



**Community Health Improvement Plan Update
Buncombe County HHS Board Meeting
December 3, 2019**

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Community Health Improvement Process




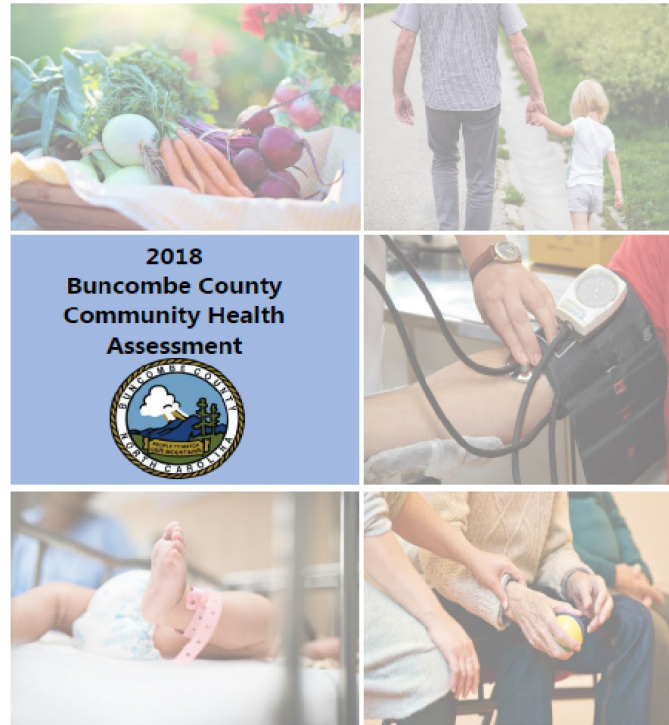
The 2018 Buncombe Community Health Assessment:

CHIP Community Engagement Highlights

 **304** - Took part in a telephone survey via landlines and cell phones

 **29** - Took part in key informant surveys that shared the perspective of those leading a wide range of local organizations

 **137** - Were part of listening sessions held in community centers, churches, meal sites & food pantries and community based organizations



2018 CHA Report - Available online
<https://www.buncombecounty.org/common/health/CHA/2018-community-health-assessment.pdf>

Health Focus Areas 2018-2021

- Infant Mortality & Birth Outcomes
- Mental Health



CHIP – Internal & External Outcomes

- Community/Partner Level Benefits and Changes-

Internal Outcomes

Organizational Culture

Equity, Trauma, and Resilience
Informed



Strategic Learning & Innovation

Collective Impact, Complexity, and digital
polling



Exceeding Benchmarks

Buncombe 2018 CHA & CHIP both
recognized by State as best practice
models



External Outcomes



Stronger Community Partnerships

Expanded the effectiveness &
sustainability of our efforts



Increased Visibility & knowledge of Public Health Dept.' Roles/Services

Clarity of mission, services, credibility



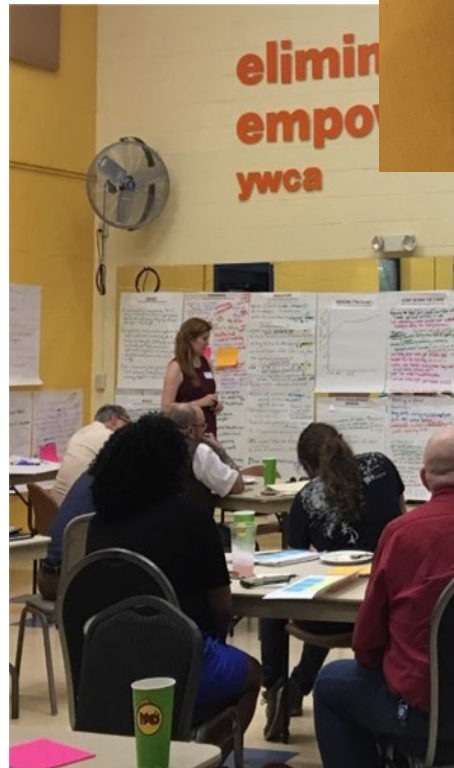
Improved Health Outcomes

Evidence based and community informed
interventions



Buncombe County CHIP Action Plan 2019-2021

- Summer Talk 2 Action events (55 participants)
- Stakeholder strategy review/refinement (20+)
- CHIP Advisory Council review
- Submitted Sept. 9 via the CHIP online scorecard
- Living document developed with ongoing community input



STORY BEHIND THE CURVE
What are the causes? What is helping? What is hurting?

- Providers aren't paid living wages
- Resources are here, but people don't feel safe
↳ make ppl feel welcome + safe
- Self-advocacy wears people out - constantly having to work for safety/resources
- Stigma
↳ family members feeling ostracized for speaking out
- Providers + systems responding defensively + minimize family/individuals' concerns
- Working poor can't get services - gap
- Limited succs for non-Eng, Economic
- Latinx pop. fearful of anywhere they need to give name, phone, etc. →
- gap btm outpt & hospitalization
- Sub. use prob (not just opioid crisis)
- Institutionalized Racism / Urban Reg
- Prison/jail biggest MH svc. People released to nothing

AS soon you do well everything is stigmatized

Communities are Segregated by income



Partners Engaged in Developing: Mental Health & Wellbeing Plan

- ABIPA
- ACE Collaborative
- Asheville Bereavement Therapy
- Asheville & Buncombe County Schools
- Buncombe County – DSS, Family Justice Center, Justice Resource Center, Nurse Family Partnership, PH
- Buncombe Partnership for Children
- Children First Community in Schools
- Children’s Home Society of NC
- City of Asheville
- Family Preservation Society
- Guardian ad Litem Association
- Helpmate
- Jewish Family Services
- MAHEC: FM, BH, Psych, Sports
- Mission Health: Copestone
- Mountain Child Advocacy Ctr
- Mountain Housing Opportunities
- Mt. Child Advocacy Center
- My Daddy Taught Me That
- NAMI
- Pisgah Legal Services
- Resources for Resilience
- Under One Sky
- United Way
- Universal Mental Health Services
- Umoja Health, Wellness & Justice Collective
- Under One Sky
- Universal Mental Health Services
- Vaya Health
- Verner: Early Childhood Learning
- WNC Community Health Services
- WNC Medical Society
- Youth Villages
- YWCA of Asheville



Mental Health and Well-Being - Short-Term CHIP

		Time Period	Current Actual Value	Current Trend	Baseline % Change
-	R	All in Buncombe County are able to live free of stigma, supported in mind, body and spirit in times of both strength and difficulty with resilience, self-determination and a positive sense of self-worth regardless of income, race, neighborhood, nationality, ability and age. 📄			
	MentalHealth				
+	CI	Quarterly Mental Health Related Visits to the Emergency Department Related to Suicide Ideation	Q2 2019	612#	↗ 1 32% ↗
+	CI	Quarterly Mental Health Related Visits to the Emergency Department Related to Anxiety, Mood and Psychotic Disorders	Q2 2019	5,975#	↗ 3 3% ↗
+	S	Support Cross-sector Collaboration to Create a Trauma-Responsive and Resilience-focused Community 📄			
	MentalHealth				
+	S	Advance Cross-sector Collaboration to Undo Racism 📄			
	Birth Equity				



Equality vs. Equity

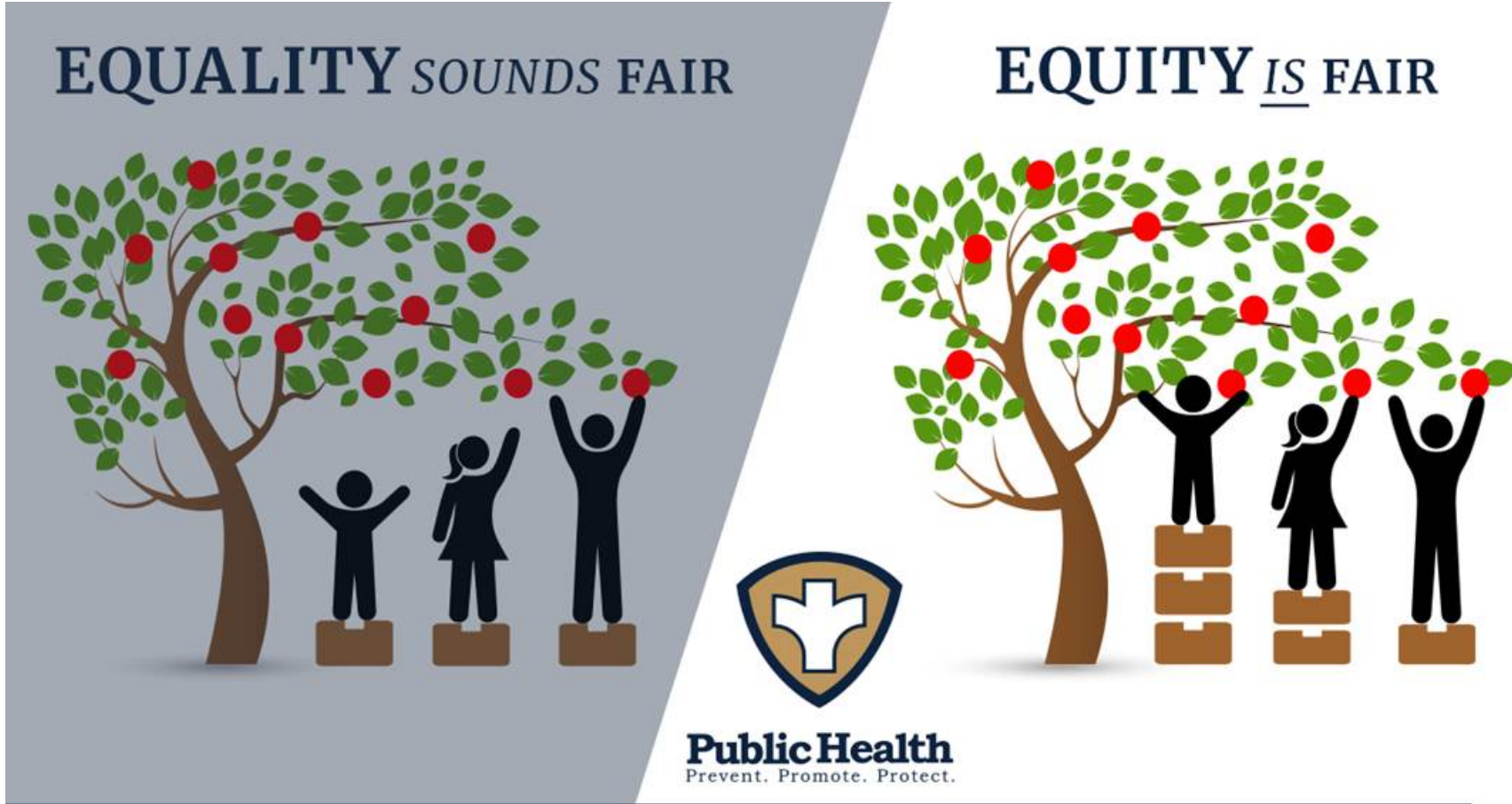


Image Source: Meeker, McLeod, Sibley Healthy Communities



“This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

Paula Braveman

**Institutional
Racism**

**Class
Oppression**

**Gender
Discrimination
and Exploitation**

Image Source: Dr. Renee Branch Canady, Institute for Equity in Birth Outcomes & Best Babies Zones, Philadelphia, PA, August 19, 2019



Partners Engaged in Developing: Birth Equity Plan

- ABIPA
- Asheville Bereavement Therapy
- BCHHS
- (BCHHS) Nurse Family Partnership
- BC Community Engagement Team
- BC Partnership for Children
- Children First/Communities in Schools
- **CHIP Advisory Council**
- Community Care of WNC
- Gentle Mothering
- Guardian Ad Litem Association
- Homegrown Babies
- MAHEC
- Mission Health
- Mother to Mother
- ***Mothering Asheville***
- Mt. Zion Community Development (Project NAF)
- Mountain Housing Opportunities
- Mountain True
- My Daddy Taught Me That (MDTMT)
- NC Center for Health & Wellness
- Pisgah Legal Services
- SistasCaring4Sistas
- Umoja Health, Wellness and Justice Collective
- United Way
- UNC Eshelman School of Pharmacy
- VA Medical Center
- VAYA Health
- Western Carolina Medical Society
- WNC Healthy Impact
- YMCA of WNC
- YWCA of Asheville



INDICATORS

How could we measure these conditions?

- Equity lens on all
- Greater food security
- Crime
- Incarceration Rates
- Living Wages
- Access to Aff. Childcare
- Affordable Housing Access
- Infant Mortality ^{Disparity}
- Access to birth control
- Access to Family Planning
- Rates of Prematurity
- "Low Birth Wt fetal deaths (miscarriages)
- Access to Childbirth Ed. | Mothers partners
- Breastfeeding Rates
- Maternal Mort. ↔ Disparity



- Quality Sex Education
- Educational Outcomes
- School to Prison pipeline ⇒
suspension, expulsion,
school pushout, arrest
- Violence
- Registered voters
- % people of color in office
- voter turnout
- Segregation Index
- Voter turn-out
- Traffic stops



STORY BEHIND THE CURVE

What are the causes? What is helping? What is hurting?

Helping?

- NFP
- Project NAF
- Home Visiting Programs
- Doulas → SC4S
- ABIPA holistic approach
- Efforts to tackle provider bias @ MATEC
- Providers acting w/ an ethical approach
- Providers + clinical staff going through REI
- Improved reproductive health counseling, edu, svcs (Title 10)
- Preconception health

Hurting?

- Lack of Affordable housing
- Need for living wage
- Violence
- School to prison pipeline
- Segregation
- Provider bias/racism
- Racism/white supremacy
- inequality/institutional racism in local schools
- patient bias that create trust & impairs quality health care

- ↑ in men mentoring boys
- ↳ father hood, man hood
- ↑ young men's involvement/participation in birth/parenting
- ↑ nonprofits working w/ youth comprehensively (MDTNT/USTAT)

- Lack of diversity in providers ^{+ cultural competence}
- fewer/no depictions of + mothers of color in pictures on the wall
- Lack of voice the

Making doulas + patient advocates covered by insurance

#3(e) STRATEGY
INCREASE Doula CARE ACCESS particularly for ♀ of high Risk and in underserved communities

Pathways to economic independence

#12 Undo Racism
Root Cause Trainings ABIPA, Birth on the ground non-profits

Patient directed off site visits

Infuse equity into everything (policy, program/service provision, training, environment)
Equity in all policies

Increase Access to pre conception CARE
Disrupt Participant CARE
Ex: Project NAF consultation/outreach

Expand community involvement in designing + implementing programs + services

Opportunities for robust education on reproductive health (+ access to services)

AS for as you can
More scholarships/sponsorships funding for students of color to enter medical field + keep attaining education - from entry level to higher education

More events to build relationships bett between grassroots, community led organizations + bigger community agencies

get providers + orgs. together on this (not just MATEC)
↳ PAT local orgs. to do policy eval, codesign of trainings, walk through of the spaces, environment

Apply + require Robust racial equity training for providers across the board -

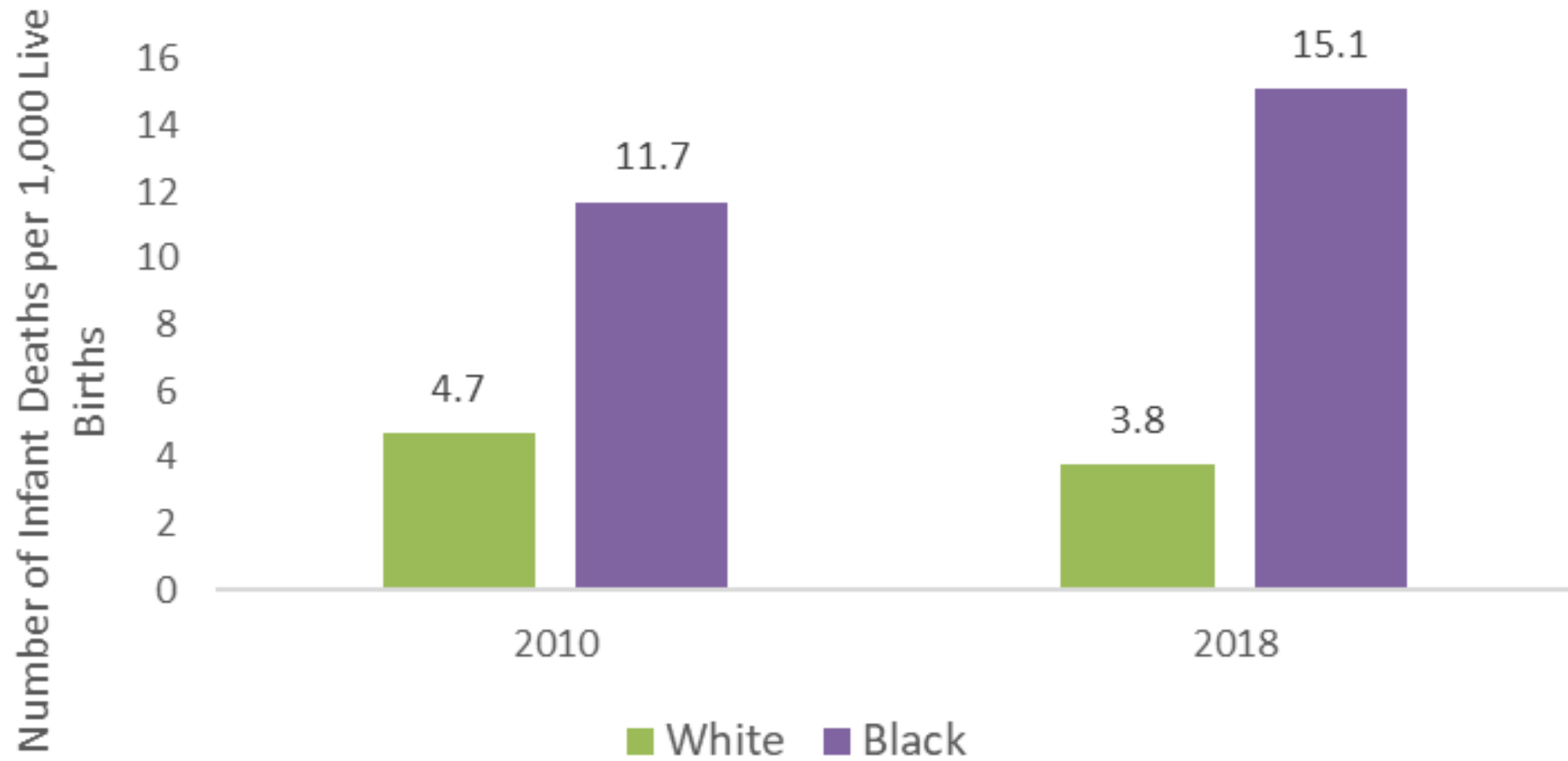


Birth Equity - Long Term CHIP

		Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
<p>R</p> <p>Birth Equity</p> <p>A thriving and safe community, leading to 100% healthy births, mamas, and families. A community where families are educated and supported with access to adequate resources and a stable household. 📄</p>					
<p>α</p> <p>Birth Equity</p> <p>Infant Mortality Rate - Buncombe Total (with comparisons) (2007-2018)</p>	2018	5.1	↘ 1	-25% ↓	
<p>α</p> <p>Birth Equity</p> <p>Infant Mortality Inequity Ratio: Comparison of African American and White Infant Mortality in Buncombe County (2010-2018)</p>	2018	4.0	↗ 5	60% ↑	
<p>S</p> <p>Birth Equity</p> <p>Provide ongoing support to evidence-based strategies to improve maternal care, including doula care and other pregnancy home visiting programs 📄</p>	Time Period	Current Actual Value	Current Trend	Baseline % Change	
<p>S</p> <p>Birth Equity</p> <p>Promote breastfeeding friendly policies and services in local communities 📄</p>	Time Period	Current Actual Value	Current Trend	Baseline % Change	
<p>S</p> <p>Birth Equity</p> <p>Advance Cross-sector Collaboration to Undo Racism 📄</p>	Time Period	Current Actual Value	Current Trend	Baseline % Change	

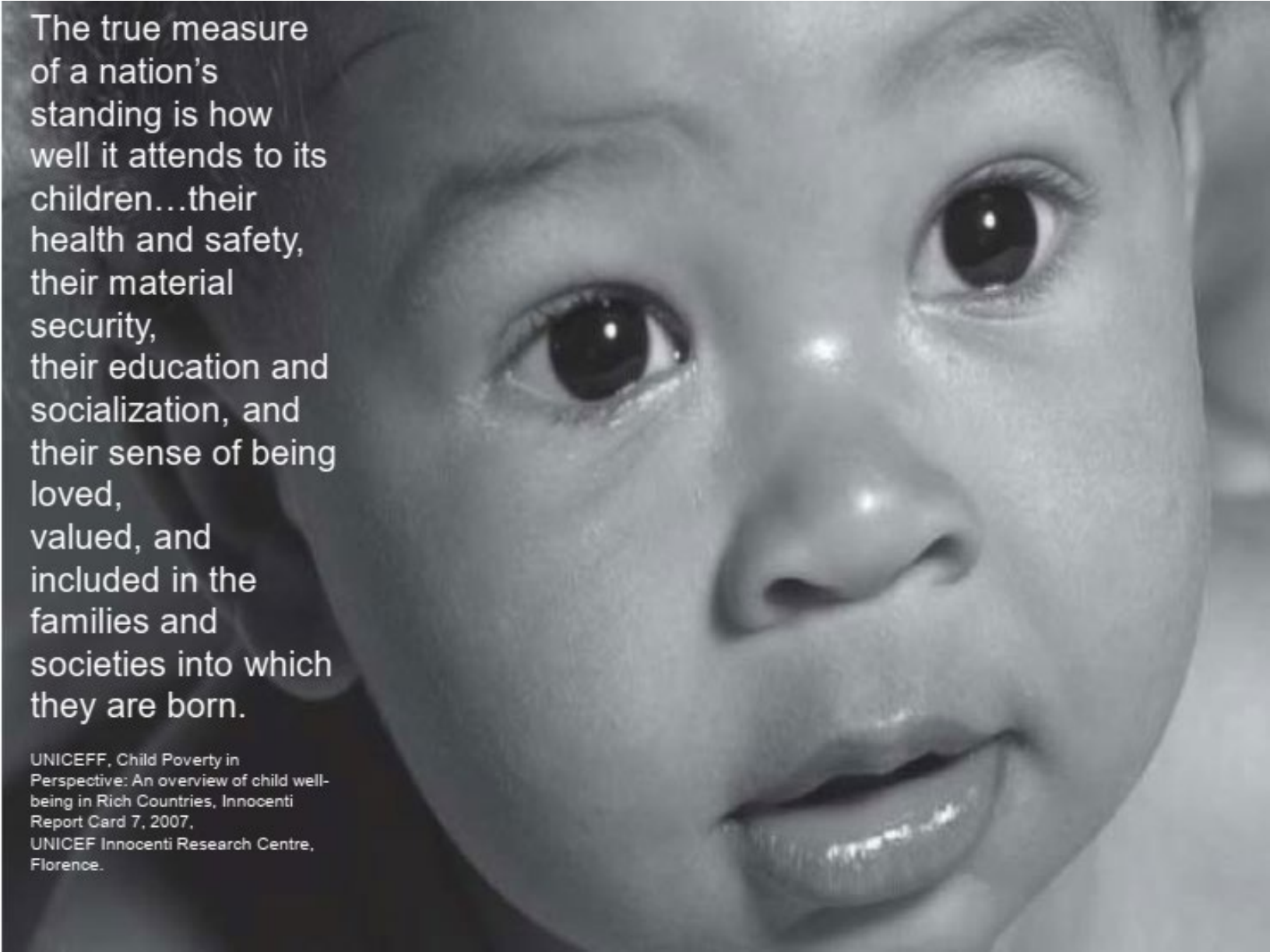


Buncombe Infant Mortality Rates, 2010 to 2018 (5-year averages)



Source: Data available from North Carolina State Center for Health Statistics





The true measure
of a nation's
standing is how
well it attends to its
children...their
health and safety,
their material
security,
their education and
socialization, and
their sense of being
loved,
valued, and
included in the
families and
societies into which
they are born.

UNICEFF, Child Poverty in
Perspective: An overview of child well-
being in Rich Countries, Innocenti
Report Card 7, 2007.
UNICEF Innocenti Research Centre,
Florence.

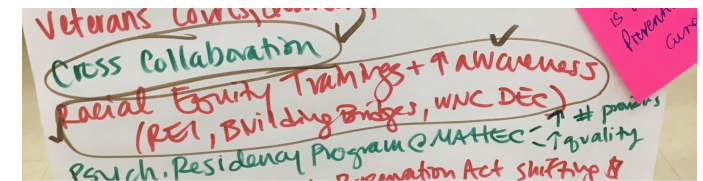
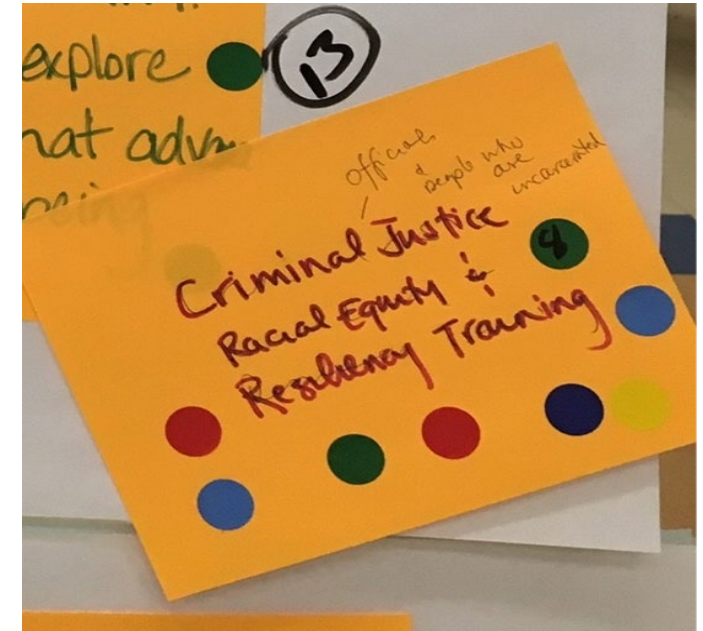
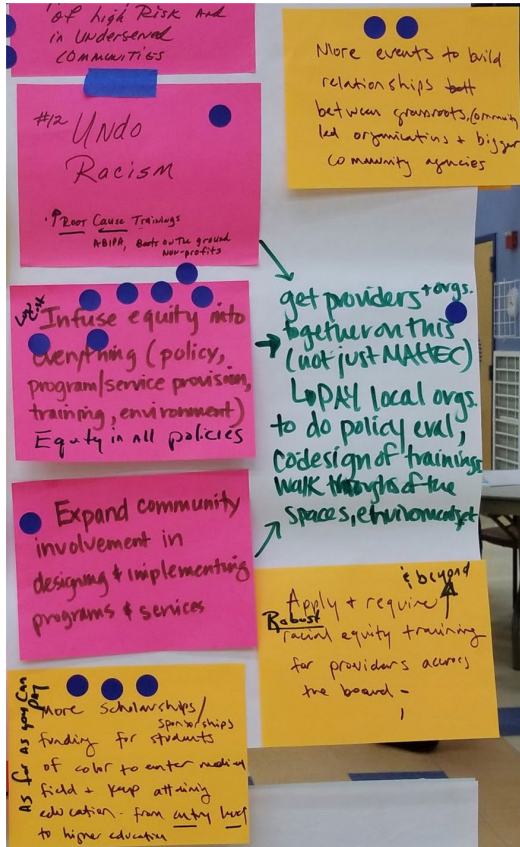
Image source: Dr. Arthur James, MAHEC Equity Conference Presentation, August 8, 2016



BUNCOMBE COUNTY



Overarching Strategy: Advancing Cross-Sector Collaboration to Undo Racism



RACISM & DISCRIMINATION				
Economic Stability	Education	Health & Healthcare	Neighborhood & Built Environment	Social & Community Context
Poverty	High school graduation	Access to healthcare	Access to healthy food/safe parks	Social cohesion
Employment	Language & literacy	Access to primary care	Density of alcohol, tobacco, cannabis establishments	Civic participation
Food security	Early childhood education	Health literacy	Crime & violence	Incarceration
Housing stability	\$/per student	Health outcomes	Environmental exposures	Networks

Image source: Cynthia Harding, LA County Department of Public Health

Adapted from: Medicaid and Social Determinants of Health: Adjusting Payment and Measuring Health Outcomes

http://www.statenetwork.org/wp-content/uploads/2017/07/SHVS_SocialDeterminants_HMA_July2017.pdf



Next Steps & Summary

- Sharing & Refining CHIP Action Plans
- Deepening Community Partnerships
- Advancing Cross Sector Collaboration to Undo Racism
- Continue to assess progress
 - March 2020: Buncombe State of the County Health Report (SOTCH)



Questions?

