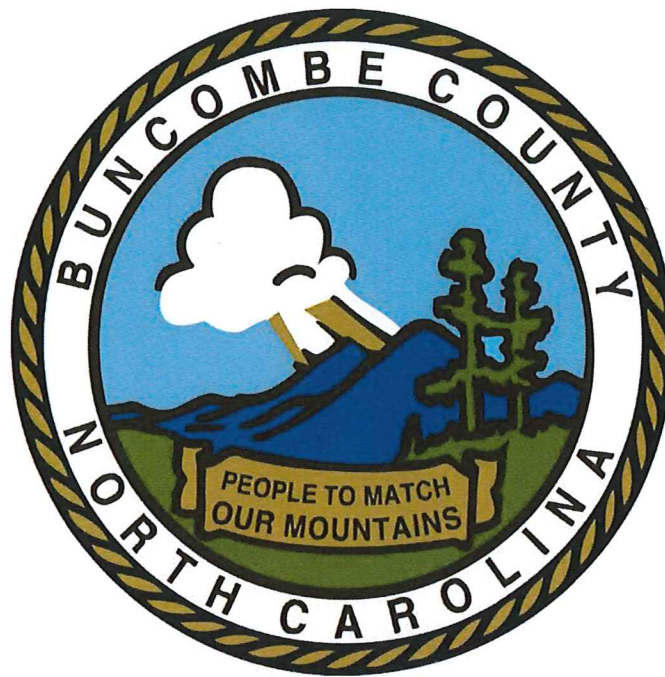


2016 State of the County's Health Report

BUNCOMBE COUNTY



BUNCOMBE COUNTY SOTCH 2016

The following SOTCH Scorecard was created in order to meet the requirements for the Buncombe County annual State of the County's Health (SOTCH) Report.

The 2015 Community Health Assessment priority areas are:

- Intimate Partner Violence
- Obesity & Chronic Disease
- Infant Mortality

The following resources were used/reviewed in order to complete the SOTCH:

- [2017 County Health Data Book](#)
- WNC Healthy Impact - www.WNCHealthyImpact.com
- Data shared by community partners

Health Priority 1 - Intimate Partner Violence

R	Buncombe County is the safest place in the universe, with resilient communities free from domestic violence and sexual violence.	Time	Actual	Target	Current	Baseline
		Period	Value	Value	Trend	% Change

Partners

Community agencies partnering to address this issue include: Asheville Police Department, Asheville Parks and Recreation, Buncombe County District Attorney's Office, Buncombe County Health and Human Services – Family Justice Center & Clinical Services, Buncombe County Sherriff's Department, Helpmate, Mission Health, Mountain Area Health Education Center, OurVoice, Pisgah Legal Services, SPARC Network and SPARC Foundation, Mission Health, Mountain Child Advocacy Center, Triple P of Buncombe and Madison, UNC-Asheville, and WNC Community Health Center, YWCA of Asheville.

Progress Made in Last Year

Work around intimate partner violence focused on raising awareness of the new Family Justice Center and its coordinated services, integrating IPV screenings into clinical practice, and engaging partners in drafting a county-wide plan for preventing intimate partner violence, sexual violence, and child abuse. The following progress was made in 2016 on Intimate Partner Violence in Buncombe County:

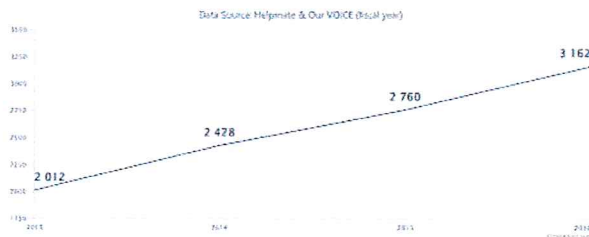
ENVIRONMENTAL CHANGES

- **Buncombe County Health & Human Services and community partners opened the new Family Justice Center (FJC) in July 2016:** Before the FJC, victims seeking safety had to navigate a fragmented system. Now survivors of domestic and sexual violence have a safe place where they can access services from law enforcement, nonprofit advocates, health care providers and government agencies. At the FJC, a survivor can create a safety plan, file charges, consult with legal aid, engage in counseling, complete shelter intake, and even have a forensic medical exam. Nearly 200 survivors were able to access integrated intake services at the FJC from July-December, 2016. Many more survivors accessed additional services like counseling and case management.
- **A new Preconception Health Care Process Model that includes screening for IPV was completed late 2016:** (Care Process Models, or CPMs, establish standard protocols, based on medical best practice to reduce variation and improve quality of care, that are built into EHRs.) Rollout began January 2017, and the CPM will eventually be institutionalized in all Mission Health Partners practices.
- **The HHS Family Planning clinic** - Now screens and offers information on IPV and how to access help during every appointment.
- **Mission Health, BCHHS, UNCA, and Helpmate jointly commissioned a survey on Community Attitudes**

toward Violence: Helpmate, in partnership with UNC-Asheville and CHIP, adapted the tool from several validated instruments in December of 2016, with the intention of measuring the impact of future primary prevention efforts. This survey tool was piloted in January-February 2017 and will be administered every 6 months at key community locations to measure changes in community norms around gender roles, domestic and sexual violence.

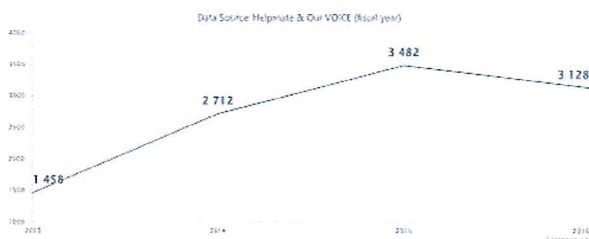
- **BCHHS and Community co-created IPV marketing material:** BCHHS worked with IPV survivors to create a community-wide campaign to promote the Buncombe County Family Justice Center, including branding and promotion. Buncombe County worked with partners to expand the successful eNough Campaign, featuring community leaders including law enforcement, faith leaders, sports teams and business owners, spreading the message that domestic and sexual violence are not tolerated in Buncombe County.
- **Latina group organized an all-day IPV training in Spanish:** Women leaders engaged in the Community-Centered Health Home initiative are meeting regularly to address IPV in culturally appropriate ways. In November 2016, they hosted a training for 30 Latinas focusing on what IPV is, how to build personal resilience in the face of IPV, and how to get help in Buncombe County. Over 15 community service providers--from physicians to the Family Justice Center to the sheriff's office--advised how to access their services as well.
- **Helpmate, and Our VOICE conducted over 300 community education and training sessions:** Both Helpmate, with the support of Mission Community Investments, and Our VOICE offered extensive education in community, school and workplace venues, expanding participants' skills around recognizing abuse and seeking help, supporting survivors in accessing help, negotiating healthy intimate relationships, positive gender norms, etc. The purpose of these efforts range from reducing harm to those already impacted, providing targeted messaging to at-risk populations, and education for first-time perpetration.

CI	IPV	Survivors served by agencies addressing domestic violence (Helpmate) or sexual assault (Our VOICE) - with comparisons	2016	3,162	—	↗ 3	57%	↑
----	-----	---	------	-------	---	-----	-----	---



2015	2,760	—	↗ 2	37%	↑
2014	2,428	—	↗ 1	21%	↑
2013	2,012	—	→ 0	0%	→

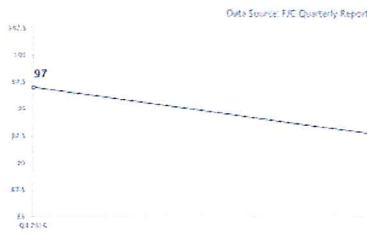
CI	IPV	Number of crisis calls for domestic violence (Helpmate) and sexual assault (Our VOICE) - with comparisons	2016	3,128	—	↘ 1	115%	↑
----	-----	---	------	-------	---	-----	------	---



2015	3,482	—	↗ 2	139%	↑
2014	2,712	—	↗ 1	86%	↑
2013	1,458	—	→ 0	0%	→

S	IPV	Promote Family Justice Center as entry point to provide trauma-informed, coordinated services for sexual violence and domestic violence survivors	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
---	-----	---	-------------	--------------	--------------	---------------	-------------------

PM	IPV	Number of survivors served in the Family Justice Center	Q4 2016	90	—	↘ 1	-7%	↓
----	-----	---	---------	----	---	-----	-----	---



Q3 2016

97

—

→

0

0% →



Increase community-based action to prevent or address domestic violence and sexual violence in Buncombe County (education, awareness, training, philanthropy, etc.)

Time Period

Actual Value

Target Value

Current Trend

Baseline % Change



Total philanthropic dollars awarded to non-profit agencies whose primary mission is addressing intimate partner violence and sexual violence in Buncombe County

2015

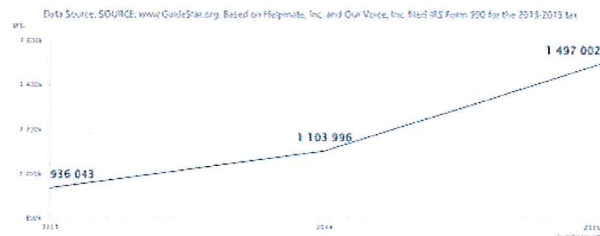
1.50Mil\$

—

↗

2

60% ↑



2014

1.10Mil\$

—

↗

1

18% ↑

2013

936,043\$

—

→

0

0% →



Number of youth (middle school through college) receiving education around healthy relationships and gender norms, negotiating skills, etc. to prevent domestic and sexual violence

2016

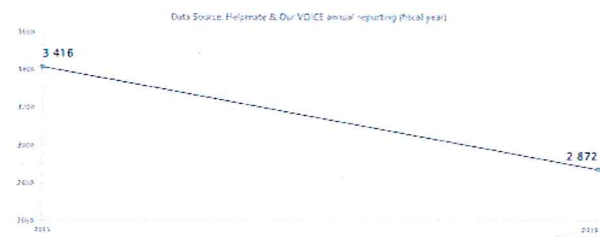
2,872

—

↘

1

-16% ↓



2015

3,416

—

→

0

0% →

Health Priority 2 - Obesity & Chronic Disease Prevention



Everyone in Buncombe County is able to eat healthy, be active and better manage disease

Time Period

Actual Value

Target Value

Current Trend

Baseline % Change

Partners

Buncombe County agencies partnering to address this issue include: Appalachian Sustainable Agriculture Project; Asheville Buncombe Institute of Parity Achievement, Asheville Housing Authority, Asheville Buncombe Food Policy Council, Bountiful Cities, Bounty & Soul, Buncombe County Health & Human Services – Community Service Navigators, Minority Health Equity Project, WIC, and School Health and Migrant Education Program, Children First/Communities in Schools of Buncombe County, Cooperative Extension, Council on Aging, Eschelman School of Pharmacy (UNCA), Family Resource Center at Emma, FEAST Asheville, Gardens that Give WNC, Land of Sky Regional Council, MAHEC, MANNA FoodBank, Mission Health, UNC Asheville – NC Center for Health and Wellness, YES!, YMCA of WNC, and the YWCA of Asheville.

Progress Made in Last Year

Work on Obesity and Chronic Disease Prevention has focused on reducing food insecurity, increasing physical activity through active transportation efforts, and reducing the prevalence of diabetes and improving diabetes outcomes. In particular, much of our diabetes work is focusing on the significant disparity related to diabetes mortality in our African American Community. The following progress was made in 2016 in Buncombe County:

ENVIRONMENTAL CHANGE

- ***A broad cross-sector Diabetes Coalition was formed in the spring 2016:*** This coalition includes clinicians from Mission Hospital, the local Federally Qualified Health Center, and MAHEC; the coordinators of the five local community-based diabetes prevention/management programs; representatives from Buncombe Health & Human Services, Housing Authority, Council on Aging, and other non-profit representation. Several strategies emerged, mostly focused around raising awareness and increasing utilization of the wealth of resources and programs that already exist in the county. This group has drafted and agreed upon a common work plan and is actively engaged in moving forward.
- ***Single entry-point under development for community members seeking support in preventing or managing diabetes:*** Diabetes Coalition members met with the local 211 coordinator to begin the process of formalizing the use and promotion of 211 as the single-entry point for the five community-based diabetes prevention/management programs as well as other more upstream services like cooking classes. The lack of ONE phone number/one entry point to these various community-based programs was identified as a major barrier for both clinicians wanting to refer to them and also for community members interested in this type of support.
- ***Asheville Buncombe Food Policy Council submits successful grant application to the WNC Community Foundation to fund implementation of a Double Up Food Bucks (DUFb) pilot:*** Launching in April 2017, this effort will provide matching SNAP dollars for purchase of local produce in communities with limited access to healthy food retail. The Asheville Buncombe Food Policy Council is providing leadership for this initiative to collaborate with local retail as well as a regional partner, MountainWise (which will expand into Haywood County). A subset of the Food Security workgroup is actively engaged on the planning and implementation team. Two retail partners, the French Broad Food Coop and Mother Earth Produce have been secured. Plans are in process to submit a funding application to USDA's Food Insecurity Nutrition Incentive Grant Program (FINI) in 2018. Buncombe County Community Health Improvement Staff CHIP supports the DUFb effort as an integral part of the planning team providing a results-based accountability framework for planning, implementation and evaluation. CHIP also works to connect this work to the many partners who can help communicate and support reaching low-income families in Buncombe County.

ORGANIZATIONAL/POLICY CHANGES (CLINICAL)

- ***Workgroup expanded Diabetes Referral Tool to help clinicians refer to community-based diabetes prevention & management programs:*** The tool outlines programs' time, cost, key components, outcomes and contact info for the five evidence-based, community-based diabetes prevention and/or management programs in the county (including YMCA's Diabetes Prevention Program), as well as the barriers they address and the stages of readiness they are best suited for. This tool was shared with clinicians at a diabetes-focused regional conference at MAHEC and with other local primary care providers in fall 2016, and continues to be used in clinical outreach efforts.
- ***Primary care and community-based diabetes programs solidify referral relationships and protocols:*** The YWCA solidified a referral relationship with Minnie Jones Clinic (WNCCHS), a Federally Qualified Health Center; Mission Health Partners has contracted with Asheville Buncombe Institute of Parity Achievement to provide community health worker support and community-based Diabetes Self-Management education to clients with chronic disease. Other direct referral relationships like this are being developed.
- ***Mission Health received a Kate B. Reynolds grant to fund diabetes awareness activities and the provision of a telephonic diabetes prevention program:*** The total award (for work in Buncombe, Madison and McDowell counties) is \$550,000. Buncombe's health director is on the grant steering committee. The grant coordinator will also be a member of the Buncombe Diabetes Coalition, which will be a partner in implementing grant initiatives.

ORGANIZATIONAL/POLICY CHANGES (COMMUNITY ENGAGEMENT)

- ***\$1.5 million grant submitted to the Merck Foundation to transform clinical care and hire Community Health Workers to reduce the disparity between African-American and white residents with diabetes*** in the county (later expanding to the region). MAHEC, Mission Health Partners, and Asheville Buncombe Institute for Parity Achievement worked together to submit a grant application (to Merck Foundation) for the funding proposal.
- ***A broad cross-sector Food Security working group was formed in the spring 2016*** including representatives from non-profits, Mission Hospital, local government, the Asheville Housing Authority and the Asheville Buncombe

Food Policy Council. Three strategies emerged: establishing a community-wide collaboration to partner and refer to existing skills-based education programs that address healthy eating and food security, implementing a Double Up Food Bucks program in local retail settings, and creating a model for policy and environmental change to support food security.

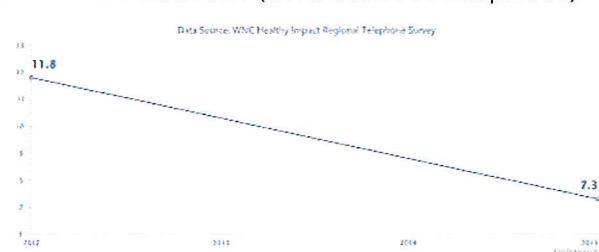
- Buncombe County expands fresh produce available for 13 area "pop-up markets" in low-resourced communities:** Buncombe County developed an initiative in low-income communities 4 years ago to improve nutrition while also connecting residents to community resources to address a range of support needs. Healthy Community Agreement Addendum funds were used to allow MANNA Food Bank to procure additional fresh produce, shelf stable foods and whole grains and meats for the markets at costs substantially below wholesale value to enable those attending to provide healthier meals for their families. Over a 9 month period, \$3645 were used to purchase 162,138 pounds of food with a wholesale value that MANNA estimates as \$332,481.30. From January Community demand has prompted a need to re-evaluate the operation and changes and strategies are being developed to the community capacity to support the week to week market while ensuring we continue to connect residents to community resources.

CI	Food	Percent of Households that Experience Food Insecurity - Buncombe County (with comparison)	2014	14.3%	—	↘ 2	-8% ↓
----	------	---	------	-------	---	-----	-------



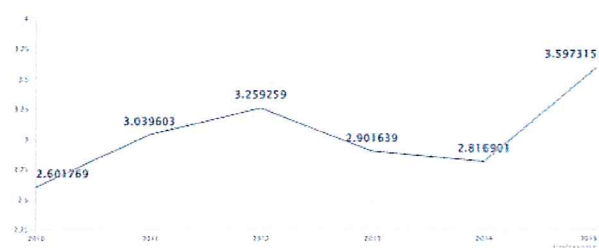
2013	15.4%	—	↘ 1	-1% ↓
2012	15.5%	—	↗ 2	0% →
2011	14.8%	—	↗ 1	-5% ↓
2010	14.4%	—	↘ 1	-7% ↓
2009	15.5%	—	→ 0	0% →

CI	Diabetes	Adult Diagnosed Diabetes Prevalence - Buncombe (WNCHI & BRFSS comparison)	2015	7.3%	—	↘ 1	-38% ↓
----	----------	---	------	------	---	-----	--------



2012	11.8%	—	→ 0	0% →
------	-------	---	-----	------

CI	Diabetes	Diabetes Mortality Disparity Ratio between African American adults and White adults in Buncombe	2015	3.6	—	↗ 1	38% ↑
----	----------	---	------	-----	---	-----	-------



2014	2.8	—	↘ 2	8% ↑
2013	2.9	—	↘ 1	12% ↑
2012	3.3	—	↗ 2	25% ↑
2011	3.0	—	↗ 1	17% ↑
2010	2.6	—	→ 0	0% →

S	Food	Roll out Double Up Food Bucks pilot to increase access to fresh fruits and vegetables among SNAP recipients	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
---	------	---	-------------	--------------	--------------	---------------	-------------------

PM

Food

Number of retail organizations participating in DUFB

2017

2

—



1

100%



2016

0

—



0

0%



Data Source: Asheville Buncombe Food Policy Council



S

Diabetes

Expand the reach of community-based, evidence-based diabetes prevention/management programs

Time Period

Actual Value

Target Value

Current Trend

Baseline % Change

PM

Diabetes

Number of Buncombe County residents participating in the YMCA's Diabetes Prevention Program

2016

69

—



1

57%



2015

44

—



0

0%

Data Source: YMCA of WNC annual reporting (calendar year)



Health Priority 3 - Infant Mortality

R

InfantMortality

All babies have a healthy start with the opportunity to reach their full potential

Time Period

Actual Value

Target Value

Current Trend

Baseline % Change

Partners

Community agencies partnering to address this issue include: Asheville Buncombe Institute for Parity Achievement, Appalachian Mountain Community Health Centers, Child Protection/Fatality Prevention Team, Buncombe County Health and Human Services – Family Planning and STD Clinics, Nurse Family Partnership, Minority Health Equity Project, WIC, and Community Service Navigators, Buncombe County Prenatal Safety Net, Children First/Communities in Schools of Buncombe County, Community Care of Western North Carolina, Mission Health, Mountain Area Health Education Center – Family Health, Obstetrics & Gynecology, School Health Nursing Program and Community Centered Health Home, Mt. Zion Community Development - Project NAF (Nurturing Asheville & Area Families), Inc., Pisgah Legal Services, and the YWCA of Asheville.

Progress Made in Last Year

This work has focused on the alarming increase in infant mortality among African-Americans, as well as the steep climb in infants born with Neonatal Abstinence Syndrome in all races. Health & Human Services is rolling out educational campaigns as well as working with community members to elevate grassroots efforts to build resilience and social networks. Home visiting programs are gathering data and identifying best practices to ensure all children are healthy, and Community-Centered Health Home partners have pursued strategies around clinical shift, community capacity, social determinants of health and communications. The following progress was made in 2016 in Buncombe County:

ORGANIZATIONAL/POLICY CHANGE (EQUITY)

- **Nationally recognized expert in racial disparities in infant mortality, Dr. Arthur R. James, engaged clinicians, policy makers and community members to activate county toward action:** In August 2016, partners brought Dr.

James in for two days of presentations around his work reducing the racial disparity in infant mortality in Kalamazoo, MI. Dr. James met with small groups of African-American community members, local policy makers and clinicians. He also presented at a dinner meeting with roughly 80 invited participants and at a health equity summit, "Transforming Healthcare Equality into Equity" the next day with 130 participants.

ORGANIZATIONAL/POLICY CHANGE (CLINICAL)

- **MAHEC OB (high-risk provider for the entire region) began looking at their internal data by race:** In response to Dr. James's visit in the fall of 2016, MAHEC OB began exploring racial disparities in internal measures and outcomes. Staff also began trainings in implicit bias.
- **Mission Hospital Women's Services will examine quality and safety data broken out by race and ethnicity.** As the primary location of births in Buncombe County, clarity on how infant mortality disparities show in Mission's work with infants and women will inform our actions and priorities to work toward elimination of such disparities
- **Preconception Health Care Process Model (CPM) completed and rollout began:** Recognizing the importance of addressing the incidence of infant mortality in our region, clinical leaders from across Mission Health worked together in 2016 to create a Preconception CPM. Results of the CPM intend to: standardize the process, including screening questions and protocols, for preconception wellness prenatal visits and wellness visits for all reproductive-aged female patients within all community practices. The CPM will first be implemented in OB/GYN practices, then rolled out to primary physicians. This CPM directs providers to ask EVERY woman of childbearing age the *one key question*: "Do you want to become pregnant in the next year," and then follows either with education around contraception or information around 8 specific health areas/health behaviors that largely determine the health of a pregnancy, with potential follow up/screenings/referrals/treatment to address those 8 health areas. CPM will incorporate referrals to programs like MotherToBaby NC (addressing teratogen and medication safety during preconception, pregnancy, and breastfeeding). Currently the program receives ~75 inquiries from Buncombe and neighboring Madison Counties each year; with an anticipated 20% increase in the next three years as a result of the implementation of the CPM.

ORGANIZATIONAL/POLICY CHANGE (COMMUNITY ENGAGEMENT)

- **Child Fatality Task Force expanded, with engaged members from diverse public and private agencies:** This expanded team is developing an electronic tool that would enable them to track causes of death more easily as well as significant upstream factors that may have contributed to the death. The tool will provide a more practical set of data that can identify trends and areas where prevention efforts can be focused.
- **Buncombe County Health & Human Services adopts *Show Your Love Campaign*:** HHS has put a local spin on the Center for Disease Control's (CDC) *Show Your Love Campaign* to improve maternal health through basic steps like family planning, mental health screening, and healthy weight. This campaign is currently being rolled out to HHS staff to share basic knowledge so that these messages become embedded into agency interactions with clients and the community.
- **HHS Mobilizing and integrating Agency Priorities:** Focusing agency efforts to have greater impact with the following populations: women and men of reproductive age at preconception, inter-conception, and perinatal.
- **Buncombe County Health & Human Services creates *Safe Sleep ABCs Campaign*:** A safe sleep campaign was designed to change attitudes about safe sleep.

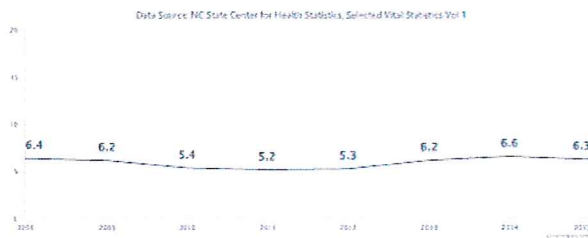
ENVIRONMENTAL CHANGE

- **Home visitor programs working together to expand services and fill gaps:** Nurse Family Partnership, Asheville Buncombe Institute for Parity Achievement, Project NAF (Nurturing Asheville & Area Families), Community Care of WNC, Motherlove, and Early Head Start) began meeting monthly to map & expand services, using the Kalamazoo model as a starting place.
- **Housing Authority community members trained as doulas:** Sponsored by the Community Centered Health Home grant, this training has built capacity in Pisgah View community for residents to have access to prenatal and birthing support; in addition, it has increased the six women's employment opportunities.
- **Local advocacy agenda, in line with NC Perinatal Strategic Plan, finalized:** As part of the Community Centered Health Home grant and in partnership with Children First/Communities in Schools, an advocacy agenda focusing on the social determinants of health around infant mortality, was adopted. In the coming year, CCHH will engage new advocates, especially clinicians, in activities focused on childcare, housing, and other issues that directly impact the health of women, infants and families.

CI

InfantMortality

Infant Mortality Rate (5 year) for
Buncombe - Total (with comparisons)

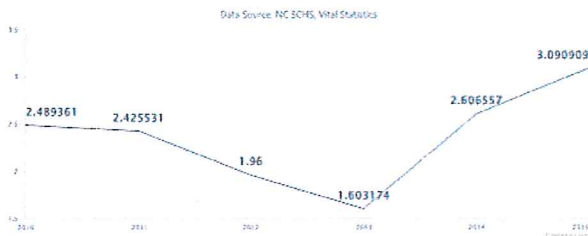


2015	6.3/1000	—	↘ 1	-7%	↓
2014	6.6/1000	—	↗ 3	-3%	↓
2013	6.2/1000	—	↗ 2	-9%	↓
2012	5.3/1000	—	↗ 1	-22%	↓
2011	5.2/1000	—	↘ 4	-24%	↓
2010	5.4/1000	—	↘ 3	-21%	↓
2009	6.2/1000	—	↘ 2	-9%	↓
2008	6.4/1000	—	↘ 1	-6%	↓
2007	6.8/1000	—	→ 0	0%	→

CI

InfantMortality

Infant Mortality Disparity Ratio of
African American and White infants (5
year) - Buncombe



2015	3.1	—	↗ 2	24%	↑
2014	2.6	—	↗ 1	5%	↑
2013	1.6	—	↘ 3	-36%	↓
2012	2.0	—	↘ 2	-21%	↓
2011	2.4	—	↘ 1	-3%	↓
2010	2.5	—	→ 0	0%	→

S

InfantMortality

Coordinate and expand home
visiting programs to increase
reach, minimize duplication,
and build capacity to meet
diverse client needs

Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
-------------	--------------	--------------	---------------	-------------------

PM

InfantMortality

Percent of home visiting
programs collaborating to
expand reach and access to
services (ABIPA, Community Care
of WNC, Early Head Start,
Motherlove, Nurse Family
Partnership, Project NAF)

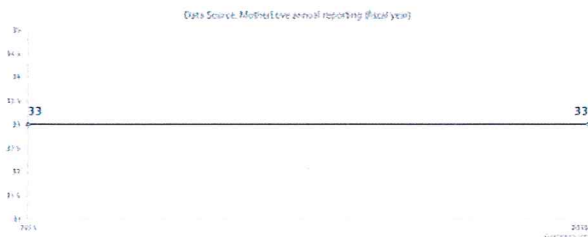
Q1 2017	100	—	→ 1	0%	→
---------	-----	---	-----	----	---



Q4 2016 100 — → 0 0% →

PM **InfantMortality** Number of pregnant or parenting teens served through Motherlove Case Management

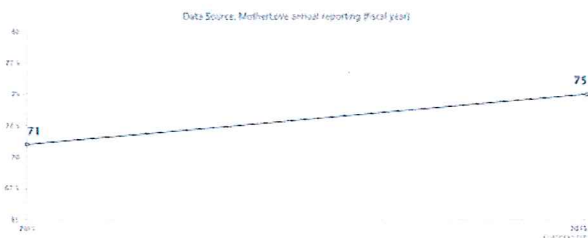
2016 33 — → 1 0% →



2015 33 — → 0 0% →

PM **InfantMortality** Percent of births by teens enrolled in Motherlove in which children are born at or above 5 lbs, 8oz

2016 75 — ↗ 1 6% ↑



2015 71 — → 0 0% →