The Health of our Community

Buncombe County 2002 Report

Reflections from George Bond

Director, Buncombe County Health Center

Beginning in 2001 Buncombe County, along with ten of the most populated counties in North Carolina, contracted with NC Division of Public Health to increase the number of health surveys conducted in our County, therefore providing County-specific data, comparable to other counties, states and the nation. This report is the first of similar reports to be published annually, providing information on a variety of health behaviors and risk factors related to our leading causes of death and disease.

Access to health care has long been one of our community's ongoing major health concerns. In 2000 there was good cause to celebrate when 93% of adults had a health care home. Unfortunately we have already begun to see a decline in access, reflecting the impact of unemployment rates, increases in health insurance rates, reductions in Medicaid funding and cut-backs in mental health services. During this time of economic downturn, our community-wide efforts to maintain access are more important than ever. We as a community must redouble our efforts to keep access to health care a number one priority. We cannot and must not let a relatively modest recession reverse the progress we have made and the national standard we have set for health care access in our community.

The Community Health Assessment of 2000 helped us identify a series of destinations for our health care journey. Community task forces have developed roadmaps to help us reach five priority health goals. This document along with the national and state sources of data which it cites will help us monitor our communities' progress in the accomplishment of its health goals. I commend it to you for your thoughtful reflection and incorporation into your organization's goals as well as your own professional journey.

Health Priorities for 2000-2005

At the 2000 Health Summit, our community chose the following health areas to focus on over the next five years:

- Eliminating health disparities,
- Supporting graduation success for all youth,
- Increasing dental access,
- Increasing services for seniors, and
- Increasing access to mental health/substance abuse services.

Prepared by the Buncombe County Health Center
and HealthPartners (A Healthy Carolinians Task Force)

Summary of Report

This report has been prepared to provide readers with an annual review of data, programs and activities related to the five health priorities selected by our community in November 2000, following the large-scale Community Health Assessment 2000. This, or similar reports will be published annually. The next large-scale Community Health Assessment will be conducted in 2005, at which time community members will be encouraged to participate in a process to identify the top five health priorities that will become the focus of our community's efforts and resources. It should be noted that "health" is viewed in a broad sense, going beyond physical and mental health, to include social, economic and environmental factors, especially as they relate to disparities in health, one of our current health priorities.

The report includes five major sections. Each section reviews a different health priority and includes excerpts from the 2001 Behavior Risk Factor Surveillance Survey (BRFSS) along with the most recent morbidity and mortality data. A brief description of data related to the 2000 Community Health Assessment is offered to help readers assess progress being made in each area. Following each section is a list of (known) programs and activities that inform the reader of community strategies being implemented to improve the stated health issue. These programs are noted with a symbol  . The list was compiled with help from members of Health Partners who are currently participating in committees addressing each priority health issues. Therefore, this may not be a complete list. It should also be noted that the impetus and leadership for these initiatives comes from throughout the community and are not the direct result of HealthPartners, the Buncombe County Health Center, or any one organization.

The report concludes with a section of information and recommendations provided by Asheville-Buncombe Vision (AB VISION) group. AB VISION initiated a process known as "Community Dialogues" in 1999 to obtain citizen input on vital community issues such as education, transportation, quality of life, and economic development. In October 2002, AB VISION completed a community dialogue process focusing on health needs in our county. The top health needs identified by AB VISION correlate with the top health priorities identified via the Community Health Assessment 2000 process. The information is helpful and pertinent as our community continues its efforts to improve our health.

Explanation of Sources of Data and Information

Buncombe County Community Health Assessment 2000 (CHA2000) Phone Survey
The phone survey was a major component of the Community Health Assessment 2000 used to prioritize health issues. The Community Health Assessment 2000 was a systematic, data-driven approach to determining health status, behaviors and needs of residents of Buncombe County used to formulate strategies to improve community health and wellness.

Behavioral Risk Factor Surveillance System (BRFSS) data
The Behavioral Risk Factor Surveillance System (BRFSS) is a random telephone survey of state residents aged 18 and older in households with telephones. Through BRFSS, information is collected in a routine, standardized manner at the national, state, and county level on a variety of health behaviors and preventive health practices related to the leading causes of death and disability. In 2001, Buncombe County Health Center began dedicating funds to the State to assure availability of statistically significant data samples at the county level on an annual basis.

North Carolina State Center for Health Statistics
The State Center is responsible for collecting, analyzing, and disseminating timely, comprehensive, and accurate health statistics. Health data is collected on births, deaths, marriages, cancer, teen pregnancies, and on other health topics and populations. Once analyzed, the health data become available through publications and journal articles, presentations, web site, and the information office.

ACCESS TO HEALTH CARE

DATA REVIEW

The 2000 CHA phone survey showed great progress in access to health care for Buncombe County adults. More than 9 out of 10 people said they had a routine clinic, health center or doctor they visit for health care, an actual increase from **78.7 %** in 1995 to **93%** in 2000.

Despite this improvement, access to care is an ongoing concern/issue for many Buncombe County residents. The 2000 Community Health Assessment survey indicated that

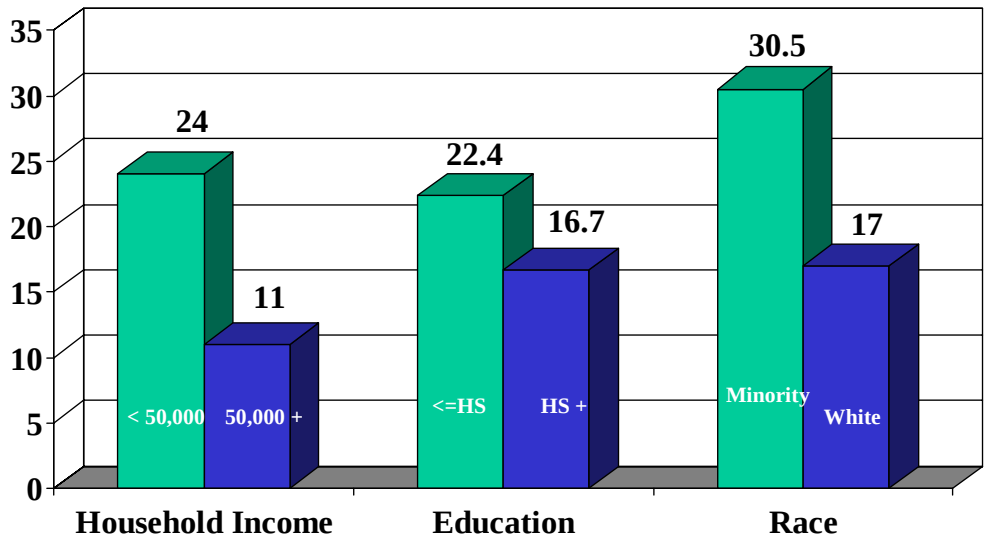
- 8,850 were not able to get the care they needed
- Almost 1 out of 5 were uninsured
- Poor access to care disproportionately impacts our most vulnerable populations, the uninsured/underinsured, those with low-incomes, lower educational attainment and minorities.

It should be noted that the questions pertaining to access to care included in the CHA2000 and 2001 BRFSS survey are slightly different. Therefore, the two questions cannot be compared. The question included in BRFSS will be used annually for future comparisons.

As indicated in **Table 1**, income, education and race continue to be strong predictors of access to care for Buncombe County adults. Families with incomes less than $50,000 are more than twice as likely to say that they do not have a personal doctor or health care provider.

Table 1

Health Care Access
Buncombe County
Respondents answering **NO** to:
Do you have one person you think of as your personal doctor or health care provider?



Source: NC BRFSS survey results 2001

2001 BRFSS survey results also document for Buncombe County adults:

- 17.1% do not have any kind of health care coverage (compared with 14.2% statewide); and
- 19% do not have a personal doctor or health care provider who cares for most of their medical care needs (compared with 16.9% in 2000).

Community Strategies

Increasing Access to Mental Health/Substance Abuse Services

- HealthPartners submitted and received a federal grant for Collaboration to Unite Resources and Enhance Services (CURES) to integrate behavioral care with primary care at all community health/clinics sites in the county. The grant is in its second year and evaluative research indicates positive patient outcomes and significant patient and provider satisfaction. Current efforts focus on billing and reimbursement issues, models for efficiency, and training of providers in an integrative model.
- The Integration Working Group, an initiative of Children First, has developed a pilot project and site to implement an initiative to integrate behavioral health with primary care. This initiative is currently looking for start-up funding.
- A strong community Board of Directors has been appointed to the new non-profit organization that will replace, in an altered form, our current Mental Health Authority. It is hoped that this non-profit agency will improve access to those most negatively affected by mental health reform.
- Two community-wide forums on Mental Health Reform were conducted in June and August, 2002 as a method to gain community input for local Reform efforts.
- Western North Carolina Community Foundation hosted a roundtable discussion with local mental health representatives to engage philanthropists in supporting new and expanding existing community mental health initiatives.

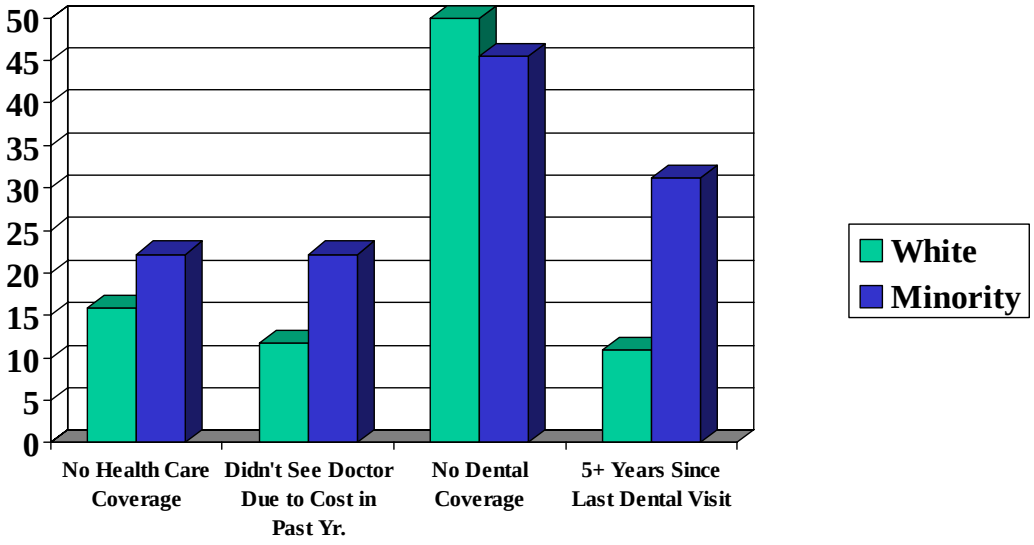
HEALTH DISPARITIES

DATA REVIEW

Health disparities are the significant differences in the burden of disease for the minority population. **Table 2** below shows the impact of health disparities for adult minority populations in Buncombe County related to health insurance coverage, lack of access due to cost, and dental care. Minorities are twice as likely to report not seeing a doctor in the past year due to cost. Minorities report higher rates of dental coverage yet are three times as likely to have gone five years since their last dental visit. Note that coverage does not necessarily equate to access to care. For example, an individual may have dental coverage through Medicaid, but be unable to find a provider who accepts Medicaid clients.

Table 2

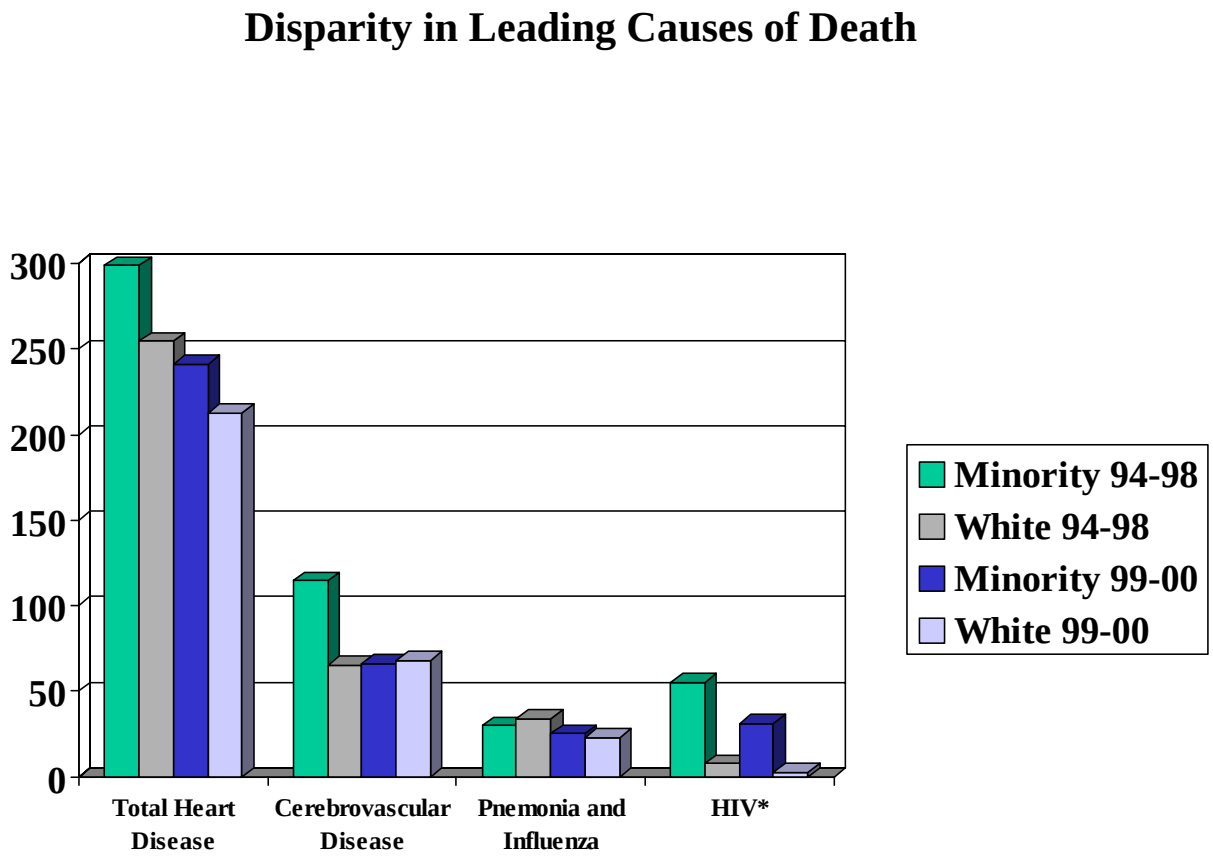
Disparity in Access to Health Care
Buncombe County



Source: NC BRFSS survey results 2001

Table 3 compares leading cause of death rates for the white and minority population for the five year period 1994-98 and the two year period 1999-00. While 1999-00 rates indicate improvement for minorities for most causes of death, these rates should be interpreted with caution due to smaller population and few occurrences for some indicators.

Table 3

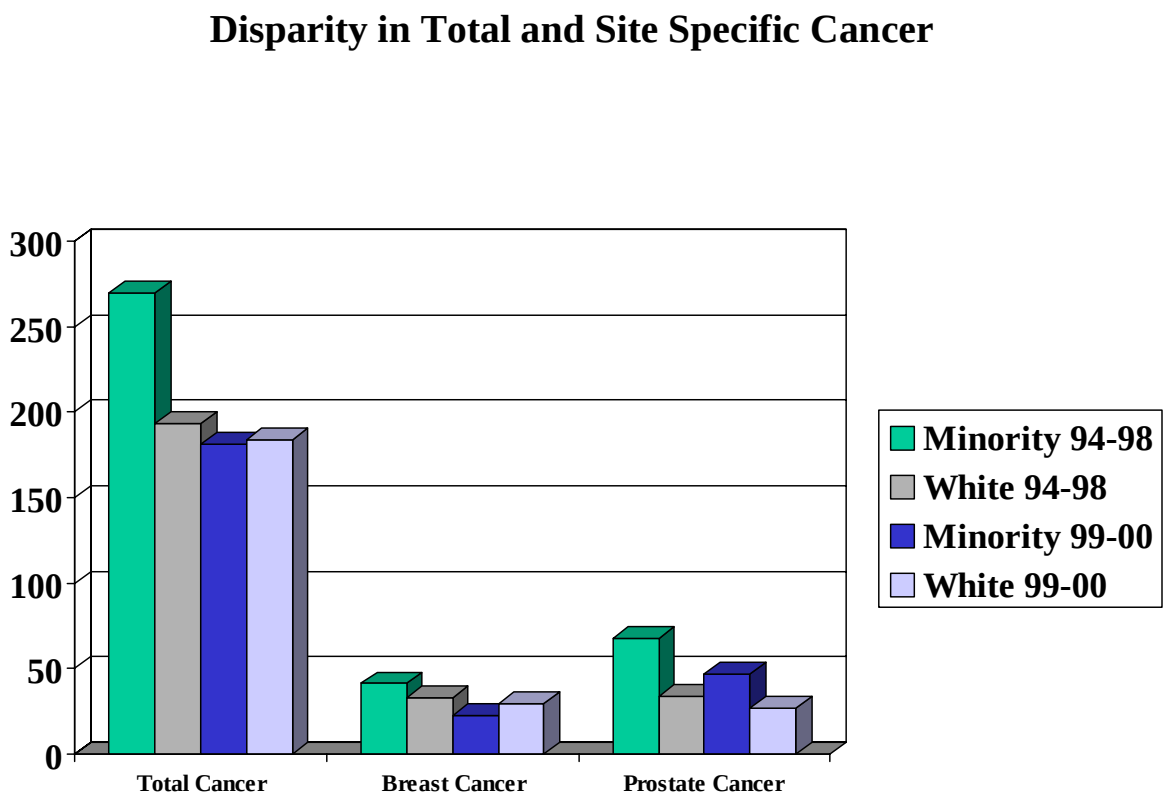


Source: NC State Center for Health Statistics

*Note: 1994-98 rate is for AIDS and 1999-00 rate indicates a change of tracking to HIV.

Table 4 compares total cancer and site specific death rates for the white and minority population for the five year period 1994-98 and the two year period 1999-00. While 1999-00 rates indicate improvement for minorities for cancer, these rates should be interpreted with caution due to smaller population and few occurrences for some indicators.

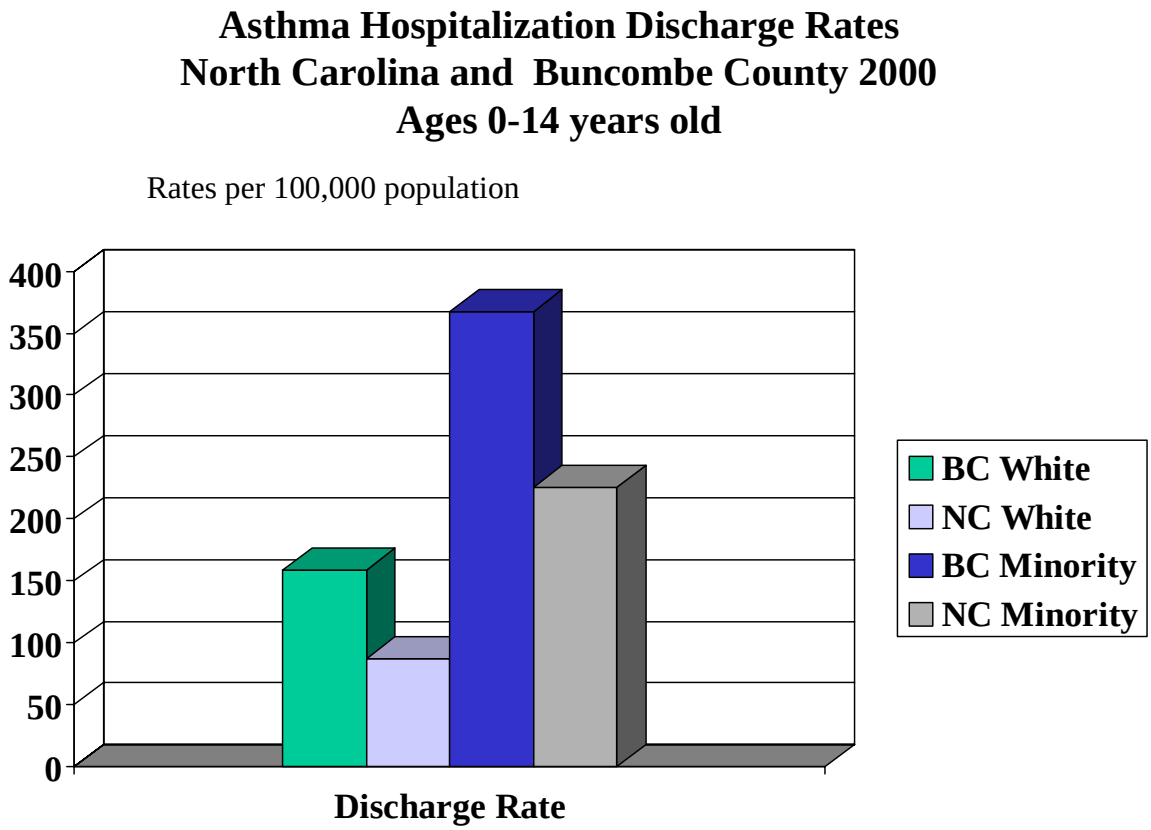
Table 4



Source: NC State Center for Health Statistics

Table 5 below compares asthma hospitalization discharge rates for youth ages 0-14. The rate for Buncombe minority youth is excessive when compared with the rate for both County non-minority rate and state-wide minority populations.

Table 5



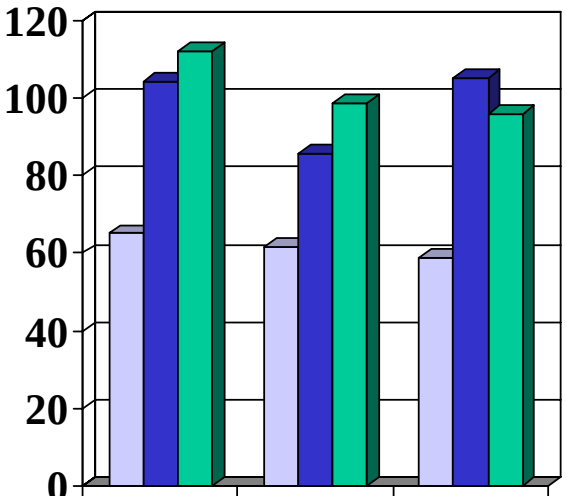
Source: NC State Center for Health Statistics

Table 6 below compares the adolescent pregnancy rates of county white and minority and state-wide minority populations for 15-19 year old females. County minority adolescent pregnancy rates follow state and national trends, remaining higher than those of non-minorities. Buncombe County's minority adolescent pregnancy rate for 2001 exceeds the state-wide minority rate.

Table 6

Disparity in Adolescent Pregnancy Rates
Buncombe County

Pregnancies per 1,000 adolescent girls aged 15-19



	1999	2000	2001
BC White	65.1	61.4	58.7
BC Minority	104.1	85.6	105.3
NC Minority	111.9	98.9	96.1

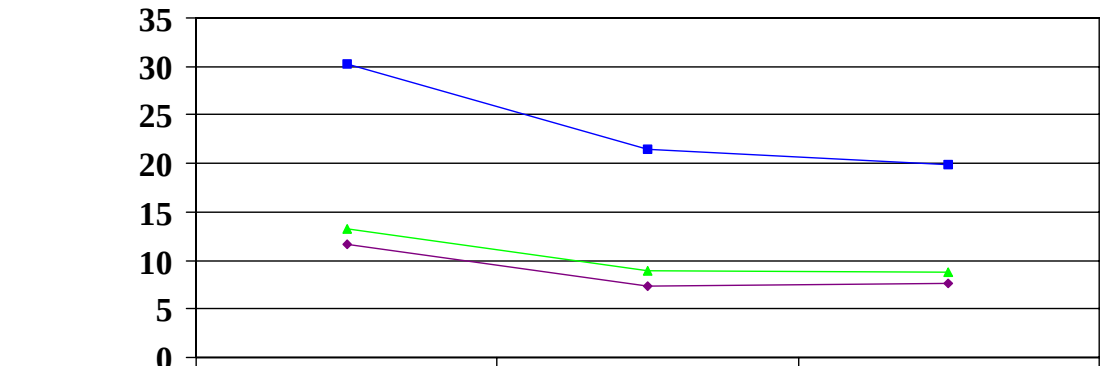
Source: State Center for Health Statistics

Infant mortality is an important measure of health and an indicator of health status. Although infant mortality has declined over the past several years, the gap between minorities and whites has not narrowed. **Table 7** below compares infant death rates for white and minority populations in Buncombe County. The infant death rate for minority children up to one year of age is approximately three times that of non-minority children.

Table 7

Infant Death Rates
Buncombe County

Infant Deaths per 1,000 Live Births



	1999	2000	2001
White	11.6	7.3	7.6
Minority	30.2	21.5	19.9
Total	13.3	8.9	8.8

Source: State Center for Health Statistics

Eliminating Health Disparities

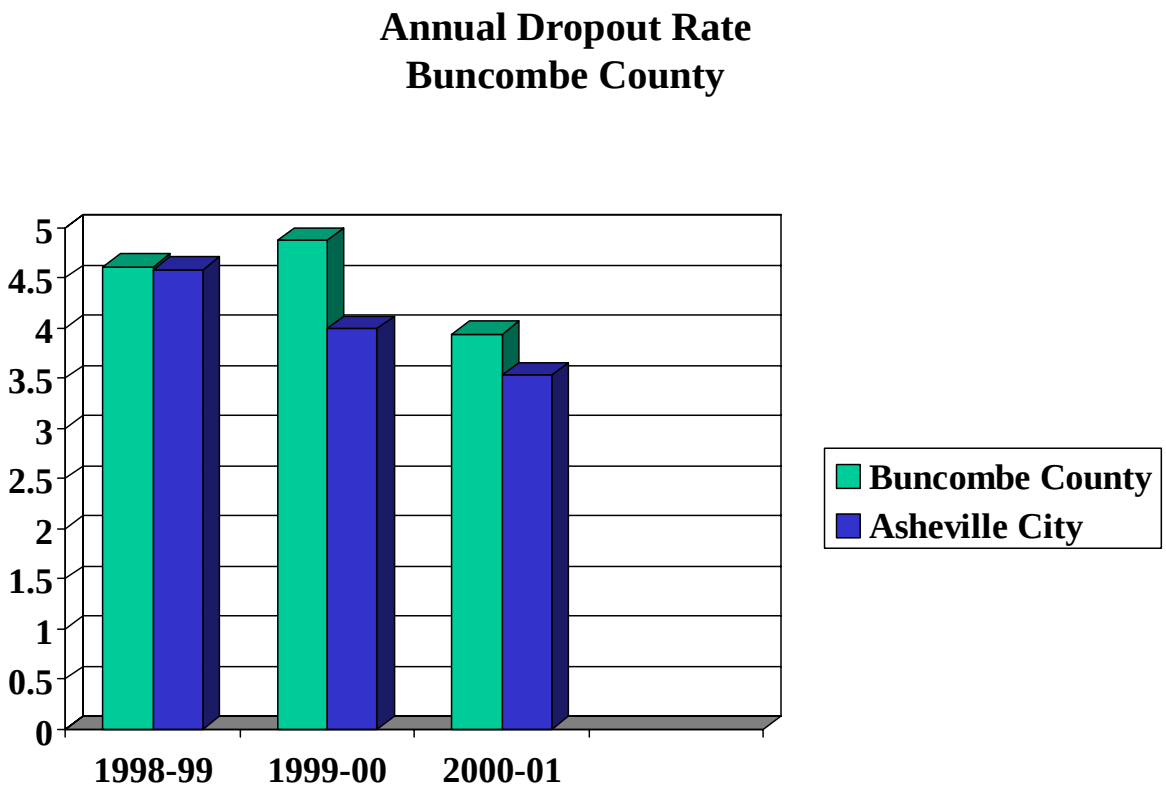
- The establishment of a Witness Project program now hosted by Buncombe County YWCA and supported by the Breast Health Network. The goal is to achieve racial parity for breast cancer morbidity and mortality by 2010.
- One of HealthPartners $2010 Micro-Grants was awarded to 'One Youth at a Time'. The program provides HIV/STD prevention education to decrease significant racial disparities for these diseases.
- Another HealthPartners $2010 Micro-Grants was awarded to 'Mt. Zion Community Development, Inc' to develop focused interventions targeting teen pregnancy and STD prevention to decrease significant racial disparities in these teen health issues.
- Asheville's new African American Leadership Council has adopted a "Health Parity" plan seeking to achieve significant increases in chronic disease parity by 2010. Specific targets have not yet been set.
- A community collaborative was planned and conducted a Regional Disparity Conference entitled 'Taking HEED: Health and Education to Eliminate Disparities' in November, 2001. Over 100 community members learned how education, income and wealth are related to health and ways our community can focus efforts to support educational success for all youth.
- MAHEC has developed a Health Manpower and Diversity Council to educate and support the expansion of diverse health care providers in our region.

DATA REVIEW

During the 2000-01 school year, Buncombe County schools experienced a 3.94% dropout rate among students in grades 7-12. Asheville City schools experienced a rate of 3.53%, compared to a statewide dropout rate of 3.86%.

As shown in **Table 8** below, dropout rates have declined in the past year for Buncombe County schools, and have declined over the past three years in Asheville City schools.

Table 8



Source: NC Department of Public Instruction

Table 9 below summarizes the City and County school systems' end of grade test performance. Buncombe County School system has scored above the state average, and improved again last year. Asheville City School system shows improvement in all three categories but is below the state average in Math and Reading.

Table 9

Percentage of Students Passing End of Grade Tests (2000 and 2001)

School System		Math	Reading	Writing
Asheville City	2001	78.7%	74.6%	77.7%
	2000	75.3%	73.8%	62.1%
Buncombe County	2001	87.9%	85.8%	81.8%
	2000	87.1%	83.2%	68.6%
North Carolina	2001	81.8%	77.6%	70.9%
	2000	80.2%	75.6%	64.8%

Source: NC Department of Public Instruction

COMMUNITY STRATEGIES

Supporting Graduation Success for <u>all</u> Youth

- A community collaborative planned and produced a <u>Regional Disparity Conference entitled 'Taking HEED: Health and Education to Eliminate Disparities' in November, 2001.</u> Over 100 community members heard how education, income, wealth are related to health and ways our community can focus efforts to support educational success for all youth.
- <u>City School Board and senior staff meet with the HealthPartners Board</u> and other health officials on Friday, November 22 to discuss mutual needs and opportunities.
- Asheville Buncombe Vision helped to create the <u>AB Education Coalition</u> begun in 2001. Significant grant funding is facilitating the tutoring and mentoring of over 400 kids through a network of 16 community organizations. Their goal is to be #1 in North Carolina by 2010 in graduation rates for school systems of equal size.

Dental Health

Data Review

Adults respondents to the CHA2000 survey were asked questions about dental coverage. Slightly less than one-half (47.3%) of local adults carried dental insurance coverage while 52.7% did not. 2001 BRFSS data indicates there has been no significant change in adult dental coverage with 50.1% reporting that they have dental insurance.

Table 10 below shows that during the 2000-01 school year, 94% of Buncombe County kindergartners were screened by locally employed dental public health staff. Screenings revealed 65% of kindergartners to be cavity-free, an increase from the two previous years. The percent of children with untreated decay has decreased from 27% in 1998-99 to 25% in 2000-01. However, the screenings also revealed a higher proportion of Buncombe County kindergartners (25%) with untreated decay when compared with the state rate of 23%.

Table10

Oral Health Status of Kindergartners
Buncombe County

	1998-99		1999-00		2000-01	
	BC	State	BC	State	BC	State
% of Children Screened	91%	89%	93%	88%	94%	86%
% of Children Cavity-Free	61%	62%	63%	62%	65%	63%
% of Children with Untreated Decay	27%	23%	25%	23%	25%	23%

Source: NC Division of Public Health, Oral Health Section

Increasing Dental Access

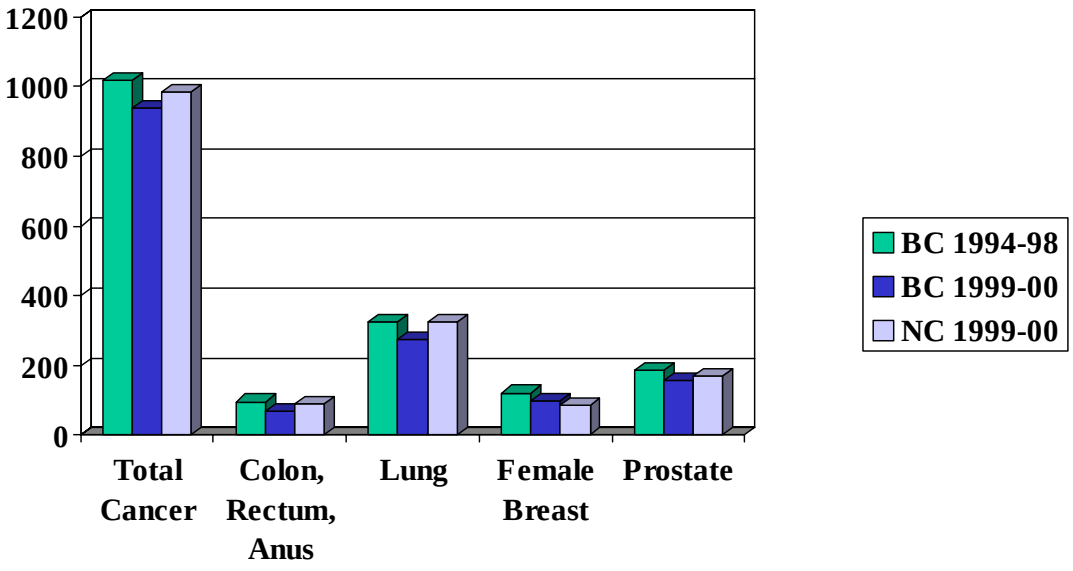
- Dental Access Task Force was formed by the Buncombe Dental Society in early 2001 with a focus on maximizing local access to dental care. The Task Force is now supported by HealthPartners.
- The Buncombe County Medical Society involved dental providers at one of their meetings to discuss and increase understanding of dental access issues.
- Mission St. Joseph Health System is reviewing the feasibility and impact of a dental residency program as one way to increase dental access.
- A strong community collaborative continues to offer a community dental sealant program , providing free dental sealants to high risk third grade students.
- Mission St. Joseph Health System remains committed to providing their Mobile Dentistry Program, increasing staff and therefore decreasing wait-times for oral surgery by 50%.
- Western North Carolina Community Health Services received a Kate B Reynolds Charitable Trust grant to increase dental services for HIV/AIDS and un/underinsured adults.
- North Carolina Dental Screening and Varnish Project is being provided to children under three at Buncombe County Health Center, MAHEC Family Health Center and local pediatric and family practices. The program includes dental evaluation, fluoride varnish and education for children under three

DATA REVIEW

Table 11 and **12** below provide an overview of death rates for the leading causes of death and cancers for Buncombe County and North Carolina residents aged 65-84. Buncombe County cancer rates are decreasing, and with the exception of female breast cancer, are lower than the corresponding state rate for 1999-00. For other leading causes of death in **Table 12**, the County rate increased or remained essentially the same for COPD and cerebrovascular disease. COPD is the only leading cause of death for which Buncombe currently exceeds the state rate.

Table 11

Cancer Death Rates 65-84 years
Buncombe County 1999-2000

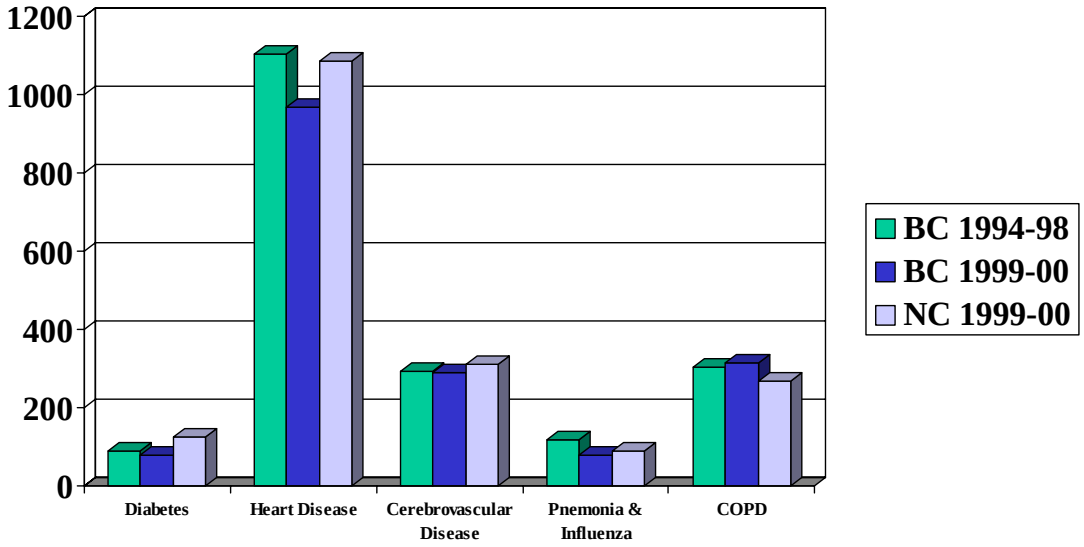


Source: NC State Center for Health Statistics

Table 12

Death Rates 65-84 years
Buncombe County 1999-2000

Death Rate per 100,000



Source: NC State Center for Health Statistics

COMMUNITY STRATEGIES

Increasing Services for Seniors

- In early 2002, Buncombe County government released a strategic plan for aging services for the county. The report recommends that HealthPartners take a lead role in helping to increase access to mental health and substance abuse services for seniors. It is hoped that the current HRSA grant – CURES may lend valuable information regarding a successful intervention.
- HealthPartners Mental Health/Substance Abuse Working Group is looking at best practice models for substance abuse programs for seniors, particularly one in Winston Salem, currently funded by Kate B Reynolds Trust.
- HealthPartners and Blue Ridge Center are being watchful of mental health reform and its effect on seniors as members of target populations.
- One of HealthPartners $2010 Micro-Grants was awarded to the Buncombe County Health Center to provide chronic disease teaching and monitoring in two low-income, senior housing facilities

Leading Causes of Death

Data Review

Table 13 below outlines comparisons between 1994-1998 and 1999-2000 leading causes of death for Buncombe County.

Table 13

Causes of Death	Buncombe County 1994-1998	Buncombe County 1999-2000	1999-2000 vs. 1994-1998
Heart Disease	257.3	214.4	+
Total Cancer	198.4	183.3	+
Breast	33.3	28.5	+
Prostate	35.9	27.8	+
Lung	58.3	49.9	+
Stroke	68.3	67.9	=
Chronic Lower Respiratory Diseases	48.6	50.6	-
Pneumonia and Influenza	33.6	23.3	+
Other Unintentional Injuries	20.6	26.1	-
Diabetes	19.1	17.7	+
Motor Vehicle Unintentional Injuries	15.4	20.0	-
Suicide	14.7	14.6	=
AIDS	11.7	*	
HIV	*	5.3	
Total Death – All causes	889.2	841.4	+

Standard = Year 2000 US Population; Age adjusted rates per 100,000

\+ **Improved status**
\- **Worsened status**
= **Unchanged**

*HIV has now replaced AIDS as a leading cause of death indicator.

Table 14 below outlines comparisons between Buncombe County and North Carolina in 1999-2000 for leading causes of death.

Table 14

Causes of Death	Buncombe County 1999-2000	North Carolina 1999-2000	Buncombe County vs. North Carolina
Total Heart Disease	214.4	247.3	+
Cerebrovascular Disease	67.9	72.8	+
Total Cancer	183.3	196.0	+
Breast	28.5	24.6	-
Prostate	27.8	33.5	+
Diabetes	17.7	25.8	+
Pneumonia and Influenza	23.3	24.8	+
Motor Vehicle Unintentional Injuries	20.0	19.7	=
Other Unintentional Injuries	26.1	22.3	-
Suicide	14.6	11.3	-
Homicide	4.1	8.0	+
HIV	5.3	5.8	=
Total Death – All causes	841.4	893.5	+

Standard = Year 2000 US Population; Age adjusted rates per 100,000

\+ **Better than State**
\- **Worse than State**
= **Same as State**

AB Vision Process

Community Dialogues

The Asheville-Buncombe VISION is a citizen-driven nonprofit organization of community members and leaders whose goal is to make Asheville and Buncombe County a better place for work, recreation, retirement, and family life.

AB VISION initiated a process known as "Community Dialogues" in 1999 to obtain citizen input on vital community issues such as education, transportation, quality of life, and economic development. The Community Dialogues are designed to initiate discussions among people of diverse backgrounds with different interests, values, and traditions. The discussions allow people to talk about how a certain issue affects them, their neighborhoods, their families, and their world. In turn, they also hear how those same issues affect others. The hope is that, by expressing their views and listening to others' views, participants will have a better understanding of the bigger picture and will be more willing to accept or initiate action steps in the best interest of the entire community rather than of specific segments or special interests groups.

In October 2002, AB VISION completed a community dialogue process focusing on health needs in our County. Participation in the Dialogues was open to all community members. Registered participants were asked to attend a Town Meeting kickoff to learn about health needs; to commit to meeting in small discussion groups once a week for three weeks; to help draft five recommendations to improve the health of the community; and to share the recommendations and develop future plans at a final Summit meeting. Approximately 200 people attended the Town Meeting, over 200 people participated in Dialogue groups, and approximately 150 people attended the Summit.

Small group meetings were held in 11 locations throughout Asheville and Buncombe County, with 5-12 people in each group. The community meetings were held at local businesses, libraries, public school facilities, recreation centers and churches. Childcare was offered at several locations and transportation was provided for those who needed it.

Summit Themes

At the conclusion of the small discussion group meetings, a 2002 Community Dialogue Summit on Health was held to share recommendations submitted by each of the eleven community groups. Below are the themes that captured the lengthy list of recommendations. For a more detailed list visit their web site at www.abvision.org.

- Wellness/Prevention
- Education
- Access
- Cost/Funding
- Mental Health/Substance Abuse
- Environment
- Organizations/Coalitions

Six action groups were formed at the Summit on Health. These groups have met continuously since the Summit and are addressing the following issues:

- Access to Health Care
- Education
- Environment
- Mental Health and Substance Abuse
- Organizations/Coalitions
- Wellness/Prevention

Many of the recommendations generated by the community dialogue groups reinforced and half of the action groups that formed at the Summit on Health directly related to the top five health priorities identified in 2000, a reassurance that the top health priorities are indeed the health concerns shared by many.

For more data and information

Behavioral Risk Factor Surveillance System (BRFSS) data
www.schs.state.nc.us/SCHS/healthstats/brfss/2001/bunc/topics.html

North Carolina State Center for Health Statistics
www.schs.state.nc.us/SCHS/

Buncombe County Community Health Assessment 2000
http://www.bchealthcenter.org/HealthofBuncombe/a1.htm
300 page document compiling detailed health data for Buncombe County

Centers for Disease Control and Prevention (CDC)
www.cdc.gov
National health statistics

AB VISION
www.abvision.org
Phone: (828) 254-0333
Recommendations and results from the 2002 Dialogues on Health
Information regarding community dialogues

HealthPartners
Phone: (828) 253-7009
E-mail: hpart@bellsouth.net
Information regarding community task forces

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