

# INSTITUTE FOR PREVENTIVE HEALTHCARE & ADVOCACY



Kathey Avery, RN, BSN

**Avery Health - Education and Consulting** brings extensive experience and knowledge to help individuals and groups achieve positive health outcomes and implement equity.

**Kathey Avery**, founder and owner of Avery Health - Education and Consulting, has more than 35 years of experience in healthcare and community activism. She is dedicated to raising awareness about, and helping in the prevention of, chronic diseases and preventable cancers through patient and public education and personal accountability.

Contact Kathey Avery today at 828-768-2369 to schedule a talk or workshop. For more details, please visit [www.AveryHEC.com](http://www.AveryHEC.com)



The mission of the **Institute for Preventive Healthcare & Advocacy** is to promote optimum health for all residents of Buncombe County and surrounding areas by addressing the social determinants of health and the inequities in access to affordable and preventive healthcare.

[www.ifpha.org](http://www.ifpha.org)

The IFPHA is grateful for the support of our sponsors.

## Caring for Our Mental and Physical Health

BY KATHEY AVERY RN, BSN, CN

*When we look at the rising houseless population we ask, “what came first the mental health or the drug abuse?”*

In an article in the *Mountain Xpress*, posted by Daniel Walton on May 12, 2022, Emily Ball, the city’s homeless services lead, stated that 637 Buncombe County residents slept on the streets, at a shelter or in transitional housing on a single night. This number represents a nearly 21% increase over the 527 recorded in 2021. The number of unsheltered residents, whose homelessness is the most visible to the community, was 232—double the 2021 count of 116. Ball suggested the true number was even higher, noting the difficulty of counting everyone who sleeps outside.

Again, I am going to say, our mental health is a package deal. If we continue to separate our “brain health” from our physical and spiritual health, we can already see what some of the outcomes might be when we look at gun violence and other mental health issues.

When we are born and get our first pediatrician assessment for growth and development, that “development” should never stop being assessed. It should be studied by a separate department. As we get older, the questions asked when we visit our primary care provider should always include, “What has been happening in your life since our last visit.” That means life issues (social determinants of health challenges), along with headaches, fever, etc.

Primary care should be integrated enough that when individuals have mental or cognitive changes, physicians are able to diagnosis the changes and play a more active role in helping their clients and family get the help they need in a timely and more involved manner.

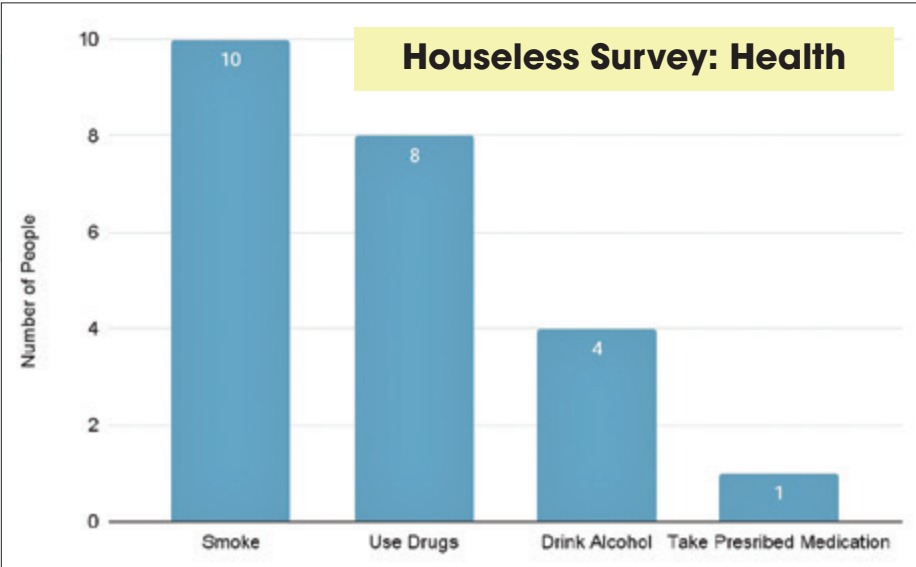
The World Health Organization (WHO) defines mental health (mental well-being) in the following way:

- It is a state of wellbeing, in which the individual realizes their abilities,
- can cope with the normal stresses of life,
- can work productively and fruitfully, and
- can contribute to their community (I feel that this is a little known or practiced fact.)

In my daily work as IFPHA’s community nurse, I have the pleasure to have psychiatry residents accompany our team as we visit many communities—an opportunity to see the way people’s mental wellness effects their everyday lives and their health. I would like to thank Dr. Buie at MAHEC for making this experience available to these wonderful future psychiatrists.

Dr. Buie is program director of the Psychiatry Residency and chair of the Department of Psychiatry and Mental Wellness at MAHEC. Let me introduce two others who have been accompanying our team this year: Emily Kulpa and Jenny Ondreyka.

**Emily Kulpa** is a third-year psychiatry



**Drugs specified: fentanyl and meth, heroin, marijuana, cocaine**

**Bipolar or general depression mentioned by four people**

**PTSD mentioned by three people**

**Other heath conditions specified: diabetes, injuries, addiction, hyperthyroidism/graves disease, cancer, pain, Covid**

resident at MAHEC who is planning to specialize in Geriatric Psychiatry. Recently there has been a growing movement among older adults to age in place, which allows people to remain in their own home as they grow older rather than move to an assisted living or nursing home. To accomplish this, there need to be services and systems in place that bring care directly to them when it becomes too burdensome for them to travel. Currently these services are limited, despite being an integral part of maintaining overall health.

Emily is particularly interested in developing better systems of care for geriatric patients. She pursued an elective rotation with IFPHA to further understand the Buncombe County based organization. During her rotation, she worked with CEO Kathey Avery, and Community Health Worker Angelique Scott, shadowing their visits with clients as IFPHA brought care and compassion directly to their client’s. As Emily continues her psychiatric training, she plans to incorporate practical, preventive solutions, as IFPHA has done, in order to help patients achieve their health and quality of life related goals.

### 2022 Houseless Survey

Surveyed between 1/10/22 and 4/16/22

**10 interviews completed**

**All presented race as White**

**Age range 26-61 years;  
Average age 41.7 years**

**Years since living in a house ranged from 2 to 20 years**

**Reasons for not having a home in which to live included: losing a loved one, break-up, discord with family member or person who owned home, lost job, injury, and mental health and substance use challenges**

Emily is originally from Connecticut but went to college in Colorado and medical school in New York. She loves running, getting outside, and brewery hopping, so Asheville has been a perfect fit!

**Jenny Ondreyka** is a second-year psychiatry resident at MAHEC who completed her medical education in Michigan. She also received a Master of Public Health degree in Boston, where she learned the importance of addressing healthcare needs from a systemic perspective.

There are multiple factors that impact health that often are not addressed in the short amount of time one has during a doctor’s visit. Factors such as whether or not a patient has stable housing, a reliable source of income, or even reliable transportation all have an impact on an individual’s health. The importance of addressing these social determinants of health has become especially evident during Jenny’s time spent with IFPHA.

IFPHA helps their clients navigate the complicated landscape of healthcare and ensures that their basic needs are met. Throughout her career, Jenny plans to work with organizations such as IFPHA to address access issues in healthcare and further integrate mental healthcare into primary care.

In a new series of articles, our team hopes to share what we have learned and what we hope to effect—to bring real life experiences and perspective to healthcare in a way that reconnects biological, behavioral, psychological, and social aspects of underserved, marginalized individuals. For those individuals who have fallen through the cracks of healthcare, we are working to gain improved access to wholistic care, and to have that care made available throughout each individual’s life.