



State of the County Health Report

Buncombe County
December 2, 2013

Year 1 of CHIP

2013 was a historic year for Community Health Improvement in Buncombe County:

- March, 2013: First meeting of Public Health Advisory Council
- June, 2013: Convened 4 CHIP Workgroups around priority areas, engaging over 100 partner programs in collective impact
- July, 2013: Public Health Advisory Council members awarded participation in national Community Coalition Leadership Program, funded by RWJF
- August, 2013: Completion of first Community Health Improvement Plan
- September, 2013: Selection of the Buncombe County community as finalist in RWJF “Roadmaps to Health Prize”
- December, 2013: RWJF site visit planned to tour community programs and partnerships

Review of New Data

Key Mortality, Morbidity, and Demographic Data
for Buncombe County

Three Leading Causes of Death by Age Group

Unadjusted Death Rates per 100,000 Population

Single 5-Year Aggregate, 2007-2011

Age Group	Rank	Leading Cause of Death	# Deaths	Death Rate
00-19	1	• Conditions originating in the perinatal period	30	11.1
	2	• Motor vehicle injuries	27	10.0
	3	• Congenital anomalies (birth defects)	22	8.2
20-39	1	• Other unintentional injuries	72	23.5
	2	• Suicide	57	18.6
	3	• Motor vehicle injuries	43	14.0
40-64	1	• Cancer – all sites	739	182.0
	2	• Diseases of the heart	469	115.5
	3	• Chronic lower respiratory diseases	121	29.8
65-84	1	• Cancer – all sites	1,343	851.3
	2	• Diseases of the heart	1,065	675.1
	3	• Chronic lower respiratory diseases	481	304.9
85+	1	• Diseases of the heart	992	3597.9
	2	• Cancer – all sites	438	1588.6
	3	• Alzheimer's disease	326	1182.4

Source: WNC Health Impact – Secondary Data Workbook

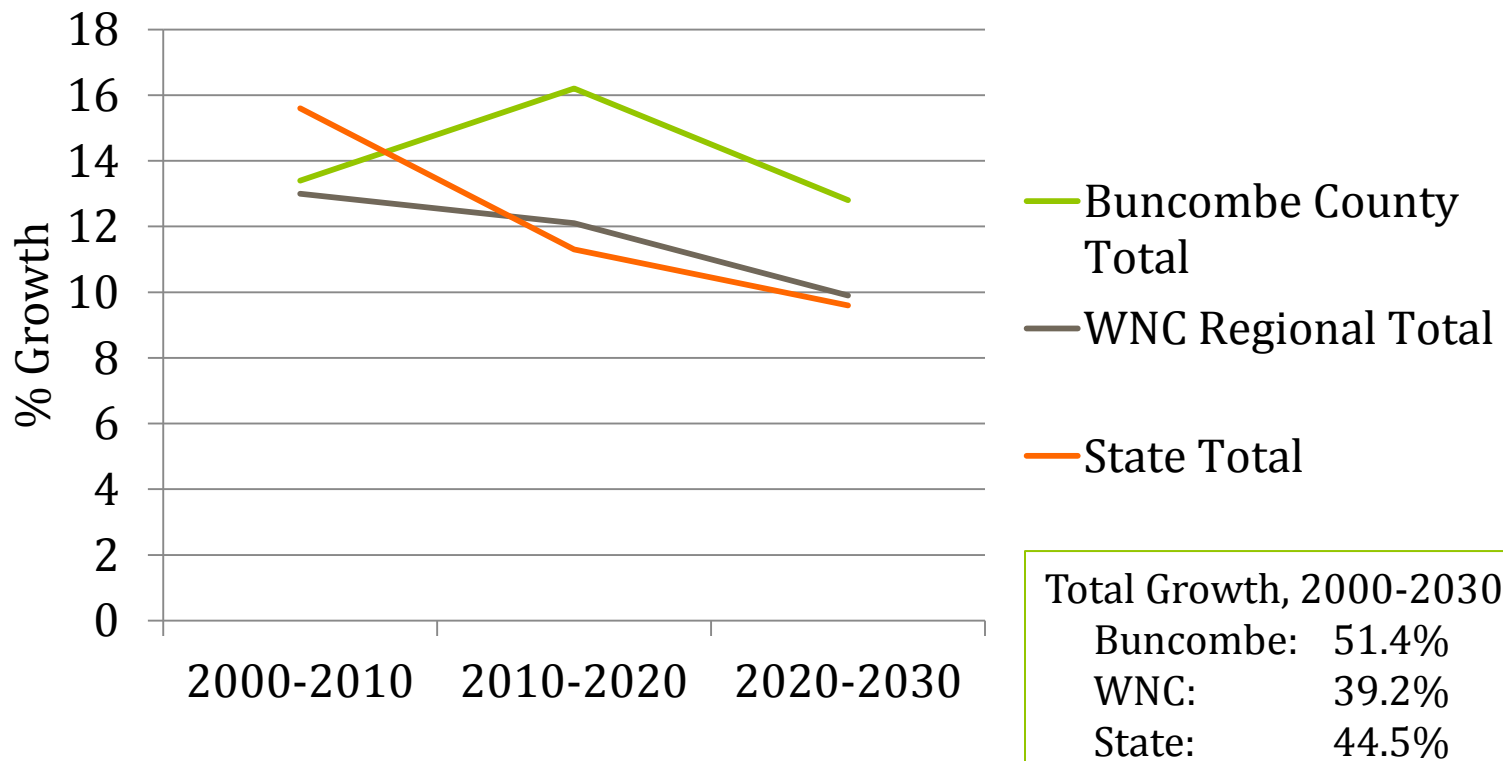
Fifteen Leading Causes of Death in Buncombe County

Rank	Cause of Death	# Deaths	Death Rate
1	Cancer	2,562	171.6
2	Diseases of Heart	2,561	165.8
3	Chronic Lower Respiratory Diseases	791	52.2
4	Cerebrovascular Disease	644	41.0
5	Alzheimer's Disease	503	30.9
6	All other Unintentional Injuries	418	30.5
7	Nephritis, Nephrotic Syndrome, & Nephrosis	269	17.5
8	Pneumonia & Influenza	228	14.5
9	Suicide	192	15.4
10	Diabetes Mellitus	169	11.3
11	Unintentional Motor Vehicle Injuries	156	13.1
12	Chronic Liver Disease & Cirrhosis	154	10.9
13	Septicemia	111	7.7
14	Homicide	45	4.1
15	Acquired Immune Deficiency Syndrome	28	2.2
All Causes (some not listed)		11,485	762.9

- Age-Adjusted Death Rates per 100,000 Population
- Standard Year = Year 2000 U.S. Population
- Single 5-Year Aggregate, 2007-2011

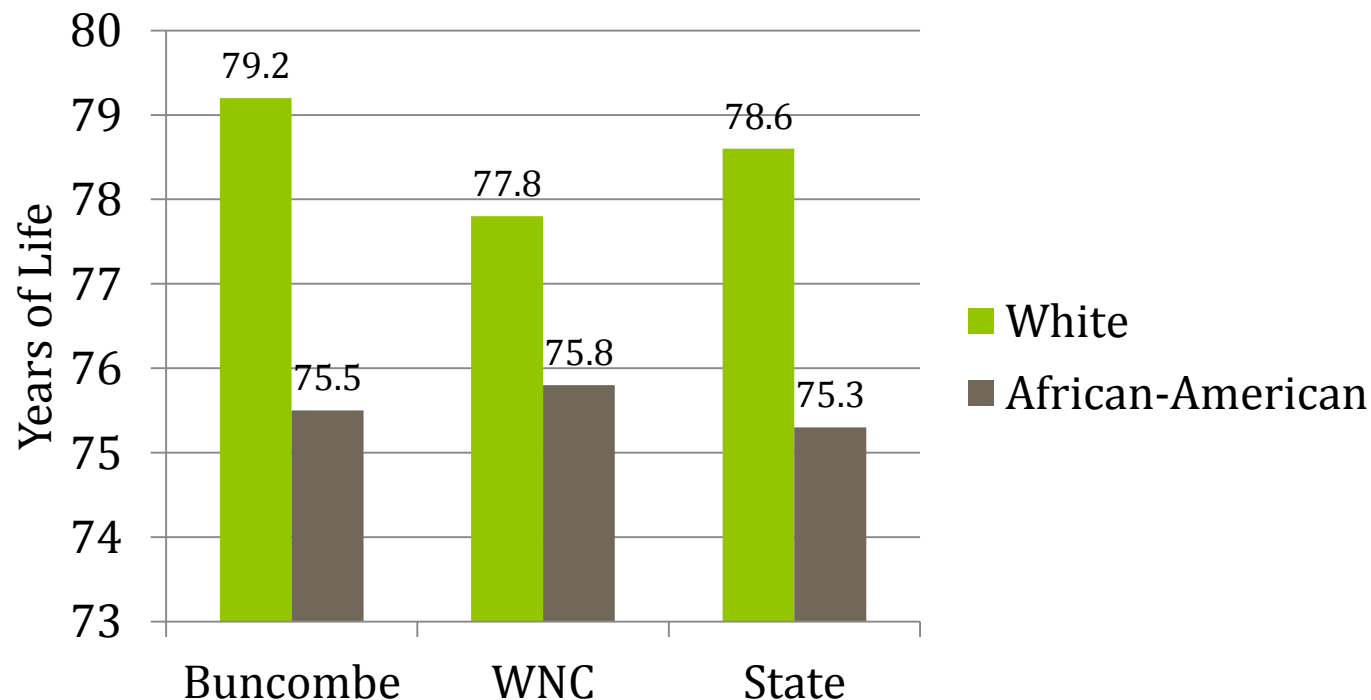
Source: WNC Health Impact – Secondary Data Workbook

Trend: Growth in Overall Population, by Decade, 2000 through 2030



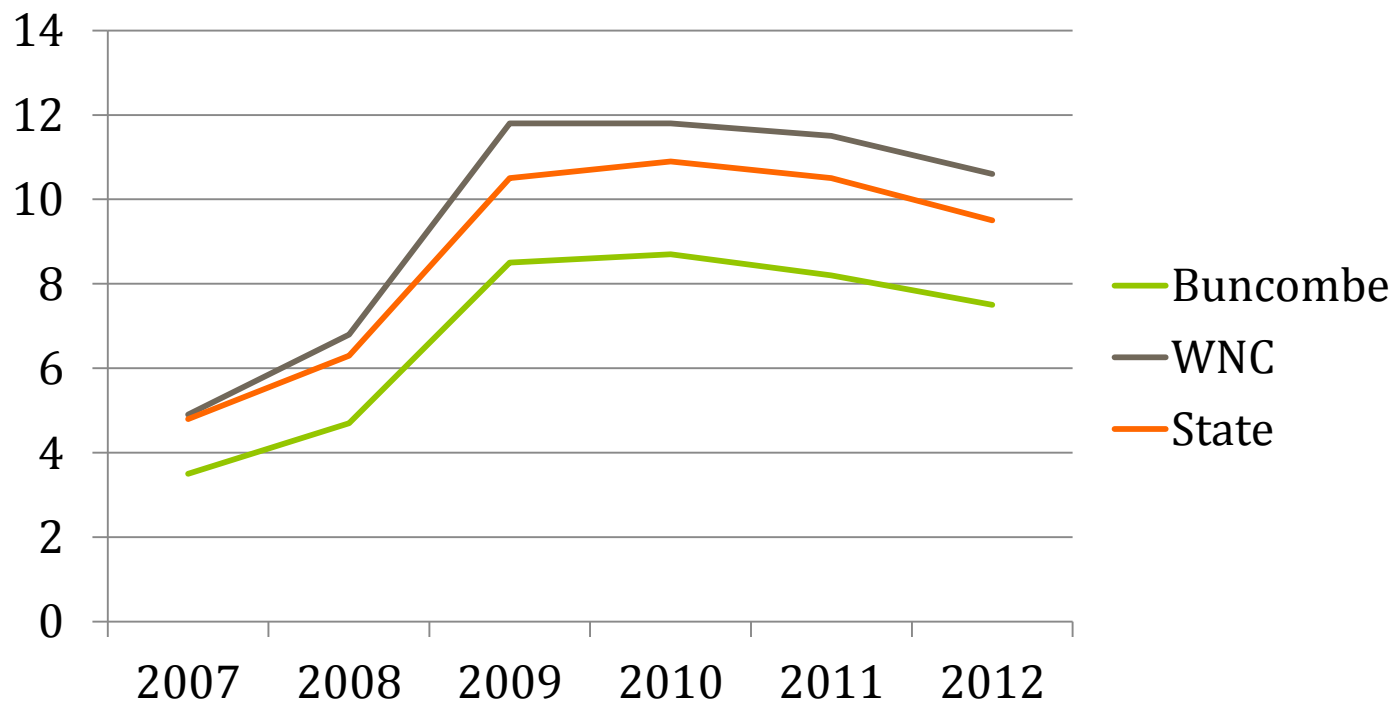
Source: WNC Healthy Impact – Secondary Data Workbook

Life Expectancy at Birth Single 3-Year Aggregate, 2009-2011



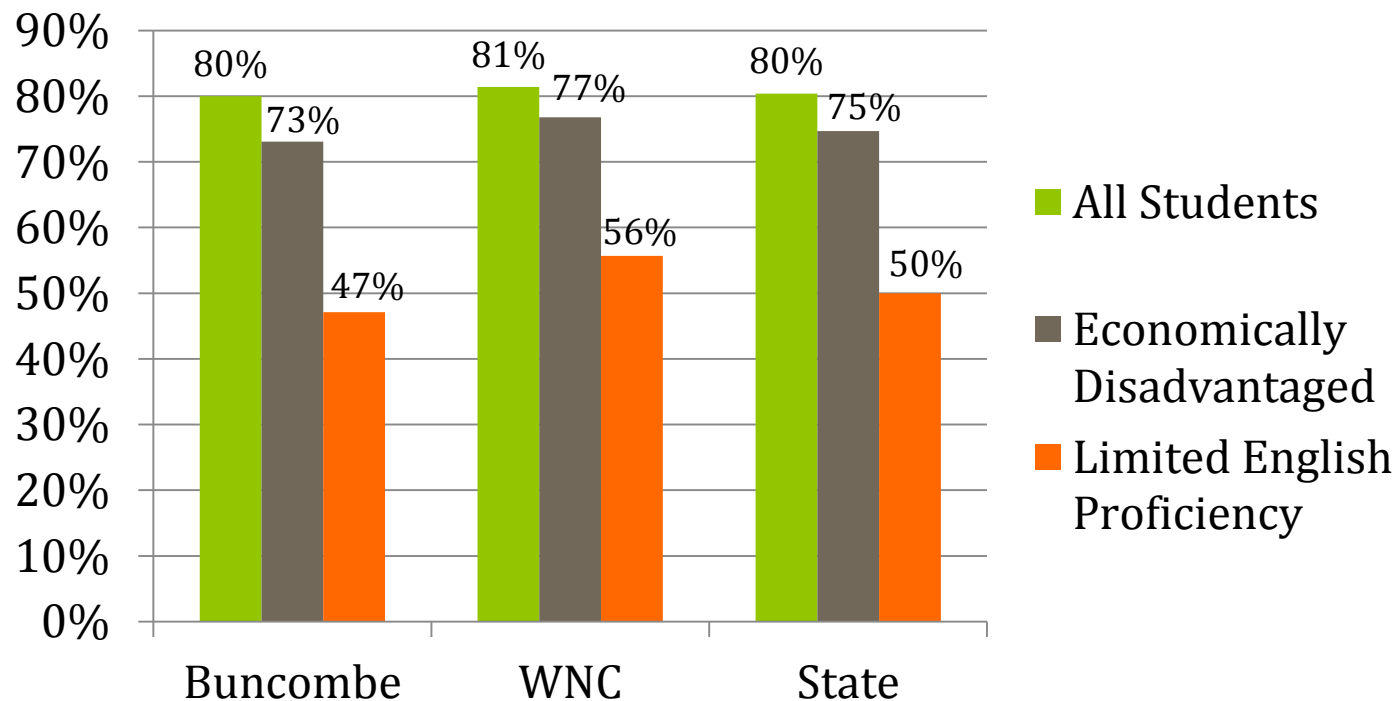
Source: WNC Healthy Impact – Secondary Data Workbook

Unemployment Rate Trend: Five Single Years – 2007 through 2011



Source: WNC Healthy Impact – Secondary Data Workbook

4-Year Cohort High School Graduation Rate SY2008-2009 Entering 9th Graders Graduating in SY2011-2012 or Earlier



Source: WNC Health Impact Secondary Data Workbook

Community Health Improvement Priorities

Update on 2013 Progress

- Healthy Living
 - Physical Activity, Healthy Eating, and Healthy Weight
 - Tobacco Prevention and Cessation
- Preconception Health
- Early Childhood Development
- Access to Care: Clinical-Community Connections



Our Health Priorities

Selected as a result of the most recent Community Health Assessment

See full CHA Report online:

www.buncombecounty.org/healthreports

See full CHIP Plan online:

<http://www.buncombecounty.org/governi ng/depts/health/Chip.aspx>

Healthy Living

Physical Activity, Healthy
Eating, and Healthy Weight

Community-Level Indicators Update for Healthy Living

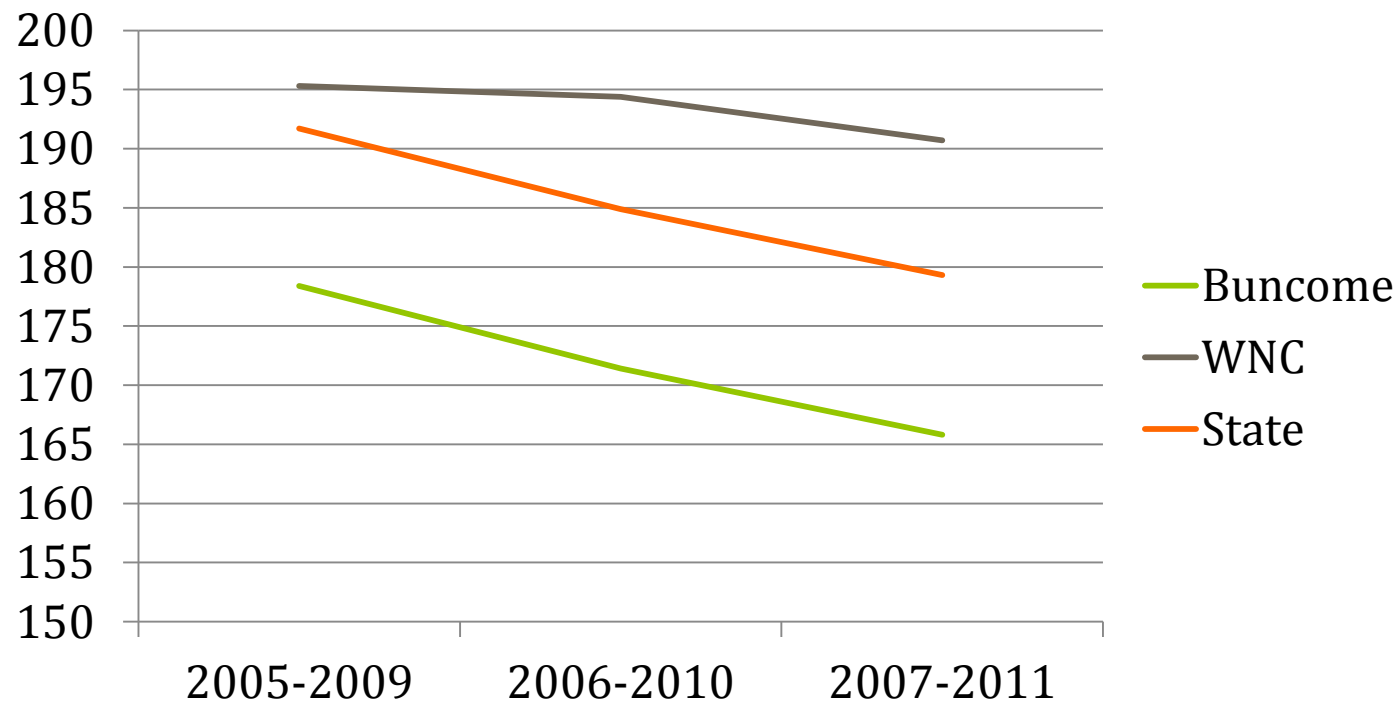
Indicator	Baseline (2012)	Year 1 (Dec '13)	Target (Date)
% Buncombe adults engaging in recommended physical activity	62.1% (2012)	Collected every 3 years in CHA	62.6% (Dec '15)
% Buncombe adults consuming recommended daily servings of fruits and vegetables	8.6% (2012)	Collected every 3 years in CHA	9.5% (Dec '15)
% Buncombe adults at healthy weight	36.2% (2012)	Collected every 3 years in CHA	36.5% (Dec '15)
% of Buncombe students in K-5 public schools at healthy weight (BMI-for-age measure is between the 5 th and 85 th percentiles)	64.15% (2012)	64.64% (Nov '13)	64.65% (Dec '15)

Trend: Heart Disease Mortality

Age-Adjusted Rates per 100,000 Population

Standard Year = Year 2000 U.S. Population

Three 5-Year Aggregates, 2005-2009 through 2007-2011

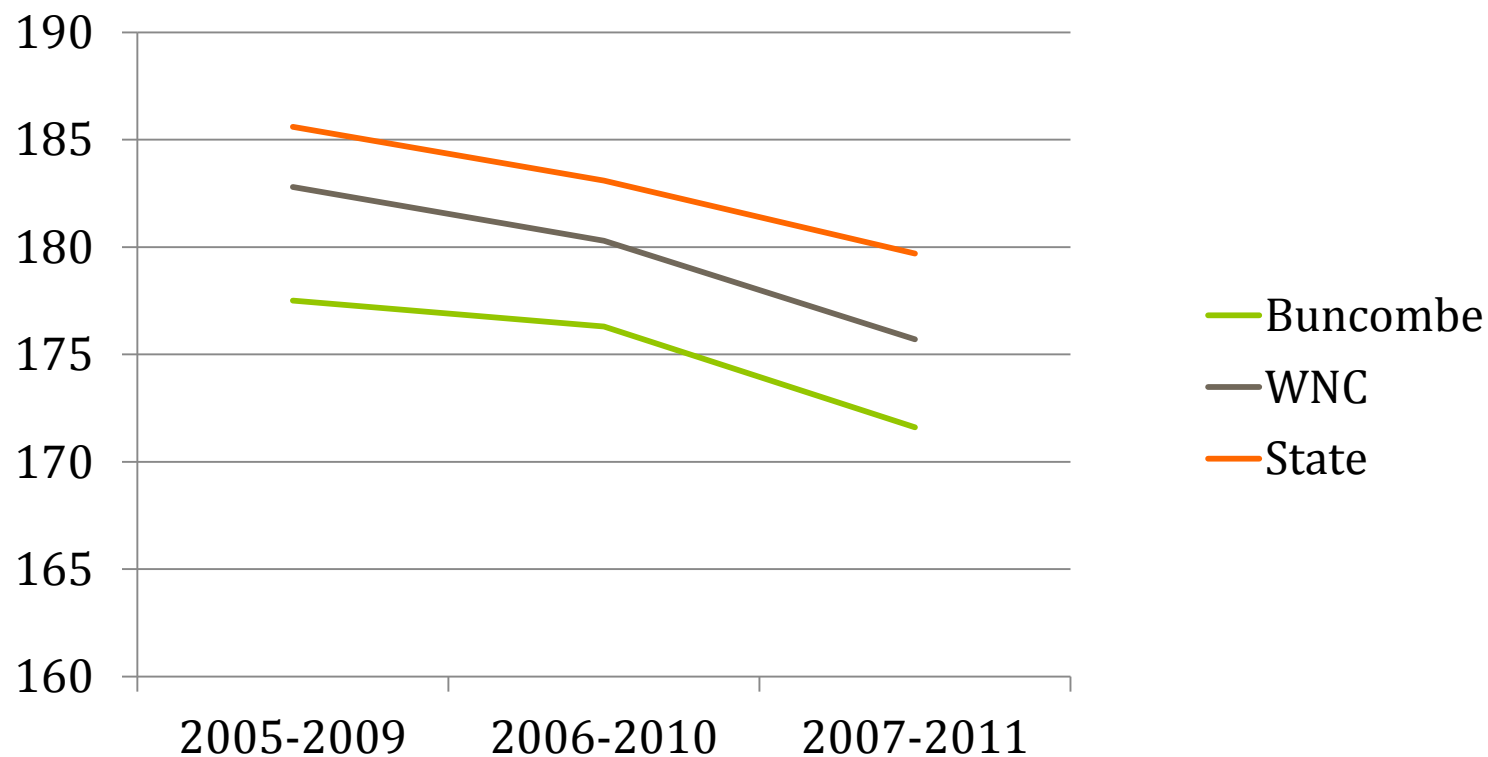


Trend: Total Cancer Mortality

Age-Adjusted Rates per 100,000 Population

Standard Year = Year 2000 U.S. Population

Three 5-Year Aggregate, 2005-2009 through 2007-2011



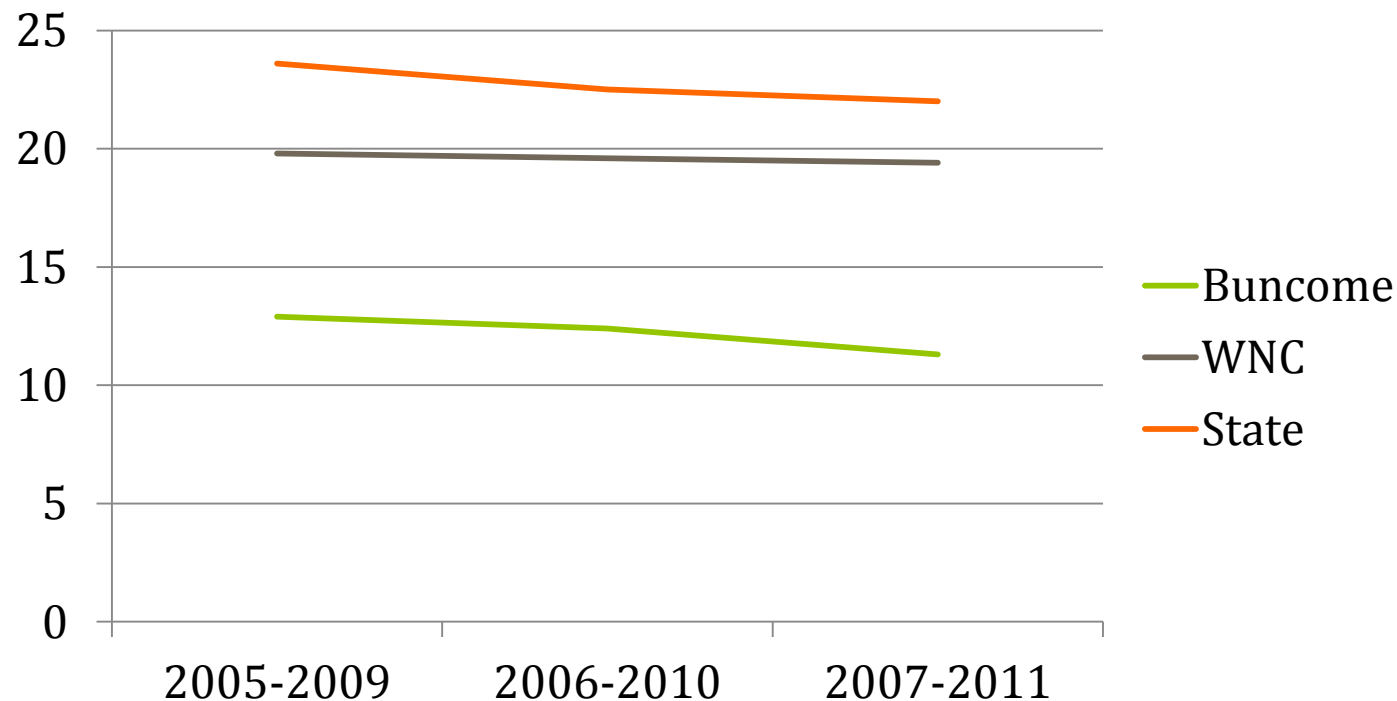
Source: WNC Healthy Impact – Secondary Data Workbook

Trend: Diabetes Mellitus Mortality

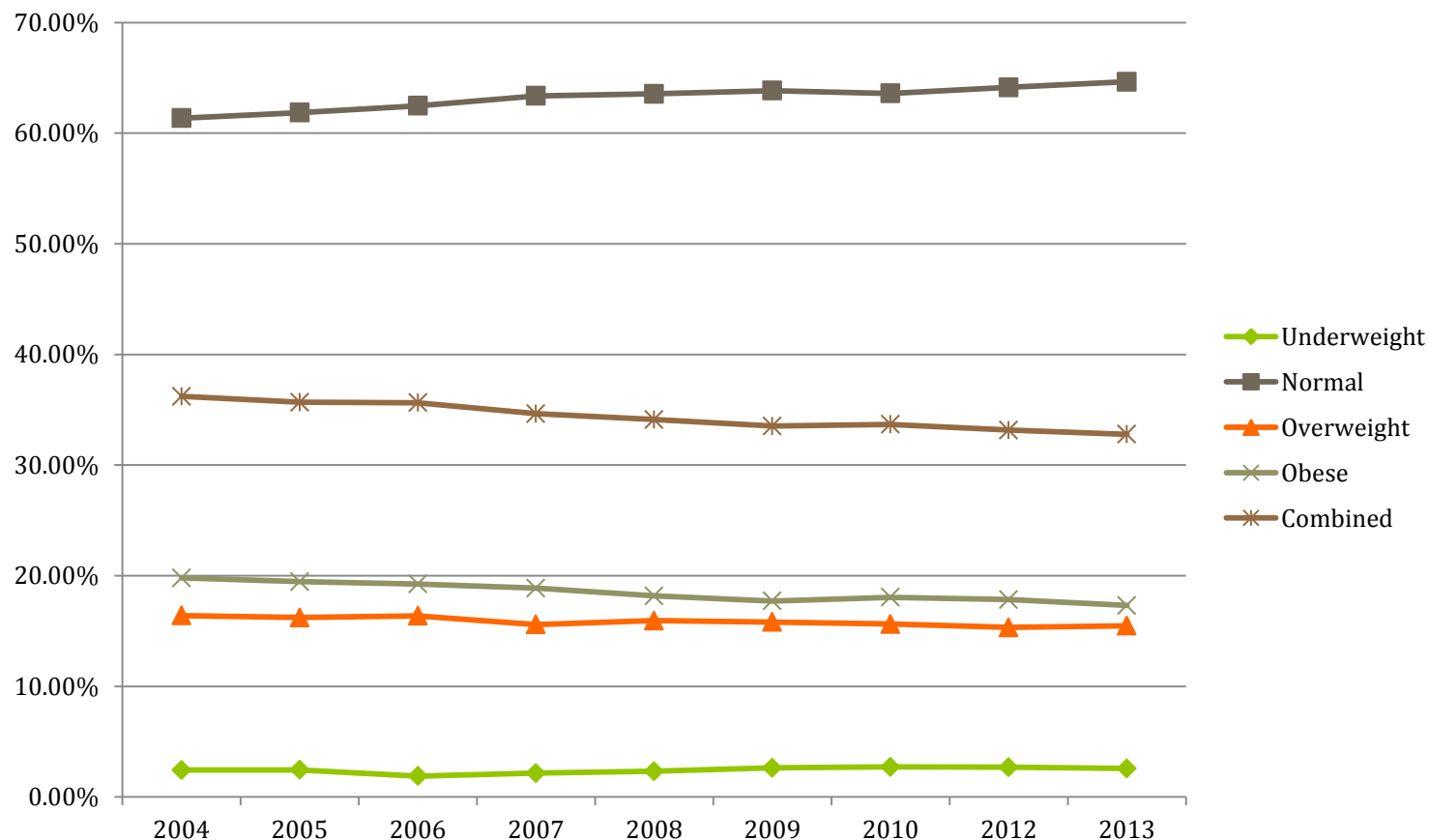
Age-Adjusted Rates per 100,000 Population

Standard Year = Year 2000 U.S. Population

Three 5-Year Aggregates, 2005-2009 through 2007-2011



Trend: Weight Status of Buncombe County K-5 Students



Healthy Living Goals and Strategies

- **Goal 1:** Increase consumption of nutritious, whole foods and beverages that support good health, with emphasis on fruits and vegetables, among all residents of Buncombe County through improved access, availability and education.
 - Strategy 1.1 Access to Foods from Local Farms
 - Strategy 1.2 Access to free, open, public food sources
 - Strategy 1.3 Retail sources of nutritious foods in low-access communities
 - Strategy 1.4 Financial Access to Nutritious Foods for low-income residents
 - Strategy 1.5 Education about local sources for nutritious foods
 - Strategy 1.6 Organizational Policy and Environmental Support for Healthy Food Access

Healthy Living Goals and Strategies

- **Goal 2:** Increase Physical Activity and Healthy Eating among Students and Staff by Creating Environments In All School Settings That Promote Healthy Active Lifestyles
 - Strategy 2.1: Healthy School Environments: Increase Policy and Environmental Supports For Physical Activity and Healthy Eating for students and staff
- **Goal 3:** Increase Daily Physical Activity Through Policy & Environment Change to Support Active Transportation
 - Strategy 3.1: Complete Streets
 - Strategy 3.2: Organizational Environments and Policies That Support Active Transportation
 - Strategy 3.3: Community Support for Active Transportation

Healthy Living Goals and Strategies

- **Goal 4:** Increase Physical Activity by Creating Safe, Supportive and Encouraging Environments for Exercise
 - Strategy 4.1: Community Recreational and Fitness Resources
 - Strategy 4.2: Organizational Environments to Support Physical Activity

- **Goal 5:** Increase the Number of Infants in Buncombe County that are Breastfed by Creating Supportive, Encouraging Policies and Environments for Breastfeeding
 - Strategy 5.1: Breastfeeding Policies
 - Strategy 5.2: Outreach and Education

Healthy Living Goals and Strategies

- **Goal 6:** Increase the percent of Buncombe County Residents at a Healthy Weight through Community and Clinical Supports and Linkages
 - Strategy 6.1: Clinical Weight Management: Increase the percent of primary care and pediatric practices implementing evidence-based weight management practices
 - Strategy 6.2: Community Resources to Support Physician-directed Clinical Weight Management: Increase the number of patients who are connected to community support for PA, healthy eating, and weight management programs for chronic disease prevention by their physicians

Healthy Living Partners

- ABIPA
- Asheville City Schools
- ARC of Buncombe County
- Asheville Buncombe Food Policy Council
- ASAP
- Buncombe County Schools
- Blue Ridge Bicycle Club
- Bountiful Cities Project
- Buncombe County Health and Human Services
- Buncombe County Parks Greenways and Recreation Services
- City of Asheville
- Community Care of Western North Carolina
- Community Transformation Grant Project
- FEAST
- Innovative Approaches
- Land-of-Sky Regional Council
- MAHEC
- MANNA Food Bank
- Mission Health
- Rainbow in My Tummy
- Smart Start of Buncombe
- University of North Carolina Asheville
- WNC Alliance
- WNC Garden's That Give
- WNC Health Network, WNC Healthy Kids Initiative
- WNC Pediatric Collaborative Development Foundation
- Women's Wellbeing and Development Foundation
- YMCA of Western North Carolina
- Youth Empowered Solutions (YES!)
- YWCA of Asheville

Healthy Living Progress Highlights

- ◉ Workgroup convened June & August 2013, with over 50 individuals engaged, representing nearly 30 organizations
- ◉ Shared goals & objectives identified by workgroups
- ◉ Promising practices and evidence-based strategies reviewed
- ◉ Identified current community partner activities and outcomes related to each goal area
- ◉ Six priority working groups established and working on collecting shared measures and messaging. In some instances these groups have been incorporated into existing partnership groups (e.g. School-related goal work into School Health Advisory Council)
- ◉ Identifying need for baseline data where needed measures do not exist
- ◉ Participating organizations are continually shifting their planning and evaluation activities to align with CHIP (YWCA, Shape NC, Buncombe Aging Coordinating Consortium, SHAC)

Goal-specific Progress Highlights

○ **Goal 1 –Access to Healthy Foods:**

- Established agreement with NC Public Health Foundation to serve as fiscal agent for Asheville-Buncombe Food Policy Council

○ **Goal 2 – School Health:**

- All Buncombe County and Asheville City Schools have completed a Zone Health Assessment and identified wellness priorities for this school year

○ **Goal 3 – Active Transportation:**

- City of Asheville awarded designation as silver level Walk-Friendly Community
- Pilot Bicycle Wayfinding routes identified with route signs
- Safe Routes to School planning activities underway at three local elementary schools
- Beginning process of message development for Active Transportation

Buncombe County 2013

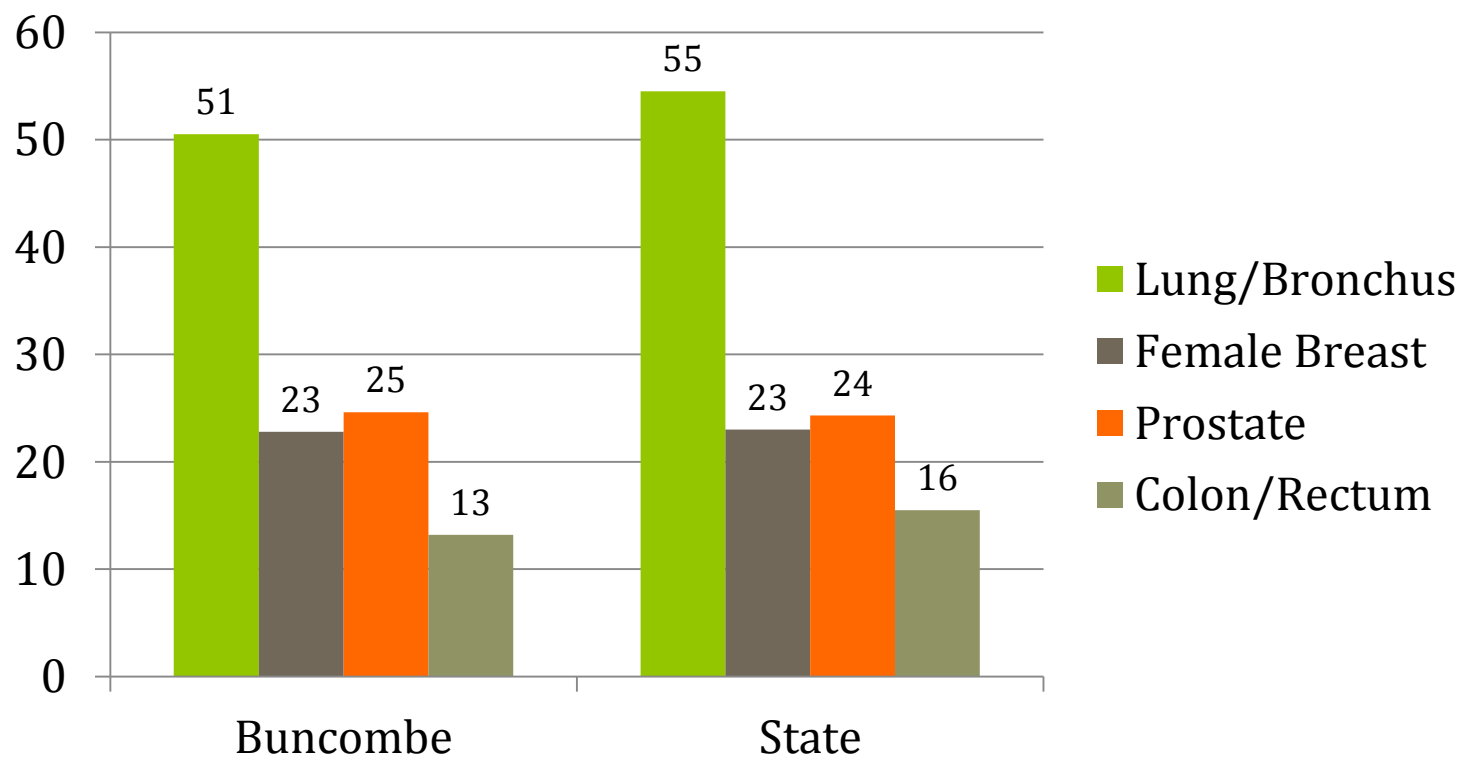
**Tobacco
Prevention and
Cessation**

Cancer Mortality Rates, by Cancer Site

Age-Adjusted Rates per 100,000 Population

Standard Year = Year 2000 U.S. Population

Single 5-Year Aggregate, 2007-2011



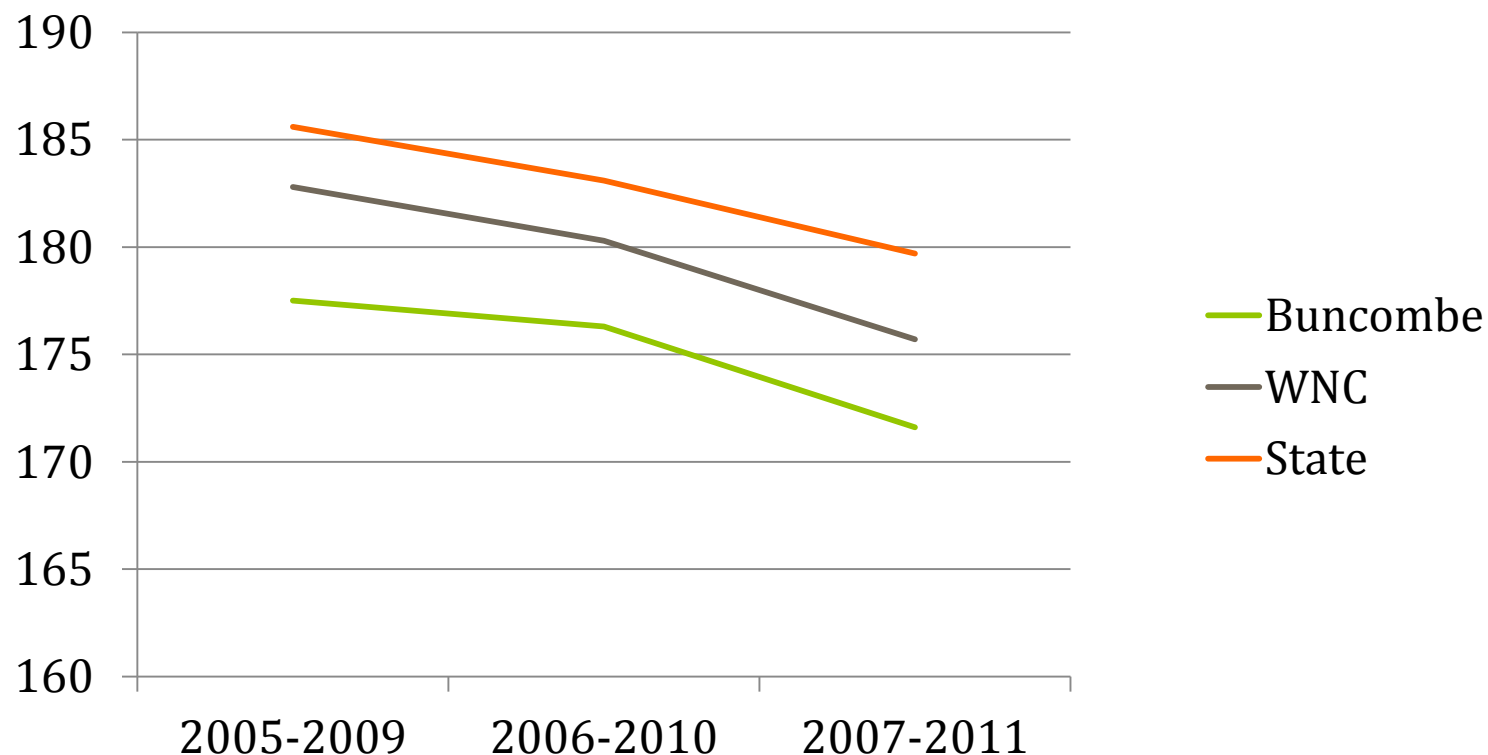
Source: WNC Healthy Impact – Secondary Data Workbook

Trend: Total Cancer Mortality

Age-Adjusted Rates per 100,000 Population

Standard Year = Year 2000 U.S. Population

Three 5-Year Aggregate, 2005-2009 through 2007-2011



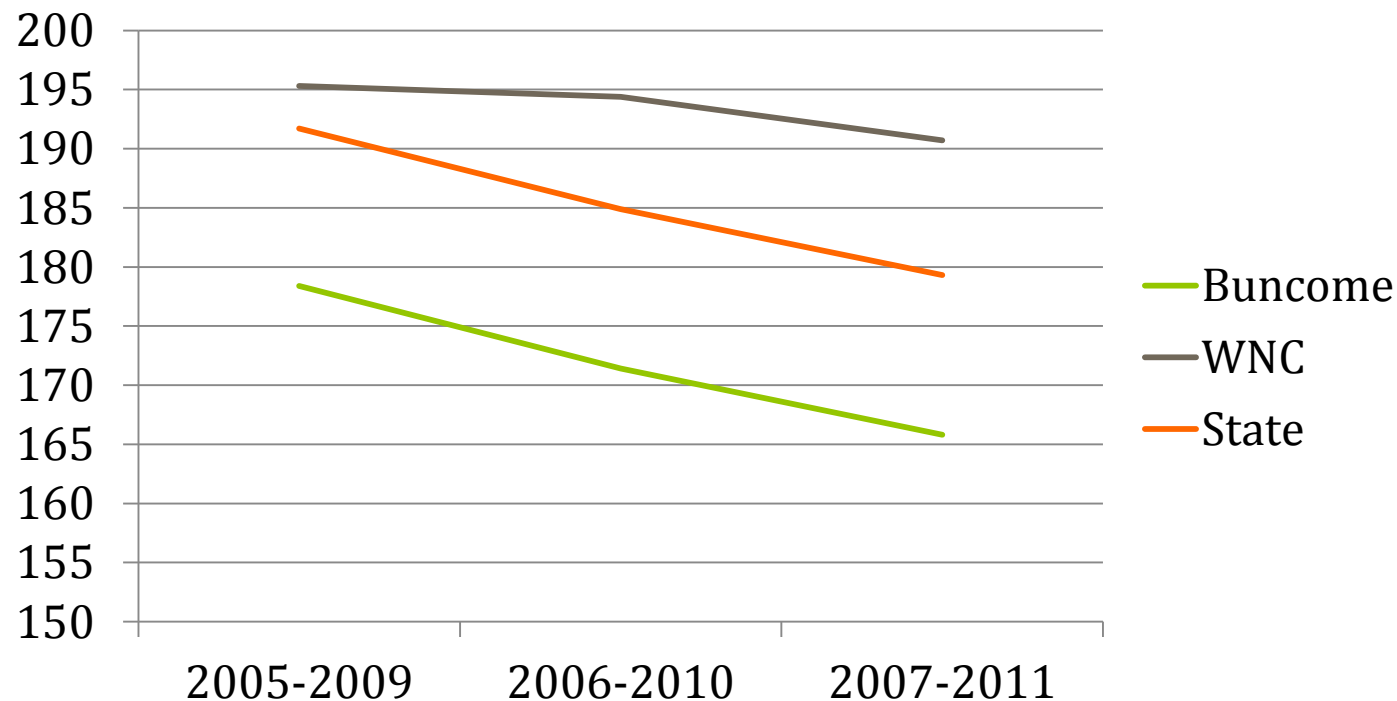
Source: WNC Healthy Impact – Secondary Data Workbook

Trend: Heart Disease Mortality

Age-Adjusted Rates per 100,000 Population

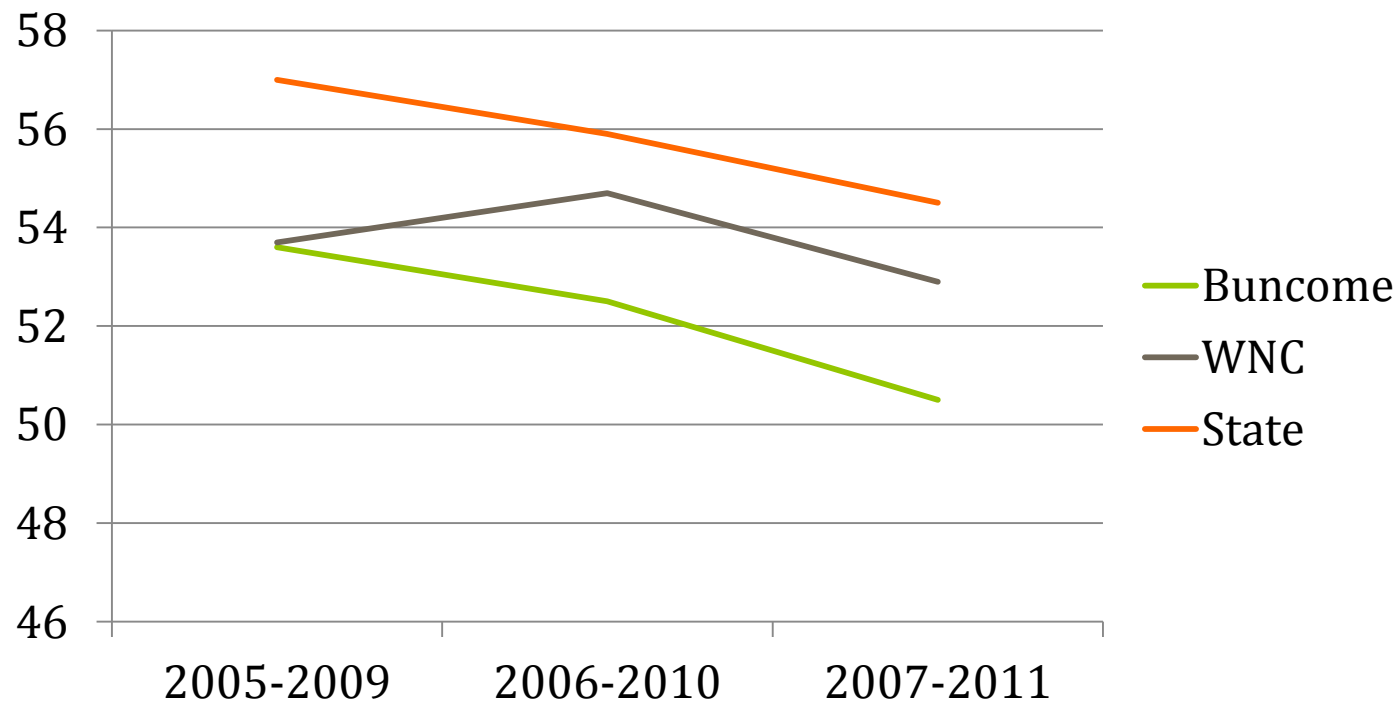
Standard Year = Year 2000 U.S. Population

Three 5-Year Aggregates, 2005-2009 through 2007-2011



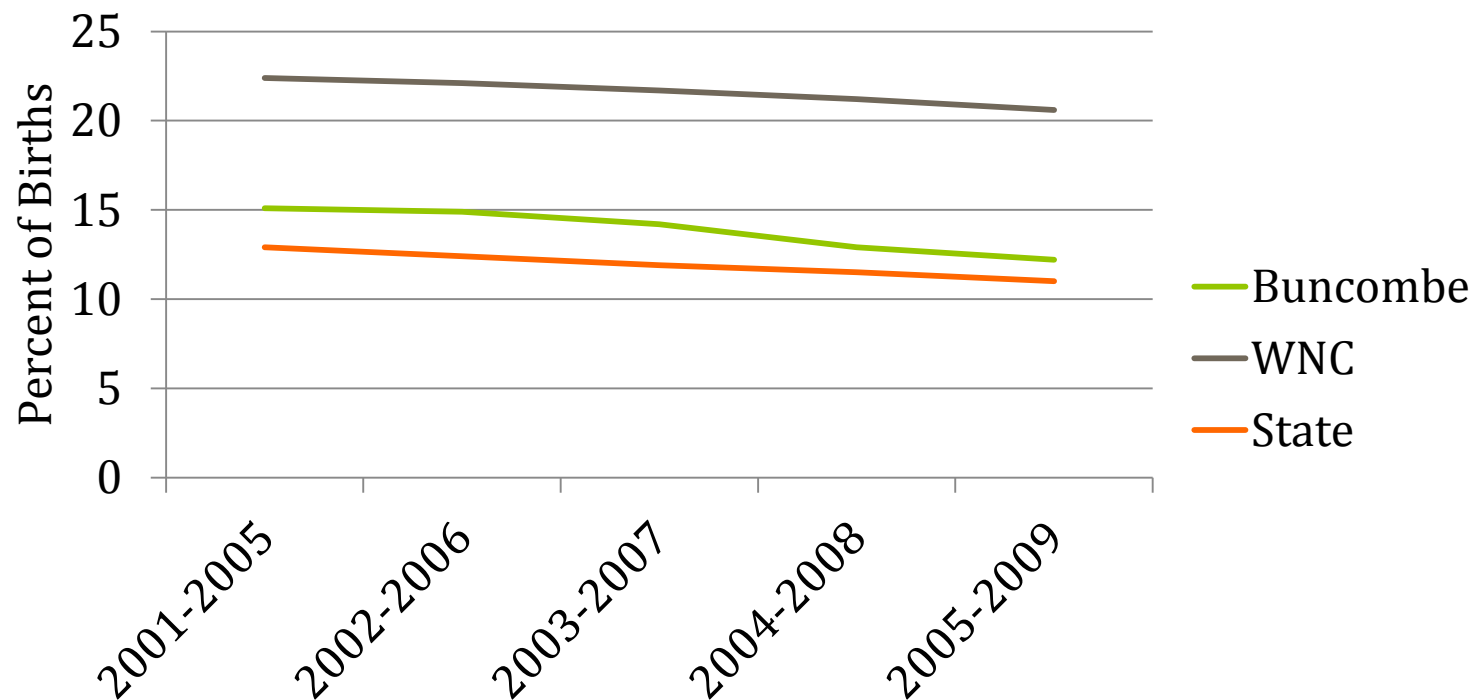
Trend: Trachea, Bronchus, & Lung Cancer Mortality

Age-Adjusted Rates per 100,000 Population
Standard Year = Year 2000 U.S. Population
Three 5-Year Aggregates, 2005-2009 through 2007-2011



Source: WNC Healthy Impact – Secondary Data Workbook

Trend: Births to Mothers Who Smoked Prenatally Five 5-Year Aggregates 2001-2005 through 2005-2009



Tobacco Goals and Strategies

- **Goal 1:** Reduce tobacco use by increasing services and policies that support tobacco cessation
 - Strategy 1.1: Evidence-based practice in clinical settings
 - Strategy 1.2: Employer support for cessation
 - Strategy 1.3: QuitlineNC
 - Strategy 1.4: Access to cessation therapies
- **Goal 2:** Reduce exposure to tobacco-use and secondhand smoke by increasing tobacco-free and smoke-free policies
 - Strategy 2.1: Tobacco-free ordinances and laws
 - Strategy 2.2: Tobacco-free worksites
 - Strategy 2.3: Tobacco-free housing

Tobacco Goals and Strategies

- **Goal 3:** Prevent and reduce tobacco use among youth and young adults by increasing services and compliance with regulations
 - Strategy 3.1: Compliance with tobacco regulations among institutions that serve youth
- **Goal 4:** Increase public will for tobacco-related policy and environmental changes
 - Strategy 4.1: Influence community culture/norms around tobacco use
 - Strategy 4.2: Mass media campaigns that target youth and young adults

Tobacco Partners

- Addiction Recovery Prevention (ARP)
- Asheville City Schools
- Buncombe County Schools
- Buncombe County Department of Health (BCDH)
- Community Transformation Grant Project - Region 2 (CTGP)
- Mission Hospital Nicotine Dependence Program
- NC 2-1-1 / United Way of Asheville and Buncombe County
- Park Ridge Health
- Teens Against Tobacco Use Club (TATU)
- V.A. Medical Center: Charles George (VA)

Goal-specific Progress Highlights

- NC Quitline Promotion (Strategy 1.3)
 - In partnership with CTG, Buncombe County HHS placed 792 on radio with Clear Channel to run for 8 weeks between September 2013 - January 2014 to promote Quitline and smoke-free air.
 - Many ads will run during weeks of Great American Smokeout, Lung Cancer Awareness Month, holidays like Thanksgiving, Christmas, and New Years for resolutions.

Goal-specific Progress Highlights

- Access to Cessation Therapies (Strategy 1.4)
 - Partners are now working with multi-unit housing complexes (apartments) who have adopted a smoke-free policy to support cessation for residents.
 - Mission Hospital has started “Freedom from Smoking” cessation classes at Vanderbilt Apartments and Pisgah View Apartments.

Buncombe County 2013

Preconception Health

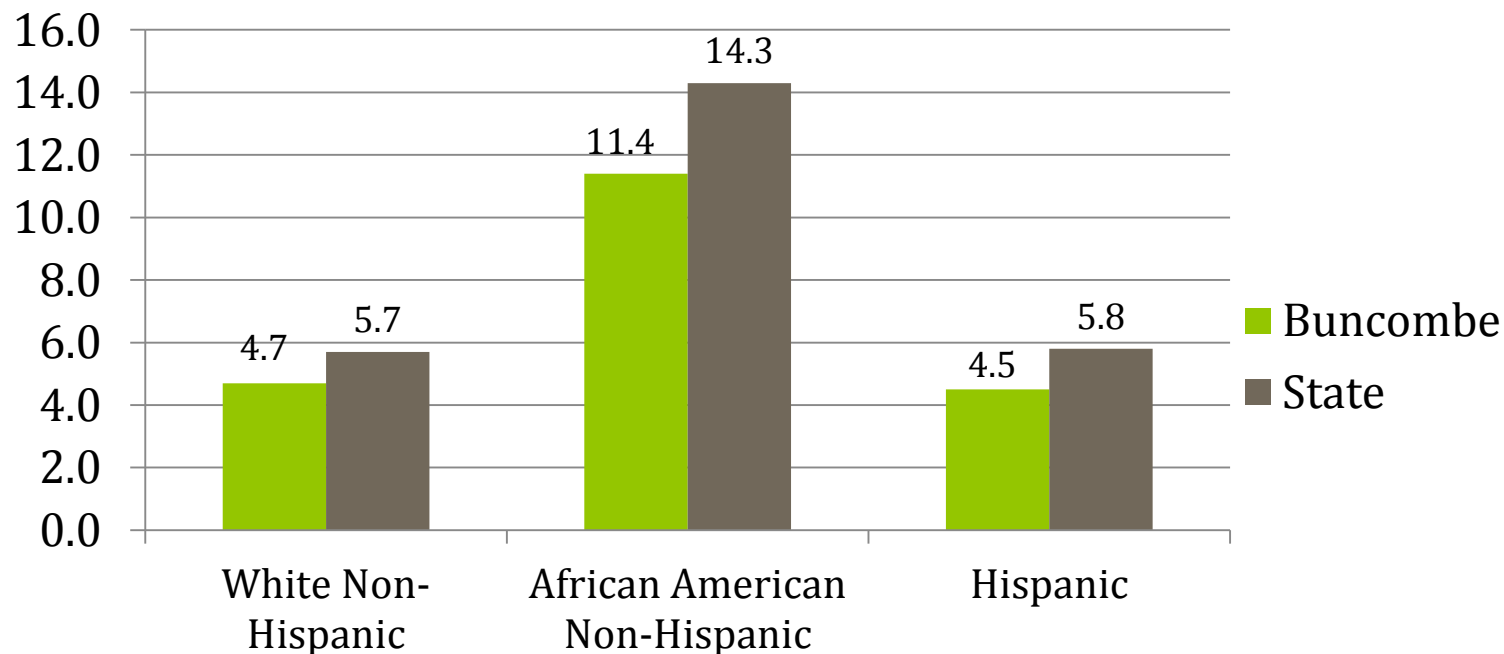
Community-Level Indicators Review for Preconception Health

Indicator	Baseline (Dec' 12)	Year 1 (Dec '13)	Target (Date)
Teen pregnancy rate (ages 15-19)	39.3 (2010)	40 (2011)	less (Dec '15)
Chlamydia rate	299.6 (2010)	316.8 (2011)	less (Dec '15)
HIV rate of new infections	13.0 (2011)	new data not available	less (Dec '15)
Infant Mortality rate	5.4 (2006-2010)	5.2 (2007-2011)	6.3 (NC 2020)
Low (and very low) birth weight*	10% (2006-2010)	9.1% (2007-2011)	7.8 (HP 2020)

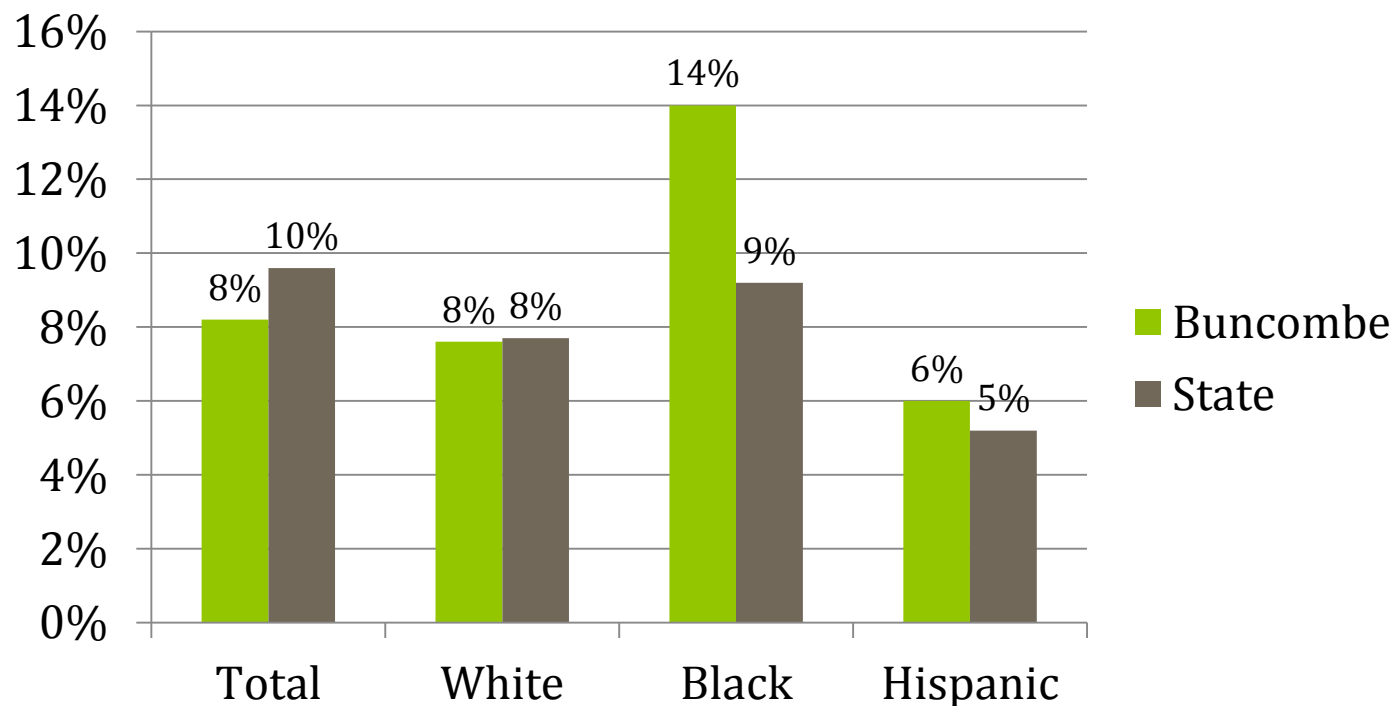
Infant Mortality Rate, by Race

Rate per 1,000 Live Births

5-Year Aggregate: 2007-2011



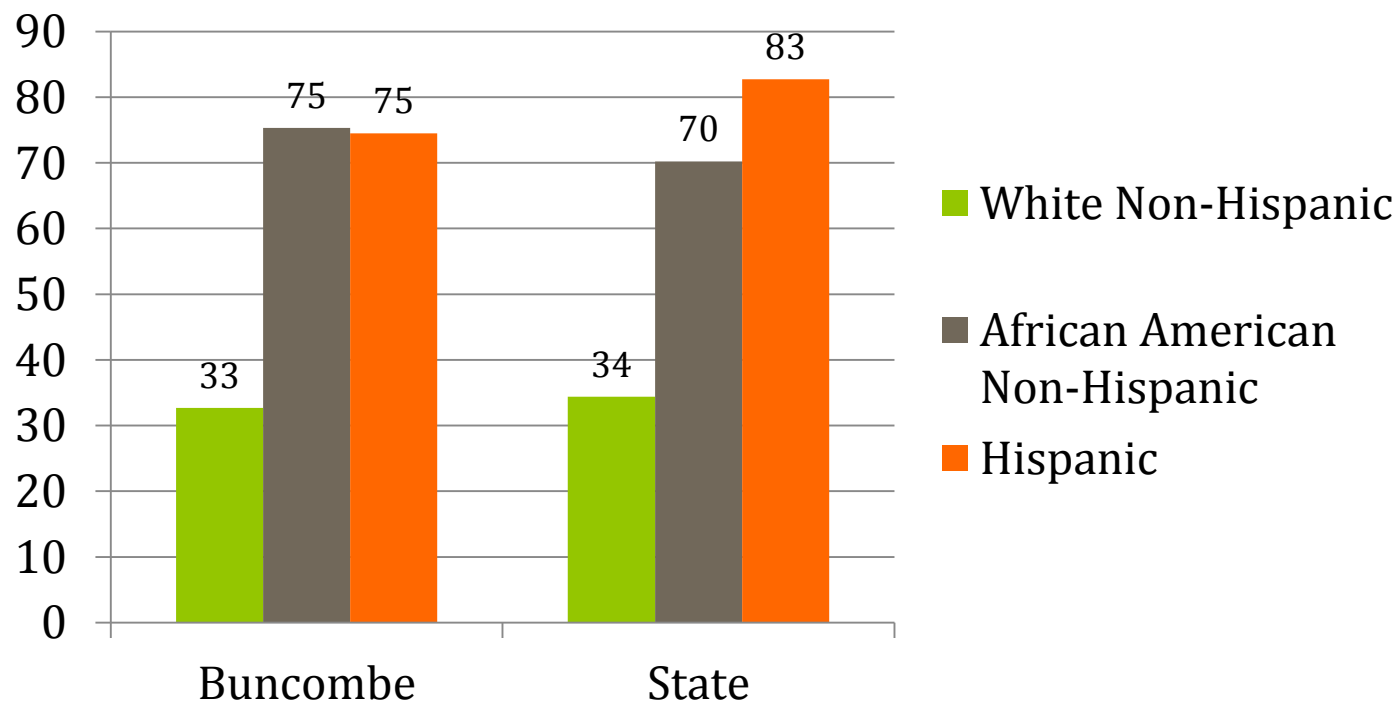
Low and Very Low Birth Weight Babies By Race Single 5-Year Aggregate, 2007-2011



Source: WNC Healthy Impact – Secondary Data Workbook

Teen Pregnancy by Race - 2010

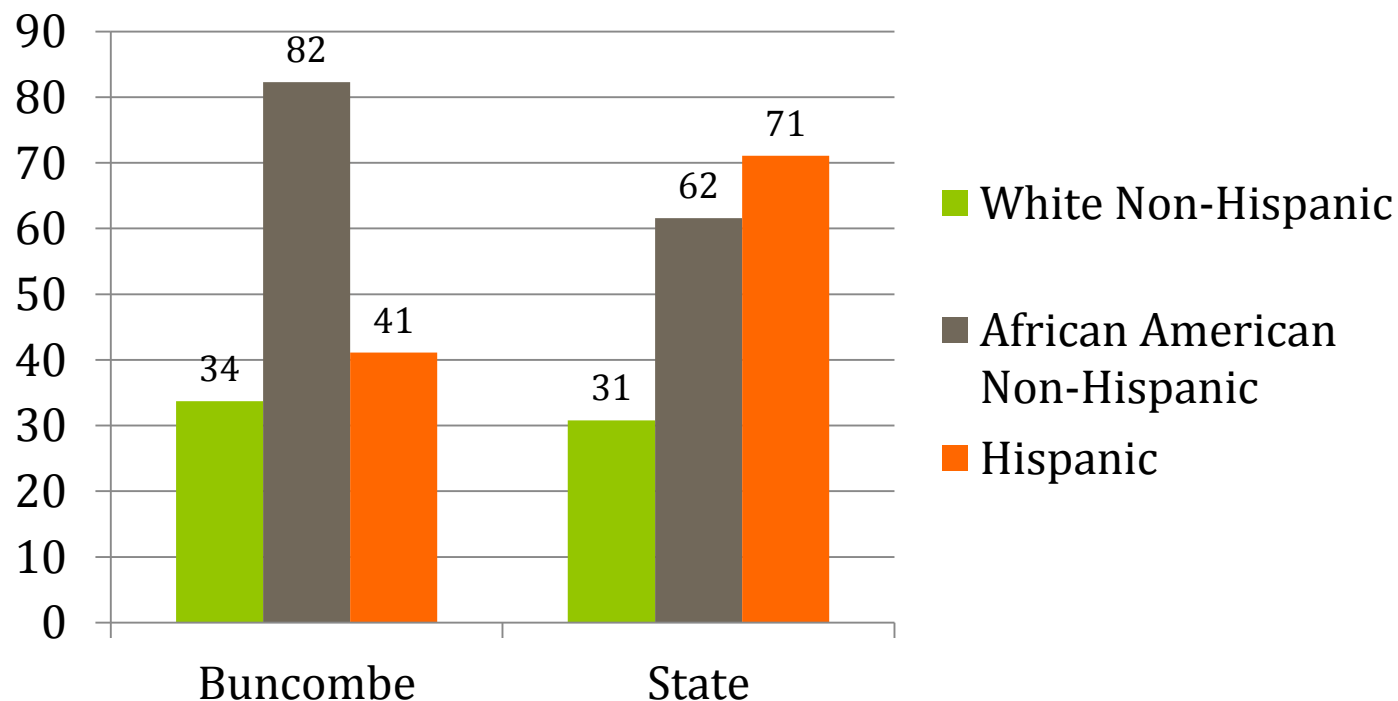
Rate per 1,000 Women Ages 15-19



Source: WNC Healthy Impact – Secondary Data Workbook

Teen Pregnancy by Race - 2011

Rate per 1,000 Women Ages 15-19

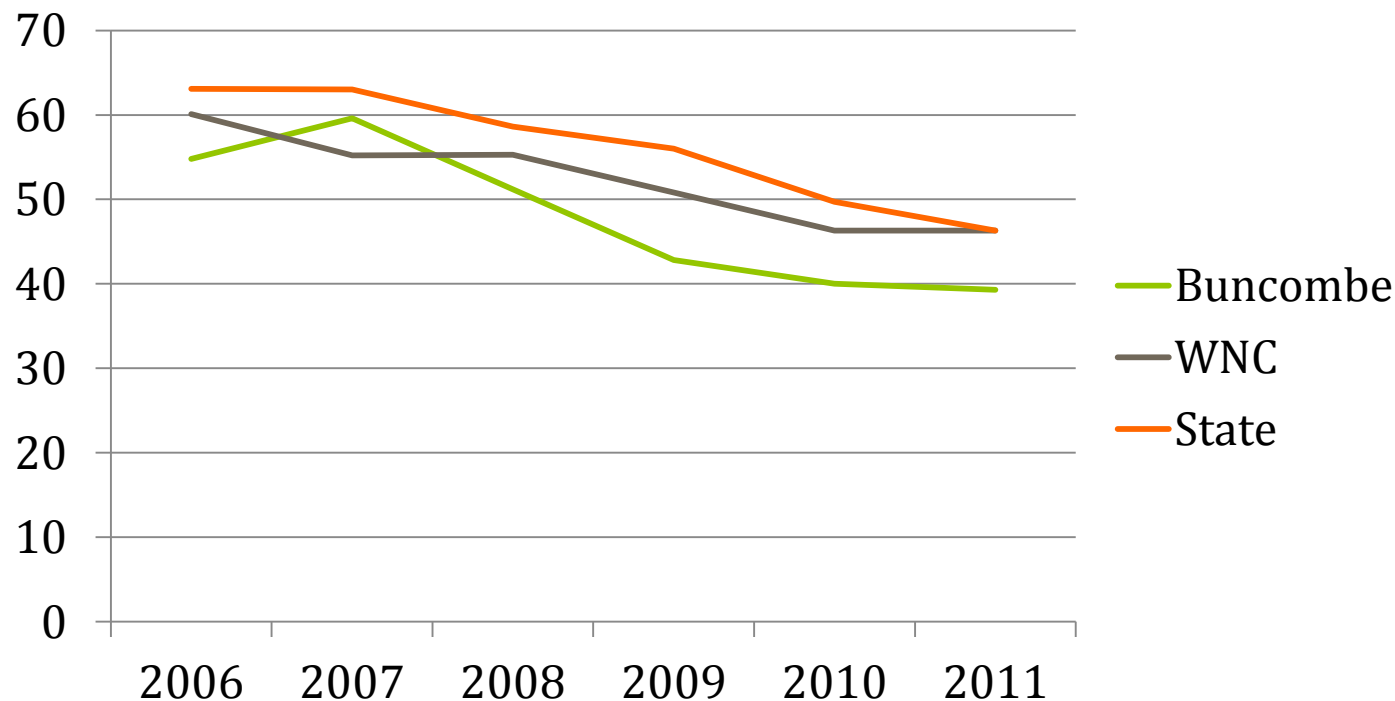


Source: WNC Healthy Impact – Secondary Data Workbook

Teen Pregnancy, Ages 15-19

Rate per 1,000 Women Age 15-19

Five Single Years: 2006 through 2011

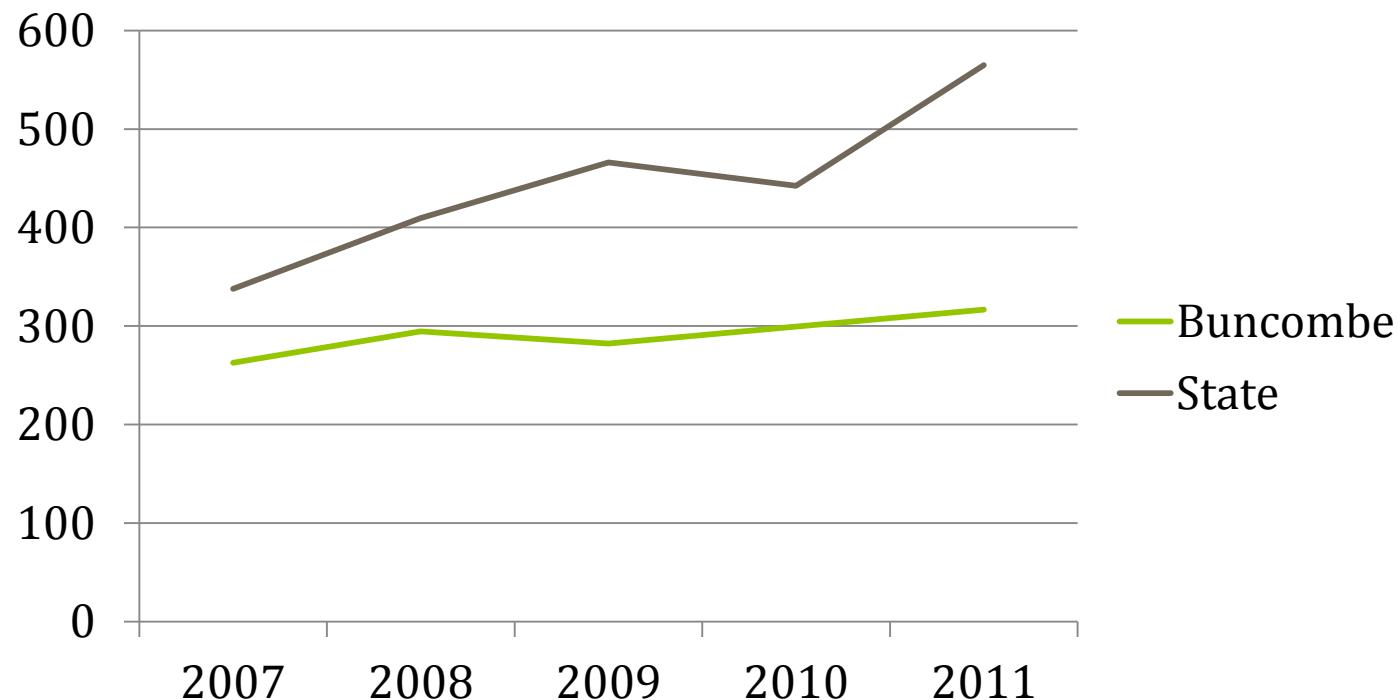


Source: WNC Healthy Impact – Secondary Data Workbook

Chlamydia Cases & Rates, All Ages

Rate per 100,000

Five Single Years, 2007 through 2011

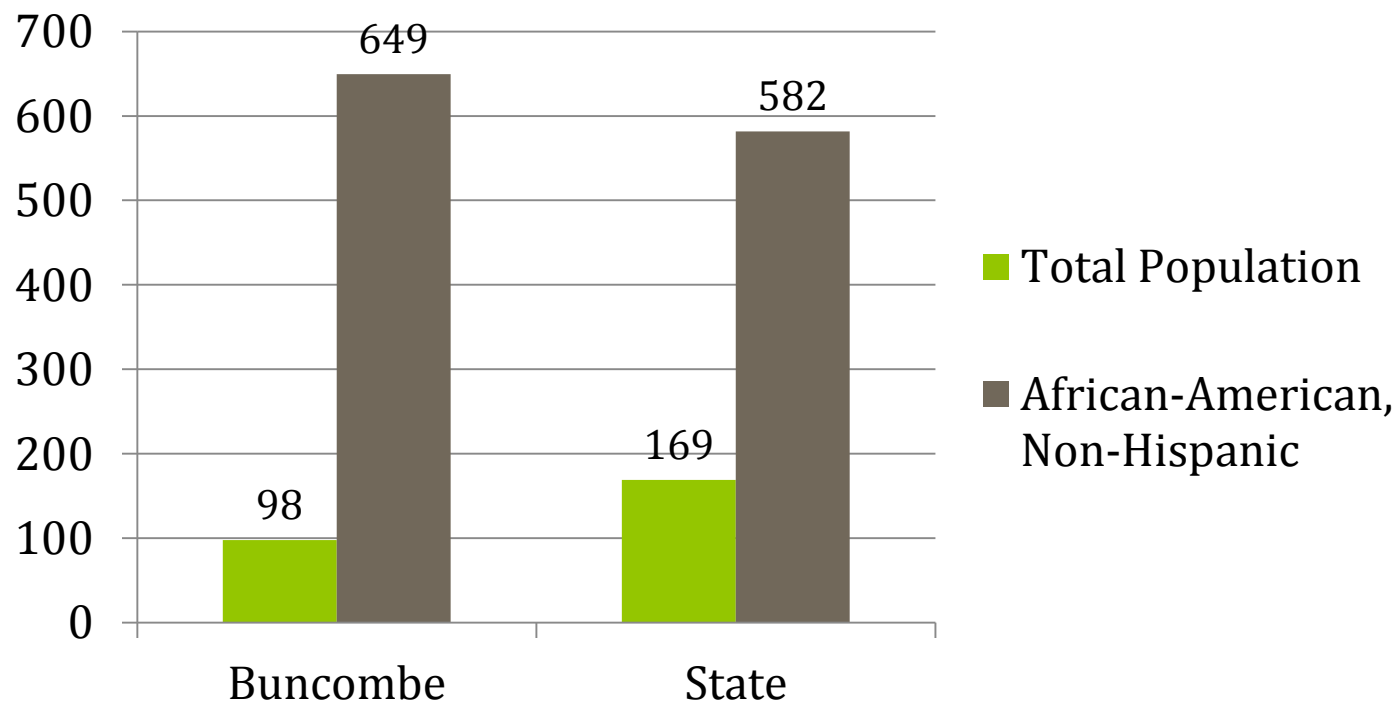


Source: WNC Healthy Impact – Secondary Data Workbook

Gonorrhea Cases & Rates, by Race

Rates per 100,000 Population

Single 5-Year Aggregate, 2006-2010



Preconception Health Goals and Strategies

- **Goal 1:** Increase awareness of the importance of health before pregnancy
 - Strategy 1.1: Preconception health trainings for health care providers
 - Strategy 1.2: Preconception health trainings for consumers
 - Strategy 1.3: Community ambassador peer trainings in preconception health
- **Goal 2:** Increase reproductive health education and awareness among teens
 - Strategy 2.1: Making Proud Choices curriculum
 - Strategy 2.2: Promotional and educational activities by youth peer educators
 - Strategy 2.3: Growth and development and reproductive health and safety curriculum in schools

Preconception Health Goals and Strategies

- **Goal 3:** Increase access to reproductive health services
 - Strategy 3.1: Expedited protocol for birth control prescription
 - Strategy 3.2: Enrollment of eligible women in the Be Smart Family Planning Medicaid Waiver
 - Strategy 3.3: School nurse family planning/STI case management
 - Strategy 3.4: Women's healthcare at methadone clinics
 - Strategy 3.5: Integrated Targeted HIV and STD Testing Services (ITTS)
- **Goal 4:** Increase opportunities for interconception care
 - Strategy 4.1: Case management, nursing assessment, and care plans for pregnant and postpartum women
 - Strategy 4.2: Postpartum visits
 - Strategy 4.3: Integrated interconception care

Preconception Health Partners

- Asheville City Schools
- Buncombe County Schools
- Buncombe County Health and Human Services (BCHHS)
 - Economic Services
 - Family Planning Clinic
 - Nurse Family Partnership
 - Outreach and Wellbeing
 - School Health
 - Youth Educators and Advocates for Health (YEAH!)
- Community Care of Western North Carolina (CCWNC)
- MAHEC Family Medicine
- Mt. Zion Community Development, Inc.- Project EMPOWER and Project NAF
- North Carolina Preconception Health Campaign/Mission Health
- Planned Parenthood Health Systems
- Western North Carolina AIDS Project (WNCAP)
- Western North Carolina Community Health Services (WNCCHS)
- YWCA- MotherLove program

Progress Highlights

- Workgroup convened June 2013, with over 20 individual partners engaged, representing over 15 organizations
- Shared goals & objectives identified by workgroups
- Promising practices and evidence-based strategies reviewed
- Identified current community partner activities and outcomes related to each goal area
- Seven priority working groups established and currently shared measures being identified.
- Identifying need for baseline data where existing measures do not exist
- Participating organizations are shifting planning and evaluation activities to align with CHIP

Goal-specific Progress Highlights

- Goal 2 – Teen Reproductive Health:
 - Making Proud Choices program implemented with foster care youth and youth in a public housing community resulting in 51 youth participating
- Goal 3 – Access to Reproductive Health Services:
 - School policy clarified to ensure individual student access to sensitive health information from school nurses

Buncombe County 2013

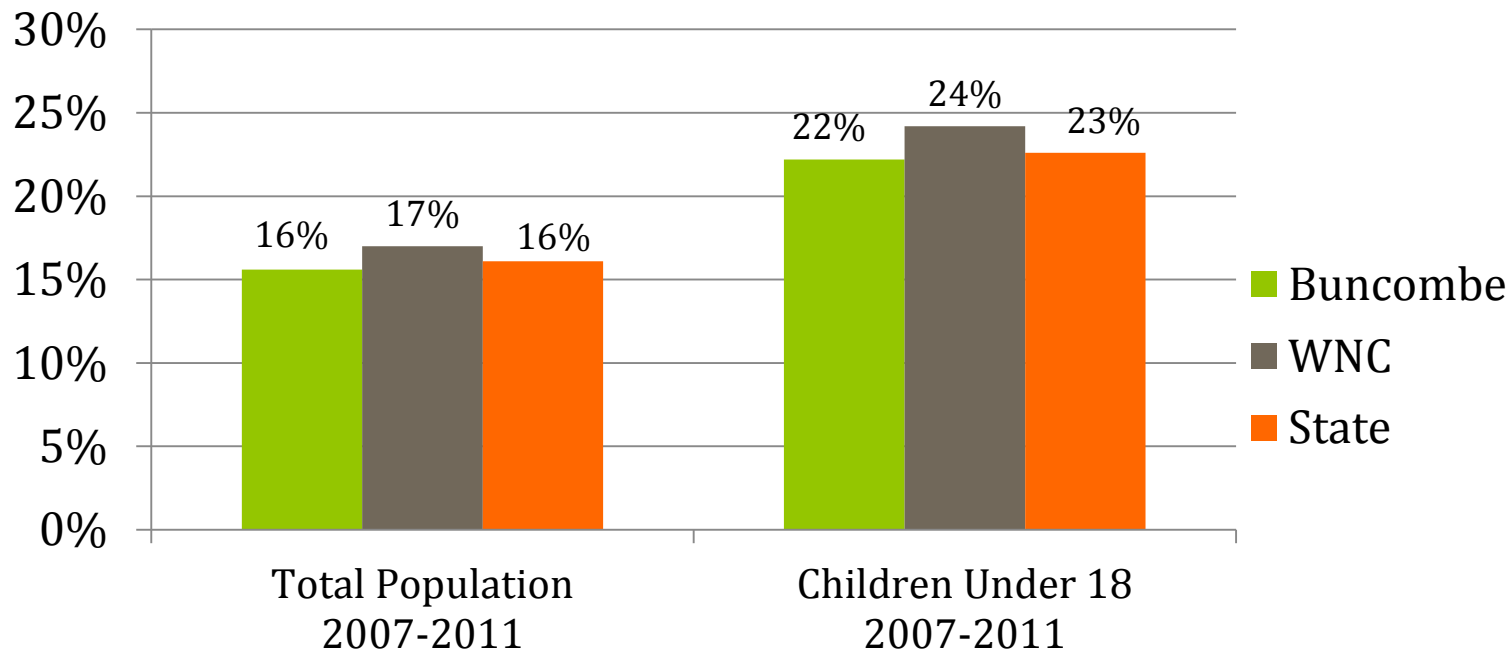
Early Childhood Development

Community-Level Indicators Review for Early Childhood Development

Indicator	Baseline (2012)	Target (Date)
% of low-income children enrolled in early care and education programs	50%	more (Dec '15)
Average number per month on waiting list for child care vouchers	1,300	less (Dec '15)
% of children in regulated early care and education enrolled in 4 and 5 star programs	75%	more (Dec '15)
% of children 0-2 years who receive early intervention or special education services	5.7%	more (Dec '15)
% of children 3-5 years who receive early intervention or special education services	5.4%	more (Dec '15)
% of children living in poverty	26.9%	less (Dec '15)
Rate per 1,000 children of reports received of child maltreatment	76.81 (2013)	less (Dec '15)
Rate per 1,000 children of substantiated cases of child maltreatment	16.52 (2013)	less (Dec '15)

Poverty

5-Year Estimate: 2007-2011



Note: The rate of children in poverty for all areas has gone up in the past year, while adult poverty has nearly stayed the same.

Early Childhood Development Strategies

- **Goal 1:** Increase availability and sustained access to high quality early care and learning
 - Strategy 1.1: Training and technical assistance to support early educators and child-care providers in maintaining and increasing program quality
 - Strategy 1.2: Advocate for increased investment and ensure access to subsidized child-care through vouchers, NC Pre-K, Early Head Start, and Head Start
 - Strategy 1.3: Child care co-ops for low-income families
- **Goal 2:** Support and strengthen families
 - Strategy 2.1: Parenting education that supports effective parenting practices, healthy interaction with children, appropriate developmental expectations, and provides child development referral resources
 - Strategy 2.2: Parent support groups in the community for families to help them build on their strengths and enhance social support systems
 - Strategy 2.3: Community education and case management/care coordination for families experiencing or at risk for child maltreatment

Early Childhood Development Strategies

- **Goal 3:** Increase early identification of and intervention/treatment for special healthcare and developmental needs
 - Strategy 3.1: High quality trainings for early educators to screen and for health care providers to identify young children with special health care and developmental needs
 - Strategy 3.2: Case management/care coordination for children with special health care and developmental needs
- **Goal 4:** Improve policies, systems, and environments for children through advocacy
 - Strategy 4.1: Education and advocacy initiatives to reduce the incidence of poverty and its impact on children and early childhood development

Early Childhood Development Partners

- Addiction, Recovery, Prevention (ARP)
- Asheville Buncombe Community Christian Ministry (ABCCM) - Our Circle
- Asheville City Schools
 - Asheville City Preschool
 - Early Head Start
- Buncombe County Schools
- Buncombe County Health and Human Services (BCHHS)
 - Innovative Approaches
 - Nurse Family Partnership (NFP)
 - School Health
 - Triple P-Positive Parenting Program
 - Under Six
- Community Care of Western North Carolina (CCWNC)
 - Coordinated Care for Children (CC4C)
- Child Abuse Prevention Services
- Child Care Health Consultation
- Children First-Communities in Schools
 - Success Equation
 - Family Resource Center
- Children's Developmental Services Agency of WNC (CDSA)
- Community Action Opportunities
 - Head Start
 - Life Works

Early Childhood Dev. Partners continued

- FIRST
 - Circle of Parents
 - Community Parent Resource Center
 - The Incredible Years
 - The P.L.A.Y. Project
 - The SUNSHINE Project
- Mission Health- Family Support Network
- Mountain Area Child & Family Center
- Mountain Area Child and Family Center- Early Head Start
- Mount Zion Community Development, Inc.- Project NAF
- NC Cooperative Extension Buncombe County Center
- Pisgah Legal Services
- Smart Start
 - Champions for Children/First 2000 Days Campaign
 - Child Care Resource & Referral
 - Play and Learn Groups
- Women's Wellbeing and Development Foundation
- YWCA
 - Mother Love
 - New Choices Program

Progress Highlights

- Workgroup convened June 2013, with over 30 engaged, representing nearly 25 organizations
- Shared goals & objectives identified by workgroups
- Promising practices and evidence-based strategies reviewed
- Identified current community partner activities and outcomes related to each goal area
- Six priority working groups established and currently shared measures being identified.
- Identifying need for baseline data where existing measures do not exist
- Participating organizations are shifting planning and evaluation activities to align with CHIP

Goal-specific Progress Highlights

- **Goal 1 – Access to High Quality Early Care and Learning –**
 - Community partners presentation to Public Health Advisory Council regarding increased investment in subsidized childcare
 - Advisory Council became advocates for increased investment in subsidized childcare
 - Resulted in presentation to nearly 50 local physicians, some interested in being trained as a Champions for Children
- **Goal 2 – Support and Strengthen Families –**
 - Triple P training provided to over 50 individuals representing nearly 20 community providers from public and non-profit sectors

**Access to Care:
Clinical-
Community
Connections**

Community-Level Indicators Review for Clinical-Community Connections

Possible Indicators	Baseline (2012)	Year 1 (Dec '13)	Target (Dec '15)
# of Buncombe primary care practices with Patient-Centered Medical Home recognition	14	19	Increase
# of Community-based programs in Buncombe County that address chronic disease	TBD	TBD	Increase
# of Community-based programs with formal processes for referral from and communication back to primary care	TBD	TBD	Increase
# of Primary care practices with formal processes for referrals to and communication back from community-based programs	TBD	TBD	Increase

Clinical-Community Connections Strategy

- **Goal:** Increase linkages between clinicians and community-based programs
 - Strategy: Create workgroup of clinical providers and community program directors to map and improve the system of referrals for people with chronic diseases in order to improve health and management of chronic disease.

Clinical-Community Connections Partners

Clinical partners:

- Community Care of WNC, Family Health Center of Asheville, MAHEC, Mission Health, Mission Medical Associates, WNC Patient-Centered Medical Home Project, WNC Pediatric Collaborative, Western Carolina Medical Society

Community-based program partners:

- Asheville Buncombe Institute for Parity Achievement (ABIPA), Land of Sky Regional Council, YMCA, YWCA

Other partners:

- Buncombe County Schools, Buncombe Health & Human Services, Community Transformation Grant, Innovative Approaches, Minority Health Grant, United Way, WNC Healthy Impact

Progress Highlights

- Workgroup convened June 2013
- Clinicians' and community-based programs' needs in an enhanced referral system explored
- Community-based programs and resources in Buncombe County inventoried and results shared
- Organizations employing community health workers identified
- Promising practices and evidence-based models of clinical-community connections reviewed
- Next step: Select pilot intervention

Emerging Issues & Local Changes

New & Emerging Issues

- Implementation of the ACA locally
- Increased advocacy work of the Public Health Advisory Council based on CHIP strategies
- Evolution of the role of public health in larger health system
- Funding constraints
 - Shutdowns, budget cuts, and their impact on public health, HHS and community programs.
- Ongoing efforts to integrate and streamline efforts, internally and countywide through Collective Impact
- Evaluation of the CHIP as a process and program

This report will be shared with local partners and stakeholders as we move forward with Community Health Improvement in 2014.



What Next?

CHIP in 2014 will involve:

- Increased emphasis on communications and advocacy
- Finalizing shared measurement systems and using new technology to track program outcomes