Contents of Report

• Demographics
• Community Health Priorities – data & community action updates
• Behavior Risk Factors
• Leading Causes of Death
• Chronic Disease Trends
• Communicable Disease Trends
• Emerging Health Issues
• Dissemination of Report
Buncombe County Demographics

<table>
<thead>
<tr>
<th>2007 Buncombe County Population by Race</th>
<th>Number of Citizens</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>196,730</td>
</tr>
<tr>
<td>Black</td>
<td>16,147</td>
</tr>
<tr>
<td>American Indian</td>
<td>954</td>
</tr>
<tr>
<td>Other (non-Hispanic)</td>
<td>9,259</td>
</tr>
<tr>
<td>TOTAL</td>
<td>223,090</td>
</tr>
</tbody>
</table>

NC Peer Counties: Burke, Davidson, Randolph

Source: NC CATCH (new data warehouse)
Population data is provided by a third party Information resources company named Claritas
Community Health Priorities
(2006 CHA Priority Issues)

• Physical activity & nutrition for healthy living
  – Childhood and adult obesity prevention

• Access to whole person care
  – Primary care, dental, mental health, and preventive

• Economic access to care
  – Care for the uninsured and underinsured

• Mental Health
  – Integrated care

• Health Equity and Health Parity
Obesity
Community Health Priorities

Obesity Prevention - Children

Weight Status of Buncombe County K-5 Students

<table>
<thead>
<tr>
<th>Year</th>
<th>Overweight</th>
<th>Obese</th>
<th>Overwt or Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>16.4</td>
<td>19.8</td>
<td>36.2</td>
</tr>
<tr>
<td>2005</td>
<td>16.2</td>
<td>19.5</td>
<td>35.7</td>
</tr>
<tr>
<td>2006</td>
<td>16.4</td>
<td>19.3</td>
<td>35.6</td>
</tr>
<tr>
<td>2007</td>
<td>15.6</td>
<td>18.9</td>
<td>34.6</td>
</tr>
</tbody>
</table>

Source: Buncombe County School Health Advisory Council & Buncombe County Health Center (local BMI data on 12,705 elementary students in 2007)
Community Health Priorities

Obesity Prevention - Children

Source: Buncombe County School Health Advisory Council & Buncombe County Health Center (2007 local BMI data)
Community Health Priorities

Obesity Prevention - Adults

Percentage of Buncombe Adults 18 - 64 Who are Overweight or Obese

Source: NC BRFSS (Behavioral Risk Factor Surveillance System)
Community Health Priorities

Obesity Prevention - Adults

Percentage of Buncombe County Adults Obese by Race

- Total
- Minority
- White

Percentage of Buncombe County Adults Obese by Income and Education Level

- $\leq$ HS
- Some College
- <$50,000
- $\geq$ $50,000$

Source: NC BRFSS (Behavioral Risk Factor Surveillance System)
Community Health Priorities
Partner Update - Obesity Prevention

Four teams working collaboratively to address Physical Activity & Nutrition

► Healthy Buncombe Coalition
► Pioneering Healthy Communities
► School Health Advisory Council
► Health Partners – Obesity Action Team
Healthy Buncombe
Physical Activity and Nutrition Coalition

- Downtown on the Move
- BMI measurement in all elementary schools
- Reframing obesity as a community-wide justice issue and not simply a result of bad individual behaviors
- *Focus on policy and environmental change*
- [www.healthybuncombe.org](http://www.healthybuncombe.org)
Community Health Priorities
Partner Update - Obesity Prevention

Health Partners

- Collaborative group that meets to plan, share information & promote resources for healthy living
- 60 volunteers & representatives of local groups on the team
  - Events of partners listed at [www.healthpartnerswnc.org](http://www.healthpartnerswnc.org)
- Highlighted partner activities follow
Community Health Priorities

Partner Update - Obesity Prevention

Pioneering Healthy Communities

• Activate Asheville has launched
  – Making the Asheville area a more healthy place to live, work, & play

• Focus on policy & built environment, not direct programs
  – Engaging community leaders including the Mayor, many key partners

• Coordinated by the YMCA of Western NC
• www.activateasheville.org
Community Health Priorities
Partner Update - Obesity Prevention

• **Mission Children’s Hospital**
  – Creating a new continuum of child and family education and management to improve healthy lifestyles and reduce childhood obesity. Programs in development include:
    • **Energize Basics** (youth at or above 85th percentile Body Mass Index)
      – Sessions for Kids (7-11 year olds) and for Teens (8-12 year olds)
      – 1 night a week for 12 weeks
    • **Energize** (youth at or above the 95th percentile Body Mass Index)
      – Sessions for Kids (7-11 year olds) and for Teens (13-18 year olds)
      – 3 nights a week for 12 weeks

• **Access II Care**
  – Educating local pediatricians on new Pediatric Obesity Tools to use with patients. In 2008, 17 local practices have been contacted.
Community Health Priorities
Partner Update - Obesity Prevention

- YMCA – Youth Fit for Life
  - In 2008, 248 local elementary school children have participated in Youth Fit for Life, a 12 week after school program focusing on improving health and fitness

- The Health Adventure
  - Approximately 1,800 children in 6 elementary schools in Western NC have seen a new musical called the “Couch Potato Wakes Up!” The show engages children in learning about nutrition and exercise.

- Getting Into Fitness Together (GIFT)
  - 12 session physical activity program for families offered at UNCA. 10 families participated in Spring of 2008

- Appalachian Sustainable Agriculture Project (ASAP)
  - ASAP is the local, lead agency for the National Farm to School network, part of the Center for Food and Justice. Worked with child nutrition staff in local elementary schools to highlight use of fresh, locally grown vegetables.
Access to Health Care & Insurance
Community Health Priorities
Access to Healthcare

Percentage of Adults Ages 18 - 64 Reporting A Primary Care Home

<table>
<thead>
<tr>
<th>Year</th>
<th>Buncombe</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>80.7</td>
<td>80.6</td>
</tr>
<tr>
<td>2002</td>
<td>79.9</td>
<td>79.8</td>
</tr>
<tr>
<td>2003</td>
<td>83.5</td>
<td>80.6</td>
</tr>
<tr>
<td>2004</td>
<td>82.9</td>
<td>80.8</td>
</tr>
<tr>
<td>2005</td>
<td>76.2</td>
<td>77.2</td>
</tr>
<tr>
<td>2006</td>
<td>78.6</td>
<td>78.1</td>
</tr>
<tr>
<td>2007</td>
<td>74.3</td>
<td>88</td>
</tr>
</tbody>
</table>

Source: NC BRFSS (Behavioral Risk Factor Surveillance System)
Community Health Priorities

Access to Healthcare

Percent Adults Who Visited a Doctor for Routine Checkup

Source: 2007 NC BRFSS (Behavioral Risk Factor Surveillance System)
Community Health Priorities

Access to Dental Care

Percentage of Buncombe Kindergarteners With Untreated Dental Disease

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Buncombe County</td>
<td>22</td>
<td>17</td>
<td>16</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>North Carolina</td>
<td>23</td>
<td>22</td>
<td>21</td>
<td>19</td>
<td>18</td>
</tr>
</tbody>
</table>

Source: NC Oral Health Data

Note: 2007 – 2008 data is not available yet from NC Oral Health Section
Community Health Priorities

Access to Dental Care

• Access to dental care is better than it has ever been for low-income adults.

• Services offered by WNCCHS and ABCCM have increased the capacity to serve low-income adults.

• However, dental issues are a leading cause of non-emergency visits to the Emergency Department by the uninsured
  – 542 dental related visits to the Emergency Department from June 2007 – May 2008, Mission Hospital ED data
Community Health Priorities
Access to Preventive Services

Percent Adults Who Had a Flu Shot This Past Year

Source: 2007 NC BRFSS (Behavioral Risk Factor Surveillance System)
Community Health Priorities

Access to Preventive Services

Adult Preventive Service Use

Source: 2002 - 2006 US and NC BRFSS (Behavioral Risk Factor Surveillance System)
Community Health Priorities
Partner Update – Access to Healthcare

The Community Providers’ Forum continues to serve as a resource for:

– Sharing information between health care providers on changes in patient services
– Working through barriers in referrals for uninsured patients
– Helping uninsured & underinsured community members access care
– Safety Net services brochure was updated and posted on-line at www.healthpartnerswnc.org
Community Health Priorities

Economic Access to Healthcare

Percentage of Adults ages 18 - 64 Reporting No Health Care Coverage

Source: US and NC BRFSS (Behavioral Risk Factor Surveillance System)
Community Health Priorities

Economic Access to Healthcare

Source: NC BRFSS (Behavioral Risk Factor Surveillance System)
Community Health Priorities

Economic Access to Healthcare

Percentage of Those Working for Wages With No Health Insurance

Source: NC BRFSS (Behavioral Risk Factor Surveillance System)
Community Health Priorities
Partner Update – Economic Access to Care

Safety Net Steering Committee

In 2008, the Safety Net health care providers reassessed our community’s capacity to serve the uninsured and underinsured.

<table>
<thead>
<tr>
<th>Safety Net Provider</th>
<th># patient visits yearly</th>
<th>Type of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>BC Health Center</td>
<td>43,000</td>
<td>Primary Care</td>
</tr>
<tr>
<td>WNCCHS</td>
<td>14,000</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Three Streams</td>
<td>2,400</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Project Access</td>
<td>14,000</td>
<td>Primary &amp; Specialty</td>
</tr>
<tr>
<td>ABCCM</td>
<td>6,378</td>
<td>Acute care</td>
</tr>
<tr>
<td>Emma Clinic</td>
<td>800</td>
<td>Acute care</td>
</tr>
<tr>
<td>Sisters of Mercy, Inc</td>
<td>60,000</td>
<td>Urgent Care</td>
</tr>
<tr>
<td>Mission Hospital Emergency Dept</td>
<td>96,000 (all payment sources)</td>
<td>Acute, Urgent and emergency</td>
</tr>
</tbody>
</table>
Community Health Priorities
Partner Update – Economic Access to Care

Expanding health care access for the un/underinsured:

• After reviewing the results of a study conducted by health consultants, the Buncombe County Commissioners have approved for County officials to explore opportunities to potentially draw significant additional federal dollars into our community for health care for the uninsured and underinsured.

• These possible new avenues would involve enhanced partnerships with WNC Community Health Services as well as with Hot Springs Health Program.

• The partnership with a Federally funded Community Health Center will allow for enhanced reimbursement for services, reduced cost of prescription drugs and reduced cost in malpractice insurance, which increases funds to support an increase in services for un- and underinsured.

• County officials commit to maintaining the current financial and staffing investments, as well as the same commitment to high quality, integrated care in any future partnerships.
Mental Health
Community Health Priorities
Mental Health Care

Percentage Adults Experiencing Anxiety or Depression

<table>
<thead>
<tr>
<th></th>
<th>BC</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor EVER told have depression</td>
<td>23.2</td>
<td>16.1</td>
</tr>
<tr>
<td>Doctor EVER told have anxiety</td>
<td>14.4</td>
<td>11.8</td>
</tr>
<tr>
<td>Current Depression</td>
<td>9.7</td>
<td>9.3</td>
</tr>
</tbody>
</table>

Source: 2007 NC BRFSS (Behavioral Risk Factor Surveillance System)
Note: First year these questions have been asked
Community Health Priorities
Partner Update – Mental Health

- **Crisis Stabilization Center now open**
  - The Neil Dobbins Detoxification Center now has beds available so that many more patients can be stabilized in Buncombe County and do not need to be sent to Broughton State Hospital. In 2008, almost 240 additional individuals have been stabilized in our own community.

- **Crisis Intervention Training created for officers**
  - Western Highlands and other partners have created a 40 hour training course for law enforcement officers to teach them de-escalation skills when dealing with residents with mental health or substance abuse problems. So far, over 50 officers have participated in the training.

- **Integrated Care Collaborative (ICC)**
  - The ICC is a group working to encourage integrating behavioral health services into medical health services. This MAHEC group continues to engage new practices and expand options for care.
Community Health Priorities
Partner Update – Mental Health

• **Case Management Services at Buncombe County Jail**
  – In partnership with RHA Health Services, 2 full time case managers are located at the jail to link detainees to substance abuse and mental health services. The goal is to increase engagement in treatment and reduce recidivism.

• **Diversion services at Buncombe County Jail**
  – Western Highlands and Buncombe County have partnered to provide weekend pretrial services. Detainees with severe mental illness are immediately identified, evaluated, and a plan is presented to the judge for release to community treatment.

• **“Wet” Shelter for intoxicated persons developed**
  – Member agencies of the Buncombe County Drug Commission partnered to develop 4 beds for police officers to refer intoxicated persons that shelters will not accept.
Health Equity and Health Parity
Community Health Priorities

Health Parity

Buncombe Infant Mortality Rate per 1,000 Live Births

Community Health Priorities

Health Parity

Buncombe Adolescent Pregnancy Rate per 1,000, Ages 15-19

Community Health Priorities

Health Parity

Buncombe Disparity Ratios
Death Rates 2002 - 2006

Source: NC SCHC – 2008 County Health Data Book
Rates per 100,000 population and age-adjusted.
Standard = US 2000 population

“2” means minority death rate is twice as high
Community Health Priorities

Health Parity

2002-2006 Race-Specific Age-adjusted Death Rates for Buncombe County

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Minority</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>0.9</td>
<td>18.5</td>
</tr>
<tr>
<td>Homicide</td>
<td>4.3</td>
<td>19.5</td>
</tr>
<tr>
<td>Diabetes</td>
<td>14.2</td>
<td>42.1</td>
</tr>
<tr>
<td>Kidney</td>
<td>15.6</td>
<td>36.4</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>20.9</td>
<td>41.7</td>
</tr>
<tr>
<td>Female Breast Ca</td>
<td>23.8</td>
<td>30.0</td>
</tr>
<tr>
<td>Colon Cancer</td>
<td>16.5</td>
<td>16.6</td>
</tr>
<tr>
<td>Heart</td>
<td>196.6</td>
<td>270.3</td>
</tr>
</tbody>
</table>

Source: NC SCHC – 2008 County Health Data Book
Rates per 100,000 population and age-adjusted.
Standard = US 2000 population
Community Health Priorities

Health Parity

Vulnerable populations may face unique health risks and barriers to care, requiring enhanced services and targeted strategies for outreach and case management.

<table>
<thead>
<tr>
<th>Vulnerable Populations Include People Who¹:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Have no high school diploma (among adults age 25 and older)</td>
<td>27,490</td>
</tr>
<tr>
<td>Are unemployed</td>
<td>4,937</td>
</tr>
<tr>
<td>Are severely work disabled</td>
<td>6,525</td>
</tr>
<tr>
<td>Have major depression</td>
<td>13,118</td>
</tr>
<tr>
<td>Are recent drug users (within past month)</td>
<td>14,647</td>
</tr>
</tbody>
</table>

¹ The most current estimates of prevalence, obtained from various sources were applied to 2005 mid-year county population figures

Source: 2007 CHSI – Community Health Status Indicator Report, Buncombe County
Community Health Priorities
Partner Update – Health Equity & Health Parity

• **Health Equity Team** created through Health Partners and ABIPA
  – A volunteer team of residents created an awareness and advocacy campaign using the new documentary "Is Inequality Making Us Sick?"

• **ABIPA (Asheville Buncombe Institute for Parity Achievement)** provides outreach, screenings, and case management focusing on heart disease, cancers and diabetes
  – Prostate screening 86 men seen, 10 abnormal reported
  – Mammograms & breast health education conducted for over 50 women
  – 5 Churches with African American congregations have completed a 4 week nutrition/bible class created by the American Cancer Society with over 85 people in attendance (Hillstreet Baptist, St. James, Ray of Hope, Bethel 7 Day Adventist)
  – *Sista to Sista* breast cancer support group meeting held monthly for women of color
  – “Ladies Night Out” breast cancer screening events
## Leading Causes of Death

<table>
<thead>
<tr>
<th>2002-2006 Leading Causes of Death For Buncombe County Residents</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate per 100,000. Standard = US 2000 population</td>
<td>All</td>
</tr>
<tr>
<td>Diseases of the Heart</td>
<td>1</td>
</tr>
<tr>
<td>Lung, Trachea, and Bronchus Cancer</td>
<td>2</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Diseases</td>
<td>3</td>
</tr>
<tr>
<td>Cerebrovascular Disease</td>
<td>4</td>
</tr>
<tr>
<td>All Other Unintentional Injuries</td>
<td>5</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>6</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>7</td>
</tr>
<tr>
<td>Pneumonia and Influenza</td>
<td>8</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>9</td>
</tr>
<tr>
<td>Colon, Rectum, and Anus Cancer</td>
<td>10</td>
</tr>
<tr>
<td>Nephritis and Kidney Diseases</td>
<td>11</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>12</td>
</tr>
<tr>
<td>Homicide</td>
<td>(15)</td>
</tr>
<tr>
<td>AIDS</td>
<td>(16)</td>
</tr>
</tbody>
</table>

Source: NC State Center for Health Statistics, 2008 County Health Data Book
Leading Causes of Death

2002-2006 Age-adjusted Cancer Deaths for Buncombe County by Site of Cancer

Source: NC SCHC – 2008 County Health Data Book
Rates per 100,000 population and age-adjusted.
Standard = US 2000 population
Behavior Risk Factors

Selected Behavior Risk Factors for Adults by Percent

Source: 2007 US and NC BRFSS (Behavioral Risk Factor Surveillance System)
## Communicable Disease Trends

<table>
<thead>
<tr>
<th>Selected Reportable Communicable Diseases, Buncombe County</th>
<th>October Y-T-D 2008</th>
<th>October Y-T-D 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td><strong>HIV Infection</strong> (state reporting standards will change #’s)</td>
<td>30</td>
<td>59</td>
</tr>
<tr>
<td>Gonorrhea (all categories)</td>
<td>195</td>
<td>214</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>672</td>
<td>523</td>
</tr>
<tr>
<td>Nongonococcal urethritis (NGU)</td>
<td>93</td>
<td>100</td>
</tr>
<tr>
<td>Syphilis, Primary</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Syphilis, Secondary</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Syphilis, Latent</strong> (all categories)</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Hepatitis B, Acute</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Hepatitis B, Carrier</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Rocky Mountain Spotted Fever</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Streptococcal Infection, Group A</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>2</td>
<td>12</td>
</tr>
</tbody>
</table>

*Source: BC Health Center – Monthly Morbidity Summary Report*
Communicable Disease

Buncombe County
HIV Disease rate per 100,000

Source: 2007 NC HIV/STD Prevention & Care Branch, Buncombe Data
Changes Impacting Health

School nursing
• Six additional school nurses were added in 2007-2008 so that our nurse to student ratio has now dropped from 1 nurse for every 2,063 school children to 1 for every 1,472. This is a very important step toward meeting the state’s average ratio of 1:1,344.
• School nurses are increasing their focus on preventing obesity by offering healthy living education in elementary school classes.

HealthNet Initiative
• Access II Care is a local non-profit that has been providing case management around specific chronic conditions for Medicaid patients. With additional state funding for services to the uninsured starting in 2007, they (and Safety Net Providers) have been able to:
  – ↑ # of uninsured patients linked to a primary care home and pharmacy services by 4,018
  – ↑ # of uninsured patients in case management by 145
Emerging Health Issues

• In past 6 months, several clusters of syphilis have emerged, increasing the number of cases & need for careful monitoring & intervention

• In the last month DSS has set a county record for highest number of residents on food stamps (over 20,000 people)

• As unemployment increases, we expect:
  - Increase in number of people without insurance
  - Increase in demand for public & emergency services
Data Sources

- NC CATCH (New!)
- US and BC BRFSS (Behavior Risk Factor Surveillance Study)
- NC Vital Statistics
- County Health Data Book
- NC Oral Health Data and Report
- CHSI – Community Health Status Indicator Report
- BC School Health Advisory Council – BMI Data and Report
- BC Health Center – Monthly Morbidity Summary Report
For More Information

• **Buncombe County Health Center**  
  Gaylen Ehrlichman  
  (828) 250-5045  
  www.buncombecounty.org

• **Health Partners**  
  J. Nelson-Weaver  
  (828) 250-5205  
  www.healthpartnerswnc.org
Report Dissemination Plan

- Board of Health meeting by Jan 2009
- County Commissioner agenda by Jan 2009
- Health Partners annual meeting in Spring 2009
- Websites: [www.healthpartnerswnc.org](http://www.healthpartnerswnc.org) and [www.buncombecounty.org](http://www.buncombecounty.org)
- BC Health & Human Services management teams
- News release, newsletters and area publications (local media, BC Government e-zine & public access TV programming, Mission SCOPE, Health Partners e-newsletter, etc)
- Public Libraries (hard copy)
- School Libraries (hard copy)
- Develop a brochure format to be distributed with or without Ppt presentation