



2010 – 2014 Health Priorities

The six priorities were chosen by a diverse group of community stakeholders who drew from data and information gathered during the Community Health Assessment to make their decisions. It should be noted that the priorities selected **do not** negate the importance of other areas of contribution. Yet, these priorities offer opportunities for dramatically improving health impact based on the data that was collected and analyzed. The Community Health Assessment – Steering Committee engaged 68 community leaders from throughout Buncombe County to review the evidence, listen to community members’ input, and select priorities that will help us attain our community health vision.

The priorities are described in some detail. As community members enter into the next phase of Strategic Action Planning, each priority will become more focused as strategies are selected and outcomes are further defined.

- 1 **Promote Healthy Weights Through Healthy Living**
 - 2 **Improve Women’s Health During Childbearing Years**
 - 3 **Improve Children’s Health Outcomes through a focus on Family Support and Education**
 - 4 **Increase Readiness of All Students to Learn & Succeed In School**
 - 5 **Access to and Continuity of a Mental Health Home**
 - 6 **Access to and Continuity of a Primary Care Home**
- Medical Home**
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- A blue arrow points from priority 5 to the text 'Medical Home'. A brown arrow points from priority 6 to the text 'Medical Home'.

Each of these health priorities is also complemented by five guiding principles or “overarching themes.” These themes will shape the development of specific goals and strategies in 2011.

- **Equity / parity:** Focus on addressing racial, ethnic, income and other disparities. Equity is created by focusing extra attention and assistance for groups of people that have worse health outcomes or who face greater barriers to making choices that lead to good health.
- **Access to resources:** Focus on strategies that enable access to resources such as medical care, safety, healthy foods, and environmental supports for activity.
- **Prevention:** Focus on creating opportunities to help people stay well instead of focusing only on healing once they are sick or are in a health crisis.
- **Assets-based approaches:** Building on natural strengths of residents and organizations, developing community networks, linking into existing groups.
- **Results, impact, and outcomes:** Seek to be strategic about which interventions or combination of interventions are more likely to achieve the most impact and create positive health outcomes.



1

Promote Healthy Weights Through Healthy Living

Healthy Weight: A range of weight that is appropriate for an individual based on height, bone structure, and other body physiology.

Healthy Living: Behaviors that support healthy weights, emotional/physical well-being, productivity, and longevity. These include eating healthy foods, portion sizes, leisure and work levels of physical activity, managing stress, etc.

Data Insights: Among Buncombe County children, 28% of Kindergarteners are **overweight** (>85th percentile), increasing each year to 39% of 5th graders. ♦ 57% of Buncombe adults are either **overweight or obese**; and 1 out of 4 is obese. ♦ 80% of Buncombe non-white adults are either overweight or obese. ♦ 1 out of 10 adults reported **NO exercise** in past week, and 3 out of 10 adults earning <\$50,000 reported NO exercise in past week. ♦ Slightly more than 25% of adults got exercise 1 or less times a week; and for Buncombe non-whites, 68% got exercise 1 or less times per week. ♦ 1 out of 4 adults ate ≤1 servings of vegetables per day, and 2 out of 3 non-white adults ate ≤1 servings of vegetables per day. ♦ **Improving healthy weight** (preventing obesity) was one of the top 5 health concerns people cared most about.

Potential Strategic Focus Areas: Improve networking and coordination of nutrition and physical activity initiatives and services; Increase access to opportunities to be active and eat well.

Potential Long-term Impacts: Increase number of adults reporting healthy weights (BMI); Increase number of children at healthy weights for their age, height, and bone structure; Increase number of adults and children entering and maintaining healthy weight category for at least two years; Increase the number of obese adults and children reaching a healthy weight; Increase the percent of Buncombe County adults and children who participate in recommended amounts of physical activity.

Note: some focus areas and potential impacts drawn from the NC's Eat Smart, Move More plan to prevent overweight and obesity. For the full plan, link here:

http://www.eatsmartmovemorenc.com/ESMMPlan/Texts/ESMMPlan_Desktop.pdf



2

Improve Women's Health During Childbearing Years

Woman's Health: The ability to nurture and care for the female body in ways that effectively optimizes well-being, prevents disease, and / or manages chronic conditions, especially among those in high risk categories.

Childbearing Years: Age 12 - 45 years.

Data Insights: 62% of females in Western NC reported **unintended pregnancy** compared to 61% in NC and 55% in US. ♦ 82% of WNC black females reported unintended pregnancy compared to 43% of WNC white females. By comparison, 64% of NC black females and 37.5% NC white females reported unintended pregnancies. ♦ Overall, since 2004, the rate of **teen pregnancies** has increased. Among teen pregnancies in 2008, 6 out of 10 were non-white and 4 out of 10 were white. ♦ Among pregnancies that ended in abortion, 10 % occurred among Buncombe white females compared to 26% of Buncombe black females. ♦ The highest prevalence of **Chlamydia** in Buncombe occurs among teens ages 13 – 19. ♦ Nearly 7 out of 10 women (over age 18) get annual **women's health exams** and among Buncombe non-white females 62% get annual women's health exams (local health survey). ♦ Women's health issues were one of the top health issues that people listed in the Opinion Survey.

Potential Strategic Focus Areas: Improve the health of women of childbearing age through a collaborative focus on women's wellness; Improve the knowledge, attitudes, and behaviors of women and men related to preconception health; Increase the number of woman and girls of childbearing age who have the support and wisdom to care for themselves during the years before pregnancy as well as during pregnancy; Engage men and boys in healthy decision making regarding sexual activity and parenting; Develop support systems for parents of infants and toddlers; Focus on increasing thoughtful decisions about having children, especially in populations who have high rates of unintended pregnancies; Reduce risks associated with previous negative pregnancy outcomes; Assure that all women of childbearing age receive preconception healthcare services.

Potential Long-term Impacts: Increase number of pregnancies that are intended; Decrease premature births; Increase babies that are born at a healthy weight; Increase interval between pregnancies; Increase entry into prenatal care in first trimester; Decrease number of children living in poverty; Increase number of women and specifically mothers who do not smoke or use tobacco; Increase number of women living at a healthy weight and/or free from chronic or infectious disease.

Note: some focus areas and potential impacts drawn from the North Carolina Preconception Health Strategic Plan, 2008-2013. Read the full plan here:

http://www.nchealthystart.org/downloads2/preconception_health_strategic_plan.pdf



3

Improve Children's Health Outcomes through a focus on Family Support and Education

Children's Health Outcomes: Emotional and physical wellbeing, healthy weight, safety, stress, sleep, school readiness.

Family Support: Not only services offered to the family but their connection to a caring knowledgeable community.

Education: Knowledge, skills, and experiences.

Data Insights: Among Buncombe children, 28% of Kindergarteners are **overweight** (>85th percentile), increasing each year to 39% of 5th graders. ♦ Percent of **people living in poverty** continues to increase, staying above US percentages for last 4 years and in 2009 rising above NC percentage. Poverty among Hispanics was higher than among black and white residents in 2008 and 2009. ♦ 1 in 5 children in Buncombe live in poverty, higher than US average but slightly lower than NC. ♦ **High school dropout rates** for Asheville City Schools (4.8%) and Buncombe County Schools (4.65%) are slightly higher than NC (4.27%), although there is a slight downward trend during the past 5 years. ♦ Percent of residents with a **college degree** is higher among Buncombe County residents than both US and NC, although fewer than 1 in 3 Buncombe residents have a 4 year college degree or higher. ♦ Buncombe ranks the highest in NC for kindergarten children (3.81%) not **immunized** due to religious exemptions (compared to 0.68% of NC kindergarteners).

Potential Strategic Focus Areas: Increase support and education of mothers, fathers, and caregivers, especially focusing on early childhood development; Improve parenting and healthy living skills among families; Promote opportunities to make healthy choices for families; Increase the percent of children ever breastfed; Make positive health information easier to access and understand.

Potential Long-term Impacts: Increase percent of children at healthy weight; Increase parental engagement in creating and maintaining healthy and safe homes; Increase the percent of children who are fully immunized; Decrease number of missed school days per child per school year; Increase percent of families living above the poverty level.



4

Increase the Readiness of All Students to Learn & Succeed in School

Readiness: Students have the physical and emotional wellbeing necessary to learn at all grade levels in school

School: Pre-kindergarten through college (cradle to college)

Data insights: Among children age 0 – 5 who are enrolled in regulated children - 54% are enrolled in “4 or 5 star” care centers. ♦ **High school dropout rates** for Asheville City Schools (4.8%) and Buncombe County Schools (4.65%) are slightly higher than NC (4.27%), although there is a slight overall decrease during the past 5 years. ♦ Percent of residents with a **college degree** is higher among Buncombe County residents than both US and NC, although fewer than 1 in 3 Buncombe residents have a 4 year college degree or higher.

Potential Strategic Focus Areas: Enhance families’ and caregivers’ ability to support the development of children from birth to kindergarten; Increase early childhood learning opportunities; Decrease absenteeism from school; Increase family support for educational success; Increase student motivation to learn; Improve opportunities for physical activity and nutrition during school day as a strategy to increase academic achievement; Increase the involvement of families, care givers, and the community in the academic success of all children; Strengthen the social and basic life skills that youth need for success

Potential Long-term Impacts: Increase kindergarten readiness; Increase appropriate promotion throughout grade levels; Increase percent of students performing at or above grade level; Increase high school graduation rate; Increase percent attending post-high school education.

Note: some focus areas and potential impacts drawn from the United Way of Asheville and Buncombe County’s Investment Strategy for 2010-2011. Read more here:

http://www.unitedwayabc.org/your_dollars/index.php



5

Access to and Continuity of a Mental Health Home

Mental Health Home: a mental health provider who works with patients and their primary care providers on an ongoing basis to provide optimal care.

Access: represents capacity, affordability, transportation, and proximity.

Continuity: represents consistent care over time.

Data Insights: 1 out of 3 local health survey respondents reported **depression** in past year. The percentage increases slightly among non-whites and those with lower income. The biggest disparity is among those with high school or less education (41% reported being depressed in the past year compared to 30%). ♦ Non-whites and Hispanics were twice as likely to report **wanting mental health care but not able to get it** compared to other subpopulations. Over 60% reported **lack of insurance** or cost as the main reason they did not get mental health care. ♦ **Suicide rates** for white adults are equal to the homicide rates among non-white adults in Buncombe. ♦ Access to mental health care or counseling is among the top priorities listed in the Health Opinion Survey.

Potential Strategic Focus Areas: Improving both the capacity and access to mental health services outside of the Emergency Departments; Educating families and caregivers on how to support those with mental illness; Addressing the root causes of depression and stress; Coordination of care among care-providers; Patient-centered care.

Potential Long-term Impacts: Reduce level of depression; Reduce level of stress; Increase capacity of the mental health care system; Increase level of insurance coverage for mental health care; Increase the percent of residents practicing positive mental health behaviors; Increase the level of social support for people with mental health challenges.



6

Access to and Continuity of a Primary Care Health Home

Primary Care Home: patients have a primary-care provider on an ongoing basis that works closely with their other providers to provide optimal care.

Access: represents capacity, affordability, transportation, and proximity.

Continuity: represents consistent care over time.

Data Insights: 17% of Buncombe adults have **NO health insurance**. The percentage is higher among young people, non-whites, and those with less education and income. 60% of Hispanics report no health insurance. The target NC insurance coverage rate is 14%. ♦ Among those with high school or less education, 4 in 10 report having **no personal doctor**. ♦ Nearly 1 in 5 reports **wanting medical care but not getting it** within past year. 70% of those reported the main reason as lack of insurance or cost. Among those not getting medical care, disparities exist among non-white, Hispanic, less education, and less income. The largest disparity is among those 18 – 44 years of age. ♦ Over twice as many Hispanic and non-white adults **wanted medication but did not get it** within past year, due mostly to lack of insurance or cost. ♦ **Making sure everyone has a doctor** to go to when they are sick was the #1 issue listed in the health opinion survey.

Potential Strategic Focus Areas: Improving both the capacity of and access to primary care services; Developing an effective referral system for primary care providers; Developing patient-centered care pilots that engage patient families, community, and other key stakeholders in the health of patients.

Potential Long-term Impacts: increase appropriate use of emergency rooms; Increase percent of residents with insurance coverage; Reduce prevalence of chronic diseases; Reduce costs associated with chronic diseases; Increase early detection of disease; Increase longevity for those with chronic diseases; Increase quality of life for residents (i.e. Number of Healthy Days per Month per 1000 People).