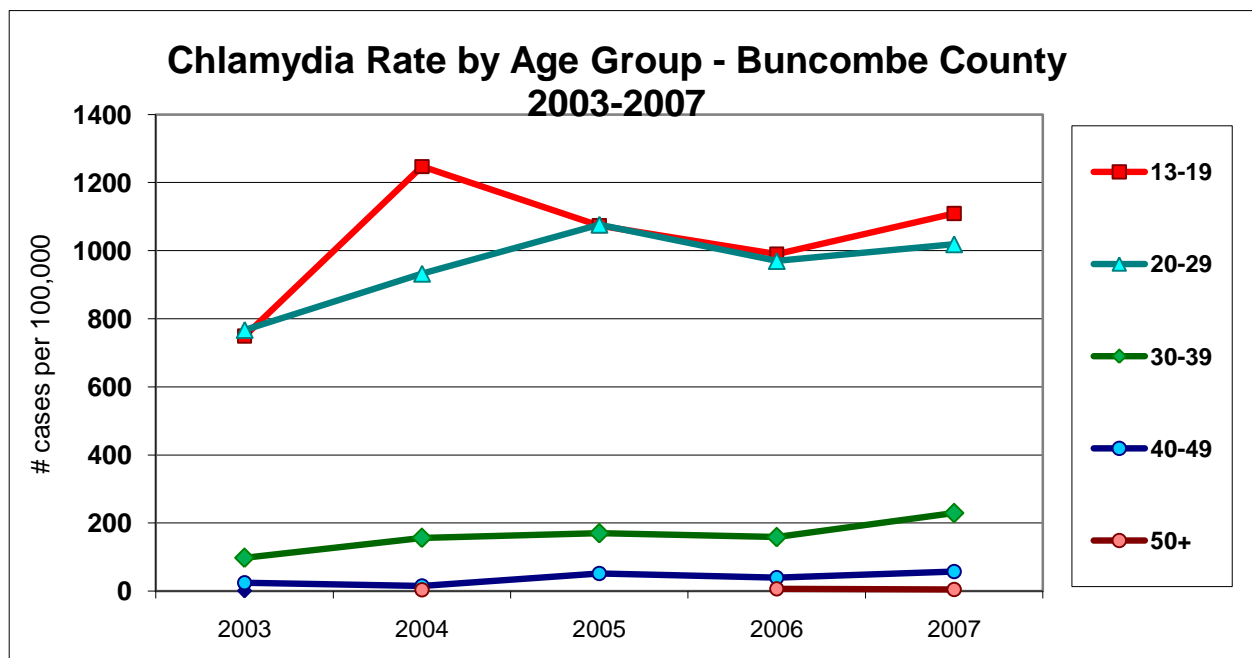
Among tests taken at BC Department of Health, less than 1% of HIV tests were positive in 2006 and 2007. However, in 2008, over 2% of tests were positive, which may be attributable to factors such as increased partner notification efforts, increased promotion about testing, or more people at risk for HIV getting tested. According to state reports, 454 people living with HIV and 194 with AIDS were reported as of Dec. 2009.



Unsafe Sex



Source: N.C. Epidemiologic Profile for HIV/STD Prevention and Care Planning (12/09)

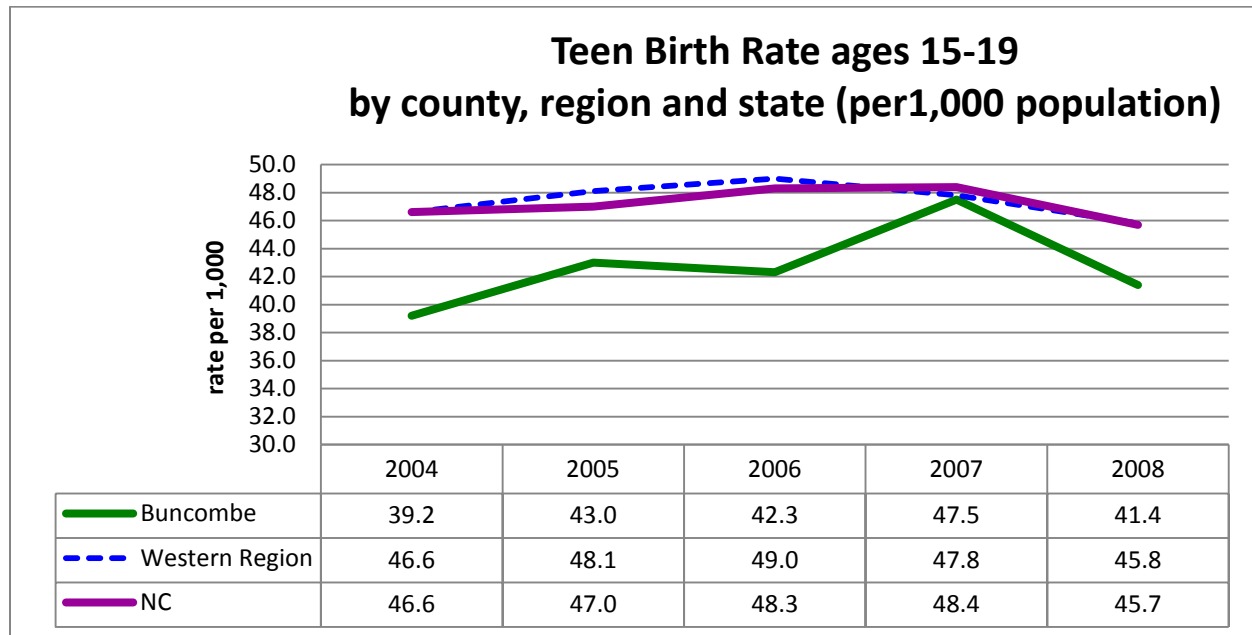


Source: N.C. Epidemiology, State Center for Health Statistics

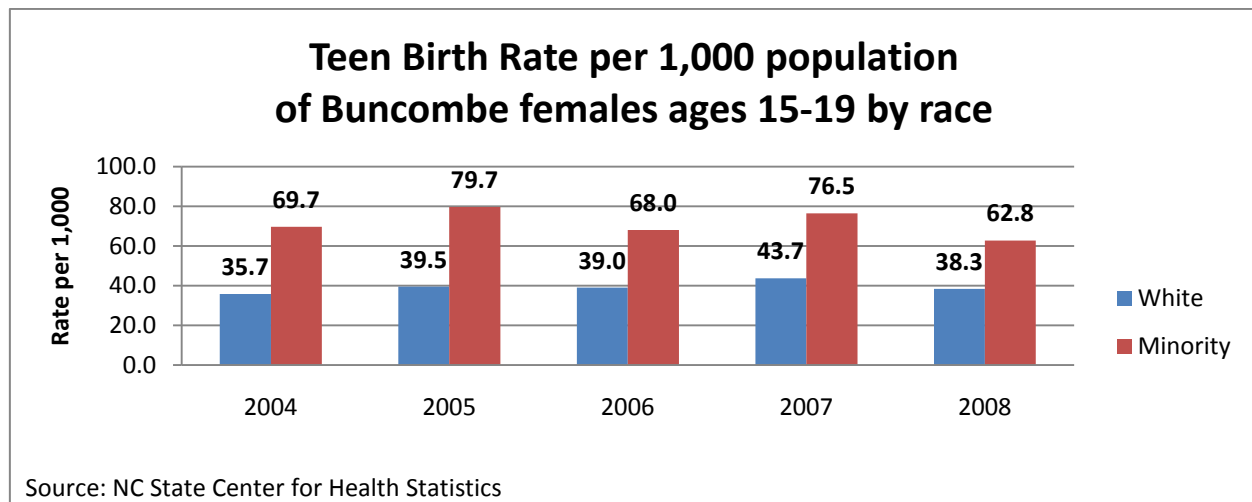
The overall Chlamydia rate in Buncombe has increased from 2005 – 2009, although rates are lower than both NC and US rates. Incidence of Chlamydia is at epidemic levels, especially among Buncombe teens ages 13 – 19, which have the highest proportion of disease compared to all other age groups. This indicates a level of unsafe sexual behavior among teens, placing them at risk for other sexually transmitted disease and unintended pregnancy.



Unsafe Sex



Source: NC State Center for Health Statistics



Source: NC State Center for Health Statistics

The Buncombe teen birth rate remains lower than the western region and NC rates. However, during 2004 – 2008 period of time, the Western region and NC teen birth rates have slightly declined, whereas the Buncombe County rates have risen by about 5%.

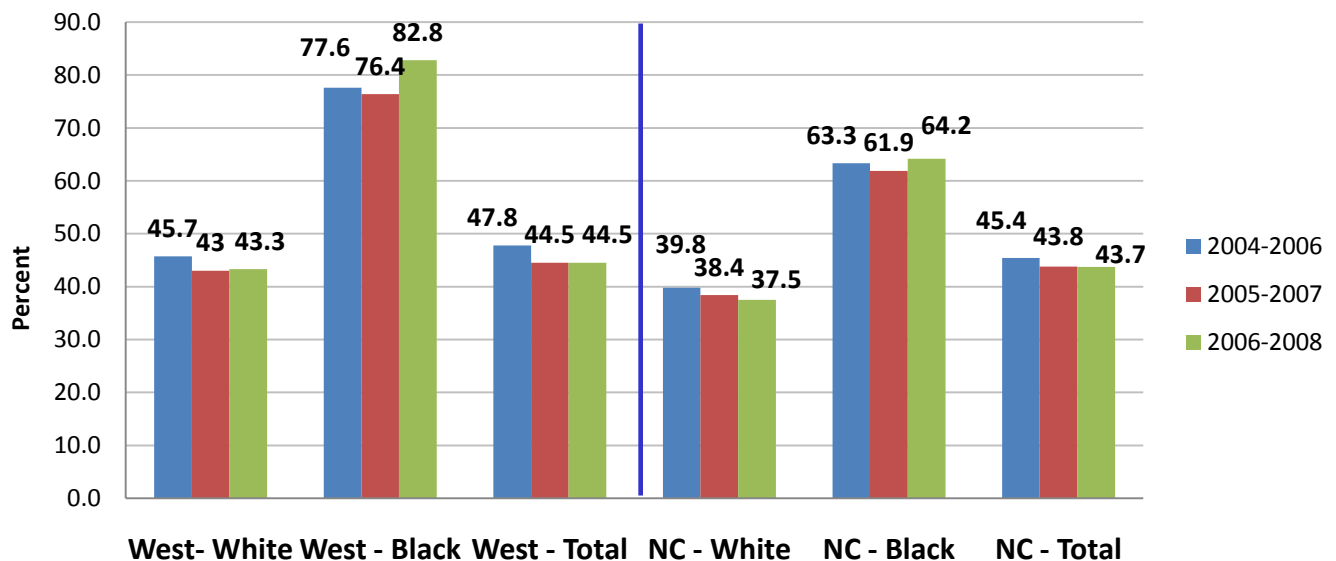
Disparities between white and minority teen birth rates are persistent. In 2008, minority teen birth rates are 40% greater than whites; although, the gap is less in 2008 than in the previous five years. It is notable that since 2004, the minority teen birth rate has decreased by 10% while the rate of their counterparts has increased by 7%.

Keep in mind that the **teen birth rate** is lower than the **teen pregnancy rate**. In 2009, 77% of teen pregnancies in BC resulted in live born infants and 23% resulted in abortions (NC Reported Pregnancies, State Center for Health Statistics). North Carolina's rate is similar.



Category	Unintended Pregnancy
Health Behavior	
Indicators	Unintended pregnancies
Why is this important?	<p>Unplanned pregnancy among teens and adults is at the root of a number of important public health and social challenges. Unplanned pregnancies are frequently resolved by abortion. Women experiencing an unplanned pregnancy are less likely to obtain prenatal care. Their babies are at increased risk of both low birth weight and of being born prematurely and are less likely to be breastfed.</p> <p>Children born from unplanned pregnancies also face a range of developmental risks. For example, these children report poorer physical and mental health compared to children born as the result of an intended pregnancy.</p> <p>In addition, the majority of children from an unplanned pregnancy are born to unmarried women. When compared to similar children who grow up with two parents, children in one-parent families are more likely to be poor, drop out of high school, have lower grade-point averages, lower college aspirations, and poorer school attendance records. Such data suggest that reducing unplanned pregnancy will increase the proportion of children born into circumstances that better support their growth and development. (National Campaign to Prevent Teen Pregnancy)</p>

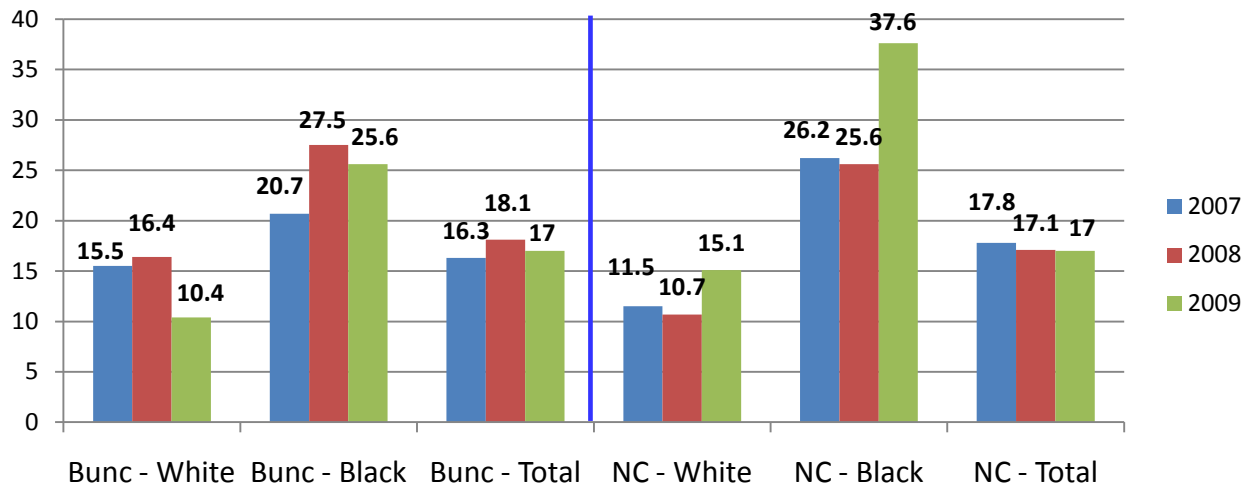
**Unintended pregnancies that resulted in live births by race ,
Western Region & North Carolina 2004-2008**



Source: Pregnancy Risk Assessment Monitoring System

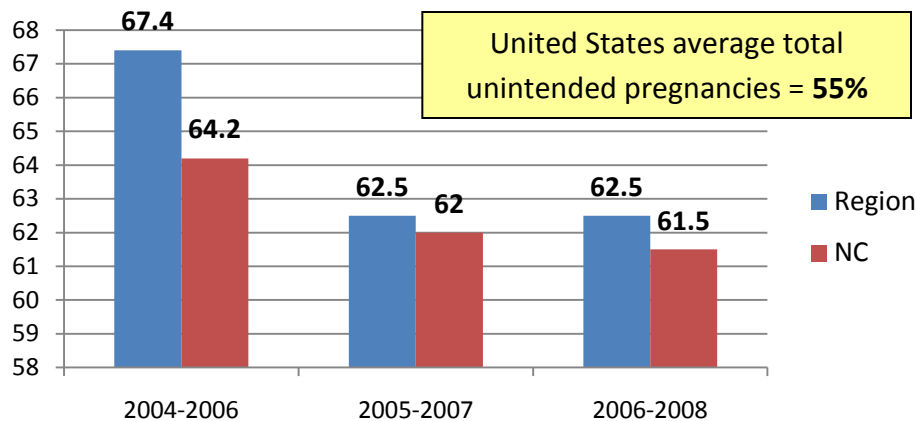


% of pregnancies that ended in abortion, Buncombe County & NC, 2007-2009



Source: NC Reported Pregnancies, NC State Center for Health Statistics

% unintended pregnancies: Abortion plus unplanned pregnancy that resulted in live birth, Western Region and NC



Health Opinion Survey Findings

People believe that Family Planning, pregnancy and infant health are priority health issues.

Source: NC Vital Statistics and Pregnancy Risk Assessment Monitoring System

In 2006-2008, **more than 6 out of 10 pregnancies in Western NC were unintended**, a rate that is 12% higher than the national average of 55%. This includes pregnancies to women of all ages, races, married, and unmarried. With what we know about the link between helping women be healthy before they become pregnant and how this can improve infant and child health outcomes, we are missing a critical opportunity to reduce negative pregnancy outcomes as well as to reduce societal costs when unplanned pregnancies (especially among teens) are high.



Summary of Findings

What does the data tell us?

- Buncombe HIV rates remain lower than state HIV rates.
- HIV rates continue to increase for both county and state; although increases during 2006 to 2008 were greater for Buncombe (22%) than NC (12%).
- In 2007, Buncombe Chlamydia rates are lower than state and national rates, although rates continue to increase at all levels.
- Teens, ages 13 – 19, have the highest rates of Chlamydia infections in Buncombe County, compared to all age categories.
- Teen birth rate for Buncombe is lower than the state and national rates. However, during 2004 to 2008, Western NC and NC teen birth rates have shown slight declines, whereas Buncombe County rates have risen 5%.
- In 2008, minority teen birth rates were 40% greater than whites; although, the gap was less in 2008 than during the previous four years.
- Since 2004, the overall minority teen birth rate for Buncombe County has decreased by 10% while the white rate has increased by 7%.
- According to 2006-2008 regional data, more than 6 out of 10 pregnancies in Western NC were unintended, 12% higher than the national average of 55%.
- According to 2006-2008 Buncombe County data, over 8 out of 10 African Americans had unintended pregnancies resulting in live births (excludes abortions), which is nearly twice the percent of their white counterparts. Also 25% of African Americans had unintended pregnancies ending in abortion in 2009.

Buncombe County's *six year average* for the teen birth rate is below the North Carolina average (46% vs. 51%) but is ABOVE the Target of 39%.

What do people care about?

- Health Opinion survey results indicate that access to Family Planning was among the five most common health concerns that people listed.
- Encouraging healthy pregnancies and infant health was ranked among the top ten health concerns.

Where can I find more data about unsafe sex and unintended pregnancies?

BC Health Survey, 2010: <http://www.buncombecounty.org>

BC and NC BRFSS: <http://www.schs.state.nc.us/SCHS/brfss/>

US BRFSS: <http://apps.nccd.cdc.gov/BRFSS/>

PRAMS: <http://www.schs.state.nc.us/SCHS/data/prams.cfm>

MATCH – County Health Rankings: <http://www.countyhealthrankings.org/north-carolina>

