

# State of the Community's Health

Ashe County | 2023



*Caring for Our Community*

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**Sharing the State of the Community’s Health**

Copies of this report may be found at [www.apphealthcare.com](http://www.apphealthcare.com). The report will be presented to community leaders and groups during different events. To learn more, follow us on Facebook at [AppHealthCare](https://www.facebook.com/AppHealthCare), log on to our website, and check your local radio and newspapers. To request more information or to schedule a presentation of this information for your group, call our Ashe County Health Center at 336.246.9449 or email [info@apphealth.com](mailto:info@apphealth.com).

# Overview and Demographics

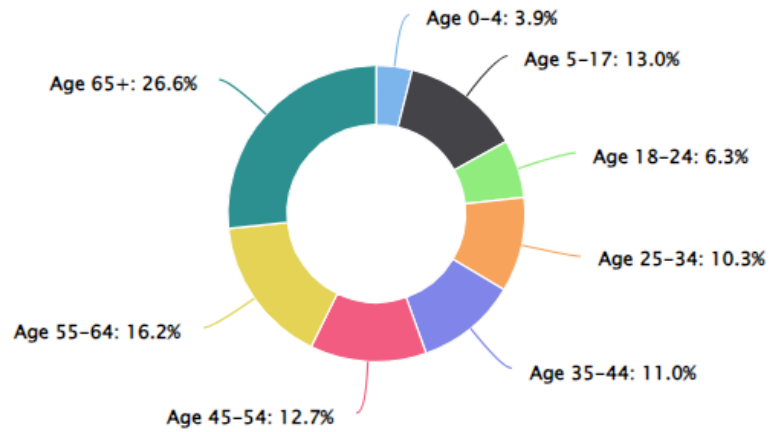
In North Carolina, each local health department conducts a **Community Health Assessment (CHA)** every four years. AppHealthCare published the CHA in January 2022. During the years between community health assessments, health departments submit a **State of the County's Health (SOTCH) report**. In Ashe County, this report includes a summary of demographics, health indicators, and main causes of death. This report also contains updates on the community's top three health priorities, action plan projects, local initiatives and emerging trends.

## Demographic Snapshot

All figures detailed below and on the following page were generated by University of Missouri's Center for Applied Research and Engagement Systems (CARES), and serves as a tool with the most current data sites available. Data reflect 2020 census data, American Community Survey data, and other consistent sources.

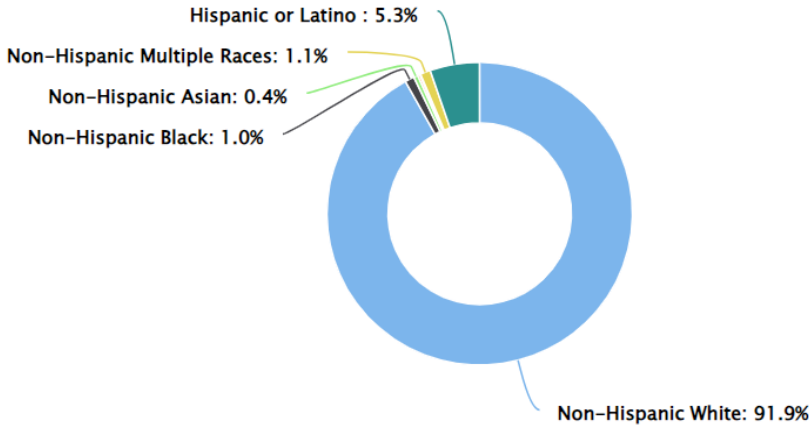
Total Population by Age Groups, Total

Ashe County, NC



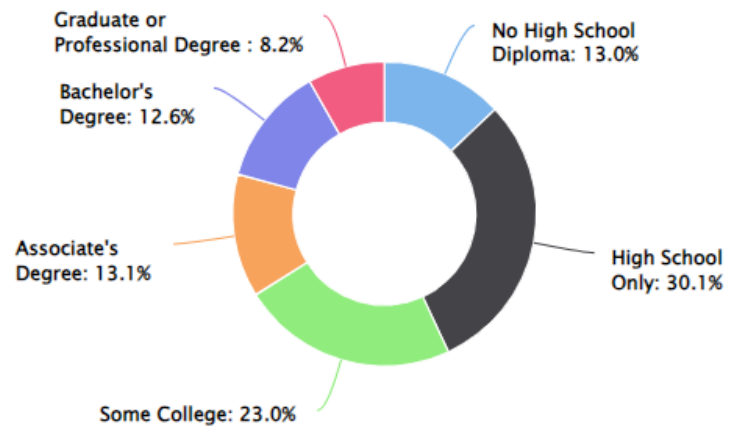
Total Population by Combined Race and Ethnicity

Ashe County, NC



Attainment - Overview

Ashe County, NC

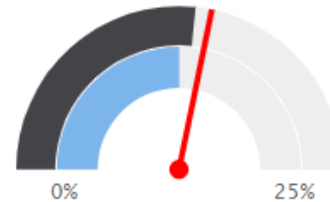
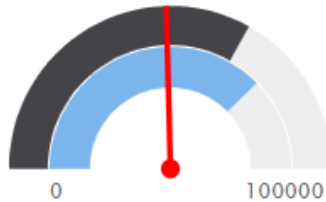
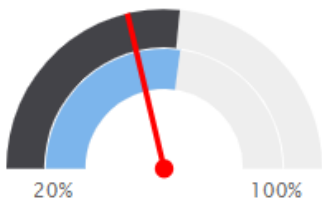


Labor Force Participation Rate

Median Household Income

Population in Poverty, Percent

Population < Age 18 in Poverty, Percent



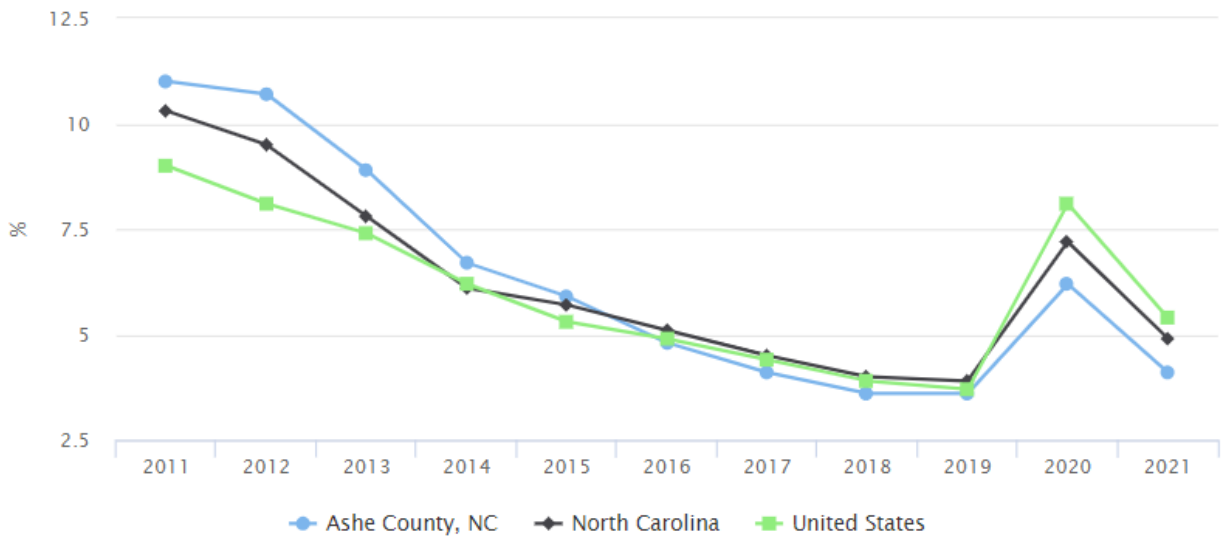
● Ashe County, NC (54.01%)  
 ● North Carolina (62.58%)  
 ● United States (63.47%)

● Ashe County, NC (\$49,176)  
 ● North Carolina (\$66,186)  
 ● United States (\$75,149)

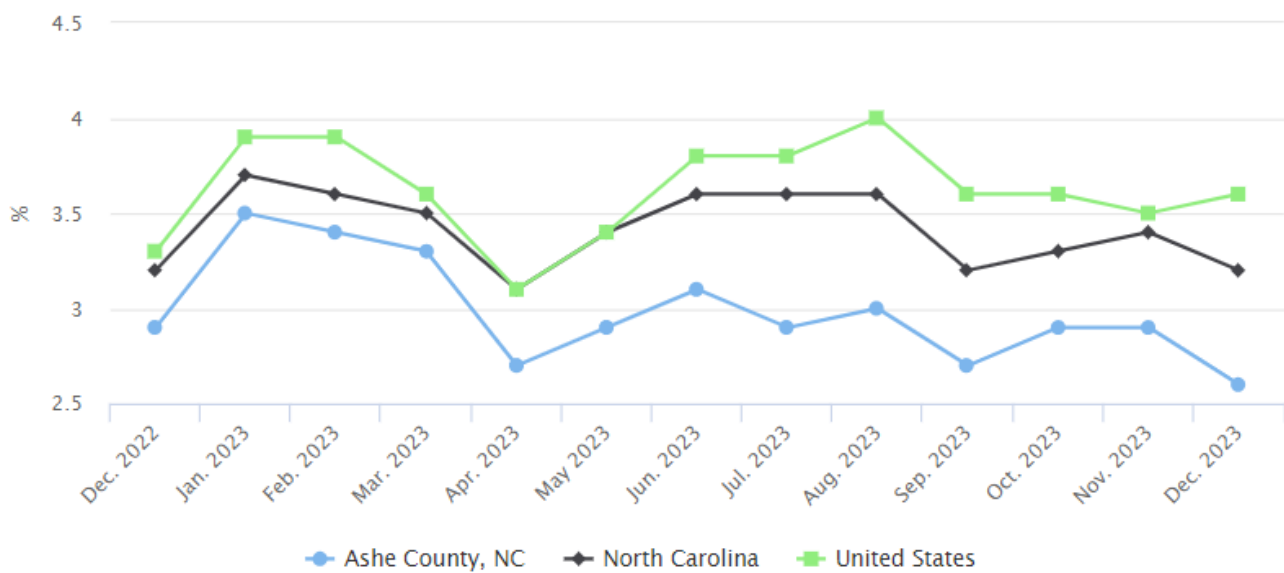
● Ashe County, NC (14.12%)  
 ● North Carolina (13.33%)  
 ● United States (12.53%)

● Ashe County, NC (17.73%)  
 ● North Carolina (18.49%)  
 ● United States (16.66%)

Average Annual Unemployment Rate, 2011-2021



Average Monthly Unemployment Rate, December 2022 - December 2023



**Leading Causes of Death**

(North Carolina State Center for Health Statistics, 2019)

1. Cancer
2. Diseases of the Heart
3. Chronic Lower Respiratory Diseases

**Leading Risk Factors**

- Tobacco Use
- Lack of Physical Activity
- Poor Nutrition

## About Public Health: Reaching for Health Equity and Resilience

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AppHealthCare is committed to making sure that all people have full and equal access to opportunities that enable them to lead healthy lives.<sup>1</sup> In order to reach this vision of health equity, AppHealthCare is working to eliminate health disparities—differences in health outcomes among groups of people—that are created by social, economic, and environmental conditions. These conditions lead to behaviors such as smoking, poor nutrition, and lack of exercise, which affect our health.

## Public Health Priorities

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The Ashe Health Alliance and Community Health Assessment workgroup members selected the public health priorities in July 2021. These priorities were chosen based on the 2020 Ashe County Community Health Assessment. The public health priorities identified for Ashe County include mental and behavioral health, substance use and misuse prevention, and housing. Due to lack of momentum we have not moved forward with activities on housing. Conversations continue with community partners about how AppHealthCare can be involved. To get involved with Ashe Health Alliance and participate in future conversations related to health priorities, please reach out to Karina Romero, Health Promotion Program Manager, at [karina.romero@apphealth.com](mailto:karina.romero@apphealth.com).



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<sup>1</sup>Image source: <http://bipartisanpolicy.org/library/what-makes-us-healthy-vs-what-we-spend-on-being-healthy/>  
<https://healthequity.sfsu.edu/>

## Health Priority: Mental and Behavioral Health

### Update to Local Community Objectives



#### *Ashe Mental Health Collaborative*

In efforts to garner support to combat youth suicide in the county after the loss of an Ashe County School student toward the end of the 22/23 school year, a leadership team comprised of Ashe Memorial Hospital and Ashe Co Schools along with a larger collaborative group has formed. Their problem statement is as follows “Ashe County is facing a increase of mental health crisis, suicidal ideation and completion. Our data shows an increased percentage of mental health emergency room visits in our local hospital involving children, adults and elderly community members. Mental health crisis is also evident in school reports of increased referral incidents and student reports of self harms. One focus of this group will be to educate the community and lessen the stigma surrounding mental health needs and suicide prevention. We need to address the root causes, enhance early intervention and improve access to mental health support to ensure the safety and wellbeing of our community.” They are the county recipients of the Our State, Our Wellbeing grant from the Carolina Across 100 initiative through UNC Chapel Hill. For more information on this group and future meeting schedule you can contact Regan Perry at [regan.perry@ashe.k12.nc.us](mailto:regan.perry@ashe.k12.nc.us).

#### *Our State, Our Wellbeing Initiative*

Carolina Across 100 and UNC Suicide Prevention Institute are partnering with 15 communities from every part of North Carolina to address mental health challenges and prevent suicides through the [Our State, Our Wellbeing Initiative](#). The [selected teams](#) are composed of health providers, government agencies, educational institutions, faith-based groups, and civic and nonprofit organizations from 24 counties across the state. Ashe County secured this opportunity in August of 2023.

Over the next 12 months, Carolina Across 100 and the UNC Suicide Prevention Institute will facilitate a cohort of cross-sector community collaboratives focused on implementing strategies to prevent suicide and suicidal ideation and improve resources available for mental and behavioral health. Participating communities will engage a broad array of organizations, including local government agencies, school systems, institutions of higher education, healthcare providers as well as faith- and community-based organizations, They will work together to identify community needs and target populations, align existing resources and programs, and develop plans to implement evidence-based prevention strategies. The Suicide Prevention Institute will provide participating communities with expertise in selecting the proven interventions that best suit their communities, and then help implement those interventions in an effective and sustainable way.

#### *Gatekeeper Training*

AppHealthCare recently realigned grant strategies to further focus resources toward mental health based on conversations with and feedback from community partners. AppHealthCare is partnering with two contractors to work with local organizations to establish policies and/or programs to address suicide prevention. Additionally, these contractors work with organizations and community members to provide gatekeeper training for suicide prevention. The goal of this effort is to equip individuals in a variety of settings to know what to do in situations where someone may be at risk for suicide.

Gatekeeper training offerings in 2023 included Question, Persuade, Refer (QPR), safeTALK and adult Mental Health First Aid.

## Health Priority: Substance Use and Misuse Prevention

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### Update to Local Community Objectives

#### *Opioid Settlement*

In July 2021, Attorney General Josh Stein announced a historic \$26 billion agreement that will help bring desperately needed resources to communities harmed by the opioid epidemic. The agreement resolves litigation over the role of four companies in creating and fueling the opioid epidemic. A Memorandum of Agreement (MOA) between the State and local governments directs how opioid settlement funds are distributed and used in our state. To maximize funds flowing to North Carolina communities on the front lines of the opioid epidemic, the MOA allocates 15 percent of settlement funds to the State and sends the remaining 85 percent to NC's 100 counties and 17 municipalities.

The overdose death rate in Ashe County was 7 out of 100,000 people in 2020. This represents 2 people in Ashe who died from overdose in that year. For every death, there are more non-fatal overdoses. While we are not able to capture all opioid overdoses, emergency department visits for overdoses are one way to measure the number of overdoses happening. The overdose emergency department visit rate in Ashe County was 88.2 out of 100,000 people in 2020. The number increased from 2020 to 2023, where 95.6 out of 100,000 people visited the emergency department for overdoses in Ashe County in 2023.

Another indicator of the impacts of substance use at a community level is the percent of children in foster care due to parental substance use. In 2018, 50.7% of children in foster care in Ashe County (n=36) were in foster care due to a parent's substance use. In 2021, the number of children in foster care in Ashe County due to a parent's substance use increased to 54.1% of all children (n=46) in foster care in Ashe County. In contrast, in NC as a whole, 42.5% in 2018 and 45.7% in 2021 reflect the percentage of children in foster care across the state due to a parent's substance use. Ashe's rate has remained significantly higher than that of NC.

As a result of the opioid settlement, Ashe County government is set to receive \$2,181,261 over an 18-year period. Before spending settlement funds, every local county or municipality must first select which opioid mitigation strategies they would like to fund.

In November 2022, Ashe County agencies and partners initiated a Results-Based Accountability (RBA) action planning process in which focus areas were determined for the next four years. In March 2023, the Ashe County Commissioners approved the utilization of \$225,000 to fund two-year pilot projects based on Exhibit A strategies in the MOA. In alignment with guidelines set by the North Carolina Attorney General's Office and North Carolina Department of Health and Human Services, Ashe County considered funding agencies to implement the following Exhibit A strategies:

1. Collaborative strategic planning
2. Evidence-based addiction treatment
3. Recovery support services
4. Recovery housing support
5. Employment-related services
6. Early intervention
7. Naloxone distribution
8. Post-overdose response team
9. Syringe Service Program
10. Criminal justice diversion programs
11. Addiction treatment for incarcerated persons
12. Reentry programs

Priority was given to projects that align with the top 5 focus areas determined through RBA action planning: 1) Connections to care, 2) Harm reduction, 3) Support for people in treatment and recovery, 4) Addressing needs of criminal-justice involved persons, and 5) Treatment of opioid use disorder.

For the 2023-2024 fiscal year, Ashe County authorized use of opioid settlement funds by AppHealthCare for the purchase of a mobile health bus. Additionally, funds will be used for further collaborative strategic planning to ensure a strong foundation for future investments.

### *Peer Support Specialists*

In 2019, AppHealthCare hired two, part-time, Peer Support Specialists (PSS) then through the Community Linkages to Care grant and the Vital Strategies opioid settlement matching grant, were able to add an additional (full-time) PSS to serve the district. There are three PSS that work across the district. The PSSs work as advocates for those struggling with substance use disorder by relating on a personal level through lived experience to promote trust among the people they serve. The PSSs work to serve the community through education, prevention measures, harm reduction, training, connecting individuals to care, working with justice-involved individuals, and helping with environmental and policy change work.

Current PSS initiatives are being captured and evaluated using a combination of pre- and post-test comparisons and follow up with program participants and agencies, as well as maintenance of data logs. The following are measures that are in place and have been tracked since February 2019 (when the NC CPSS program started):

- Board of Health resolution to support comprehensive strategies to address the opioid epidemic
- Total number of individuals served by NC Peer Support Specialists (PSS) across Alleghany, Ashe, and Watauga Counties: **724**
- Total syringes returned: **48,020** (25,010 of those in Ashe County)
- Total naloxone kits distributed: **2,772** (1,647 in Ashe County)
- Number of unique justice-involved persons served: **158** (58 in Ashe County)
- Number of justice-involved people and their families or loved ones educated on harm reduction strategies before release, including (but not limited to) training on how to recognize an overdose, how to administer naloxone, and how to prevent an overdose: **150**
- Number of justice-involved individuals reporting overdose reversals: **51**
- Percent of justice-involved individuals who are given access to naloxone upon release: **100% are offered - approximately 40% receive kits**
- Number of Narcan/Naloxone trainings in business and agencies: **13** (including ASU, community organizations, businesses, churches), **440 kits distributed to 150 participants**
- Number of average contacts with each individual served: **9**
- Number of individuals connected to medical, social services, emergency housing, transportation, food, treatment, behavioral health: **478**

### *Post-Overdose Response Team*

Community collaboration is a key component of this strategy and having resources like the Post Overdose Response Team (PORT) that has been formed and is up and running in Ashe County. This is due to a partnership with Ashe Medics Community Paramedic Program and Ashe Memorial Hospital providing direct service to community members who have experienced an opioid overdose. AppHealthCare's PSS have responded to **60** PORT calls since the program began in November 2020, and other successes include:

- Number of naloxone kits distributed through PORT = **117** (Ashe only)



- Number of overdose reversals reported through PORT = **45** (Ashe Only)

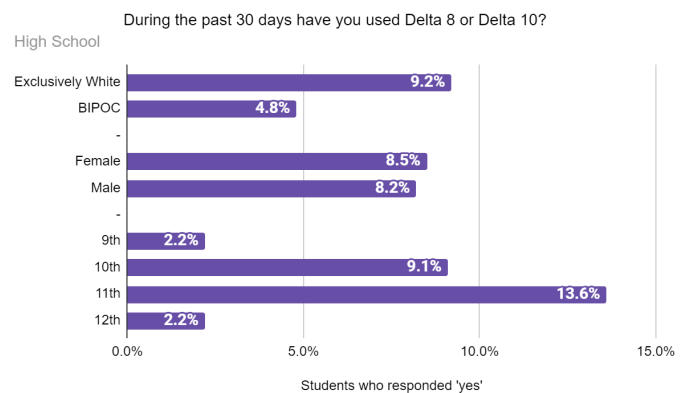
## Emerging Issues Since Last CHA

### Youth Risk Behavior Survey (YRBS)

AppHealthCare works with the Ashe School Health Advisory Council (SHAC) to disseminate the Youth Risk Behavior Survey (YRBS) on a biennial basis, with 2023 being the most recent dissemination. The 2023 survey included a new question asking about use of Delta 8 and Delta 10, a newer cannabis-derived substance of concern discussed during SHAC meetings.

Questions included in the survey related to Delta 8/10 include:

- “During the past 30 days have you used Delta 8 or Delta 10?” **8.3% of AHS students reported using Delta 8/10 during the past 30 days.**
- “How much do you think people risk harming themselves physically or in other ways if they smoke Delta 8 or Delta 10?” **19.8% of AHS students reported that they believe that smoking Delta 8/10 poses no risk to harming them physically or in other ways.**



Recent SHAC meetings have also included discussions around students and healthy relationships. In the YRBS, the following related questions are asked:

- “During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)” **8.4% of AHS students reported that they were forced to do sexual things by someone they were dating.**
- “During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)” **4.8% of AHS students reported that they were physically hurt on purpose by someone they were dating.**

AppHealthCare continues to monitor data trends related to health concerns brought up by school staff and community partners in hopes of contributing to positive change in these areas.