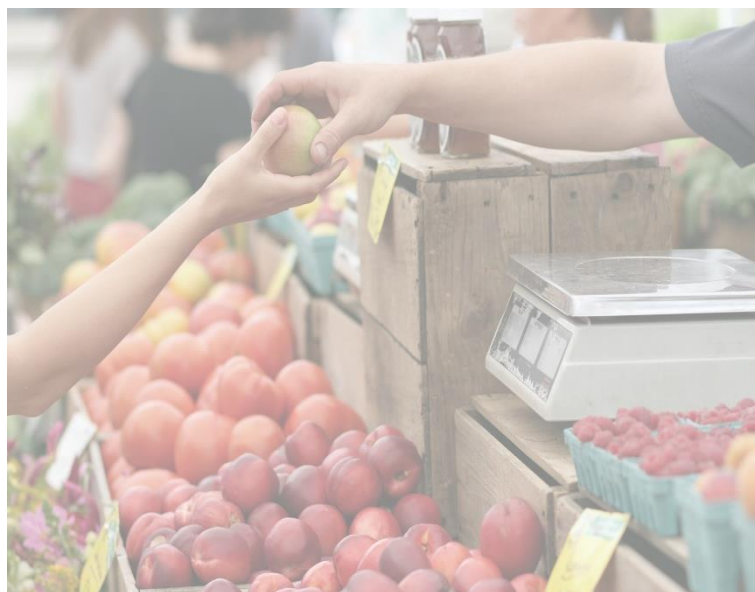




2019

**Buncombe County
Community Health
Improvement Plan
(CHIP)**





Buncombe County HHS-Community Health Improvement Plan (2018-2021)

The 2018 Community Health Assessment priority areas are:

- **Health Priority 1 – Mental Health**
- **Health Priority 2 – Birth Outcomes & Infant Mortality**



The following CHIP Scorecard was created and submitted **September 9th, 2019** in order to meet the requirements for the **Buncombe County** Long and/ or Short Term Community Health Improvement Plans.

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 CHIP:

- [WNC Healthy Impact](#)
- [WNC Healthy Impact Data Workbook](#)
- [NC DHHS CHA Tools](#)
- [NC DHHS County Health Data Book](#)
- [NC DHHS/ DPH CHA Data Tools](#)
- [Buncombe County Qualitative Data Report](#)

We are excited to share the online "Community Health Improvement Scorecard." It's an easy way to learn about Buncombe County's current health priorities and what our community leaders, partners and residents are working on *together* to improve the health of our community.

This Scorecard is a **living document** that will change as the community priorities, progress and landscape changes. This tool makes it easy to see and get up-to-date information about:

- **Results** we hope to see as our health improves
- **Data** that concern us and the story behind the data that helps us understand why things are getting better or worse
- **Partners and programs working together** to make things better
- **Ways we are measuring success** and describe how we are making a difference

*Click anywhere on the scorecard to learn more about the partners and programs who are **working together** to improve health in Buncombe County. Use the + icons to expand items and the note icon to read more.*

For regular updates on the Community Health Improvement Plan, please visit our blog at: <http://buncombechip.blogspot.com>

Like or follow us on Facebook: <https://www.facebook.com/BuncombeCHIP>

Birth Equity - Long Term CHIP		Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
R	Birth Equity	A thriving and safe community, leading to 100% healthy births, mamas, and families. A community where families are educated and supported with access to adequate resources and a stable household.			
Alignment					

Equity in Birth Outcomes & Infant Mortality - or "Birth Equity" for short - and the related result ("*A thriving and save community, leading to 100% healthy births, mamas, and families...*") are aligned with the following Healthy NC 2020 Focus Areas/ Objectives.

- Focus Area: Maternal and Infant Health
 - Objective 1: Reduce the infant mortality racial disparity between whites and African Americans.
 - Objective 2: Reduce the infant mortality rate (per 1,000 live births).

Experience and Importance

How would we experience this result in our community if we are successful?

Our community partners identified the following themes as key elements of our desired result:

- Healthy babies: 100% healthy births (full term, healthy weight, no infant deaths)
- Healthy parents: Healthy, supported mamas and babies. Parents feel empowered with emotional well-being. Supported, educated, and engaged fathers/partners.
- Healthy community: Thriving safe community where everyone gets along, & has what they need to be healthy. Household stability. Health care for all. Reparations made.

If we achieved our desired result, we would feel:

- Peaceful, with more time and energy to engage with community
- More relationship driven
- People listening to each other & respecting each other
- Less stress
- Families can earn a real living wage to live in Asheville
- No drugs, alcohol, vandalism
- Respect, honoring each other
- Emotional and physical safety
- Less fear
- Children can safely play outside with their friends
- More connection with nature
- Less coal ash
- Less light pollution
- More edible gardens
- Quiet - no sirens
- Nicer police
- History of structural racism has been reconciled and repaired

What information led to the selection of Birth Equity and this related result?

Equity in Birth Outcomes and Infant Mortality was one of 10 standout health conditions based on the size and severity of the issue in our community and was reviewed separately from substance use. What made Birth Equity standout most was the data collected locally through the WNCHI telephone survey, from key informant surveys and via community input sessions gathered through listening sessions and brief surveys done in community gathering places ranging from food distribution sites to the Asheville Tourist stadium. Infant and Child Health as well as Family Planning were issues of key concern among community leaders in the Online Key Informant Survey; Secondary data revealed significant disparities in are present in birth outcomes, infant mortality and preconception health for African American and Latinx residents.

Key findings related to Birth Equity included:

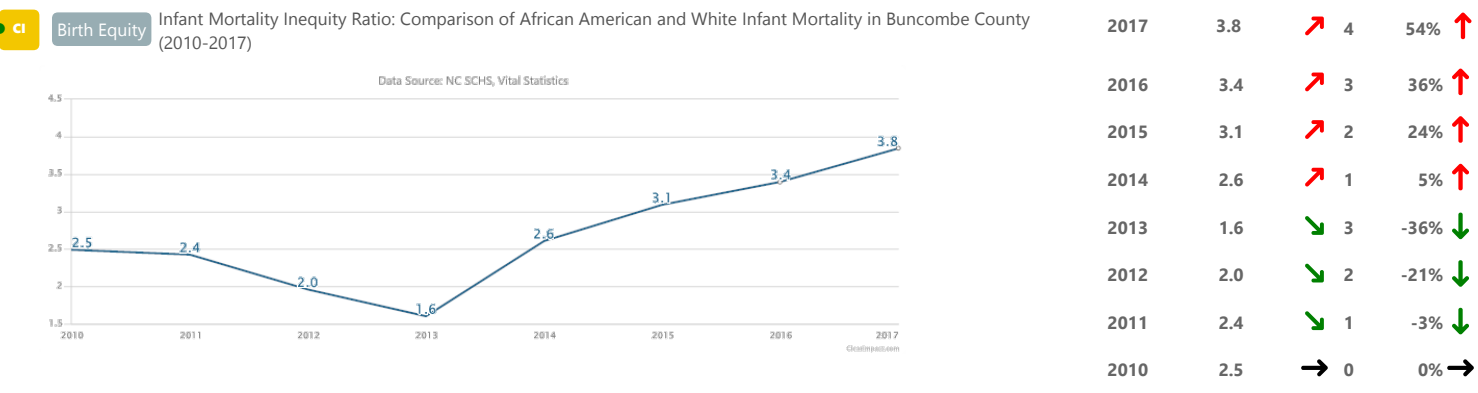
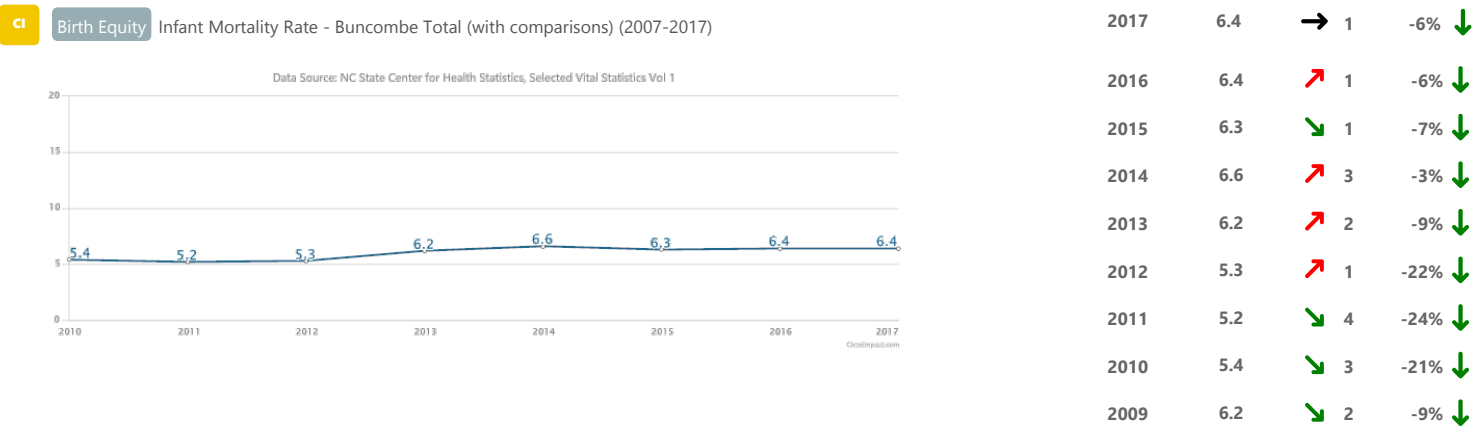
- Preterm Births: 9.9% overall (2013-2017)
 - Black (13.8%), Latinx (9.8%), White (9.0%),
 - Black : White inequity ratio of 1.53
- Low Birth Weight: 8.3% overall (2013-2017)

- Black (15%), Latinx (6.2), White (8.0%),
 - Black : White inequity ratio of 1.87
- Infant Mortality: 6.4 deaths per 1,000 live births (2013-2017)
 - Black (19.6), Latinx (6.2*), White (5.1)
 - *Rates based on fewer than 20 cases - as for the Latinx infant mortality rate - are unstable and should be interpreted with caution.
 - Black : White inequity ratio of 3.8
 - Latinx : White inequity ratio of 1.2*
- Teen Pregnancy: 21.1 per 1,000 women 15-19 (2017)
 - Black (35.3), Latinx (35.4,) White (17.2)
 - Black: White inequity ratio of 2.05
 - Latinx : White inequity ratio of 2.06

What Else Do We Know?

- The number of teen pregnancies that end in abortion has been steadily dropping since 2006 and Buncombe’s rate is consistent with the region and state (6.1/1,000 women 15-19) (NC SCHS, 2018) (North Carolina State Center for Health Statistics, 2018)
- There was no Black / White disparity in the percent of women (87.9%) receiving care in their first trimester. Latinas were even more likely (91.6%) to receive care. (NC SCHS, 2018)

Our CHIP Advisory Council, with representation from roughly 30 community organizations, working to broadly address health, social and economic needs, were actively engaged in 3 2-hour work sessions to identify which community health conditions to prioritize. Using a tool to prioritize conditions based on relevance, impact and feasibility, birth equity emerged as one of the two areas to focus on for CHIP moving forward (along with Mental Health).



Data Description & Source

Description: NC State Center for Health Statistics: " The ratio of black infant mortality rate to white infant mortality rate based upon 5 year time span."

Plain language: This ratio tells us how likely black babies are to survive their first year of life compared with white babies in Buncombe County.

Calculation: This ratio is found by dividing the black infant mortality rate by the white infant mortality rate. In 2017, the black infant mortality rate in Buncombe County was 19.6 deaths per 1,000 live births, while the white infant mortality rate was 5.1 deaths per 1,000 live births. 19.6/5.1 = 3.84.

Sources: Data available from North Carolina State Center for Health Statistics (NC SCHS), Statistics and Reports: Tracking Maternal and Child Health Data in North Carolina.

"Under Minimum/National Data Set (M/NDS) – North Carolina", click on Indicator 2: Black/White Infant Mortality Ratio, and select a year: <https://schs.dph.ncdhhs.gov/data/mch/>

Note: It is common practice to use 5-year aggregate data for monitoring infant mortality trends; as there are a small number of infant deaths each year, one death can significantly impact the annual Infant Mortality Rate.

Story Behind the Curve

The comments below are what community members shared in our Talk to Action and other community input sessions regarding what are the root causes or stories behind the data.

What's helping/working? These are the positive forces at work in our community and beyond that influence this issue in our community.

Working/Helping:

- Mothering Asheville
- Home Visiting Programs / Collaborative, including, but not limited to: MotherLove at the YWCA, Nurse Family Partnership, Pregnancy Care Managers, Project NAF, SistasCaring4Sistas Doulas for Social Justice (SC4S), Verner Center for Early Learning, and Asheville Buncombe Institute for Parity Achievement (ABIPA)
- Doulas (particularly doula groups like SC4S who employ community members of color and serve families facing increased barriers, risks, or stigmas)
- Building trust through meeting patients where they are
- Programs with a holistic approach like ABIPA
- Increased efforts to tackle provider bias (for example, at MAHEC)
- Providers & clinical staff going through the Racial Equity Institute (REI)
- Preconception health
- Improved reproductive health counseling, education, services (Title X)
- Providers who act with an ethical approach
- Increased men mentoring boys (specifically on fatherhood, manhood, etc.)
- Increased young men's involvement/participation in birth/parenting
- Increased nonprofits working with youth comprehensively (for example, My Daddy Taught Me That (MDTMT), My Sistah Taught Me That (MSTMT), Youth Transformed for Life, and others)
- Natural community mentors for youth
- Tipping point grants
- Increased national conversation about racism and the impacts on health
- Work of the YWCA's Racial Justice Coalition
- Family-nurse partnerships, community-based parenting programs, mentoring and support for single and low-income mothers
- Increased awareness of the disparities related to the mortality rate of our infants
- Movement to increase awareness and need for services and supports
- Planned Parenthood and the Health Department do a great job. More awareness is need to promote birth control and safe sex.

What's hurting? These are the negative forces at work in our community and beyond that influence this issue in our community.

Hurting/Not Working:

- Lack of affordable housing
- Need for living wage

- Racism/White Supremacy Culture
- Inequities / Institutional racism in local schools
- Lack of diversity of providers
- Provider bias/racism
- Lack of voice the woman has during birth / Providers not listening to what women want
- Patient biases that create barriers to trust and impair receiving quality health care
- Lack of open communication between patients and providers
- including reports of providers lying to patients, women of color having to fight to have a natural birth and being labeled noncompliant
- Increased racism & biases in birthing rooms towards mixed race families too
- Trauma: including historical personal trauma impacting the birth experience, and traumatic birth experiences impacting well-being
- School to prison pipeline
- Violence
- Segregation
- Fewer/no depictions of women/mothers of color in pictures on the wall (this was a literal example, calling out the lack of women of color in photographs in birthing halls of the local hospital)
- Lack of advocates during birth
- Substance abuse
- Unsafe/unhealthy work conditions
- Inadequate childcare, poorly-supported parents, poverty, inadequate housing, more safety-net programs, unemployment
- More awareness [needed] about prenatal health
- Generational trauma
- Failure to expand Medicaid
- Not enough doctors have buy-in yet
- Abstinence-only education in schools, lack of access to appropriate and comprehensive sexual health centers and information
- Inadequate family planning, threat to planned parenthood, politics, domestic violence, education/drop-out rate, not enough school nurses and mental health professionals
- Healthcare with high deductibles or that doesn't cover needed resources

Partners

Partners With A Role to Play

Partners in our Community Health Improvement Process:

- CHIP Leadership: Buncombe County Health & Human Services, MAHEC, Mission Health, NC Center for Health & Wellness, Pisgah Legal Services, VAYA Health
- CHIP Advisory Council Members: Asheville Buncombe Institute for Parity Achievement, Asheville Buncombe Food Policy Council, AB Tech Community College, Asheville City Schools, Buncombe County Aging Plan, Buncombe County Government (including Health & Human Services, Sheriff's Department, Strategic Partnerships: Community Engagement), Buncombe County Partnership for Children, Buncombe County Schools, Children First/Communities in Schools, Family Preservation Services, Helpmate, Land of Sky, MAHEC, Mission Health, Mothering Asheville, Mountain Housing Opportunities, Mountain True, NC Center for Health and Wellness, NC Department of Agriculture and Consumer Services, Pisgah Legal Services, UNC Eshelman School of Pharmacy, United Way, VAYA Health, Western Carolina Medical Society, YMCA of WNC, YWCA of Asheville

- WNC Healthy Impact

Partners with a Role in Helping Our Community Do Better on This Issue:

This list is the organizations that have engaged in activities related to development of the CHIP plan around Birth Equity:

- Asheville Buncombe Institute of Parity Achievement (ABIPA)
- Asheville Bereavement Therapy
- Buncombe County Health and Human Services
- BCHHS Nurse Family Partnership
- CHIP Advisory Council (*Members listed above*)
- Gentle Mothering
- Guardian Ad Litem Association of Buncombe County
- MAHEC
- Mission Health
- Mother to Mother
- Mothering Asheville* (*Steering Committee members listed below*)
- Mountain Housing Opportunities
- My Daddy Taught Me That (MDTMT)
- NC Center for Health & Wellness
- Peaceful Beginning
- Project NAF
- SistasCaring4Sistas
- Umoja Health, Wellness and Justice Collective
- VA Medical Center
- Western Carolina Medical Society
- YWCA of Asheville

*The Mothering Asheville Steering Committee includes the following partners:

- Mother to Mother
- Sistas Caring 4 Sistas
- MAHEC
- Pisgah Legal Services
- YWCA
- ABIPA
- Children First/Communities in Schools of Buncombe County
- North Carolina Center for Health and Wellness at UNC Asheville
- Nurse Family Partnership
- Buncombe County Health and Human Services
- Buncombe County Community Engagement Team
- Community Care of Western North Carolina
- Homegrown Babies
- Mission Health

Strategies Considered and Process

The following actions have been identified by our CHIP partners, community stakeholders and community members as ideas for what can work for our community to make a difference in addressing Inequities in Birth Outcomes and Infant Mortality.

A number of processes were used to identify strategies to consider to advance Birth Equity. The overall approach used was a modified Results-Based Accountability process. A two-part community input process was facilitated using the RBA Whole Distance Exercise with the first part taking place in June and the second in July. These input sessions included over 55 individuals with participants including those with lived experience, health care providers, social service agencies, advocacy organizations and local non-profits. The professionals participating included those working in the health field as well as those working to address many of the social and economic factors that impact health.

What Community Partners and Community Members, Including those directly affected by Inequities in Birth Outcomes and Infant Mortality, Say it would take to do better:

- Honest, culturally competent providers
- Better postpartum care
- Father/partner postpartum care and attachment
- Paid family leave
- In-home healthcare (like postpartum doulas)
- Quality sex education
- Access to birth control
- Self-esteem/self-awareness (relates to sexual health)
- More preconception health services/education
- Training white providers on working with patients of color

Actions and Approaches Identified by Community Partners and Community Members, Including those directly affected by Inequities in Birth Outcomes and Infant Mortality: *(Numbers align with NC Perinatal Health Strategic Plan strategies detailed below)*

Improve health care for women and men:

- 3d. Provide care coordination / case management / home visiting services that includes promotion of resiliency, mental health screening and support, support to stop using substances, life planning, chronic disease management, and access to health care
 - *Specifically:* Support doula care: increase doula care access, particularly for women of high risk and in underserved communities; making doulas and patient advocates covered by insurance
- 2. Increase access to preconception care: direct community program participant/ patient care; opportunities for robust education on reproductive health (and access to services)
- Provide patient-directed, off-site visits: Advocate to increase access for low resource clients, but advocate to be done with cultural competency

Strengthen families and communities:

- 5. Support engagement of fathers/partners in reproductive care, pregnancy, and parenting
- 7. Support coordination and cooperation to promote health within communities: c. Promote breastfeeding friendly policies and services in local communities

Addressing social & economic inequities:

- 9. Close the education gap: More scholarships/sponsorship funding for students of color to enter medical field and keep attaining education from entry level through higher education, as far as they can go
- 10. Reduce poverty among families: Support pathways to economic independence
 - Specifically as this relates to doulas and expanding their advancements
 - Affordable housing & living wage: Policy advocacy work (Family Friendly affordable Buncombe/Success Equation)

- 12. Support cross sector work to Undo Racism
 - Apply and require ROBUST racial equity training (& beyond) for providers across the board
 - Increase root cause trainings (as being done by ABIPA and other boots on the ground nonprofits)
 - Infuse equity into everything (policy, program/service provision, trainings, environment) - Equity in all policies
 - *(Question raised: How would we effectively measure accountability for equity practices?)*
 - Expand community involvement in designing and implementing programs and services
 - Get provider and organizations together on this (not just MAHEC),
 - PAY local organizations to do policy evaluations, co-design of trainings, walk-throughs of spaces (e.g. Mission birth floor), environmental assessments, etc.
 - More events to build relationships between grassroots community-led organizations and bigger community agencies

Additional Actions and Approaches Identified by CHIP Advisory Council Partners:

Our CHIP Advisory Council identified these additional possible actions and approaches that could make a difference to advance Birth Equity

- Increased numbers of mothers who breastfeed their babies
- Celebrate and support pregnant moms and families, versus pregnancy as "bad." Especially in non-traditional families.
- Prevent unplanned/unprepared for ejaculation (HHS Board/Department campaign? Work with coaches/mentors of young boys?)
- Food rx dispensed in the clinic
- All youth educated on infant mortality and racial justices (through after school clubs and other venues)
- Increase knowledge of current pregnancy & postpartum support programs within the community (both members and providers)

Our CHIP Advisory also identified the following actions and strategies that feel are relevant to both our Birth Equity and Mental Health work

- Offer more Racial Equity Trainings across community organizations & sectors, that are robust, collaborative and cross sector. Include focus on "use of language"
- Organize a Minority Mental Health Conference Highlighting the practitioners of color that are in the county/region (potential to highlight birth equity practitioners of color too)
- Policy and practices approaches focusing on dismantling structural racism including within the City of Asheville and Buncombe County governments, the Asheville Area Chamber of Commerce and other key organizations and institutions
- Support statewide advocacy for Medicaid expansion
- Coordination of Care: Increase Community understanding of mental health and illness
- Fostering coalitions and networks
- Expand community based MH Support
- Reduce stigma and promote positive mental health environments in the community through education and communication campaigns

What is Currently Working in Our Community

These are actions and approaches that are currently in place in our community to make a difference on Birth Equity

- Mothering Asheville
- Home Visiting Programs / Collaborative, including, but not limited to: MotherLove at the YWCA, Nurse Family Partnership, Pregnancy Care Managers, Project NAF, SistasCaring4Sistas Doulas for Social Justice (SC4S), Verner Center for Early Learning, and Asheville Buncombe Institute for Parity Achievement (ABIPA)
- Doulas (particularly doula groups like SC4S who employ community members of color and serve families facing increased barriers, risks, or stigmas)
- Building trust through meeting patients where they are

- Programs with a holistic approach like ABIPA
- Increased efforts to tackle provider bias (for example, at MAHEC)
- Providers & clinical staff going through the Racial Equity Institute (REI)
- Preconception health
- MAHEC’s “one key question” approach to prenatal health
- Centering Pregnancy Programs
- Non-profits, planned parenthood, Health and Human Services, mentoring organizations, drop-out prevention programs
- Improved reproductive health counseling, education, services (Title X)
- Providers who act with an ethical approach
- Increased men mentoring boys (specifically on fatherhood, manhood, etc.)
- Increased young men’s involvement/participation in birth/parenting
- Increased nonprofits working with youth comprehensively (for example, My Daddy Taught Me That (MDTMT), My Sistah Taught Me That (MSTMT), Youth Transformed for Life, and others)
- Natural community mentors for youth
- Tipping point grants
- Increased national conversation about racism and the impacts on health
- Work of the YWCA’s Racial Justice Coalition
- Racial equity education and awareness - Racial Equity Institute (REI), Building Bridges, WNC Diversity Engagement Coalition

Evidence-Based Strategies *These are actions and approaches that have been shown to make a difference in advancing equity in Birth Outcomes and Infant Mortality (adapted from the North Carolina Perinatal Health Strategic Plan & Lu, Halfon, Hogan, et al.)*

Name of Strategy Reviewed	Level of Intervention Individual, Interpersonal, Organizational, Community or Policy
Improve health care for women and men:	
1. Provide care to women with previous challenging pregnancy and birth outcomes <ol style="list-style-type: none"> Support healthy pregnancy spacing through access to effective methods of contraception Assure women have consistent health care (postpartum, primary, and well woman care) including access to health insurance and a medical home Provide outreach to all providers who care for children (pediatric & family practice clinics, community settings...) to ensure women receive health care services after/in between pregnancies Increase quality and frequency of risk assessment at the postpartum clinic visit 	Individual, Interpersonal, Organizational
2. Increase access to preconception care <ol style="list-style-type: none"> Assess/screen for pregnancy health risk factors prior to conception during well visits and provide individualized counseling for improving health and health behaviors School and community-based program for adolescents/young adults (including peer education) Increase awareness among people of reproductive age of importance of health before pregnancy and comprehensive life planning (planning for education, financial, reproductive/family goals) 	Individual, Interpersonal, Organizational, Community

<p>3. Improve the quality of pregnancy, birth, and postpartum health care</p> <ul style="list-style-type: none"> a. Expand use of evidence-based models of prenatal care (for example, Centering Pregnancy) b. Ensure prenatal care that addresses underlying risk factors, such as: decreasing unnecessary c-sections, prevention of repeat preterm birth, addressing underlying health conditions such as high blood pressure and gestational diabetes, mental health screening and support, support to stop using tobacco and other substances, screening and support for intimate partner violence, etc. c. Improve access to and use of first trimester prenatal care d. Provide care coordination / case management / home visiting services that includes promotion of resiliency, mental health screening and support, support to stop using tobacco and other substances, life planning, chronic disease management, and access to health care e. Increase doula care access, particularly for women at higher risk and in underserved communities f. Ensure that all pregnant women and high-risk infants have access to the appropriate level of care through a well-established pregnancy and postpartum health care system g. Provide access to mobile health clinics to serve those in remote or low-resourced areas h. Promote access to comprehensive breastfeeding support services i. Increase access to donated breast milk for preterm infants j. Increase access to culturally responsive safe sleep education, resources, and supports k. Provide evidence-based culturally responsive patient education and guidance 	<p>Individual, Interpersonal, Organizational, Community</p>
<p>4. Expand healthcare access over the life course</p> <ul style="list-style-type: none"> a. Promote adolescent health through access to and use of: <ul style="list-style-type: none"> i. Adolescent well care access including effective and affordable contraception ii. school-based health clinics with reproductive health services iii. evidence based education on reproductive/sexual health and healthy relationships iv. teen pregnancy prevention programs to prevent unintended pregnancies and support teen parents to achieve educational goals and healthy birth spacing b. Increase access to and use of quality, team-based, comprehensive, compassionate primary health care (including preventive, physical, and behavioral/mental health care services) c. Provide affordable, comprehensive insurance coverage d. Promote access to and use of immunizations e. Provide evidence-based culturally responsive patient education and guidance 	<p>Individual, Interpersonal, Organizational, Community</p>
<p>Strengthen families and communities:</p>	
<p>5. Support engagement of fathers/partners in reproductive care, pregnancy, and parenting</p> <ul style="list-style-type: none"> a. Support inclusion of fathers/partners in preconception, prenatal, and interconception health b. Use evidence-based strategies to promote healthy family relationships 	<p>Individual, Interpersonal, Organizational, Community</p>

6. Enhance coordination and integration of family support services	Organizational, Community
<p>7. Support coordination and cooperation to promote health within communities</p> <ul style="list-style-type: none"> a. Promote comprehensive life planning (for education, financial, reproductive/family goals) b. Expand community involvement in designing and implementing programs and services c. Promote breastfeeding friendly policies and services in local communities d. Promote evidence-based strategies to prevent all forms of violence and promote coordinated community response 	Organizational, Community, Policy
<p>8. Invest in community building and economic development</p> <ul style="list-style-type: none"> a. Create and improve transportation systems and infrastructure b. Support building capacity of community leaders and programs in areas with fewer resources c. Improve environments to support healthy living d. Create and promote local employment opportunities that provide at least a livable wage e. Support civic participation through building community networks 	Organizational, Community, Policy
Addressing social and economic inequities:	
<p>9. Close the education gap</p> <ul style="list-style-type: none"> a. Promote and increase access to higher education b. Increase high school and post high school graduation rates c. Expand race / ethnic / gender diversity in schools (administrators, faculty, and staff) d. Promote and increase access to early childhood education e. Disrupt the school to prison pipeline, beginning with pre-school 	Organizational, Community, Policy
<p>10. Reduce poverty among families</p> <ul style="list-style-type: none"> a. Learn, collaborate, and partner with organizations that focus on poverty reduction b. Collect and report data on how living in lower wealth communities impacts health c. Recommend and support legislation of a livable wage and pay equity d. Standardize poverty reduction strategies in systems, services, and programs 	Organizational, Community, Policy
<p>11. Support working mothers and families</p> <ul style="list-style-type: none"> a. Create and expand paid parental and sick leave policies b. Increase affordable, available, and accessible high quality child care c. Increase support for breastfeeding d. Create safe work place environments e. Prevent incarceration and ensure health care and safer environments for people in jail and prison 	Organizational, Community, Policy

<p>12. Undo racism</p> <ul style="list-style-type: none"> a. Infuse and incorporate equity in health services <ul style="list-style-type: none"> i. Expand race / ethnic / gender diversity in health care b. Promote high quality training about institutional and structural racism and its impact on poor communities and communities of color c. Modify and change policies and practices to address institutional and structural racism d. Promote community and systems dialogue and discussion on racism 	<p>Individual, Interpersonal, Organizational, Community & Policy</p>
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Process for Selecting Priority Strategies

Participants in our Talk to Action community conversations were guided in a process to identify strategies related to the causes of inequities in birth outcomes and infant mortality in our community that most resonated for them. They were provided many examples of evidenced-based strategies but were also prompted to consider possible strategies that were innovative/out-of-the-box approaches as well as those that were no-cost or low-cost approaches. A nominal group dot voting process was used to identify what strategies most resonated across the group. We shared the outcome of this process with our CHIP Advisory Council, the Mothering Asheville Steering Committee, and numerous stakeholder groups to consider and make additional recommendations based on feasibility, leverage and impact.

It is important to stress that the Buncombe County CHIP process over the past 4 years has increasingly applied the lens of equity and attention to ACEs and social determinants of health to our work. This intention increases the importance of taking adequate time to engage community voice and build trust and relationship. Consequently, we will continue to develop greater specificity in our strategies over the next 6 months and our action plans reflect this.

S	<p>Birth Equity Provide ongoing support to evidence-based strategies to improve maternal care, including doula care and other pregnancy home visiting programs</p>	Time Period	Current Actual Value	Current Trend	Baseline % Change
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What Is It?

Support doulas, pregnancy home visiting programs, and related evidence based strategies to improve the quality of pregnancy, birth, and postpartum care

Providing ongoing support for evidence-based strategies to improve maternal care, including culturally responsive doula care and other pregnancy home visiting programs was identified by community partners and community members as important work that is making a positive impact in our community. When combined with other actions in our community, CHIP stakeholders believe these programs have a reasonable chance of making a difference in advancing birth equity our community. This is ongoing work in our community.

This strategy aligns with the North Carolina Perinatal Health Strategic Plan, Goal 1: Improving Health Care for Women and Men, Point 3. Improve the quality of maternal care (includes prenatal, labor, delivery and postpartum care). Specific strategies under Goal 1, Point 3 that this aligns with include:

- Expand use of evidence-based models of prenatal care
- Ensure prenatal care that addresses underlying risk factors, such as: decreasing unnecessary c-sections, prevention of repeat preterm birth, addressing underlying health conditions such as high blood pressure and gestational diabetes, mental health screening and support, support to stop using tobacco and other substances, screening and support for intimate partner violence, etc.
- Provide care coordination / case management / home visiting services that includes promotion of resiliency, mental health screening and support, support to stop using tobacco and other substances, life planning, chronic disease management, and access to health care
 - Increase doula care access, particularly for women at higher risk and in underserved communities (*while doula care is not specifically named in the NCPHSP, this evidence based model of support has been a highly impactful local strategy to support in our community - particularly providing support for community-based doulas who are from the communities they are serving*) .

- Provide evidence-based culturally responsive patient education and guidance

In collaboration with Mothering Asheville and the YWCA (also a member of Mothering Asheville), CHIP has provided support and technical assistance for the Home Visitors Collaborative and SistasCaring4Sistas - Doulas for Social Justice over the past CHIP cycle. Community partners voiced support for continuing support for these groups as they are helping to advance positive birth outcomes and reduce inequities in our community. The priority population for this strategy are pregnant and parenting families, particularly families of color in Buncombe County. These programs aim to make a difference at the individual/interpersonal behavior; organizational/policy; and environmental change levels.

By 2027, Mothering Asheville aims to eliminate disparities in infant mortality in Buncombe County, changing the current data indicating that African-American babies die at 3.8 times the rate of White babies. Mothering Asheville is a cross-sector collaboration working to ensure that more Black babies are delivered on time, at a healthy weight, and survive their first year. Mothering Asheville works with partners to build community capacity, create clinical shifts, communicate strategically, and advocate for institutional policies that address structural racism, implicit bias, access to care, economic and other social factors that influence health. The local inequities in birth outcomes and associated social determinants of health reveal the need for clinical-community collaborations to support pregnant Black women, their babies, and people of color through their lifespans. Mothering Asheville was established as a response to this critical need, bringing together clinical providers, community resident groups, nonprofits, advocacy agencies and others committed to fostering health equity.

A key strategy of Mothering Asheville has been to support the growth and sustainability of SistasCaring4Sistas (SC4S). SC4S a group of Black community-based doula supporting primarily Black women through pregnancy, birth, and postpartum who aim to eradicate disparities in maternal and infant mortality, providing education and doula services to families who face financial barriers and stigmas. SC4S has demonstrated positive impact in improving birth outcomes in their patient population and has cultivated significant community support and leadership presence.

The YWCA is dedicated to eliminating racism, empowering women, and promoting peace, justice, freedom, and dignity for all. The YWCA's Women's Empowerment Department provides services for women of childbearing age via its Getting Ahead and MotherLove programs. Getting Ahead supports women living in poverty to build resources for a more prosperous life. MotherLove provides mentoring and support for pregnant or parenting teens, building skills as strong parents and successful students with the goals of ensuring participants graduate high school, enroll in secondary education, deliver a healthy baby, and delay a subsequent pregnancy. In partnership with Mothering Asheville and CHIP, the YWCA has convened a Home Visitors Collaborative (HVC) since 2017, with representation from local perinatal home visiting programs, including key clinical, community, and specifically African-American community leaders. The HVC is focused on increasing the quality and quantity of support for at-risk, and specifically African-American, pregnant and parenting women.

Additionally, Buncombe County CHIP partners have been selected to participate in CityMatCH's Institute for Equity in Birth Outcomes starting in the fall of 2019. CityMatCH is a national organization of city and county health departments' maternal and child health (MCH) programs and leaders. CityMatCH's mission is to strengthen public health leaders and organizations to promote equity and improve the health of urban women, families, and communities. Buncombe CHIP partners will be able to participate in the Equity Institute's learning collaborative over the next 3 years, which will push us to authentically engage community partners, use data more effectively, and evaluate our work in promoting equity in our institutions as well as in our community. We anticipate the guidance of the Institute will be instrumental in shaping our collaborative work to undo racism and its impact on birth equity in our community moving forward.

Partners

Current partners with a role to play in this moving this strategy forward include Mothering Asheville*, The YWCA, SistasCaring4Sistas, The Home Visitors Collaborative+, CityMatCH's Institute for Equity in Birth Outcomes, and MAHEC. Additional partners may be identified as we develop our action plan for the coming year.

*The Mothering Asheville Steering Committee includes the following partners:

- Mother to Mother
- Sistas Caring 4 Sistas
- MAHEC
- Pisgah Legal Services
- YWCA
- Asheville Buncombe Institute for Parity Achievement (ABIPA)
- Children First/Communities in Schools of Buncombe County
- North Carolina Center for Health and Wellness at UNC Asheville

- Nurse Family Partnership
- Buncombe County Health and Human Services
- Buncombe County Community Engagement Team
- Community Care of Western North Carolina
- Homegrown Babies
- Mission Health

+The Home Visitors Collaborative includes:

- Asheville Buncombe Institute for Parity Achievement (ABIPA)
- MotherLove at the YWCA
- Nurse Family Partnership
- Pregnancy Care Managers
- Project NAF
- SistasCaring4Sistas Doulas for Social Justice (SC4S)
- Verner Center for Early Learning

Work Plan

Activity	Resources Needed	Agency/Person Responsible	Target Completion Date
Identify/update goals & desired technical assistance with doula partners and Home Visitors Collaborative (HVC)	Time & commitment from CHIP Staff and partners	MAHEC/Community Health Improvement Specialist (with support/ collaboration from Mothering Asheville, SC4S, YWCA, HVC)	Winter 2019-2020
Develop/refine performance measures as fit programmatic and/or collaborative needs	Results Based Accountability Tools	MAHEC/Community Health Improvement Specialist (with support/ collaboration from Mothering Asheville, SC4S, YWCA, HVC)	Winter 2019-2020
Work with current Birth Equity partners to evaluate the structure of our collaborative work moving forward, with guidance from the Institute for Equity of Birth Outcomes	Time & commitment from CHIP Staff, Leadership Team, and partners; Technical assistance from Equity Institute	MAHEC/Community Health Improvement Specialist, CHIP Advisory Council Leadership (with collaboration from Birth Equity Institute, Buncombe Birth Equity Home Team - including Mothering Asheville and the YWCA)	Winter/Spring 2019-2020

Evaluation and Sustainability

Evaluation Plan:

CHIP partners use Results-Based Accountability tools to identify shared measures for evaluating what is working to improve key birth outcomes and what needs to change. The group uses Clear Impact Scorecard, where community data, shared performance measure data, and stories behind the data can be shared and accessed online. Additionally, MAHEC has been developing data-sharing agreements with CHIP partners, including some of the programs participating Home Visitors Collaborative, and formed a shared data governance committee.

Sustainability Plan:

We will develop our sustainability plan using identified program performance measures to ensure ongoing effectiveness and demonstrate successes key stakeholders, communicating and engaging diverse community leaders and organizations, identifying champions who strongly support the work. We do need to identify a consistent financial base to support the collaborative work we are doing to advance birth equity, beyond our core financial base for the individual programs, which primarily provides funding for staffing and covering existing program costs.

Mothering Asheville, SistasCaring4Sistas, and MAHEC have been working for increased sustainability for SC4S by pursuing additional funding streams to support hiring the doulas as employees, and by advocating for doula reimbursement through multiple pathways; for example, advocating for pre-paid health plans (PHPs = commercial Medicaid payers in NC) to reimburse for doula services, and to do so at an appropriate and sustainable rate.

We have are hoping to explore whether the next round of North Carolina ICO4MCH grants will align with our work, and if so will work with partners to shape our application in alignment with this work.

We would like to increase funding for authentic engagement with community partners and members, recognizing the need to be able to pay people for their time, expertise, and consultation, in addition to providing support for participation like food, childcare and transportation. We also want to develop a plan to increase community awareness on the issue and demonstrate the value of the work to the public and stakeholders.

PM	Birth Equity #/% of doula and HVC partners who report progress with identified goals	Q3 2019	0	→ 0	0% →
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S	Birth Equity Promote breastfeeding friendly policies and services in local communities	Time Period	Current Actual Value	Current Trend	Baseline % Change
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What Is It?

Strengthen families and communities: Support coordination and cooperation to promote health within communities

- **Promote breastfeeding friendly policies and services in local communities.** The Buncombe County Community Health Improvement Process (CHIP) is working to improve birth outcomes and reduce the rate of infant mortality. As breastfeeding is an important strategy to improving child and maternal health, community partners are working together to achieve designation as a breastfeeding friendly community by completing the Ten Steps The Breastfeeding-Family-Friendly Community Designation (BFFCD), as articulated by the Carolina Global Breastfeeding Institute. The Buncombe will work closely with the WIC and the community partners to leverage existing resesources, capacity, and relationships to improve rates, lenghts and racial/ethnic demographic participation in breastfeeding.

- In 2017, 74% of Black mothers were breastfeeding at discharge after birth in Buncombe County, compared with 89.5% of White mothers and 96.3% of Hispanic or Latinx mothers.
- Current Breastfeeding trends in Buncombe County and those served by WIC are as follows (As of May, 2019):
 - 23% of Buncombe WIC Infants participants ae exclusively breastfed Breastfeeding: we have opportunities to expand equity in the following
 - 24% of White WIC participating were exclusively breaststed, compared with 17% of Black WIC infants.
 - 15% of White WIC participating Infants were partially breastfed, compared to 13% of Black WIC infants.
 - 59% of White WIC participating infants were fully formula fed, compared to 72% of Black WIC participating infants.
- The opportunity presented in this data serves as a call on behalf of all babies, mothers and families to inform, support, advocate and encourage our county on the importance of becoming a breastfeeding friendly community.

Partners

Partners With A Role to Play

The partners for this [insert program type] include:

Agency	Role
ABC Pediatrics	Support - Clinic Designation
ABIPA	Support, Collaborate, and Engage Target Population
Aeroflow	Support Lead - Serve and point in
Buncombe Partnership For Children	Breastfeeding Friendly 10 Steps Designation technical assistant
Buncombe County WIC Program	Support, Collaborate, and Engage Target Population
Home Grown Families	Support, Collaborate, and Engage Target Population
La Leche League	Support, Collaborate, and Engage Target Population
MAHEC OB/GYN	Support, Collaborate, and Engage Target Population
Mission Hospital	Support, Collaborate, and Engage Target Population
North Carolina Laction Region 1	Support, Collaborate, and Engage Target Population
Smart Start	Support, Collaborate, and Engage Target Population
YWCA of Asheville & WNC	Support, Collaborate, and Engage Target Population

Work Plan

Breastfeeding Friendly Designation Plan: Community organizations, businesses, childcare, and clinical providers seeking designation as Breastfeeding Friendly will be evaluated as follows:

Outpatient Healthcare Clinics: Mother Baby clinics to complete assessment on the following clinical/environment/patient support measures:

- Provider credentials: physicians, nurse practitioners, midwives, physician assistants, etc
- How many providers in each office/clinic have completed ≥ 3 hours of education on breastfeeding, beyond professional school?
- How does the office offer patients the services of lactation professionals? Requirement: Services of a lactation specialist must be made available.
- Depth/Breadth of Patient education:
 - Benefits and importance of breastfeeding/ Breast milk feeding
 - Risks of supplementation while breastfeeding (supplementation can lower your milk supply, exclusively breastfed babies have lower risks for xyz, etc.)
 - Importance of exclusive breastfeeding for the first six months of life
 - Establishing and maintaining milk supply (frequent feeding)
 - Benefits of skin-to-skin, rooming-in 24-hours, early initiation of breastfeeding, baby-led feeding (feeding on-demand or responsive feeding)
 - effective positioning and latch
 - Non-pharmacologic pain management for labor (focus on early labor is acceptable)
 - Importance of breastfeeding beyond six months when complementary foods are provided

Business & Workplace Breastfeeding-Friendly designation Assessment: This assessment will help identify areas where improvements can be made to make a business and/or workplace breastfeeding friendly. Assessment criteria includes:

- Do you advertise infant formula or related products directly to customers?
- Are breastfeeding mothers always welcome and respected, never treated poorly, asked to stop breastfeeding, or asked to cover up or m
- Do breastfeeding customers have access to a private space for expressing milk or nursing? The space is NOT a bathroom, and is lockable and shielded from public view?
- Does your organization have a written breastfeeding support policy and orient employees to its principles to ensure appropriate treatment of families?
- Are staff educated on the rights and needs of breastfeeding moms and babies?
- Does your organization offer print materials for local breastfeeding resources to customers?
- Does your organization display breastfeeding promotion materials?

Maternity/Birthing Centers: Maternity care practices in birthing facilities – partnering with hospitals to pursue the NC Maternity Center Breastfeeding-Friendly Designation by accomplishing Baby Friendly USA’s Ten Steps to Successful Breastfeeding.

- Have a written breastfeeding policy that is routinely communicated to all health care staff;
- Train all health care staff in skills necessary to implement this policy;
- Inform all pregnant women about the benefits and management of breastfeeding;
- Help all mothers initiate breastfeeding within one hour of birth;
- Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants
- Give newborns no food or drink other than breastmilk, unless medically indicated;
- Practice rooming-in allow mothers and infants to remain together-24 hours per day;
- Encourage breastfeeding on demand;
- Give no artificial teats or pacifiers; and
- Foster the establishment of breast-feeding support groups and refer mothers to them on discharge from the hospital or clinic.

Childcare Centers: This assessment will help identify areas where improvements can be made to make childcare centers breastfeeding friendly. Assessment criteria includes:

- Make a commitment to the importance of breastfeeding, especially exclusive breastfeeding, and share this commitment with fellow staff.
- Train all staff in the skills to support and promote optimal infant and young child feeding
- Inform women and families about the importance of breastfeeding.
- Provide learning and play opportunities that normalize breastfeeding for children.
- Ensure that all families we serve are able to properly store and label milk for child care facility use.
- Provide a breastfeeding-friendly environment.
- Support breastfeeding employees.
- Ensure that each infant has a feeding plan that supports best feeding practices.
- Contact and coordinate with local skilled breastfeeding support and actively refer.
- Continue updates and learning about the protection, promotion and support of breastfeeding.

Evaluation and Sustainability

Evaluation Plan:

We plan to evaluate the impact of Cross-Sector Collaboration to Undo Racism through the use of Results-Based Accountability™ to monitor specific performance measures. We will be monitoring How Much, How Well and/or Better Off Performance Measures. Our evaluation activities will be tracked in the Work Plan table, above.

Sustainability Plan:

We will develop our sustainability plan using identified program performance measures to ensure ongoing effectiveness and demonstrate successes key stakeholders, communicating and engaging diverse community leaders and organizations, identifying champions who strongly support the work. We do need to identify a consistent financial base to support the collaborative work we are doing to advance birth equity, beyond our core financial base for the individual programs, which primarily provides funding for staffing and covering existing program costs.

We have are hoping to explore whether the next round of North Carolina ICO4MCH grants will align with our work, and if so will work with partners to shape our application in alignment with this work.

We would like to increase funding for authentic engagement with community partners and members, recognizing the need to be able to pay people for their time, expertise, and consultation, in addition to providing support for participation like food, childcare and transportation. We also want to develop a plan to increase community awareness on the issue and demonstrate the value of the work to the public and stakeholders.

What Is It?

Supporting Cross-sector Collaboration to Undo Racism was identified by Community Members, Partners, and our CHIP Advisory Council as a strategy, that when combined with other actions in our community, has a reasonable chance of making a difference in Birth Equity in our community. Although there is work already happening in our community to undo racism, this is a new strategy for CHIP to officially prioritize and support.

The priority population for this Cross-sector Collaboration to Undo Racism are community institutions, organizations, and providers (including but not limited to healthcare, social services, other governmental bodies and organizations whose work influences health outcomes). Cross-sector Collaboration to Undo Racism aims to make a difference at multiple levels: individual/interpersonal behavior; organizational/policy; and environmental change level.

This strategy is focusing on addressing root causes of health inequities, recognizing the role of our institutional policies, practices, cultures, norms, and behaviors in impacting and perpetuating health inequities between racial and ethnic groups in our community.

Participants in our Talk 2 Action (T2A) process overwhelmingly prioritized the strategy of Addressing social & economic inequities by Supporting Cross-Sector Work to Undo Racism, which is Strategy 12 in the NC Perinatal Health Strategic Plan. The

The NC Perinatal Health Strategic Plan suggests pursuing the following strategies to Undo Racism:

- Point 12. Undo racism
 - + 12A. Infuse and incorporate equity in the delivery of health services
 - + 12B. Promote high quality training about institutional and structural racism and its impact on poor communities and communities of color
 - + 12C. Modify and change policies and practices to address institutional and structural racism
 - + 12D. Promote community and systems dialog and discussion on racism

Specific recommended actions identified by Talk 2 Action participants included:

- Apply and require ROBUST racial equity training (& beyond) for providers across the board
- Increase root cause trainings (as being done by ABIPA and other boots on the ground nonprofits)
- Infuse equity into everything (policy, program/service provision, trainings, environment) - Equity in all policies
 - Expand community involvement in designing and implementing programs and services
 - Get provider and organizations together on this (not just MAHEC),
 - PAY local organizations to do policy evaluations, co-design of trainings, walk-throughs of spaces (e.g. Mission birth

floor), environmental assessments, etc.

- Support more events to build relationships between grassroots community-led organizations and bigger community agencies

Additionally, Buncombe County CHIP partners have been selected to participate in CityMatCH's Institute for Equity in Birth Outcomes starting in the fall of 2019. CityMatCH is a national organization of city and county health departments' maternal and child health (MCH) programs and leaders. CityMatCH's mission is to strengthen public health leaders and organizations to promote equity and improve the health of urban women, families, and communities. Buncombe CHIP partners will be able to participate in the Equity Institute's learning collaborative over the next 3 years, which will push us to authentically engage community partners, use data more effectively, and evaluate our work in promoting equity in our institutions as well as in our community. We anticipate the guidance of the Institute will be instrumental in shaping our collaborative work to undo racism in our community moving forward.

Partners

Partners With A Role to Play

This work is new for our community, and partners - including their roles and responsibilities - are still being solidified. Current partners for this work include:

- CHIP Advisory Council Members
- CityMatCH's Institute for Equity in Birth Outcomes (*Role of Technical Assistance Provider*)
- Buncombe County Institute for Equity in Birth Outcomes Team Members

Work Plan

As articulated by one of our CHIP Leadership Team Members, we aspire to develop a comprehensive plan to undo racism across systems through exploring story, aligning strategies, and igniting community action, however, we recognize that we need to cultivate more buy-in across partners before formally adopting this into our work plan. As this work is only just beginning, we have articulated the following activities as we get started:

Activity	Resources Needed	Agency/Person Responsible	Target Completion Date
Cultivate & solidify CHIP partner engagement, roles and responsibilities in this work: <ul style="list-style-type: none">• Explore how this strategy influences and aligns with work in our Birth Equity and Mental Health Coalitions• Identify what work needs to take place at the CHIP Advisory Council level• Identify additional community partners and institutions that need to be engaged in this work	Staff time and partner support	CHIP Staff & Leadership Team	January 2020

Draft Preliminary CHIP Action Plan for Cross-Sector Collaboration to Undo Racism

Guidance, tools, and models from GARE, the Institute for Equity in Birth Outcomes, and other organizations focused on advancing Equity across organizations

CHIP Staff & Partners (Lead partners TBD)

March 2020

Participate in Institute for Equity in Birth Outcomes

CHIP Coordinator, CHIP Staff time, data support, partner buy-in; Guidance, tools, and models the Institute for Equity in Birth Outcomes

Community Health Improvement Specialist, and Buncombe's Equity Institute Home Team (including BCHHS, Mothering Asheville, the YWCA, MAHEC, ABIPA, Pisgah Legal Services, and Nurse Family Partnership).

Summer 2022

Evaluation and Sustainability

Evaluation Plan:

We plan to evaluate the impact of Cross-Sector Collaboration to Undo Racism through the use of Results-Based Accountability™ to monitor specific performance measures. We will be monitoring How Much, How Well and/or Better Off Performance Measures. Our evaluation activities will be tracked in the Work Plan table, above.

In partnership with our RBA work, we hope to introduce and utilize tools provided by the Institute for Equity in Birth Outcomes, such as the Hogan Rowley Institutional Measure of Equity (HRIME) - however, we will need additional training on these tools first (which will be provided by Vijaya Hogan through the Institute at some point in the coming year), and will need to cultivate buy-in among our CHIP partners.

Sustainability Plan:

We will develop our sustainability plan with support from the Institute for Equity in Birth Outcomes to ensure ongoing effectiveness and demonstrate successes key stakeholders, communicating and engaging diverse community leaders and organizations, identifying champions who strongly support the work. We do need to identify a consistent financial base to support this work, beyond our core financial base for the CHIP program which primarily provides funding for staffing.

We would like to increase funding for authentic engagement with community partners and members, recognizing the need to be able to pay people for their time, expertise, and consultation, in addition to providing support for participation like food, childcare and transportation. We also want to develop a plan to increase community awareness on the issue and demonstrate the value of the work to the public and stakeholders.

We have submitted a pre-application/letter of interest to the Robert Wood Johnson Foundation for their Cross-Sector Innovation Initiative, and if invited to apply plan to shape our application in alignment with this work.

PM Birth Equity Progress toward completion of Equity Institute Benchmarks

Q3 2019 1 → 0 0% →

Mental Health and Well-Being - Short-Term CHIP

R MentalHealth All in Buncombe County are able to live free of stigma, supported in mind, body and spirit in times of both strength and difficulty with resilience, self-determination and a positive sense of self-worth regardless of income, race, neighborhood, nationality, ability and age.

Most Recent Period	Current Actual Value	Current Trend	Baseline % Change

Alignment

Mental Health and our related result are aligned with the following **Healthy NC 2020 Focus Areas/ Objectives.**

- Reduce the suicide rate (per 100,000 population).
- Decrease the average number of poor mental health days among adults in the past 30 days.
- Reduce the rate of mental health-related visits to emergency departments (per 10,000 population)

Experience and Importance

How would we experience this result in our community if we are successful?

Our community partners describe a nurturing community that supports health and well-being. One that is safe and secure and where all individuals and families, regardless of race and ethnicity, gender, and age can thrive.

All will have their basic needs met - for healthy food, for childcare and for safe and affordable housing, with no financial stress. They will have spaces that promote resilience and allow for creative expression and connection with nature. Parents have hope and high expectations for their children. There will be a strong sense of place, of belonging, where multiple generations are able to support each other

For those who are experiencing any degree of mental health challenges, services are responsive and someone only needs to ask for help once. Providers offer effective, evidence-based approaches.

But mental health and well-being is much broader than what happens in clinical settings. The whole community contributes, including leaders who actively engage in the work. Wellness leaders expand beyond clinical services to provide support where people live, when they need it and in ways that support their unique needs

The system works because there is trust, stability, consistency, empathy as well as respite for those who need it.

What information led to the selection of Mental Health and Well-Being and this related result?

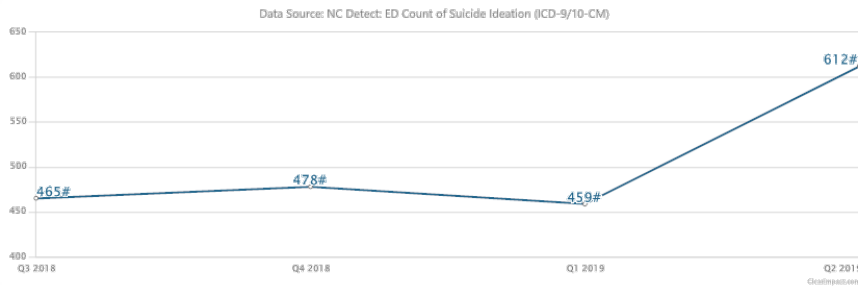
Mental Health was one of 10 standout health conditions based on the size and severity of the issue in our community and was reviewed separately from substance use. What made mental health standout most was the data collected locally through the WNCHI telephone survey, from key informant surveys and via community input sessions gathered through listening sessions and brief surveys done in community gathering places ranging from food distribution sites to the Asheville Tourist stadium.

Key findings related to Mental Health and Well-Being included:

- 39.9% of adults experienced Emotional Abuse during Childhood
- #1 most commonly experienced Adverse Childhood Experience (ACE) in Buncombe County
- 23.5% of adults experienced Household Mental Illness during Childhood - also considered an ACE
- 35.2% of adults reported they have experienced symptoms of Chronic Depression
- 16.3% were Unable to Obtain Needed Mental Health Services in the Past Year (*This was nearly double from 8.3% in 2015 and was higher than other WNC counties*)
- 18.9% had >7 Days of Poor Mental Health in the Past Month (*This was an increase from 11.6% in 2015 and higher than other WNC counties*)
- 74% of adults "Always" or "Usually" Get Needed Social/Emotional Support (*This number has been steadily declining since 2012 and is lower than other WNC counties*)
- Suicide Rate 17 per 100,000 population, 2012-2016 (*This is lower than the WNC average*)
- 7,034 individuals were served by area mental health programs in 2017

Our CHIP Advisory Council, with representation from roughly 30 community organizations, working to broadly address health, social and economic needs, were actively engaged in 3 2-hour work sessions to identify which community health conditions to prioritize. Using a tool to prioritize conditions based on relevance, impact and feasibility, mental health emerged as #1 in narrowing our priorities to five.

Q2 2019	612#	↗ 1	32% ↗
Q1 2019	459#	↘ 1	-1% ↘
Q4 2018	478#	↗ 1	3% ↗
Q3 2018	465#	→ 0	0% →



Data Description & Source

Description: This is the number of visits made to a NC Emergency Department by Buncombe County Residents with a diagnostic code of Suicide Ideation (ICD-9/10-CM) reported on their patient chart reported quarterly (3-month timeframes) as captured by NC DETECT.

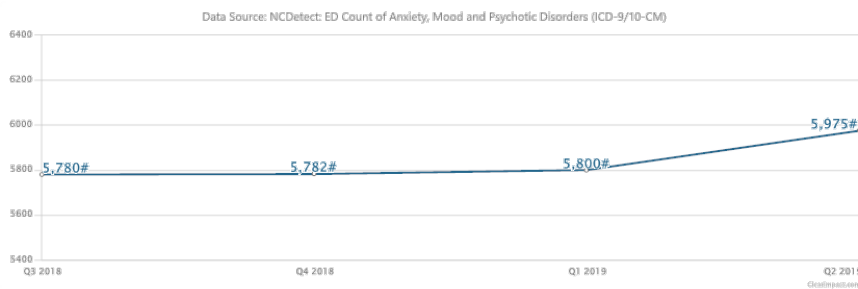
Plain language: Suicide Ideation means an individual is thinking about, considering or planning suicide.

Calculation: This indicator is not calculated.

Sources: NC DETECT is a statewide public health syndromic surveillance system, funded by the NC Division of Public Health (NC DPH) Federal Public Health Emergency Preparedness Grant and managed through collaboration between NC DPH and UNC-CH Department of Emergency Medicine’s Carolina Center for Health Informatics. The NC DETECT Data Oversight Committee does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented. <http://ncdetect.org/>

Note: This data collection platform can be problematic due to inconsistencies and inaccuracies in reporting. We are working to identify better data sources that will be able to more accurately inform our work.

Q2 2019	5,975#	↗ 3	3% ↗
Q1 2019	5,800#	↗ 2	0% →
Q4 2018	5,782#	↗ 1	0% →
Q3 2018	5,780#	→ 0	0% →



Data Description & Source

Description: This is the number of visits made to a NC Emergency Department by Buncombe County Residents with a diagnostic code of Anxiety, Mood or a Psychotic Disorders ICD-9/10-CM) reported on their patient chart reported quarterly (3-month timeframes) as captured by NC DETECT.

Calculation: This indicator is not calculated.

Sources: NC DETECT is a statewide public health syndromic surveillance system, funded by the NC Division of Public Health (NC DPH) Federal Public Health Emergency Preparedness Grant and managed through collaboration between NC DPH and UNC-CH Department of Emergency Medicine’s Carolina Center for Health Informatics. The NC DETECT Data Oversight Committee does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses, or conclusions presented. <http://ncdetect.org/>

Note: This data collection platform can be problematic due to inconsistencies and inaccuracies in reporting. We are working to identify better data sources that will be able to more accurately inform our work.

Story Behind the Curve

The comments below are what community members shared in our Talk to Action and other community input sessions regarding what are the root causes or stories behind the data.

What's Helping? These are the positive forces at work in our community and beyond that influence this issue in our community.

- Increase in social skills and socioemotional learning, evidence based programs and ongoing measurement
- Community Resiliency Trainings
- In Community Services such as Haywood Street Congregation Services & Beloved's Street Medic Team
- Critical Incident Trainings (CIT) with Law Enforcement
- Cross Collaboration
- Racial equity trainings and awareness/ REI, Building Bridges, WNC Diversity Equity Coalition
- Transition to Community Living should increase transition housing for people with Persistent Severe Mental Illness - should have bridge housing with wraparound support services
- Federal increase in percentage of affordable housing reserved for those w/Severe Mental Illness (Olmstead Decision)
- Community Schools strategies (parent home visiting, student peer support)
- Tracking in schools
- Opening Behavioral Health urgent Care at C356 and Cailyn Burrell Child Crisis Center
- Comprehensive Case Management teams for high utilizers of ED for MH (Including law, interdisciplinary, peer support) leading to greater outcome data
- START Team at DSS with peer supports (for families with substance use and children < 5)
- Increase in media attention and conversation
- Family Justice Center - wraparound services, free, can go there rather than to ED
- Justice Resource Center
- Homeward Bound - 19 apartments on Woodfin (+80 soon) for "hard to house" homeless population
- Increase understanding of neuro/bio brain response to stress
- Veterans Supports - Courts, Quarters, VA
- Psychiatric residency program at MAHEC - Increasing number and quality of providers
- Family First Preservation Act shifting federal \$ to reimburse for support to minimize foster care placement
- Jewish Family Services - Elder Day Club & services
- Resources for Resilience - training in jails
- Trauma informed primary care focus at MAHEC
- Bounty and Soul - increase confidence in access to healthy food
- 211
- Warren Wilson's Inside Out Program at Swannanoa Correctional Facility provides access to college credit courses

What's Hurting? These are the negative forces at work in our community and beyond that influence this issue in our community.

- Stigma

- Gaps in the System for providing mental health services at multiple points:
 - Insurance Gaps -
 - Working poor can't get services and Older adults on Medicare cannot
 - Between hospitalization and outpatient
 - From Prison-based services released to nothing
 - Not enough places for people with severe Mental Illness to go who need housing (not enough TCLH housing yet, not stepdown facilities - 100s of people each year).
 - Lack of awareness of how to access transition services that are available
 - Limited services for non-English
- Substance use problem (not just "opioid crisis")
- Institutionalized racism/urban renewal
- Tracking in schools
- Homelessness - and fewer resources for young adults especially if they are male
- Young people grow up in toxic environments with no early intervention which impacts health as an adult.
- Criminal justice system not working
- Providers aren't paid a living wage
- Adult care home workers don't earn living wage (if they did they would provide better services to older adults and those with mental illness)
- Resources are here, but people don't feel safe - make people feel welcome and safe
- Self-advocacy wears people out - constantly having to work for safety/resources
- Family members feeling ostracized for speaking
- Providers and systems responding defensively and minimize family/individuals concerns
- Communities are segregated by income and race
- Latinx population fearful of anywhere they need to give name, phone, etc...
- Trauma from separation at the border for immigrants - just beginning to see children and families experience this trauma in our area
- Not enough foster homes
- Recent abortion laws will likely bring more kids into the foster care system.
- Sexual abuse/assault in the foster care system
- Young adults starting college but dropping out due to mental health problems
- Communicable disease and physical health issues impact mental health
- Decrease in long-term psychiatric care
- Not enough emphasis on prevention and upstream approaches to impact mental health
- Voter Suppression
- Ineffective Interventions
- Increased utilizers and system is challenged: hard to get resources especially with Medicaid gap, have to have medical records and have to wait a year anyway
- Integration is not always the best. Lots of providers doing stuff, just not joined up (RHA, Youth Villages, KBCC, Resources for Resilience, ACE Collaborative, etc, ect, etc.
- Lack of diversity in providers and cultural competency of white providers

Partners

Partners With A Role to Play

Partners in our Community Health Improvement Process:

- **CHIP Leadership:** Buncombe County Health & Human Services, MAHEC, Mission Health, NC Center for Health & Wellness, Pisgah Legal Services, VAYA Health
- **CHIP Advisory Council Members:** Asheville Buncombe Institute for Parity Achievement, Asheville Buncombe Food Policy Council, AB Tech Community College, Asheville City Schools, Buncombe County Aging Plan, Buncombe County Government (including Health & Human Services, Sheriff's Department, Strategic Partnerships: Community Engagement), Buncombe County Partnership for Children, Buncombe County Schools, Children First/Communities in Schools, Family Preservation Services, Helpmate, Land of Sky, MAHEC, Mission Health, Mothering Asheville, Mountain Housing Opportunities, Mountain True, NC Center for Health and Wellness, NC Department of Agriculture and Consumer Services, Pisgah Legal Services, UNC Eshelman School of Pharmacy, United Way, VAYA Health, Western Carolina Medical Society, YMCA of WNC, YWCA of Asheville
- WNC Healthy Impact

Partners with a Role in Helping Our Community Do Better on This Issue:

This list is the organizations that have actively engaged in activities related to development of the CHIP plan around Mental Health and Well-Being.

- ABIPA
- ACE Collaborative
- Asheville Bereavement Therapy
- Asheville City Schools
- Asheville Housing Authority
- Buncombe County HHS: Nurse Family Partnership, Department of Social Services, Public Health
- Buncombe County Justice Resource Center
- Buncombe County Family Justice Center
- Buncombe County Schools
- Buncombe Partnership for Children
- Children First Community in Schools
- Children's Home Society of North Carolina
- City of Asheville
- Family Preservation Services
- Guardian ad Litem Association of Buncombe County
- Helpmate
- Jewish Family Services of WNC
- MAHEC: Family Medicine, Behavioral Health, Psychiatry, Sports Medicine
- Mission Health: Copestone
- Mountain Child Advocacy Center
- Mountain Housing Opportunities
- Mt. Child Advocacy Center

- My Daddy Taught Me That (MDTMT)
- NAMI
- NCSU
- Pisgah Legal Services
- Resources for Resilience
- RHA: Youth and Prevention Services, Peer Support
- River Front Development Group
- Sister Soul Sessions
- The University of North Carolina at Asheville
- Trauma Recovery Alliance
- Umoja Health, Wellness and Justice Collective
- Under One Sky
- United Way of Asheville and Buncombe County
- Universal Mental Health Services
- Vaya Health
- Verner: Early Childhood Learning, Parent and Americorps volunteer
- WNC Community Health Services
- Youth Villages
- YWCA of Asheville

Strategies Considered and Process

The following actions have been identified by our CHIP partners, community stakeholders and community members as ideas for what can work for our community to make a difference in addressing Mental Health.

A number of processes were used to identify strategies to address Mental Health for consideration. The overall approach used was a modified Results-Based Accountability process. A two-part community input process was facilitated using the RBA Whole Distance Exercise with the first part taking place in June and the second in July. These input sessions included over 55 individuals with participants including those with lived experience, health care providers, social service agencies, advocacy organizations and local non-profits. The professionals participating included those working in the mental health field as well as those working to address many of the social and economic factors that impact mental and behavioral health.

What Community Members Including those directly Affected by Mental Health Say

- It is important to create safe community spaces where people are...
 - For people to check in and get what they need when stress is overwhelming
 - There should be mental health "safe houses" in every neighborhood.
 - Services should be clustered to create "one-stop shop" for mental health and wellness supports.
 - Community-based services could be expanded with creation of more non-professional and peer support resources.
 - "Where people are services" are particularly important to create safe spaces for people with trauma and to reduce recidivism for those with justice system involvement.
 - Workplaces and other institutions should be actively engaged in addressing mental health and wellness
- Addressing language is important to reduce stigma and encourage broader use of services by those who need them.
 - Be clear about language...instead of labeling individuals as mentally ill, talk about those experiencing mental illness
 - Services and acceptance of mental health support for children and youth
- Mental Health services should take a systems approach focusing on individuals, providers working with patients and families (policies flexible enough to allow this)

- Effective community approaches to successful impact mental health must address systemic and institutional racism including:
 - Professionals, organizations & companies engaging in trainings to address systemic and institutional racism that will begin to shape policy
 - Providers investing time and dollars in learning about the inequities in power/privilege/oppression
 - We need to hire more black and brown professionals and pay them what they are worth
- Social and economic barriers should be recognized as contributing factor to mental health issues and strategies should include
 - Increasing access to affordable housing and "Bridge" housing for those transition back into the community and/or to independent living
 - Advocacy for living wages
- And in a community that is increasing being driven by the tourist economy, an innovated strategy would create a tax on tourism that supports local services
- The community needs to do a better job of recognizing mental health problems in children and youth and increase available (and appropriate) services
- Buncombe should move toward becoming a Dementia-Friendly Community.

Actions and Approaches Identified by Our Partners

Our CHIP Advisory Council identified these additional

possible actions and approaches that could make a difference on Mental Health

- Increase fiscal resources and support school based counseling/wellness/trauma informed approaches
- Team-based nurse/social work/teachers/administrators
- Revisit the balance between regional mental health authorities and community-based approaches.
- Short films during trailers of movies regarding Adverse Childhood Experience (ACES) and mental health awareness
- Building community capacity and engaging with the community on data and identifying solution

Our CHIP Advisory also identified the following actions and strategies that feel are relevant to both our Mental Health and Birth Equity both conditions

- Offer more Racial Equity Trainings across community organizations & sectors, that are robust, collaborative and cross sector. Include focus on "use of language"
- Organize a Minority Mental Health Conference Highlighting the practitioners of color that are in the county/region (potentially highlight birth equity practitioners of color too)
- Policy and practices approaches focusing on dismantling structural racism including within the City of Asheville and Buncombe County governments, the Asheville Area Chamber of Commerce and other key organizations and institutions
- Support statewide advocacy for Medicaid expansion
- Coordination of Care: Increase Community understanding of mental health and illness
- Fostering coalitions and networks
- Expand community based MH Support
- Reduce stigma and promote positive mental health environments in the community through education and communication campaigns

What is Currently Working in Our Community

These are actions and approaches that are currently in

place in our community to make a difference on Mental Health

- Community Resiliency Education and education around trauma and increase understanding of neuro/bio brain response to stress and tools to address stress response - ACE Collaborative, Resources for Resilience education and training including: Reconnect of Resilience, Circle of Security (attachment parenting), and supportive work with the justice system.
- In-Community Services provided by Haywood Street Congregation & BeLoved Asheville that support the homeless community to address basic needs and connect to services. BeLoved's Street Medic Team specifically supports health needs of the homeless community.
- Critical Incident Stress Management (CISM) trainings for organizations and faith communities with Law Enforcement.

- Racial equity education and awareness - Racial Equity Institute (REI), Building Bridges, WNC Diversity Engagement Coalition
- Transition to community living housing supports with wraparound support services for those with Persistent Severe Mental Illness - should have bridge housing with wraparound support services. The recent federal Olmstead Decision will be increase the percent of housing available.
- Community Schools model that partners public schools with families and community organizations to provide each and every student with resources, opportunities and supports for academic success. Our local Community Schools initiative led by the United Way of Asheville and Buncombe also has an Early Warning and Response program that helps catch students before they fall through the cracks and Homework Diner that provides of range of opportunities from tutoring to a nutrition meal to build parent-teacher relationships and connections to services.
- Behavioral Health Urgent Care services at C3 356 Comprehensive Care Center, and the Caiyalynn Burrell Child Crisis Center
- Comprehensive Case Management teams for high utilizers of the emergency department for mental health services (Including law, interdisciplinary, peer support).
- START Team at Buncombe County Department of Social Services partnership with Family Preservation Services peer support staff to ensure child safety and keeping children at home with the parent when safe and possible.
- Buncombe County Family Justice Center - free wrap around services in one location for victims of domestic violence, sexual assault and elder abuse for help.
- Buncombe County Justice Resource Center - connects people in the criminal justice system with diversion options, community services such as mental health and substance abuse treatment, education and skill building to help them be productive, self-sufficient and healthy.
- Homeward Bound - Provides housing and wraparound services to promote housing stability.
- Veterans Supports that assist veteran's with mental and health needs and housing stability- Veteran Treatment Courts, Veteran's Restoration Quarters, and the VA Medical Center
- Recently established MAHEC Psychiatric Residency Program that is increasing number and quality of mental health providers. In addition, MAHEC strives to promotes a trauma informed approach to primary and OB/Gyn care.
- Family First Preservation Act is shifting federal dollars to reimburse for support to minimize foster care placement
- Jewish Family Services offers mental health counseling services as well as older adult socialization and respite programs and emergency and food pantry services
- Mother Read supports literacy while building community and promoting a sense of self-worth and ability.

Evidence-Based Strategies *These are actions and approaches that have been shown to make a difference in addressing Mental Health*

Name of Strategy Reviewed	Level of Intervention
<p>1. Strengthen Individual Knowledge & Skills</p> <ul style="list-style-type: none"> a. Support strategies and tools for parenting with a focus on building strong, healthy relationships, to confidently support their children and prevent problems from developing. b. Expand access and referrals for people facing mental and/or physical health challenges and their families to support groups that build coping skills and foster self-esteem. c. Establish programs to strengthen coping skills (for example, promoting skills for communication and expression or for meditation and mindfulness in schools) d. Build skills among community members to be able to advocate for policies, investments, and actions that change community conditions to support mental health and wellbeing. 	Individual
<p>2. Increase Community Understanding of Mental Health and Illness</p> <ul style="list-style-type: none"> a. Increase community awareness of ACEs, including root causes and strategies for building resilience. b. Reduce stigma and promote positive mental health environments in the community through education and communication campaigns. 	Interpersonal, Organizational, Community
<p>3. Improve Mental Health Care Delivery</p> <ul style="list-style-type: none"> a. Recruit and retain a quality, diverse and culturally competent workforce b. Peer support for mental health and/or substance use treatment & recovery c. Integrate behavioral health into primary care practice to bring mental health and/or substance abuse screenings and treatments into a primary care setting. d. Improve the routine screening and diagnosis of depressive disorders e. Increase use of evidence-based protocols for the proactive management of mental health disorders. f. Improve clinical and community support for active patient engagement in treatment goal setting and self-management 	Organizational
<p>4. Expand Community-based Mental Health Support</p> <ul style="list-style-type: none"> a. Train community members to respond to mental health needs and in turn putting less of a burden on formal mental health workers (Task shifting). b. Mental Health First Aid - teaching community members to recognize and respond to mental health and substance use challenges c. Provide community-based supports to address health and social needs (such as housing or food and other sources of stress) of individuals with mental health conditions and substance use disorders d. Adopt Housing First programs (with wraparound supports) for the chronically homeless who face mental health and/or substance use challenges to provide stability and enhance treatment outcomes. 	Organizational, Community

<p>5. School and Youth Focused Approaches</p> <ul style="list-style-type: none"> a. School and district administrators, teachers, and staff create and support an infrastructure and culture of trauma responsiveness and promoting resiliency. b. School-based programs that focus on social and emotional competencies, including: self-awareness, self-management/regulation, social awareness, relationship skills, and responsible decision making. May address bullying, antisocial and disruptive behaviors; teamwork and conflict resolution skills. c. School-based Health Centers that include mental health and well-being components d. School-based counseling programs in collaboration with multiple community partners including local mental health providers, integrates evidence-based practices of trauma-informed care and youth Mental Health First Aid. e. Invest in promising practices and program models to prevent child removal and safely promote family stabilization, focusing early on building a child’s resilience and positive youth development. f. Reduce barriers for family members to serve as kinship placements in Foster Care Systems. g. Multisystemic Therapy (MST) - an intensive, family- and community-based intervention for youth charged with serious offenses. The intervention focuses on individual, family, peer, school, and community risk factors that contribute to problematic behaviors among youth. 	<p>Individual, Organizational, Community</p>
<p>6. Changing Organizational Practices and Community Norms</p> <ul style="list-style-type: none"> a. Promote widespread adoption of principles and practices for social inclusion (at organizational and/or community levels), such as: b. foster positive norms within institutions for people of all races, gender identities, religions, classes, abilities, sexual orientation, body size, or other perceptions of difference c. dismantle structural and interpersonal racism, bias, and discrimination d. Promote the norm throughout systems that resources are provided in a way that recognizes the inherent traumatic impacts of stereotypes and biases, and actively seeks to mitigate such impacts in all aspects of service delivery e. Engage community institutions in reflecting community mental health priorities in their anchor institution roles such as hiring (for example, hire and support people who are formerly incarcerated), providing a living wage, purchasing, being a responsible neighbor, and advocating for public policies to improve community conditions impacting mental and physical health. 	<p>Organizational, Community, Policy</p>

Process for Selecting Priority Strategies

Participants in our Talk to Action community conversations were guided in a process to identify strategies related to the causes of mental health challenges in our community that most resonated for them. They were provided many examples of evidenced-based strategies but were also prompted to consider possible strategies that were innovative/out-of-the-box approaches as well as those that were no-cost or low-cost approaches. A nominal group dot voting process was used to identify what strategies most resonated across the group. We shared the outcome of this process with our CHIP Advisory Council, and numerous stakeholder groups to consider and make additional recommendations based on feasibility, leverage and impact.

It is important to stress that the Buncombe County CHIP process over the past 4 years has increasingly applied the lens of equity and attention to ACEs and social determinants of health to our work. This intention increases the importance of taking adequate time to engage community voice and build trust and relationship. Consequently, we will continue to develop greater specificity in our strategies over the next 6 months and our action plans reflect this.



Cross-sector Collaboration to Create a Trauma-Responsive and Resilience-focused Community was identified by community stakeholders as an action, that when combined with other actions in our community, has a reasonable chance of making a difference in addressing **Mental Health Wellbeing** in our community. While many organizations are actively addressing Mental Health inequities, existing programs and initiatives struggle to meet the need. This is especially true as it relates to services and supports for our youngest community members and communities of color. This approach further aims to move beyond individual and clinical based-approaches to a greater emphasis on prevention and population-based strategies.

When asked "what's hurting" the mental health and wellbeing of our community, we heard that young people far too often grow up in toxic environments with no early intervention which continues to impact their health as adults. In the past several decades, Adverse Childhood Experience (ACEs), the trauma resulting from exposure in childhood to psychological, physical, and sexual abuse, to violence or unstable household conditions, has received increasing attention. A screening tool was developed to assess exposure to ACEs with a 0-10 score. The higher the score the greater likelihood of negative health impacts. The WNCHI Telephone survey administered in this CHA cycle asked respondents about their exposure to adverse childhood experience. In Buncombe County, 21% of respondents reported having an ACE score of 4 or more (considered high) and 39% of respondents indicated exposure to at least one form of childhood trauma with emotional abuse being the highest reported.

Our community also told us that there is not enough emphasis on prevention and upstream approaches that focus both on addressing trauma at the individual level but also at the community level. This concern is supported by the more recent recognition **Adverse Community Experiences**, as the "second" ACE. This community-focused ACE calls attention to the negative impact of community environments plagued with violence, poverty, lack of economic mobility, social support and opportunities. The Pair of ACEs (**Building Community Resilience**), the combination of trauma in the lives of children and youth coupled with a community environment, contributes to and/or compounds the adversity experienced by a child and is especially toxic and much more challenging to overcome. This is especially true for black and brown people who more likely to live in neighborhoods and communities impacted by poverty, violence and fewer resources.

How does this strategy address health disparities?

In 2016, the National Survey of Children's Health found a disproportionate number of children of color impacted by ACEs with that 61% of black children and 51% of Hispanic children compared to 40% of white children have experienced at least one ACE (**Child Trends 2/20/18**) And research out of the University of California in Los Angeles Center on Culture have added to the growing body of evidence that experiencing racism and discrimination can be considered another ACE in that they contribute to a cumulative psychological stress burden (**ACEs Connection Blog 6/29/15**)

Becoming a trauma-responsive and resilience-focused community addresses trauma at both the individual and the community level. At the individual level, it goes beyond just recognizing the impact of trauma on an individual to changing an organization's culture, policies and practices to focus on better serving their clients who have experienced trauma. A Trauma-Responsive and Resilience-focused community works to also recognize the Address Community Experiences that contribute to trauma and to create changes in that environment at create protective factors and "promote community healing" and support the communities ability "to adapt, recover and thrive, even in the face of adversity". (**Prevention Institute 2/16**)

Partners

Partners With A Role to Play

Multiple organizations have been actively engaged in conversations and workshop activities to help identify arrive at this strategy. However, specific commitments for serving in leadership, collaboration or supportive roles have not been identified. In previous Buncombe County CHIP cycles, staff from MAHEC and Buncombe County Health and Human Services have provided much of the leadership in convening and facilitating work to implement our community health priorities. Beginning in 2015 we made the shift to place leadership within community organizations and MAHEC staff provided technical assistance and assurance that CHIP action plans were being implemented. Much has been learned from this transition. We are currently in the early phase of creating criteria for selecting organizations to provide leadership for our Community Health Priorities for 2018-2021. Our CHIP Advisory Council will be creating a task force in September to develop an application and selection process for what organizations will lead work around Mental Health as well as Birth Equity.

In early Fall 2019 we will be facilitating a daylong strategic planning session to create a detailed action plan for this strategy including action steps, timeline, roles and responsibilities and needed resources.

The partners for this Mental Health and Wellbeing Strategy include the organizations listed below. A number of organizations and individuals have identified their willingness to either lead, collaborate, and/or support this work during our Talk to Action community conversations or stakeholder engagement activities, including: Buncombe County Health and Human Services, Mountain Area Health Education Center (Community Integration, Psychiatry, Behavioral Health and Family Medicine), Buncombe ACE Collaborative, United Way of Asheville & Buncombe, Buncombe County Schools, NAMI and Youth Villages. Many others have expressed interest and commitment to engage. Given this work is evolving, we expect to define and clarify roles by Winter 2019-2021 after we convene partners in an half-day action planning workshop.

Work Plan

In early Fall 2019 we will facilitate a daylong strategic planning session to create a detailed action plan for this strategy including action steps, timeline, roles and responsibilities and needed resources.

Activity	Resources Needed	Agency/Person Responsible	Target Completion Date
Identify Co-leads for Mental Health & Wellbeing Priority	Application & Selection Process Criteria	CHIP Advisory Council - Leadership Task Force	Winter 2019-2020
Develop Action Plan for Strategy Implementation	ToPs Facilitation Tools for 5 hour planning workshop	MAHEC/Community Health Improvement Specialist	Winter/Spring 2019-2020
Identify Work Groups for Key Components of Action Plan Implementation	ToPs Facilitation Tools for 5 hour planning workshop	MAHEC/Community Health Improvement Specialist and Mental Health Leads	Winter/Spring 2019-2020
Convene Work Groups for Key Components of Action Plan Implementation	Results Based Accountability Meeting Tools	MAHEC/Community Health Improvement Specialist and Mental Health Leads	January/February 2020
Workgroups expand action plan development and identify performance measures and structure for evaluation and sustainability.	Results Based Accountability Tools and Facilitation	MAHEC/Community Health Improvement Specialist and Mental Health Leads	January/March 2020

Evaluation and Sustainability

Evaluation Plan:

The initial performance measure for this *Cross-sector Collaboration to Create a Trauma-Responsive and Resilience-focused Community* tracks development of a plan that will guide the work to achieve this strategy over the 3-year CHIP cycle and beyond. An important component of this plan's development will be to research and identify performance measures to track successful implementation of this work in the community. We plan to structure our evaluation approach through the use of Results-Based Accountability™ framework and tools to monitor specific performance measures to enable us to monitor *How Much, How Well* and/or *Better Off* Performance Measures.

Sustainability Plan:

We will develop our sustainability plan using identified program performance measures to ensure ongoing effectiveness and demonstrate successes key stakeholders, communicating and engaging diverse community leaders and organizations, identifying champions who strongly support the work. We do need to identify a consistent financial base to support this work, beyond our core financial base for the CHIP program which primarily provides funding for staffing.

We would like to increase funding for authentic engagement with community partners and members, recognizing the need to be able to pay people for their time, expertise, and consultation, in addition to providing support for participation like food, childcare and transportation. We also want to develop a plan to increase community awareness on the issue and demonstrate the value of the work to the public and stakeholders.

PM MentalHealth Progress Toward Completion of Plan to Become a Trauma Responsive and Resilience-Focused Community Aug 2019 %1 → 0 0% →

S Birth Equity Cross-sector Collaboration to Undo Racism Time Period Current Actual Value Current Trend Baseline % Change

What Is It?

Supporting Cross-sector Collaboration to Undo Racism was identified by Community Members, Partners, and our CHIP Advisory Council as a strategy, that when combined with other actions in our community, has a reasonable chance of making a difference in Birth Equity in our community. Although there is work already happening in our community to undo racism, this is a new strategy for CHIP to officially prioritize and support.

The priority population for this Cross-sector Collaboration to Undo Racism are community institutions, organizations, and providers (including but not limited to healthcare, social services, other governmental bodies and organizations whose work influences health outcomes). Cross-sector Collaboration to Undo Racism aims to make a difference at multiple levels: individual/interpersonal behavior; organizational/policy; and environmental change level.

This strategy is focusing on addressing root causes of health inequities, recognizing the role of our institutional policies, practices, cultures, norms, and behaviors in impacting and perpetuating health inequities between racial and ethnic groups in our community.

Participants in our Talk 2 Action (T2A) process overwhelmingly prioritized the strategy of Addressing social & economic inequities by Supporting Cross-Sector Work to Undo Racism, which is Strategy 12 in the NC Perinatal Health Strategic Plan. The

The NC Perinatal Health Strategic Plan suggests pursuing the following strategies to Undo Racism:

- Point 12. Undo racism
 - + 12A. Infuse and incorporate equity in the delivery of health services
 - + 12B. Promote high quality training about institutional and structural racism and its impact on poor communities and communities of color
 - + 12C. Modify and change policies and practices to address institutional and structural racism
 - + 12D. Promote community and systems dialog and discussion on racism

Specific recommended actions identified by Talk 2 Action participants included:

- Apply and require ROBUST racial equity training (& beyond) for providers across the board
- Increase root cause trainings (as being done by ABIPA and other boots on the ground nonprofits)
- Infuse equity into everything (policy, program/service provision, trainings, environment) - Equity in all policies)
 - Expand community involvement in designing and implementing programs and services
 - Get provider and organizations together on this (not just MAHEC),
 - PAY local organizations to do policy evaluations, co-design of trainings, walk-throughs of spaces (e.g. Mission birth floor), environmental assessments, etc.
- Support more events to build relationships between grassroots community-led organizations and bigger community agencies

Additionally, Buncombe County CHIP partners have been selected to participate in CityMatCH's Institute for Equity in Birth Outcomes starting in the fall of 2019. CityMatCH is a national organization of city and county health departments' maternal and child health (MCH) programs and leaders. CityMatCH's mission is to strengthen public health leaders and organizations to promote equity and improve the health of urban women, families, and communities. Buncombe CHIP partners will be able to participate in the Equity Institute's learning collaborative over the next 3 years, which will push us to authentically engage community partners, use data more effectively, and evaluate our work in promoting equity in our institutions as well as in our community. We anticipate the guidance of the Institute will be instrumental in shaping our collaborative work to undo racism in our community moving forward.

Partners

Partners With A Role to Play

This work is new for our community, and partners - including their roles and responsibilities - are still being solidified. Current partners for this work include:

- CHIP Advisory Council Members
- CityMatCH's Institute for Equity in Birth Outcomes (*Role of Technical Assistance Provider*)
- Buncombe County Institute for Equity in Birth Outcomes Team Members

Work Plan

As articulated by one of our CHIP Leadership Team Members, we aspire to develop a comprehensive plan to undo racism across systems through exploring story, aligning strategies, and igniting community action, however, we recognize that we need to cultivate more buy-in across partners before formally adopting this into our work plan. As this work is only just beginning, we have articulated the following activities as we get started:

Activity	Resources Needed	Agency/Person Responsible	Target Completion Date
Cultivate & solidify CHIP partner engagement, roles and responsibilities in this work: <ul style="list-style-type: none"> • Explore how this strategy influences and aligns with work in our Birth Equity and Mental Health Coalitions • Identify what work needs to take place at the CHIP Advisory Council level • Identify additional community partners and institutions that need to be engaged in this work 	Staff time and partner support	CHIP Staff & Leadership Team	January 2020

Draft Preliminary CHIP Action Plan for Cross-Sector Collaboration to Undo Racism	Guidance, tools, and models from GARE, the Institute for Equity in Birth Outcomes, and other organizations focused on advancing Equity across organizations	CHIP Staff & Partners (Lead partners TBD)	March 2020
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Participate in Institute for Equity in Birth Outcomes	Staff time, data support, partner buy-in; Guidance, tools, and models the Institute for Equity in Birth Outcomes	CHIP Coordinator, CHIP Community Health Improvement Specialist, and Buncombe's Equity Institute Home Team (including BCHHS, Mothering Asheville, the YWCA, MAHEC, ABIPA, Pisgah Legal Services, and Nurse Family Partnership).	Summer 2022
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Evaluation and Sustainability

Evaluation Plan:

We plan to evaluate the impact of Cross-Sector Collaboration to Undo Racism through the use of Results-Based Accountability™ to monitor specific performance measures. We will be monitoring How Much, How Well and/or Better Off Performance Measures. Our evaluation activities will be tracked in the Work Plan table, above.

In partnership with our RBA work, we hope to introduce and utilize tools provided by the Institute for Equity in Birth Outcomes, such as the Hogan Rowley Institutional Measure of Equity (HRIME) - however, we will need additional training on these tools first (which will be provided by Vijaya Hogan through the Institute at some point in the coming year), and will need to cultivate buy-in among our CHIP partners.

Sustainability Plan:

We will develop our sustainability plan with support from the Institute for Equity in Birth Outcomes to ensure ongoing effectiveness and demonstrate successes key stakeholders, communicating and engaging diverse community leaders and organizations, identifying champions who strongly support the work. We do need to identify a consistent financial base to support this work, beyond our core financial base for the CHIP program which primarily provides funding for staffing.

We would like to increase funding for authentic engagement with community partners and members, recognizing the need to be able to pay people for their time, expertise, and consultation, in addition to providing support for participation like food, childcare and transportation. We also want to develop a plan to increase community awareness on the issue and demonstrate the value of the work to the public and stakeholders.

We have submitted a pre-application/letter of interest to the Robert Wood Johnson Foundation for their Cross-Sector Innovation Initiative, and if invited to apply plan to shape our application in alignment with this work.