

Buncombe
County
Community
Health
Assessment

December 3

2012



EXECUTIVE SUMMARY

Overview of CHA Purpose and Process

Community health assessment (CHA) is the foundation for improving and promoting the health of county residents. **Community health assessment is a key step in the continuous community health improvement process.** The role of CHA is to identify factors that affect the health of a population and determine the availability of resources within the county to adequately address these factors.

In 2010, Buncombe County completed a comprehensive Community Health Assessment, resulting in the selection of six priorities by a diverse group of community stakeholders who drew from data and information gathered during the process to make their decisions. The priorities selected did not negate the importance of other areas of contribution. Yet, these priorities offered opportunities for dramatically improving health impact based on the data that was collected and analyzed. The CHA Steering Committee engaged 68 community leaders throughout Buncombe County to review the evidence, listen to community members' input, and select priorities that will help us attain our community health vision.

In 2012, Buncombe County has had the opportunity to partner across the region and with our local non-profit hospitals, (Mission Hospital, Park Ridge Health, and Care Partners) in new ways through the development of WNC Healthy Impact.

WNC Healthy Impact is a partnership between hospitals and health departments in North Carolina to improve community health. As part of a larger, and continuous, community health improvement process, these partners are collaborating to conduct community health (needs) assessments across western North Carolina. See www.WNCHealthyImpact.com for more details about the purpose and participants of this region-wide effort. The regional work of WNC Healthy Impact is supported by a steering committee, workgroups, local agency representatives, and a public health/data consulting team. In addition, for this data collection phase of our regional efforts, a survey vendor (PRC – Professional Research Consultants, Inc.) was hired to administer a region-wide telephone survey. Various partners, coalitions, and community members are also engaged at the local level.

In order to enable full participation in WNC Healthy Impact, the decision was made to transition the Buncombe County CHA timeline to match that of the region and meet the needs of local non-profit hospital partners. While this has great benefits for regional partnerships, it does mean that the 2012 CHA is taking place after only two years of community action around the previous priority areas. For this reason, the 2012 CHA has involved the examination of the 2010 priority areas and the engagement of a smaller number of community leaders rather than re-creating the extensive process that took place in 2010.

After reviewing changes in the data surrounding these priority areas, progress made in the corresponding 2010 Action Plans, and any changes in the overall landscape and potential capacity to address them, it was decided that the 2010 priority areas needed to be kept. However, a few changes were made to the combine areas and create a clearer focus of what each priority area entails. For more information on this, please see the full report, [Chapter 9](#).

List of Health Priorities

The 2010 Community Health Assessment resulted in the following priorities:

- Improve Women's Health During Childbearing Years
- Promote Healthy Weight and Healthy Living
- Improve Children's Health Outcomes through a Focus on Family Support and Education
- Increase Readiness of all Children to Learn and Succeed in School
- Access to and Continuity of a Primary Care Home
- Access to and Continuity of a Mental Health Home

The Buncombe County 2012 Community Health Assessment Priority Areas are:

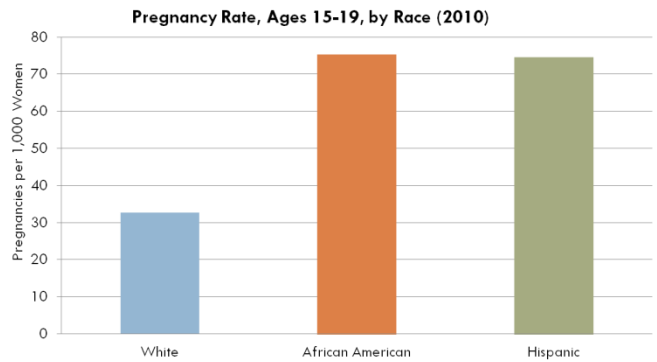
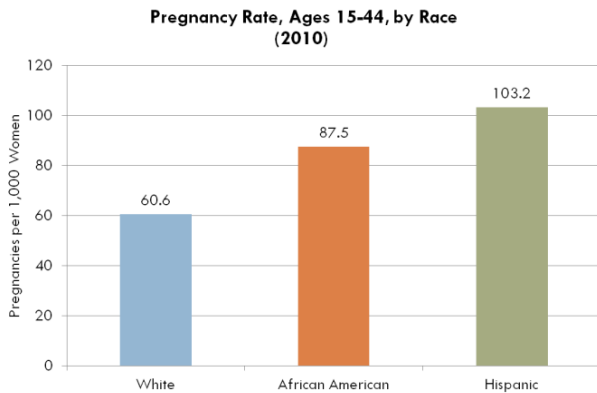
1. Women's Preconception Health
2. Healthy Weight and Healthy Living
3. Children's Health and Early Child Development
4. Access to Primary and Mental Health Care

General Review of Data and Trends

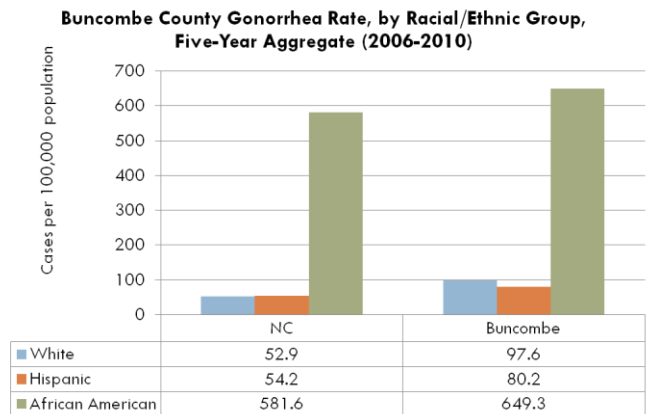
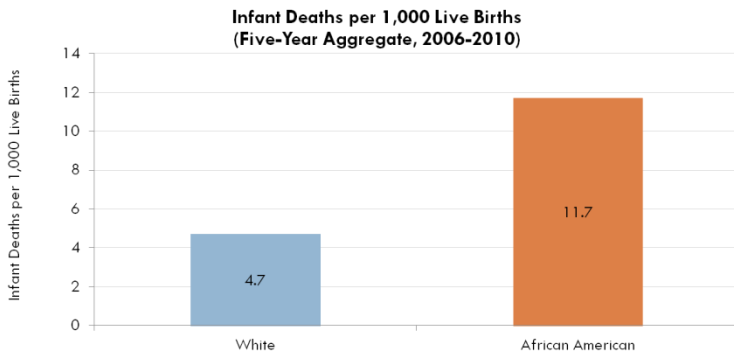
The following key data and trends helped support the determination of each of the four health priorities. Note that this is only a snapshot of each area and that more detail, source information, and additional analysis can be found in the full report.

1. Improve Women's Preconception Health

Preconception health refers to a woman's health before she becomes pregnant. Over half of infant deaths in NC can be attributed to medical issues of the mother, many of which existed before the pregnancy (NC Preconception Health Strategic Plan). African American and Hispanic women in Buncombe County have significantly higher pregnancy rates, suggesting potential target populations for preconception health efforts. The racial and ethnic gap is even greater when looking at teen pregnancies, despite the decreasing rates of teen pregnancy for the Buncombe County on average.



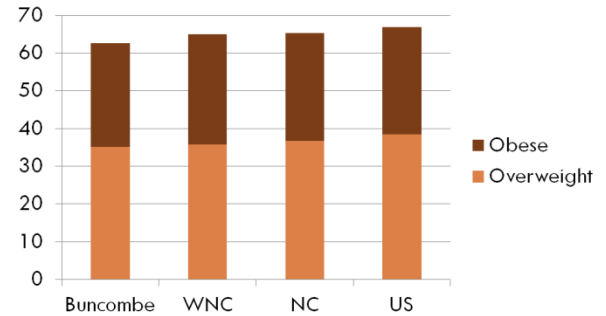
At least since 2006, Buncombe County has seen steady and significant improvements in decreasing rates of infant death and Gonorrhea. However, there is still a racial and ethnic disparity of great concern for each:



2. Promote Healthy Weights and Healthy Living

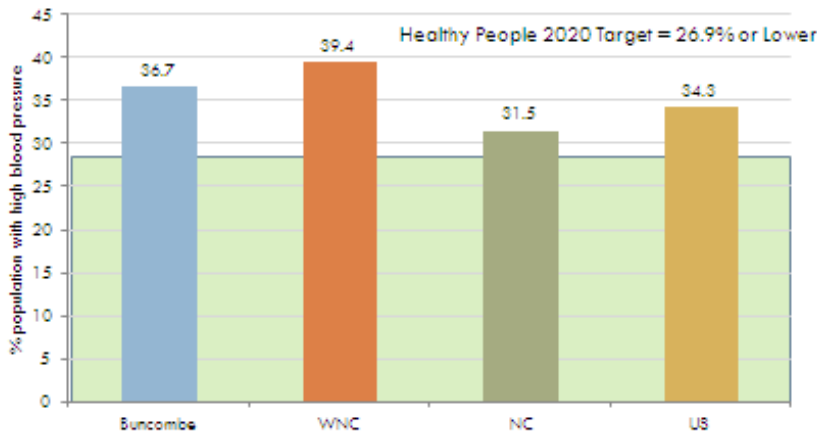
Overweight is defined as having a Body Mass Index (BMI) of 25 or more and is associated with coronary heart disease, type 2 diabetes, cancer, hypertension, stroke, liver disease, sleep apnea, respiratory problems, osteoarthritis, gynecological problems, and poor health status. While Buncombe County is less overweight than the region and the state, the majority (62.6%) of our adult population still has a BMI of greater than 25. Of those adults who are overweight, almost half have a BMI of greater than 30, pushing them into the obese category.

Overweight (BMI 25-29.9) and Obesity (BMI > 30)

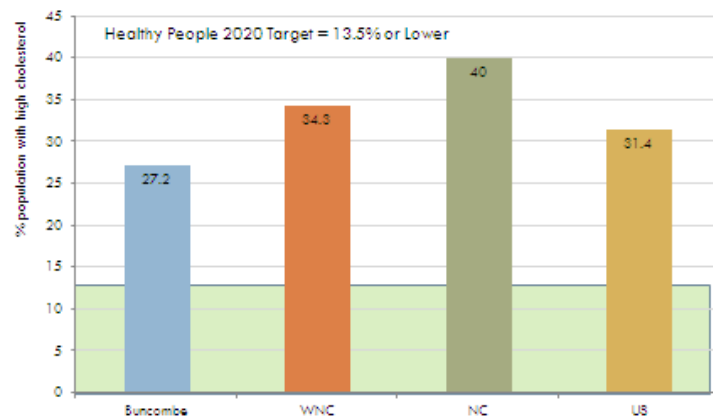


Although this does meet the Healthy People 2020 goal of less than 30.6% of adults being obese, we are still far from meeting the Healthy People 2020 goals for both elevated cholesterol and high blood pressure.

Prevalence of High Blood Pressure (WNC Healthy Impact Survey)

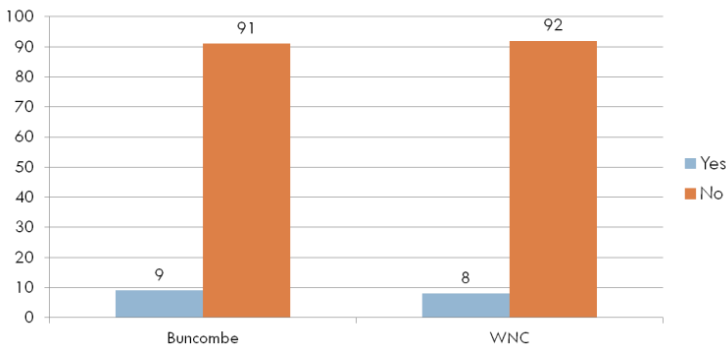


Prevalence of High Blood Cholesterol (WNC Healthy Impact Survey)



And not even 1 in 10 Buncombe County residents are eating the recommended minimum fruit and vegetable servings per day

Had an Average of Five or More Servings of Fruits/Vegetables per Day in the Past Week (WNC Healthy Impact Survey)



The good news is that Buncombe County residents want to see their County become a healthier place to live. More than 9 out of 10 residents in our survey said they thought it was important that our communities make the following changes:

- Make it easier for people to access farmer's markets, including mobile farmer's markets and tailgate markets
- Increase the public's access to physical activity spaces at local organizations during off-times
- Improve access to trails, parks, and greenways

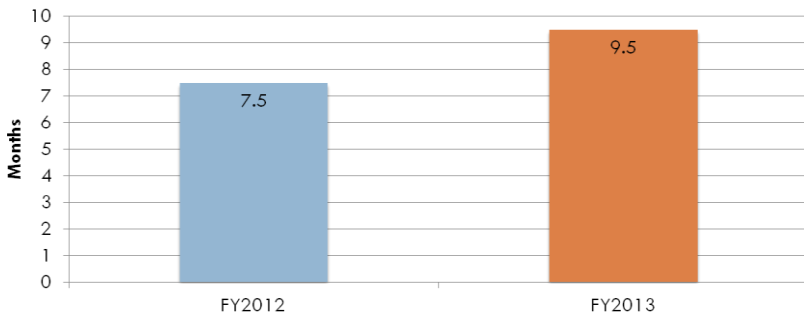
3. Improve Children's Health and Early Child Development

Difficult economic times have resulted in unfavorable circumstances for Buncombe County families striving for their children's health and school readiness.

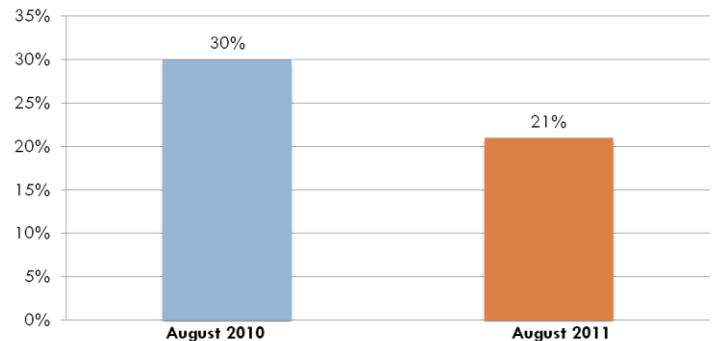
The average wait time for families seeking childcare subsidy in Buncombe County has increased by two months in the past year. As of September 2012, Buncombe County had 1,285 children on the waiting list for Child Care Subsidy and served 1,969 children that month.

This has contributed to a decrease in Buncombe County children being able to enroll in licensed early care and education programs, which dropped 30% in the past year. That decrease represents 1,268 fewer children in licensed early care and education programs.

Average Waiting List Time for Childcare Subsidy in Buncombe County



Children 0-5 Pre-K Enrolled in Licensed Early Care and Education Programs (August 2010 and August 2011)



At the same time, child poverty rates have risen. While negative health effects resulting from poverty are present at all ages, children in poverty face greater risks. Children face greater morbidity and mortality due to greater risk of accidental injury, lack of health care access, and poor educational achievement. Early (or prenatal) poverty may result in development damage. Children's age-five IQ correlates more with family income than with maternal education, ethnicity, and single female-headed household (County Health Rankings and Roadmaps, 2012).

Population in Poverty, Under Age 18 5-Year Estimates (2005-2009 and 2006-2010)

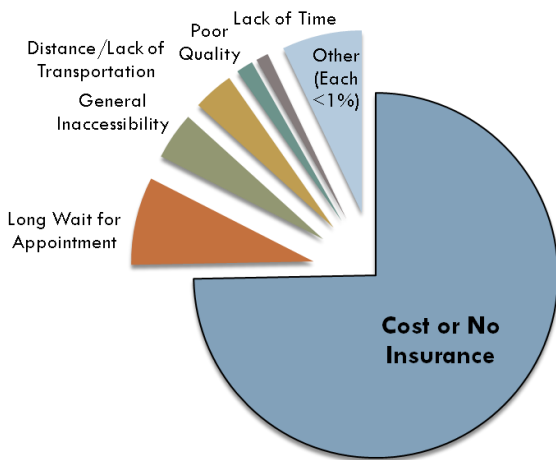


4. Increase Access to Primary and Mental Health Care

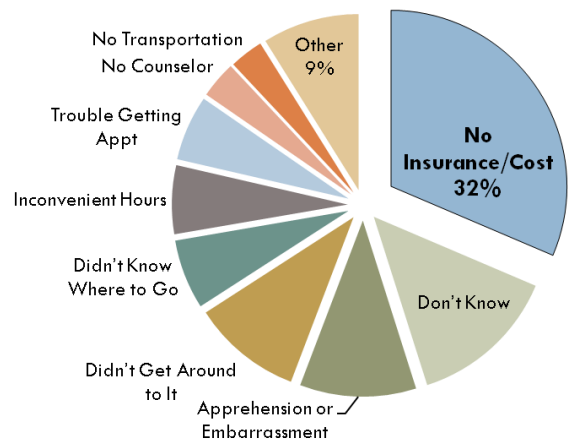
The WNC Healthy Impact survey showed mixed results for access to care in Buncombe County.

Buncombe County residents were more likely than WNC residents on average to agree that “considering cost, quality, number of options and availability, there is good health care in my county” when asked on the WNC Healthy Impact survey (72% in Buncombe County 67% across WNC).

**Primary Reason for Inability to Get Medical Care
(WNC Healthy Impact)**



**Primary Reason for Inability to Access
Mental Health Services
(WNC Healthy Impact Survey)**



However, Buncombe County residents on average were also slightly more likely to report that there was a time in the past year that they were unable to get needed medical care (12% in Buncombe County and 11% across WNC).

Three quarters of respondents who were unable to get needed medical care cited cost or lack of insurance as the primary reason. Cost or lack of insurance was also the most common reason cited for those unable to get mental health services.

Additionally, 15% of Buncombe County residents reported that they were unable to get a desired prescription at some point in the past year.

Next Steps

Data collection and prioritization are just the beginning steps in understanding and addressing priority health needs in a community. National public health organizations such as NACCHO and the CDC are confirming our belief that a Community Health Assessment should be part of a broader community health improvement planning process. A community health improvement planning process uses CHA data to develop and implement strategies for action and establishes accountability to ensure measurable health improvement.

Buncombe County, along with our partners in WNC Healthy Impact, will move forward with information in this Community Health Assessment to collaborative action planning and determining how we can most effectively impact health in our community. We will collaborate with our hospital and community partners on collaborative action planning which results in a Community Health Improvement Plan (CHIP) that we plan to post on our local and WNC Healthy Impact websites. This planning process will begin in early in 2013.

A CHIP is used in collaboration with community partners to coordinate action and target resources. The plan looks beyond the performance of an individual organization serving a specific segment of a community to the way in which the activities of many organizations contribute to community health improvement (NACCHO, 2012).

The Buncombe County CHIP will likely contain the following components, based on guidance from the National Public Health Accreditation Board, and supported by our involvement in WNC Healthy Impact:

- Goals, objectives, strategies, and related performance measures for determined priorities in the short-term and intermediate term.
- Realistic timelines for achieving goals and objectives.
- Designation of lead roles in CHIP implementation for partners, including Buncombe County Department of Health's role.
- Formal presentation of the role of relevant partners in implementing the plan and a demonstration of the organization's commitment to these roles.
- An emphasis on evidence-based strategies.
- A general plan for sustaining action (NACCHO, 2012)

Once we have worked with a wide range of community partners to develop the Community Health Improvement Plan, it will help inform the state-required Action Plans that will be submitted by the Buncombe County Department of Public Health to the NC Division of Public Health in June 2013, and local non-profit hospital facility-specific implementation strategies. The CHIP will also be widely disseminated electronically to partner organizations and used as a community roadmap to monitor and evaluate our collective efforts.

Dissemination of this CHA report and the CHIP will also include creating a simplified, plain-language summary of CHA findings and making all reports publicly available on the Buncombe County Department of Health website, the WNC Healthy Impact website and local libraries. A presentation will be made to the Buncombe County Health and Human Services Integrated Board and they will receive copies.

Moving forward, the CHIP report will be updated to provide the framework for the annual State of the County's Health (SOTCH) report. This SOTCH report will be submitted as required by the state and made publicly available in December, 2013.