

# Buncombe County's Had a Check-Up!



## Buncombe County Community Health Assessment 2005

### Summary Highlights of the CHA 2005 Community Report



Provided By



Health Partners

*Buncombe County's Healthy Carolinians Partnership*

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### Buncombe Community Health Assessment 2005 Summary Highlights

Every five years HealthPartners, the Buncombe County Health Center, key healthcare providers and community organizations, and many volunteers work together to conduct a county "health check-up".

#### **Why do we conduct a Community Health Assessment?**

The federal Centers for Disease Control and Prevention (CDC) states that a successful community health promotion process involves:

- A wide range of community members participating in every phase of the process – data analysis, priority setting, action planning, program development and evaluation.
- Data guiding the development of programs.
- Participants developing a comprehensive health promotion strategy.
- Evaluation that emphasizes feedback and program improvement.
- An increase in community capacity for health planning and health promotion.

#### **What information was collected and analyzed for CHA 2005?**

"Primary data" we collected ourselves for up-to-date data on residents' health, use of medical services, insurance status, and personal health-related behaviors:

- 941 telephone surveys with Buncombe County residents, including a planned over-sample of our African American community resulted in 133 completed interviews (of the 941 total)
- 79 face-to-face interviews completed with Senior residents
- 77 face-to-face interviews completed in Spanish with Latino residents
- 12 focus groups with 101 residents. Open-ended discussion with small groups representing: parents, young adults, school-based health, rural Appalachian residents, African Americans, immigrants, health and social service providers, businesses, and policy makers

"Secondary data" already collected in other studies. This includes:

- standard health surveillance data (such as disease rates or birth data)
- ongoing public health surveys (such as the yearly Behavioral Risk Factor Surveillance Study)
- data not specific to health (such as economic or environmental statistics)
- locally generated data (such as school system summary data on student health)

#### **What community priorities have been set?**

On May 31, 2006, more than one hundred community members attended the CHA 2005 Community Health Summit, to hear a presentation of data and then prioritize health concerns for community collaboration in 2006-2010. Participants selected the following top five priorities:

- Obesity (*childhood and adult*)
- Access to comprehensive whole-person care
- Economic access to care (*including issue of insurance*)
- Mental health
- Health parity (equally good health among residents of every cultural and economic group)

#### **Where can I get the CHA 2005 Community Report?**

For an illustrated narrative report on Buncombe County's most recent assessment, go to:

<http://www.healthpartnerswnc.org/content/view/2/3/>

and click on "*Community Health Assessment (CHA) 2005 Report*" to download in PDF format.

#### **How are data organized in CHA 2005?**

Information in the CHA 2005 report and in this Summary Highlights is structured with reference to the North Carolina 2010 Health Objectives ([www.healthycarolinians.org/healthobj2010.htm](http://www.healthycarolinians.org/healthobj2010.htm)).

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<p><b>Demographics &amp; Social Context</b> <i>(pages 7-13)</i></p>	<ul style="list-style-type: none"> <li>• Our population age distribution is trending older, more than in the state or nation.</li> <li>• African Americans are about 1/3 as likely as Euro Americans to be college graduates.</li> <li>• 40% of families with children and a female head of household are living in poverty.</li> <li>• By the year 2012, nearly 40% of area jobs will be in the services sector.</li> <li>• About 30% of renters pay more than 35% of their gross salary for rent.</li> </ul>
<p><b>Environmental Health, Physical Context</b> <i>(pages 14-16)</i></p>	<ul style="list-style-type: none"> <li>• Air quality measures suggest some overall improvement in ozone and particle pollution.</li> <li>• Community policies on tobacco use are decreasing exposure to second-hand smoke by banning smoking in public places (e.g. schools and school events, Mission Hospitals).</li> <li>• Buncombe County Health Center inspects water wells, septic systems, food and lodging establishments, day care centers, swimming pools, tattoo parlors.</li> </ul>
<p><b>Health Status</b> <i>(pages 17-25)</i></p>	<ul style="list-style-type: none"> <li>• <u>Self-Perceptions of Health</u> (pp. 17-20)             <ul style="list-style-type: none"> <li>◦ About 1 in 5 adults rate their health “fair” or “poor.” Minority residents are substantially more likely to report poor health.</li> </ul> </li> <li>• <u>Leading Causes of Death</u> (pp. 20-23)             <ul style="list-style-type: none"> <li>◦ Heart disease accounts for 1 in 4 deaths, with cancer deaths close behind.</li> <li>◦ Disparities in death rates between Minority and Euro American residents is highest in the area of: AIDS (15:1), homicide (6:1), diabetes (3:1), and prostate cancer (2:1).</li> <li>◦ Buncombe met national targets for death-rates on diabetes, COPD, and prostate cancer; and state targets for motor vehicle accidents, heart disease, stroke, homicide.</li> </ul> </li> <li>• <u>Disease Burden</u> (pp. 24-25)             <ul style="list-style-type: none"> <li>◦ Rates for hospitalization had a downward trend. Buncombe rates compared favorably with NC rates for heart disease, diabetes, septicemia, pneumonia. But county rates exceeded the state’s on (non-motor vehicle) unintentional injuries, cancer, and COPD.</li> <li>◦ Nearly half of adults age 45 and older reported having arthritis (or related diseases).</li> </ul> </li> </ul>
<p><b>Chronic &amp; Infectious Diseases</b> <i>(pages 26-50)</i></p> <p><i>Continued on next page</i></p>	<ul style="list-style-type: none"> <li>• <u>Asthma</u> (pp. 28-29)             <ul style="list-style-type: none"> <li>◦ Diagnosis of asthma has climbed and exceeds state and national rates. The county’s asthma hospitalization rate has dropped, however, over the last 5 years.</li> <li>◦ Asthma is more prevalent among women and those of lower education and income.</li> <li>◦ More than 1 in 4 school children were either diagnosed with asthma or were found to have undiagnosed wheezing.</li> <li>◦ Buncombe ranked in the upper 40% of NC counties on prevalence of child asthma.</li> </ul> </li> <li>• <u>Cancer</u> (pp. 30-37)             <ul style="list-style-type: none"> <li>◦ Buncombe County compares quite favorable to the state and nation in the overall rate of newly diagnosed cancer cases (for all types of cancer).</li> <li>◦ The race-ethnic disparity ratio in overall cancer deaths improved by about half, from 1.4:1 in 1998-98 (40% more deaths), to 1.2:1 in 2000-04 (20% more). Disparity in death from cancer is higher between Minority and Euro-American men than women.</li> <li>◦ Buncombe’s rate of new cases of <u>breast cancer</u> has improved over time and compares favorably with state and national rates. Breast cancer mortality dropped substantially in 2000-04 over the 1994-98 rate, but the gap between Minority and Euro-American women appears to have widened (greater improvement for Euro-American women).</li> <li>◦ New case rate for <u>colorectal cancer</u> is trending lower. Race-ethnic disparity in colorectal deaths is greatest between Minority and Euro-American women.</li> <li>◦ The number of new cases of <u>lung cancer</u> rose slightly over the previous report period, but the county rate is better than both NC and US rates. There is no marked disparity in death from lung cancer between Minorities and Euro Americans.</li> <li>◦ The rate of new cases of <u>prostate cancer</u> rose 18% but is still below the state and nation; some of the rise could indicate better screening. The death rate continued a strong decline, but there are noticeably more deaths among Minority men (2.6:1 ratio).</li> </ul> </li> </ul>

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<p style="text-align: center;"><i>Continued</i></p> <p><b>Chronic &amp; Infectious Diseases</b> <i>(pages 26-50)</i></p> <p style="text-align: center;"><i>Continued on next page</i></p>	<ul style="list-style-type: none"> <li>• <u>COPD</u> – Chronic Obstructive Pulmonary Disease (p. 38)             <ul style="list-style-type: none"> <li>○ Age-adjusted death rates for COPD remained fairly level from the prior report period.</li> <li>○ Death from COPD is more common among Euro-Americans than Minority residents.</li> </ul> </li> <li>• <u>Diabetes</u> (pp. 39-40)             <ul style="list-style-type: none"> <li>○ There is an upward trend in the rate of Buncombe adults living with diabetes.</li> <li>○ Fewer persons died from diabetes in 2000-04 than in 1994-98. This slight reversal in a decades-long upward trend may indicate better screening and disease management.</li> <li>○ Persons with little education are nearly 3 times as likely to die of diabetes. Those of low-medium wealth are about 5 times as likely to die as are wealthier residents.</li> <li>○ Minority women in Buncombe County are about 3 times more likely than Euro-American women to die of diabetes. Minority to Euro-American disparity for men is about 2½ times. We don't have diabetes mortality data available that is specific to Buncombe's Latino residents, which would allow comparison with other groups.</li> </ul> </li> <li>• <u>Heart Disease</u> (p. 42)             <ul style="list-style-type: none"> <li>○ About 8% of Buncombe adults have a history of some type of cardiovascular disease.</li> <li>○ Death due to heart disease continued a decades-long decline (improvement); our mortality rate met the NC 2010 objective and may reach the US target in a decade.</li> <li>○ Minority men are about 1/3 more likely to die of heart disease than are Euro-American males in Buncombe; minority women have about a 1/4 greater risk.</li> </ul> </li> <li>• <u>HIV / AIDS</u> (p. 43)             <ul style="list-style-type: none"> <li>○ The rate of new AIDS cases has dropped considerably, but this is probably due more to better screening and treatment than to fewer new HIV infections.</li> <li>○ Buncombe's AIDS death rate dropped nearly 80% in the past 5 years.</li> <li>○ Our county's most extreme health disparity is in AIDS mortality, however, and the gap has widened. Minority residents are almost 15 times more likely to die of AIDS than are Euro Americans, up from a 7-times greater risk in 1994-98.</li> </ul> </li> <li>• <u>Kidney Disease</u> (p. 44)             <ul style="list-style-type: none"> <li>○ Death from kidney disease has been increasing since the 1990s. The mortality rate increased by half since the last reporting period, rising from 10.4 to 15.9.</li> <li>○ Minority residents were about twice as likely to die of kidney disease, reflecting their higher prevalence rates of diabetes and hypertension.</li> <li>○ Men were 2/3 more likely to die than were women (regardless of race-ethnicity).</li> </ul> </li> <li>• <u>Liver Disease</u> (p. 45)             <ul style="list-style-type: none"> <li>○ Death due to liver disease was down somewhat for 2000-04. But the rate has fluctuated up and down over the past 25 years so there is no clear trend.</li> <li>○ Men were about 2½ times more likely to die of liver disease than were women. There was no disparity by race-ethnicity.</li> </ul> </li> <li>• <u>Obesity</u> (pp. 46-47)             <ul style="list-style-type: none"> <li>○ In line with national trends, 6 out of 10 Buncombe adults are now overweight or obese. This is an increase of 1/3 from just 10 years ago (CHA 1995).</li> <li>○ Disparity in the rate of obesity (Body Mass Index &gt; 30) is dramatic for Minority residents and those with lower income. There is no striking disparity by gender, age or education.</li> <li>○ Obesity exceeds overweight (BMI of 25-29.9) among Minority residents.</li> <li>○ The most notable disparity for overweight was by gender; men had a 50% higher rate.</li> <li>○ More than 1 in 3 elementary school students have a weight concern (SHAC survey).</li> <li>○ Risk of over-weight begins to climb dramatically in 2<sup>nd</sup> grade.</li> </ul> </li> </ul>
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<p style="text-align: center;"><i>Continued</i></p> <p><b>Chronic &amp; Infectious Diseases</b> (pages 26-50)</p>	<ul style="list-style-type: none"> <li>• <u>Pneumonia &amp; Influenza</u> (p. 48) <ul style="list-style-type: none"> <li>○ Death due to pneumonia and influenza has remained fairly steady for the last 25 years, and is on par with North Carolina rates.</li> <li>○ As shown in the chart on p. 23, pneumonia and flu pose an ever greater risk for death as a person grows older.</li> </ul> </li> </ul> <hr style="border-top: 1px dotted #000;"/> <ul style="list-style-type: none"> <li>• <u>Septicemia</u> (p. 48) <ul style="list-style-type: none"> <li>○ Death due to septicemia (severe infection) showed an increase in the last 5 years, compared to the preceding 15 years. The mortality rate increased by more than half (even after statistical adjustment for changes in the ICD).</li> </ul> </li> </ul> <hr style="border-top: 1px dotted #000;"/> <ul style="list-style-type: none"> <li>• <u>STDs – Gonorrhea</u> (p. 41) and <u>Syphilis</u> (p. 50) <ul style="list-style-type: none"> <li>○ Buncombe's rate of new <u>gonorrhea</u> cases dropped by more than one third. (Gonorrhea is often used as a general indicator for STDs – sexually-transmitted diseases).</li> <li>○ There is a sharp disparity by race-ethnicity, with Minority residents 7 times as likely to become infected with gonorrhea. But the Minority rate was reduced over 40% from the prior report period.</li> <li>○ The rate of new cases of <u>syphilis</u> among Buncombe's Minority residents (2 cases per 100,000 persons) was down more than 80%; this is 20% of the state's Minority rate.</li> </ul> </li> </ul> <hr style="border-top: 1px dotted #000;"/> <ul style="list-style-type: none"> <li>• <u>Stroke</u> (p. 49) <ul style="list-style-type: none"> <li>○ Death due to stroke has declined by 1/3 from 25 years ago, with a moderate reduction over the past 5 years. Buncombe meets the NC 2010 target, but not yet the national.</li> <li>○ Race-ethnic disparity in stroke mortality was cut in half over the prior report period, and Minorities actually had a lower rate of death from stroke than did Euro Americans.</li> </ul> </li> </ul>
<p><b>Prevention</b> (pages 51-58)</p>	<ul style="list-style-type: none"> <li>• <u>Health Screenings</u> (pp. 51-57) <ul style="list-style-type: none"> <li>○ Sigmoidoscopy / colonoscopy <u>screening for colorectal cancer</u> increased among those age 50 and up (for whom screening is recommended). While there were no disparities in the use of blood stool tests for screening, Minority residents were most notably less likely to have been screened using sigmoidoscopy or colonoscopy.</li> <li>○ 80% of women age 40+ reported having a recent mammogram to <u>screen for breast cancer</u>, meeting the national target. There were no statistically significant disparities.</li> <li>○ Buncombe County is close to meeting the national target for <u>Pap tests for cervical cancer</u>, with no significant disparities in screening rates.</li> <li>○ In the past 5 years, the county has made progress increasing <u>screening for prostate cancer</u>, with 70% reporting ever having had an exam, with no significant disparities.</li> <li>○ About one fourth of Buncombe adults – and about 40% of those over age 44 – have been told they have high <u>blood pressure</u>. Fewer than 3/4 of these take medications to control their hypertension; the target is for 80% to be on medication.</li> <li>○ In 2005 Buncombe met the national objective for <u>cholesterol screening</u>, with 80% of adults reporting a test within the past 5 years; the screening rate was higher for wealthier and older adults. About a third were told their cholesterol level is high.</li> <li>○ About 40% of all adults have been <u>tested for HIV</u> infection. Women, younger adults and those with more education are more likely to have had a test; women are typically tested when pregnant.</li> </ul> </li> <li>• <u>Immunizations</u> (pp. 58) <ul style="list-style-type: none"> <li>○ In the CHA 2005 Seniors Survey, 76% reported having had a <u>flu vaccine</u> within a year.</li> <li>○ About one fourth of adults have had a <u>pneumonia vaccine</u>; among persons age 45 and older, that rate is about half.</li> <li>○ Vaccine rates were higher among wealthier and more educated adults.</li> <li>○ As is occurring elsewhere, Buncombe County is endeavoring to institute an electronic reporting process, with collaboration from both public and private pediatric providers, to more effectively track children's immunization histories.</li> </ul> </li> </ul>

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<p><b>Oral Health</b> (pages 59-61)</p>	<ul style="list-style-type: none"> <li>• Overall 2 of 3 adults reported visiting the dentist within the past year. Lower income and education were significantly correlated with lack of recent oral health care.</li> <li>• In our small Latino Survey (of convenience), only 1 in 4 had seen the dentist.</li> <li>• 20% of CHA 2005 phone survey respondents and 63% in the Seniors Survey had lost at least 6 teeth to extraction due to decay or gum disease. 8% had <u>all</u> their teeth extracted.</li> <li>• Untreated dental disease in Buncombe kindergartners declined from 25% five years ago to 16% in 2005-06. The county ranked high on dental treatment to Medicaid-eligible kids.</li> </ul>
<p><b>Mental &amp; Behavioral Health</b> (pages 62-64)</p>	<ul style="list-style-type: none"> <li>• About 1 in 4 adults reports having 3+ days of poor mental health in the past month, with higher responses among women, younger adults (18-44), and lower income persons.</li> <li>• More than 1 in 4 report symptoms of depression in the past year.</li> <li>• 6% wanted counseling in the past year but did not get it, with cost being the main barrier.</li> <li>• Buncombe's suicide rate has run about 15% higher than the NC rate. Suicide is the 3rd leading cause of death for adults age 20-39, and the 5<sup>th</sup> cause for 40-64 year olds (p. 23).</li> </ul>
<p><b>Injuries</b> (page 65)</p>	<ul style="list-style-type: none"> <li>• At every age level, unintentional injury – excluding motor vehicle accidents – is one of the 10 leading causes of death in Buncombe County.</li> <li>• The rate of unintentional death is more than twice the national target rate, and our county's hospitalization rate for injuries and poisonings exceeds the state average.</li> <li>• Falls account for nearly half of these deaths; about one-fourth are due to poisoning.</li> </ul>
<p><b>Maternal &amp; Child Health</b> (pages 66-73)  <i>Continued on next page</i></p>	<ul style="list-style-type: none"> <li>• <u>Pregnancy and Prenatal Care</u> (pp. 66-68)             <ul style="list-style-type: none"> <li>◦ The proportion of women receiving <u>early prenatal care</u> has increased, and our overall rate meets the NC target. However, African American and Native American women are far less likely to begin prenatal care in their first trimester.</li> <li>◦ <u>Smoking</u> among pregnant women has declined, but is still higher than the state rate.</li> <li>◦ Buncombe continues to exceed the state in the percent of mothers with low education.</li> <li>◦ <u>Teen pregnancy</u> rates are down. Minority rates for <u>15-19 year olds</u> dropped by 1/4 and Euro-American rates by 1/3. Minority teens are twice as likely to become pregnant.</li> <li>◦ There was a 41% overall decrease in pregnancy for <u>15-17 year olds</u>, with more improvement for Minorities (a 45% decrease) than Euro-Americans (down 39%).</li> </ul> </li> <li>• <u>Childbirth and Infant Outcomes</u> (pp. 69-70)             <ul style="list-style-type: none"> <li>◦ Overall, 9% of babies were born at <u>low birth weight</u> (LBW), with Minorities about 2/3 more likely to have an LBW baby. Our rates are higher than in the state and nation.</li> <li>◦ The rate of <u>very low birth weight</u> (VLBW) among African-Americans has improved significantly – dropping from 4.5%, in 1994-98, to 2.9% in 2000-04 – better than in NC.</li> <li>◦ Use of <u>cesarean delivery</u> has increased faster in Buncombe County, approaching the state rate. About 1 in 4 babies is now being delivered surgically; the target is 1 in 6.</li> <li>◦ County-level data is not available for a general rate of <u>breastfeeding</u>. But outcomes in Buncombe County's WIC program exceed state measures, with 2 of 3 babies having some breastfeeding and about 1/3 still breastfeeding at 6 weeks of age.</li> </ul> </li> <li>• <u>Infant, Fetal and Childhood Death</u> (pp. 71-72)             <ul style="list-style-type: none"> <li>◦ More than 1/3 of deaths in childhood (ages 0-17) are due to medical circumstances at the time of birth. Illness accounts for 1 in 5 deaths, homicide for 6%, suicide for 4%.</li> <li>◦ Buncombe is lagging behind the state in infant mortality. Our overall rate is close to the NC target of 7.4 deaths per 1000 births, but there is tremendous disparity. Minority infants are about 3 times as likely to die in their first year. The Minority infant death rate decreased about 10% from the prior report period; there was no real change in infant mortality among Euro-Americans.</li> <li>◦ Buncombe's rate of fetal deaths was about 5% higher than state rate for 2001-2005. Minority women were about twice as likely to have a pregnancy end in fetal death.</li> </ul> </li> </ul>

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<p style="text-align: center;"><i>Continued</i></p> <p style="text-align: center;"><b>Maternal &amp; Child Health</b> <i>(pages 66-73)</i></p>	<ul style="list-style-type: none"> <li>• <u>Other Child Health Issues</u> (pp. 72-73) <ul style="list-style-type: none"> <li>○ Buncombe has shown steady improvement in screening Medicaid-eligible children for <u>lead exposure</u>, although we still lag behind North Carolina rates. Lead exposure is less of an environmental threat in our county than in some other areas of the state.</li> <li>○ <u>Poverty</u> is a major contributing factor in children with poor health. Half of Buncombe's African American children under age 5 live in poverty, nearly 4 times the rate for Euro-American children, 2½ times the rate for Latinos, and about 1.4 times the rate for African American children in the state as a whole. There is greater disparity in poverty among older children when we compare our county's Latino and Euro-American youth, whereas with African Americans the disparity is greater with younger children.</li> </ul> </li> </ul>
<p style="text-align: center;"><b>Health Promotion</b> <i>(pages 74-81)</i></p>	<ul style="list-style-type: none"> <li>• <u>Nutrition and Fitness</u> (pp. 75-77) <ul style="list-style-type: none"> <li>○ Through an application process headed by the Healthy Buncombe Coalition, the City of Asheville has been designated one of North Carolina's "Fit Communities" in recognition of our environmental and policy achievements in supporting fitness.</li> <li>○ Our school systems have adopted Wellness Policies on healthy eating and fitness. A program is underway to support children walking and biking safely to school.</li> <li>○ The City has a Master Greenways Plan and is building pedestrian/bicycle routes.</li> <li>○ More than 10% of our CHA survey respondents eat no whole grain foods at all.</li> <li>○ Overall, only 1 in 4 adults eat the recommended amount of fruits and vegetables. The rate is considerably lower for Minorities, those with lower income, and younger adults. Moreover, the rate has been dropping from the 38% reported in 2000.</li> <li>○ Overall, 1 in 5 adults reported they had engaged in no exercise at all in the past month.</li> </ul> </li> <li>• <u>Tobacco Use</u> (pp. 78-79) <ul style="list-style-type: none"> <li>○ Both county school systems have adopted a 100% tobacco-free policy, as have the City and numerous businesses and organizations in the community.</li> <li>○ 2 out of 3 high school students in Western NC have tried a tobacco product; more than 1 in 3 currently use tobacco; 29% smoke cigarettes, and 14% use smokeless products.</li> <li>○ About 1 in 5 adults now smoke cigarettes, with strong disparities by race-ethnicity, income and education. Minority smoking is nearly twice the overall rate; whereas half of Euro-Americans have quit former tobacco use, only a fourth of Minorities have quit. Smoking rates are higher for young adults and those with less education and income.</li> </ul> </li> <li>• <u>Alcohol Use and Substance Abuse</u> (pp. 80-81) <ul style="list-style-type: none"> <li>○ Rates of "heavy drinking" (consistent, chronic drinking) have remained level, between 4%-5% of Buncombe adults, with no marked disparities between groups.</li> <li>○ "Binge drinking" (having 5 or more drinks at an occasion) has also remained fairly steady at just under 10% of all Buncombe adults, 18% of those who do drink alcohol.</li> <li>○ County-level data on substance abuse is less readily available, due to legal concerns. Surveys disclose that about 1 in 6 persons has had a close family member treated for substance abuse. About 5% disclosed being treated themselves.</li> <li>○ In terms of affected family members, Minorities, younger adults, and women are most likely to experience the impact of substance abuse by a family member.</li> </ul> </li> </ul>
<p style="text-align: center;"><b>Access to Healthcare</b> <i>(pages 82-95)</i></p> <p style="text-align: center;"><i>Continued on next page</i></p>	<ul style="list-style-type: none"> <li>• <u>Healthcare Providers</u> (pp. 82-85) <ul style="list-style-type: none"> <li>○ The number of healthcare providers, available in Buncombe County, has increased since the last reporting period for all categories of provider except LPNs; the increase kept ahead of population growth in all categories except Physical Therapists.</li> <li>○ The ratio of residents-to-<u>primary care providers</u> (PCPs) is 729 compared with 1154 statewide, meaning we have more PCP capacity in our county. This has also been trending downward slightly (a positive change, increasing capacity).</li> <li>○ When we add in mid-level personnel, the ratio improves further to almost 400:1.</li> </ul> </li> </ul>

## Buncombe County's Had a Check-Up!



<p><i>Continued</i></p> <p><b>Access to Healthcare</b> <i>(pages 82-95)</i></p>	<ul style="list-style-type: none"> <li>• <u>Healthcare Providers</u> <i>(continued)</i> <ul style="list-style-type: none"> <li>○ The ratio of residents to practicing <u>dentists</u> is a relatively favorable 1600:1. Buncombe dentists' potential caseload is about 20% smaller than average in North Carolina.</li> <li>○ In our CHA 2005 phone survey, about 84% of respondents said they had a <u>medical home</u> (a usual doctor/clinic they go to for care). This is on par with the national rate of 86%, ahead of the CHA 1995 rate of 79%, but a drop back from 93% in CHA 2000.</li> <li>○ 30% of those without a medical home cited cost or lack of insurance as the reason. Those less likely to have a medical home were men, Minorities, younger adults, those with lower educational attainment and less income.</li> </ul> </li> <li>• <u>Affordability and Health Insurance</u> (pp. 86-88) <ul style="list-style-type: none"> <li>○ Buncombe's rate of <u>uninsured adults</u> who are pre-Medicare-age (18-64 years) has risen from 17% in 2001 to 25% in 2005. This is worse than state and national rates.</li> <li>○ For every 3 uninsured younger adults in the US, there are 4 uninsured in Buncombe.</li> <li>○ 2 out of 5 Minority adults (18-64) are uninsured, regardless of their employment status. Latinos are the most likely to be uninsured.</li> <li>○ Health insurance is an economic issue: adults age 18-64 with a household income under \$50,000 are 6 times as likely to be uninsured as those with higher income.</li> <li>○ 1 in 10 <u>children</u> in Buncombe County lacks healthcare coverage, which compares relatively well with other North Carolina counties.</li> <li>○ Buncombe ranks high among NC counties in enrolling children in Medicaid and Health Choice; about 2 in 5 children are enrolled in one of these two insurance programs.</li> </ul> </li> <li>• <u>Systems Issues and Barriers to Care</u> (pp. 89-95) <ul style="list-style-type: none"> <li>○ In our CHA 2005 survey, about 15% said there was a time in the past year when they wanted to see a doctor but couldn't; over half the time lack of insurance and/or cost was the reason given ("uninsured" or "under-insured"). This was especially true for those with low-medium income and for Minorities. Buncombe County has a network of "<u>safety net access providers</u>" working together to create access to essential health care services for the un-/under-insured. The CHA 2005 report includes information on these services and providers (see pp. 90-93).</li> <li>○ <u>Language and cultural issues</u> were also cited as important factors impacting the health of our residents. The WNC Interpreter Network (WIN), run by the county Medical Society, offers quality medical interpreter services to physicians at a reasonable fee.</li> <li>○ <u>Complexity of the system</u> was discussed as a barrier to getting needed services.</li> <li>○ <u>Lack of system coordination</u> was discussed, including: difficulty navigating services, duplication of services, lack of provider follow-up, lack of continuity of care.</li> <li>○ <u>Lack of services and facilities</u> were brought up, including difficulty getting: home health services, dental and vision care, emergency services, and a range of services focused on the elderly – assisted living, long term care, day care, and respite care.</li> </ul> </li> </ul>
<p><b>Focus Group Input</b></p>	<ul style="list-style-type: none"> <li>• Woven into the narrative of the CHA 2005 Community Report are comments from the 12 focus groups conducted to gain insight from residents' and stakeholders' comments.</li> <li>• Themes identified from participants' discussion echo and expand on the main report topics: affordability and insurance, lack of services and coordination, chronic disease management, mental health services, substance abuse treatment, cultural barriers, transportation, lifestyle and personal responsibility, diet and exercise, environment, education, communication, incentives for prevention, health disparities.</li> <li>• A separate, more inclusive report with qualitative analysis of these focus group themes will be available soon on Health Partners' website: <a href="http://www.healthpartnerswnc.org/">http://www.healthpartnerswnc.org/</a>.</li> </ul>