Progress on CHIPS

See links below for 2022 CHIP Updates on Cross-cutting Results:

All people living in Buncombe County, especially our BIPOC communities, access opportunities for whole-person health and wellness and experience equity in all places and systems.

All health, faith-based, social, justice, and educational systems are aware of the impact of trauma on our bodies, brains and behaviors and support our protection and resilience.

See links below for 2022 CHIP Updates on Programs and Performance Measures:

Health Focus Area: Birth Outcomes & Infant Mortality

- Project NAF
- WIC
- YWCA Mother Love Program
- Buncombe County Partnership for Children
- Nurse-Family Partnership
- Circle of Security Parenting
- Sistas Caring 4 Sistas (SC4S)

Health Focus Area: Mental Health & Substance Misuse

- Asheville-Buncombe Institute for Parity Achievement
- WNC Listening Line
- Institute for Preventive Healthcare & Advocacy
Health Focus Area: Chronic Illness (Heart Disease & Diabetes)

- Buncombe County CAPE Fresh Food/Market Pop-ups
  Institute for Preventive Healthcare & Advocacy Lunch & Learn
- Asheville-Buncombe Institute for Parity Achievement
- Minority Diabetes Prevention Program
- Institute for Preventive Healthcare & Advocacy Community Health Workers
- Buncombe County Tobacco Action Study Committee (TASC)
- WISEWOMAN

Morbidity and Mortality Changes Since Last CHA

NOTE: There have not been any new data releases from the NC State Center for Health Statistics on morbidity and mortality data since the 2021 Community Health Assessment.
Buncombe County COVID-19 Data

In Buncombe County there have been a total of 69,935 COVID-19 cases to date, and in 2022, there were 27,543 (*see also by group*)

In Buncombe County there have been a total of 689 COVID-19 deaths to date, and in 2022, there were 206 COVID-19 deaths.

Leading Causes of Death - Buncombe County, NC *data updated Dec. 2022*

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Buncombe</th>
<th>Comparison to WNC Regional Average Rate</th>
<th>Comparison to NC Rate</th>
<th>White Non-Hispanic</th>
<th>African American non-Hispanic</th>
<th>African American Rate compared to White Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Deaths</td>
<td>Death Rate</td>
<td>Regional Rate</td>
<td>% Difference</td>
<td>NC Rate</td>
<td>% Difference</td>
</tr>
<tr>
<td>Acquired Immune Deficiency Syndrome</td>
<td>14</td>
<td>0.9</td>
<td>0.8</td>
<td>152%</td>
<td>1.6</td>
<td>-43.0%</td>
</tr>
<tr>
<td>All Other Unintentional Injuries</td>
<td>854</td>
<td>58.0</td>
<td>55.4</td>
<td>4.7%</td>
<td>43.2</td>
<td>34.3%</td>
</tr>
<tr>
<td>Alzheimer's disease</td>
<td>582</td>
<td>30.0</td>
<td>31.5</td>
<td>-4.8%</td>
<td>37.4</td>
<td>-19.0%</td>
</tr>
<tr>
<td>Cancer</td>
<td>2,753</td>
<td>146.7</td>
<td>155.8</td>
<td>-5.8%</td>
<td>154.6</td>
<td>-5.1%</td>
</tr>
<tr>
<td>Cerebrovascular Disease</td>
<td>767</td>
<td>40.0</td>
<td>40.8</td>
<td>-1.9%</td>
<td>42.7</td>
<td>-6.3%</td>
</tr>
<tr>
<td>Chronic Liver Disease and Cirrhosis</td>
<td>208</td>
<td>12.7</td>
<td>16.8</td>
<td>-24.5%</td>
<td>11.1</td>
<td>14.4%</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Diseases</td>
<td>797</td>
<td>41.7</td>
<td>52.6</td>
<td>-20.6%</td>
<td>42.6</td>
<td>-1.9%</td>
</tr>
<tr>
<td>COVID-19</td>
<td>158</td>
<td>8.4</td>
<td>21.1</td>
<td>-50.2%</td>
<td>12.8</td>
<td>-34.4%</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>298</td>
<td>16.5</td>
<td>22.0</td>
<td>-24.9%</td>
<td>24.5</td>
<td>-32.7%</td>
</tr>
<tr>
<td>Diseases of Heart</td>
<td>2,798</td>
<td>147.5</td>
<td>164.0</td>
<td>-10.1%</td>
<td>156.1</td>
<td>-5.5%</td>
</tr>
<tr>
<td>Homicide</td>
<td>54</td>
<td>4.2</td>
<td>4.4</td>
<td>-4.8%</td>
<td>7.3</td>
<td>-42.5%</td>
</tr>
<tr>
<td>Nephritis, Nephrotic Syndrome, and Nephrosis</td>
<td>250</td>
<td>13.2</td>
<td>15.0</td>
<td>-11.9%</td>
<td>16.4</td>
<td>-19.5%</td>
</tr>
<tr>
<td>Pneumonia and Influenza</td>
<td>290</td>
<td>15.2</td>
<td>16.9</td>
<td>-9.9%</td>
<td>15.7</td>
<td>-3.2%</td>
</tr>
<tr>
<td>Septicemia</td>
<td>144</td>
<td>7.9</td>
<td>10.6</td>
<td>-26.6%</td>
<td>12.5</td>
<td>-36.0%</td>
</tr>
<tr>
<td>Suicide</td>
<td>263</td>
<td>19.1</td>
<td>20.4</td>
<td>-6.3%</td>
<td>13.4</td>
<td>42.5%</td>
</tr>
<tr>
<td>Unintentional Motor Vehicle Injuries</td>
<td>165</td>
<td>11.5</td>
<td>10.1</td>
<td>28.7%</td>
<td>15.1</td>
<td>23.9%</td>
</tr>
<tr>
<td>All Causes (some not listed)</td>
<td>13,758</td>
<td>757.7</td>
<td>821.7</td>
<td>7.8%</td>
<td>793.7</td>
<td>-4.5%</td>
</tr>
</tbody>
</table>

Robert Wood Johnson 2022 County Health Rankings - Buncombe County, NC

In 2022, Buncombe County ranked 19 out of 100 NC counties for healthiest outcomes (length of life and quality of life) and health factors (things that can be modified to improve length and quality of life).
Deaths in Buncombe
The rate of overdose deaths among residents of Buncombe in 2021 (Annual) was 46.7. (Rate per 100,000 residents. Number of deaths: 122)
• Food Security

In 2022, many Buncombe County residents were dealing with the economic strain caused by inflation and the increasing cost of living. According to the U.S Bureau of Labor Statistics, the cost of food had increased by 12.2% as of the end of June. As a result of food prices steadily increasing the demand for food assistance also grew. Manna Food Bank reported that in the month of February alone they had served over 100,000 people. Prior to the Pandemic, Manna served this high volume of people over the course of a year. While trying to accommodate the increased need, Manna was also dealing with supply chain shortages as it became difficult to source food. As a result, Manna hosted a virtual fresh food drive, which was specifically raising money that would be used to purchasing food. With no end in sight for inflation easing up, Manna is committed to helping to serve residents despite obstacles.

• Long COVID-19

According to UNC School of Medicine, between 10-30% of people who contracted COVID-19 will experience long-term symptoms as part of a condition known as Long COVID. Symptoms vary for each person and can even at times go away and come back. Generally, symptoms of long-COVID consists of tiredness/fatigue, fevers, shortness of breath, brain fog, joint or muscle pain. Also, people who are experiencing Long COVID could potentially experience new health conditions due to experiencing "multi-organ effects or autoimmune conditions" which could result in developing health conditions such as diabetes, blood clots, or heart conditions. According to the Center for Disease Control, by November 2022 15% of North Carolinians had experienced Long COVID. Currently, researchers are trying to understand if some people may be more at risk for developing Long COVID

• Youth Mental Health & Suicide

The 2021 Adolescent Behaviors and Experiences Survey (ABES) was completed by a nationally representative sample of high school youth January – June 2021 and compiled into a thematic report. Findings from the ABES demonstrate that adolescents in the United States are experiencing a mental health crisis, they have experienced a wide range of trauma, and there are ongoing experiences of racism in school/education settings. According to the CDC's ABES study, nationally:

• In 2021, 12% of female students, more than 25% of LGBTQ students, and 17% of other or questioning students attempted suicide during the past year compared to 5% of their male peers and 5% of their heterosexual peers
More than half of students experienced emotional abuse in the home and more than 10% reported physical abuse in the home.

Lesbian, gay, and bisexual students were far more likely to report physical abuse, with 20% reporting that they had been physically abused by a parent or other adult in their home, compared to 10% of heterosexual students.

Black students were most likely to report hunger, with nearly a third reporting that there was not enough food in their home during the pandemic.

More than one third of all U.S. high school students felt they had been treated badly or unfairly at school because of their race or ethnicity.

Asian, Black, and Multiracial students reported the highest levels of experiencing racism.

Students who reported racism were also more likely to experience poor mental health and less likely to feel connected to people at school.

At the Buncombe County level, in 2022 there were **593 emergency room (ER)** visits for youth who were experiencing suicidal behavior, and when data is layered with the prior two years, it is evident that youth suicide/suicidal ideation rates continued to increase in 2021 and 2022 compared to 2020 during the COVID-19 pandemic. As a state, **North Carolina ranks in 42 out of all U.S. states for overall child mental health**, meaning that youth in North Carolina have a higher prevalence for experiencing mental health distress and a low rate of accessing mental health treatment. Data from 2022 reflects that roughly half of North Carolina youth experiencing a major depressive episode did not receive treatment, a trend that spans data across the United States.
**School Mental Health**

According to [Kaiser Family Foundation](https://www.kff.org/), large numbers of public school staff across the United States are repeatedly identifying a decrease in the social and emotional health of K-12 students due to isolation and other mental health impacts from the ongoing COVID-19 pandemic. Kaiser Family Foundation notes that these increased behavioral demands from children are showing up rampantly in classrooms and schools, many of which are already facing teacher and mental health provider shortages due to low pay and burnout. A portion of federal funding in 2022 (via [Bipartisan Safer Communities Act](https://www.congress.gov/bipartisan-safer-communities-act-2022) and [American Rescue Plan Act](https://www.whitehouse.gov/americans-rescue-plan)) was designated specifically for national funding for early childhood and secondary education to improve access to school-based mental health and health care services.
At a local level, 2021-2022 public school data (Buncombe County Schools and Asheville City Schools) and charter school data reflects high rates of chronic absenteeism that have continued since the emergence of COVID-19 during the 2020-2021 school year. School Superintendents from Buncombe County and Asheville City have identified an increase in student behavioral challenges and relate this increase to the impacts from the COVID-19 pandemic (missing the consistent structure of school, missing academic instruction, and gaps in social skills and brain development), as well as the impacts of poverty and economic challenges for families. During 2021-2022, roughly 20% of charter school students, 28% of Asheville City School students, and 28% of Buncombe County School students missed 10% or more of total academic instruction during the 2021-2022 school year due to absences. There also remains clear learning and achievement disparities when 2021-2022 public school data is disaggregated by race and ethnicity, with Black/African American students facing higher rates for discipline, school consequences, and referrals to law enforcement when compared to their White peers.

- Asheville City Schools (ACS) has created ‘reset rooms’ on all elementary and middle school campuses to further support students with learning and practicing emotional regulation skills with trained professionals, and all ACS campuses have school-based mental health professionals on-site to support students experiencing distress (13 mental health professionals in total). ACS also plans to dedicate additional funding in the upcoming school year to continue to support student mental health.

- Buncombe County Schools (BCS) has invested resources and training for teachers and school administrators on internal and external bias and behavioral communication which have continued into the 2022-2023 school year. Additionally, BCS has been working to update the “Student Code of Conduct” to include new, alternative options to address student behaviors in order to avoid use of suspensions and referral to law enforcement/juvenile justice, as BCS teachers and administrators understand that a student’s behavior serves as a form of communication about what is missing or needed in a given moment. One notable increase in BCS student suspensions and law enforcement referrals in the last school year was related to students vaping on school property (tobacco and marijuana), which connects back to mental health and substance misuse as areas where students need additional supports. BCS has partnered with United Way to assess disaggregated school data around four themes that center equity as a means to expand services and interventions to better support students in schools, and BCS also continues to expand services and designated classrooms for students who do not speak English or for students who are multi-lingual.

Additionally, 48% of Buncombe County School students, 32% of Asheville City School students, and 31% charter school students were economically disadvantaged in the 2021-2022 school year, meaning they qualify for the National School Lunch program, SNAP benefits, other economic support services, etc. On a broader level, combining this data suggests that students locally are also experiencing mental health challenges related to their experiences with traumatic stress (interpersonally and systemically) and familial barriers to accessing social determinants of health such as safe housing and food security.
mpox

In May 2022, cases of mpox (previously known as monkeypox) began being reported internationally, and by June 2022, North Carolina saw the first case. According to the World Health Organization, 2022 was the first time “Mpox cases and clusters have been reported concurrently in non-endemic and endemic countries in widely disparate geographical areas.” Many of the mpox cases were identified through sexual health services, however, mpox is also known to be transmitted to humans through close contact with an infected person, including contact with lesions, body fluids, respiratory droplets, as well as contaminated materials such as clothing or bedding. Vaccines that were once developed for smallpox have been found to be dually effective for mpox; as a result, interventions for testing and distribution of those vaccines locally, state-wide, and nationally targeted groups most at risk for transmission. To date in North Carolina there have been 707 diagnosed cases of mpox, and in 2022 there were 12 cases of mpox diagnosed in Buncombe County.

Community Health Worker Funding

In response to the COVID-19, North Carolina Departments of Health and Human Services (NCDHHS) allocated funding to support the work of Community Health Workers (CHWs). CHWs were paramount in the State's efforts of addressing the pandemic, as they played “an important role in providing education and support to increase vaccination rates across the state, particularly as we address rising COVID-19 cases.” In 2021, UNETE a local non-profit organization was awarded funds to hire, train and manage CHWs who served Buncombe, Henderson, and Transylvania counties. In Buncombe County there were a total of 83 CHWs who were providing services to the community. This funding has since ended and as a result it is estimated that 50-75 CHWs in the WNC region experienced job loss.
CHIP One-Question Campaign

As part of our outreach to the community for their input, Buncombe County conducted a one-question campaign to better understand the needs of our community. In partnership with Buncombe HHS Communications Team and Buncombe County CAPE Team residents were surveyed to collect information on the most important thing residents needed for their health and well-being. Residents were surveyed during community pop-markets and community events. Residents were also able to provide their responses via Buncombe County’s Public Input website and by filling out paper responses located at the health department.
Buncombe County Health & Human Services Mobile Unit

The Buncombe County Public Health Mobile Team launched in July 2022, and they have distributed over 1,500 vaccines at more than 80 events across Buncombe County. This team was also an essential part of the COVID-19 and Mpox response efforts, as well as surge capacity for Immunization Clinics. The Mobile Team is focused on providing services to historically marginalized populations, low-income areas and rural communities. The goal of the new unit is to help make public health services more equitable and accessible to more Buncombe residents, especially those who may not have transportation, may have limited or no access to health providers, feel unsafe or anxious about seeking care, or those who, for any other reason, face barriers receiving essential public health services. Currently, the BC PHMT provides the following services: vaccinations, sexually transmitted infections (STI) treatment, vaccination reviews, and health education. In early 2023 the mobile team will be partnering with Buncombe County’s Syringe Service Program (SSP) to pilot Rapid HIV/Hepatitis C testing on-site for SSP participants.

Partnership for Children - Building Capacity in Buncombe County to Expand NC Pre-K Availability & Accessibility

During the 2022/2023 school year, Buncombe Partnership for Children (BPFC) began implementing a multi-year initiative to increase Buncombe County children’s access to NC Pre-K through a variety of identified provider, classroom, and family strategies. Funding for this initiative came from the American Rescue Plan Act (ARPA) and will support Buncombe County’s Strategic Plan focus area, an educated and capable community with specific focus on increasing kindergarten readiness. Some of the new initiative’s strategies include, training and licensure supports for early childhood providers, providing classroom implementation support for the NC Pre-K curriculum, and supporting pay parity between NC Pre-K and NC K-12 teaching positions. The initiative will also increase strategic planning for implementing solutions to barriers to access, such as transportation, applications, and cost of enrollment per child. Through increasing provider licensure capabilities and familial/child access to NC Pre-K programming, BPFC is working to enhance all children’s social and emotional readiness for entry into Kindergarten.
• **WNC Women’s Health Fair**

A multi-county initiative is currently in the works through a partnership with the [National Institute of Environmental Health Sciences](https://www.niehs.nih.gov) to host a Women’s Health Awareness Conference. The Women’s Health Awareness (WHA) is an initiative within the National Institute of Environmental Health Sciences (NIEHS) Clinical Research Branch (CRB), Office of Human Research and Community Engagement (OHRCE) that:

- Provides evidence-based community interventions to promote wellness, environmental health literacy, and environmental public health
- Increases community health resiliency
- Advances health equity by improving health care access and quality

In Spring 2023, women across Western North Carolina will come together in Waynesville, NC to partake in health education sessions, and health screenings including mammograms and dental services.

• **Handle With Care Initiative**

Asheville City Schools and Buncombe County Schools have partnered with Buncombe County Emergency Medical Services (EMS), Buncombe County Sheriff’s Office, Asheville Police Department, and Asheville Fire & Rescue to create a communication system to enhance trauma-informed practices while better supporting students who have been exposed to trauma. The initiative created a phone line that allows emergency responders to directly call and connect with school administrators to notify them when a student or students have been exposed to a traumatic event outside of school. The notification then allows school administrators, counselors, and teachers/faculty to be prepared to receive the identified student(s) with additional supports and services upon their arrival at school.
• School Health Clinics

In the Spring of 2022, a new School-Based Health Center was launched at Asheville Middle School with a second opening later in the year at Erwin Middle School. The school-based health center project came out of a partnership amongst Asheville City Schools, Buncombe County Schools, Mountain Area Health Education Center (MAHEC), Buncombe County Health and Human Services, and United Way of Asheville and Buncombe County, with funding support from the US Department of Education, the Dogwood Health Trust, and local donors. The group chose Blue Ridge Health (BRH) as the primary medical provider for the two new school-based health centers in Buncombe County, given BRH’s experience providing school-based health clinics in multiple other NC counties. The new school-based health center, which is located on the Asheville Middle School campus, serves as a fully functioning health clinic with ability to provide physical, mental, and behavioral services. The health center is staffed by a registered nurse, who can diagnose, treat, and screen for a variety of health conditions (including dental, vision, and hearing). The school-based health centers utilize a model that focuses on prevention and early intervention and services can be accessed by students, school staff/faculty, and student’s families.

Paused Initiatives

• Mothering Asheville

By 2027, Mothering Asheville aims to eliminate disparities in infant mortality in Buncombe County, changing the current data indicating that Black/African American babies die at two times the rate of White babies. Mothering Asheville is a cross-sector collaboration working to ensure that more Black babies are delivered on time, at a healthy weight, and survive their first year. Mothering Asheville works with partners to build community capacity, create clinical shifts, communicate strategically, and advocate for institutional policies that address structural racism, implicit bias, access to care, economic and other social factors that influence health. The local inequities in birth outcomes and associated social determinants of health reveal the need for clinical-community collaborations to support pregnant Black women, their babies, and people of color through their lifespans. Mothering Asheville was established as a response to this critical need, bringing together clinical providers, community resident groups, nonprofits, advocacy agencies and others committed to fostering health equity.

The Mothering Asheville group has been on a temporary pause for part of 2022 due to staffing changes within some of the lead organizations. The goal is for Mothering Asheville to begin reconvening in 2023.
**Home Visitors Collaborative**

The Buncombe County Home Visitors Collaborative has been on a temporary pause for part of 2022 due to staffing changes within two of the lead organizations (Buncombe County Nurse-Family Partnership, YWCA). Once those leadership positions are hired and filled, the Home Visitors Collaborative will reconvene to begin strategic planning for 2023.

**Discontinued Initiatives**

**Trinity Place Youth Shelter**

Trinity Place in Asheville, NC, a shelter serving runaway and houseless youth throughout Western North Carolina, closed its doors in May 2022 after ongoing issues with staffing shortages that began with the emergence of COVID-19. The agency providing Trinity’s services, Caring for Children, and parent company, Eckerd Concepts, were forced to make the difficult decision in early 2022. Trinity Place shelter opened in 1992 and supported more than 4,500 youth and families during its 30 years of operation. The physical location for the shelter is owned by Trinity Episcopal Church and a search is currently underway to locate a new provider with capability of running similar shelter support services for youth and families.