

2017

BUNCOMBE COUNTY

State of the County's Health Report



2017 State of the County's Health Report Scorecard



BUNCOMBE COUNTY
HEALTH & HUMAN SERVICES

The 2015 Community Health Assessment Priorities are:

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

The following SOTCH Scorecard was created and submitted on March 5, 2018 in order to meet the requirements for the Buncombe County annual State of the County's Health (SOTCH) Report.

Clear Impact Scorecard™ is a strategy and performance management software that is accessible through a web browser and designed to support collaboration both inside and outside organizations. WNC Healthy Impact is using Clear Impact Scorecard™ to support the development of electronic CHIPs, SOTCH Reports and Hospital Implementation Strategy scorecards in communities across the region.

Scorecard helps communities organize their community health improvement efforts:

- Develop and communicate shared vision
- Define clear measures of progress
- Share data internally or with partners
- Simplify the way you collect, monitor and report data on your results

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

- WNC Healthy Impact
- 2017 County Health Data Book
- WNC Healthy Impact Secondary Data Workbook (Updated June 2017)
- Workgroup performance data (generally shared/aggregate measures that individual partners contribute to)

Copies of the SOTCH are available at the following:

- www.buncombecounty.org/governing/depts/health/health_Reports
- Buncombe County - Pack Memorial Library
- Available as hard copy in limited quantities – Contact: 828-250-5892

Chronic Disease/Diabetes

R	SOTCH	Everyone in Buncombe County is able to eat healthy, be active and better manage disease	Time Period	Actual Value	Target Value	Forecast Value	Current Trend	Baseline % Change
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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, Eschelmen 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

THE FOLLOWING PROGRESS WAS MADE IN 2017 ON OUR ACTION PLAN INTERVENTIONS FOR OBESITY & CHRONIC DISEASE IN BUNCOMBE COUNTY.

RELATED TO OBESITY AND CHRONIC DISEASE PRIORITY, TWO SEPARATE ACTION PLANS WERE SUBMITTED.

- 1. FOOD INSECURITY - LOCAL COMMUNITY OBJECTIVE : ALL IN BUNCOMBE COUNTY HAVE ACCESS TO NUTRITIOUS FOOD AND ARE INSPIRED TO MAKE CHOICES AND UTILIZE SKILLS THAT SUPPORT A HEALTHY LIFE.**

- **Action Plan Intervention 1: Results-Based Accountability (RBA) Approach To Collaborative Action Planning Process**
 - CHIP Food Security Scorecard is fully developed and used regularly to communicate and share data and the story behind the data

with partners and key stakeholders. Links to the Scorecard are in every newsletter communication (monthly) and email communication from CHIP staff. Links to Scorecard are also on the CHIP Blog

- CHIP Food Security partners have completed RBA-structured "Talk to Action/Whole Distance" activities to identify or clarify their desired community result, how they would measure the success of their own contributions toward that success, and action items. The action plans guiding the Double Up Food Bucks were developed from these RBA activities.
- 5 Diabetes Prevention/Management partners have attended WNC Healthy Impact-sponsored RBA trainings, and 3 attended Buncombe CHIP-sponsored RBA trainings.

- **Action Plan Intervention 2: Double Up Food Bucks For Snap Recipients**

- The Community Foundation of Western North Carolina offered the initial matching funds to launch the pilot program in at least 2 retail organizations with the intended goal of applying for a larger USDA FINI grant to.
- Bountiful Cities was later named lead and fiscal agent for this program following Asheville Buncombe Food Policy Council's transition from this role in early 2017.
- The French Broad Food CO-OP, a community owned grocer, received a USDA waiver to participate in the pilot and the program launched in June 2017, to date over 200 SNAP recipients have enrolled to participate at this retail site.
- West Village Market, the second retailer to receive a USDA waiver in the county, began participating in September 2017 with over 60 participants.
- Mission Community Investment, responding to the high level of participation in this pilot, generously provided bridge funding pending receipt of USDA and other resources at pilot sites.
- Beginning in 2018 MountainWise, will serve as the fiscal agent for the USDA FINI application (submitted) leading expansion of the pilot into the region with 2 additional Buncombe retail organizations and 3 organizations west of Buncombe.

2. CHRONIC DISEASE/DIABETES - LOCAL COMMUNITY OBJECTIVE: EVERYONE IS ABLE TO PREVENT DIABETES OR BETTER SELF-MANAGE THEIR DIABETES.

- **Action Plan Intervention 1: Results-Based Accountability (RBA) Approach To Collaborative Action Planning Process**

- CHIP Diabetes Prevention/Management Scorecard is fully developed and used regularly to communicate and share data and the story behind the data with partners and key stakeholders. Links to the Scorecard are in every newsletter communication (monthly) and email communication from CHIP staff. Links to Scorecard are also on the CHIP Blog.
- CHIP Diabetes Prevention/Management partners have completed RBA-structured "Talk to Action/Whole Distance" activities to identify or clarify their desired community result, how they would measure the success of their own contributions toward that success, and action items. The action plans guiding the Double Up Food Bucks were developed from these RBA activities.
- 2 Food Security partners have attended WNC Healthy Impact-sponsored RBA trainings 5 attended Buncombe CHIP-sponsored RBA trainings.

- **Action Plan Intervention 2: National Diabetes Prevention Program (DPP)** – The YMCA of Western North Carolina implements the NDPP in Buncombe County as well as Taking Control of Diabetes. In 2017 the YMCA enrolled 192 participants into diabetes programming. The most exciting success for 2017 is the emerging partnership with the Asheville Buncombe Institute for Parity Achievement (ABIPA). Buncombe's high Black White disparity has created an urgency in expanding this initiative to reach more Black Residents at risk for Diabetes. ABIPA is broadly recognized for leading innovative, culturally appropriate, and community lead strategies to engage communities with the highest incidence of diabetes. In particular they lead an initiative with a network of 50 predominately African-American congregations known as PRAISE (Preventative Health Education Resulting in Action Inspiring Success for Everyone. In 2017, across the network PRAISE reached 1107 individuals and provided extensive programming tailored to their unique needs with 15 congregations around chronic disease prevention and early detection including offering working to encourage policy and environmental change and implementing the Diabetes Self Management curriculum in 8 congregations? Beginning in early 2018, the YMCA will be partnering with ABIPA to co-lead Faithful Families building on the success of PRAISE and working to expand the reach of the NDPP program as well as increased support for physical activity and healthy eating and greater capacity to address diabetes disparity.

Progress Made on Chronic Disease Prevention during 2017 in Buncombe County:

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

- **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
- **Buncombe County Community Engagement "Pop-up Markets" - Community Capacity Building:** Buncombe County Community Engagement Team and the Community Connectors continue to support the "pop-up markets", marking 5 years of improving nutrition while also connecting residents to community resources to a range of supports. At these markets, community residents are able 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. As a strategy to expand community capacity and sustainably, the Buncombe County Community Engagement Team enlisted community members to food handling training with ServSafe. Through a partnership with the NC Cooperative Extension, residents will also participate in food preservation workshops through the spring and summer of 2018.

New Programs and Emerging Initiatives: Focus on Health Equity

- Faithful Families Partnership with ABIPA and YMCA of Western North Carolina:** Faithful Families has been accepted as a "Practice-Tested Intervention" by the Center of Excellence for Training and Research Translation (Center TRT) at UNC Chapel Hill. Through a formal partnership, ABIPA and the YMCA are hosting two congregations through a curriculum focusing on nutrition and physical activity education. Identified educators and trained lay leaders from these faith communities in small group sessions bring the spiritual elements into making environment and behavior changes in their communities.
- Shiloh Community Photo Voice Project – Living with Diabetes:** More than a dozen community member from Shiloh, a historically African-American community South Asheville, participated in a Photovoice® Project conducted by CHIP, in partnership with ABIPA and funded by the Mission Health ACT Now Diabetes Prevention grant. Photovoice® is a Community-Based Participatory Research/Action (CBPRA) method of engaging with people who have historically not been included in decision-making to communicate their lived experience through photography and facilitated discussion, with the purpose of identifying structural challenges and identifying solutions to those challenges. Outcomes include rich qualitative data and group participants are more "activated" to work towards solutions in their own communities. The Shiloh group worked with CHIP to create final PowerPoint Presentation to communicate their individual and collective experiences navigating systems and community norms as they attempt to manage diabetes. Key themes identified from their work include: dealing with family stress, limited resources, food insecurity, and structural racism. A follow-up video is in production from this project will be used to educate medical residents and other local health care providers about the local realities of managing diabetes.

CI	Food	Percent of Households that Experience Food Insecurity - Buncombe (with comparison)	2014	14.3%	–	–	↘ 2	-8% ↓
CI	Diabetes	Adult Diagnosed Diabetes Prevalence - Buncombe (WNCHI & BRFSS comparison)	2015	7.3%	–	–	↘ 1	-38% ↓
CI	Diabetes	Diabetes Mortality Disparity Ratio between African American adults and White adults in Buncombe	2016	3.4	–	–	↘ 1	29% ↑
S	Food	Double Up Food Bucks Program to increase access to fresh fruits and vegetables for Buncombe County SNAP Recipients	Time Period	Actual Value	Target Value	Forecast Value	Current Trend	Baseline % Change
PM	Food	Number of retail organizations participating in DUFB	2017	2	–	–	↗ 1	100% ↑
PM	DUFB	Total number enrolled in Double Up Food Bucks	Dec 2017	\$259	–	–	↗ 3	1026% ↑
PM	DUFB	Total Monthly SNAP Transactions	Dec 2017	118	–	–	↘ 2	-31% ↓
PM	DUFB	Total matching payments to each small grocer	Sep 2017	\$1,328	–	–	→ 3	0% →
PM	DUFB	DUFB dollars spent on produce at each small grocer	Dec 2017	\$674	–	–	↘ 2	1505% ↑
PM	DUFB	Total amount of purchases made with SNAP	Dec 2017	\$13,461	–	–	↘ 2	396% ↑
PM	DUFB	Total amount of fresh produce purchased with SNAP	Dec 2017	\$2,859	–	–	↘ 2	360% ↑
S	Diabetes	Expand the reach of community-based, evidence-based diabetes prevention/management programs	Time Period	Actual Value	Target Value	Forecast Value	Current Trend	Baseline % Change
PM	Diabetes	Number of Buncombe County residents participating in the YMCA's Diabetes Prevention Program	2016	69	–	–	↗ 1	57% ↑
PM	Diabetes	Number of Buncombe County residents participating in Land of Sky Area Agency on Aging Living Healthy with Chronic Disease/Diabetes	2017	85	–	–	→ 0	0% →
PM	Diabetes	Number of Buncombe County residents participating in the YWCA Diabetes Wellness and Prevention Program	2017	69	–	–	→ 0	0% →

Infant Mortality

R	InfantMortality	All babies have a healthy start with the opportunity to reach their full potential	Time Period	Actual Value	Target Value	Forecast Value	Current Trend	Baseline % Change
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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,

Progress Made in Last Year

This work has focused on addressing the alarming increase in infant mortality among African-Americans, as well

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.

The following progress was made in 2017 on our action plan interventions for Infant Mortality in Buncombe County.

- **Action Plan Intervention 1: Results Based Accountability (RBA)**

- CHIP Infant Mortality Scorecard is fully developed and used regularly to communicate and share data and the story behind the data with partners and key stakeholders. Links to the Scorecard are in every newsletter communication (monthly) and email communication from CHIP staff. Links to Scorecard are also on the CHIP Blog.
- CHIP Infant Mortality Partners have completed RBA-structured "Talk to Action/Whole Distance" activities to identify or clarify their desired community result, how they would measure the success of their own contributions toward that success, and action items. The action plans guiding the Community Centered Health Home grant and the Home Visitors Collaborative were developed from these RBA activities.
- Thirteen Infant Mortality partners have attended WNC Healthy Impact-sponsored RBA trainings. Fourteen attended Buncombe CHIP-sponsored RBA trainings.
- CHIP's "headline" community indicator for Infant Mortality, which is the disparity ratio between African-American and White IM rates, is referred to at every CHIP meeting, HHS Board meetings, Commissioner meetings, MAHEC clinical and population health meetings, and in many other health-related venues and is *becoming part of the basic vocabulary* of how people talk about health in the county (so much so that community members of color have expressed an emotional exhaustion with hearing this statistic, so we will be revisiting this particular measure in the future)

- **Action Plan Intervention 2: MotherLove Program**

- MotherLove provides direct service and one-on-one support to pregnant and parenting teens, including academic goal setting, access to prenatal care and community services, financial management and parenting skills. Amanda Read, Director of Women's Empowerment at the YWCA of Asheville, coordinates this program and also assumed leadership of the Home Visitors Collaborative in September 2017. During the past year, MotherLove served 71 pregnant or parenting teens through their "lunch bunch" 2016-2017 program year, providing education and support in the high school setting. MotherLove's impressive program accolades include:
 - 90% of participants enrolled in graduated or advanced to the next grade level
 - 100% of enrolled participants accessed consistent prenatal care
 - 100% of enrolled participants did not experience a repeat pregnancy.
 - 83% of babies born to participants were born full-term (after 37 weeks gestation).
 - Six MotherLove participants were supported by birth doulas during delivery.

The following progress was made in 2017 on Infant Mortality in Buncombe County :

- **Promoting Safe Sleep Campaign:** Buncombe County Health and Human Services (BCHHS) Communications Team represented safe sleep at 20 community events in 2017 including 3 Community Engagement Socials, The Better Dad's Festival, and Community Day at the Asheville Outlet Mall. BCHHS was able to reach over 400 people thanks to these events. Notable progress on this intervention strategy includes:
 - 50 safe sleep boxes in 2017 distributed by Buncombe County Health and Human Services to community members, agency clients and partner organizations.
 - Buncombe County Health and Human Services Staff spoke at 7 community events, educating attendees about safe sleep and reaching nearly 300 people.
 - 5 Safe Sleep displays went up across Buncombe County, making the safe sleep message accessible throughout Buncombe County.
- **Community Centered Health Home initiative(CCHH), supported by Blue Cross Blue Shield Foundation of NC:** The CCHH model recognizes that factors outside the health care system affect patient health, and health care professionals actively participate with community partners in improving those factors to improve population health. MAHEC received a two-year implementation grant from BCBS Foundation, continuing the work CCHH started in 2015 prioritizes building community capacity, making clinical shifts, making environmental and policy changes, and creating a strategic communications plan to further this model.. Key progress from this CCHH initiative include:
 - *Mother-to-Mother:* This peer-learning group is a network of women community leaders of color, meeting in Pisgah View Apartments once a month to share ideas, create relationships and determine the best steps to creating the community capacity they envision.
 - Four community doulas became MAHEC PRN staff members, ensuring the sustainability and institutionalization of these vital services.
 - Nikita Smart, a community doula, was awarded a Tipping Point grant from Buncombe County to further the ability of the doulas to serve more clients.
 - Four resident leaders were trained to provide Lamaze Childbirth Education classes.
 - Two of the resident leaders completed the Tobacco Cessation Specialist training.

- o Five of the resident leaders completed training to be a Breastfeeding Peer Counselor.
- o *Sistas Caring 4 Sistas* – Community Doulas: Six African-America residents from Pisgah View Apartments and Hillcrest completed training to become birth doulas and are working on their DONA certification through a training collaboration with Homegrown Babies. With additional new trained Doula’s, African-American women who may not otherwise have access to this kind of birthing support, have better prospects following the arrival or operating under the name Sistas Caring 4 Sistas. In 2017, these newly trained cohorts supported the births of 19 African-American clients and 13 high-risk women of other demographics , for a total of 32 clients.

New Programs and Emerging Initiatives to Improve Birth Outcomes:

- **Access to Legal Services:**
 - o MAHEC and Pisgah Legal Services – In-house Community Legal Support: MAHEC joined with Pisgah Legal Services to have on-site legal advice and support for OB and Family Medicine patients dealing with housing uncertainty, eviction, and other economic conditions that directly impact health.
- **Home Visitors Collaborative:** the collaborate works to ensure better birth outcomes for new and as of Summer 2017 multiparous mother with high risk pregnancy. The contributing organizations and programs are: Nurse Family Partnership (NFP), Asheville Buncombe Institute for Parity Achievement—(ABIPA), Project NAF-Nurturing Asheville & Area Families, Community Care of WNC, MotherLove, and Early Head Start.
 - o Data Collection: The Home Visitor Collaborative is exploring ways to collect information from mothers who have recently given birth about their prenatal and birth experience, social support, etc. The collaborative has also developed list of core common/shared measures as well as a "data development agenda" and are currently working on logistics of sharing this data.
 - o Referral and Targeted Recruitment: The Home Visitor Collaborative is Creating an inter-agency brochure/rack card with all the program's eligibility and referral information to educate providers and community about options. Supported ABIPA in developing and disseminating a preconception health presentation targeted at teens.
 - o Racial Equity Institute Training (REI) – During this 2-day workshop on structural racism) participants created a list of common trainings they will encourage all agencies with home visitors to participate
- **Health Equity and ACEs Informed Community:**
 - o Expanding ACEs/Resilience education with clients and community- Buncombe County Hosted the 2017 ACEs summit, welcoming national thought leaders and voices. Presenters at the Summit included key leaders from CHIP, Buncombe County Health and Human Services, MAHEC and Mission Health.
- **Healthy Equity Awareness:** MAHEC providers and staff (who deliver 50% of Buncombe babies and provide all high-risk prenatal care) begin to be trained in the Racial Equity Institute's two-day anti-racism training, to address implicit bias and structural racism within the healthcare setting.

CI	InfantMortality	Infant Mortality Rate - Buncombe Total (with comparisons)	2016	6.4	–	–	↗ 1	-6% ↓
CI	InfantMortality	Infant Mortality Disparity Ratio of African American to White Infants - Buncombe	2016	3.4	–	–	↗ 3	36% ↑
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	Forecast 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)	Q4 2017	80	–	–	→ 1	-20% ↓
PM	InfantMortality	Number of pregnant or parenting teens served through Motherlove Case Management	2017	42	–	–	↗ 1	27% ↑
PM	InfantMortality	Percent of births by teens enrolled in Motherlove in which children are born at or above 5 lbs, 8oz	2017	83	–	–	↗ 2	17% ↑

Intimate Partner Violence

R	SOTCH	Buncombe County is the safest place in the universe, with resilient communities free from domestic violence and sexual violence.	Time Period	Actual Value	Target Value	Forecast Value	Current Trend	Baseline % Change
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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 in Buncombe County focused on 1) continuing to raise awareness of the new Family Justice Center and its coordinated services, 2) integrating IPV screenings into clinical practice, 3) raising awareness and increasing a sense of HOPE for

survivors of violence, and 4) completing a county-wide plan for preventing intimate partner violence, sexual violence, and child abuse (addressing common risk and protective factors). The following progress was made in 2017 on Intimate Partner Violence in Buncombe County:

Buncombe did not submit an action plan for this priority area in 2016.

The Following Progress was made on Addressing Intimate Partner Violence (IPV) during 2017

Family Justice Center and Public Awareness:

- **Buncombe County Health & Human Services and community partners increased utilization of Family Justice Center (opened fall 2016):** We saw a 41% increase in intakes in July – December 2017 over July – December 2016. The Buncombe FJC has also become a model for developing programs across the state.
- **A public awareness campaign, called Still Standing, was launched in the late summer/early fall:** Survivor stories of hope and strength are being displayed on over 60 life-sized human silhouette wall clings in at least 40 high-traffic sites around the county. These wall clings point people to a website to read the rest of the survivor story and access help and information about services. From October-December 2017, the website had nearly 900 visits (avg. page time 4:40). This project was featured in our local news: <http://wlos.com/news/local/project-shares-stories-of-buncombe-county-women-who-were-abused>

Data and Clinical Screening:

- **8 Primary care clinics now screening regularly for IPV:** Six MAHEC clinics and two other private primary care clinics now screen, educate, and offer information on IPV and how to access help during every appointment, and will provide a warm handoff to the local domestic violence shelter if appropriate. In the three MAHEC sites that launched between July-October 2017, as of Dec. 2017: 568 women were screened; 32 positive screenings; 5.6% of women screened disclosed a positive screening.
- **Community Attitudes toward Violence Survey was finalized and administered twice across the community:** Helpmate, in partnership with UNC-Asheville and CHIP, finalized the survey instrument and administered in the spring and fall to over 700 respondents in many community settings--malls, post offices, outdoor events, etc. The plan is to administer it every 6 months to measure changes in community norms around gender roles, domestic and sexual violence. Data from the fall administration are currently being analyzed and compared to the first administration.

New Programs and Emerging Initiatives: Focus on Prevention

- **Latina group provided 3 IPV trainings in Spanish to their community:** Women leaders, meeting for over two years as "de Mujer a Mujer" to address IPV in culturally appropriate ways organized and led half- or full-day trainings--one specifically targeted at youth--with a total of 71 participants.
- **Helpmate, with funding from a grant from Mission Community Investments, increased its prevention education with youth tenfold (from 403 reached last year to over 4,000 this year):** 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.
- **Buncombe County Pathway to Prevention: A Comprehensive, Multi-Year Plan to Prevent Domestic Violence, Sexual Violence and Child Abuse" was completed in December 2017:** The Buncombe Prevention Task Force, representing 23 agencies across health, social services, law and mental health, worked for a year to draft a plan that addresses the common risk and protective factors of 3 forms of violence. They intentionally built on local community assets and existing momentum and incorporated the science of Adverse Childhood Experiences and Resilience across each goal area. Some activities in the plan are already beginning, and funding is being sought to enact it fully.

	Violence	Survivors served by agencies addressing domestic violence (Helpmate) or sexual assault (Our VOICE) - with comparisons		2017	2,562	—	—		1	27%	
	Violence	Number of crisis calls for domestic violence (Helpmate) and sexual assault (Our VOICE) - with comparisons		2017	2,920	—	—		2	100%	
	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	Forecast Value		Current Trend	Baseline % Change	
	IPV	Number of survivors served in the Family Justice Center		Q4 2017	117	—	—		1	21%	
	IPV	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	Forecast Value		Current Trend	Baseline % Change	
	IPV	Total philanthropic dollars awarded to non-profit agencies whose primary mission is addressing intimate partner violence and sexual violence in Buncombe County		2016	1.04Mil\$	—	—		1	11%	
	IPV	Number of youth (middle school through college) receiving education around healthy relationships and gender norms, negotiating skills, etc. to prevent domestic and sexual violence		2017	4,052	—	—		1	19%	