

Mitchell County Community Health Assessment

2021



MITCHELL COUNTY COMMUNITY HEALTH ASSESSMENT

Collaboration

This document was developed by Toe River Health District in partnership with community leaders, public health agencies, businesses, medical community, school systems, and local faith-based organizations and churches as part of a local community health assessment process. We would like to thank and acknowledge several agencies and individuals for their contributions and support in conducting this health assessment:

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Mitchell County 2021 Community Health Assessment Executive Summary

Community Results Statement

Our mission is to partner with local agencies to not only identify health needs of our community, but to also explore and develop possible solutions to address health concerns in order to work toward improving health for all residents.

Leadership for the Community Health Assessment Process

Many local organizations assisted the local health department with the creation of this document. Among those were community leaders, public health agencies, businesses, medical community, school systems, and local faith-based organizations and churches. This team worked to identify, collect, analyze, and disseminate information on community assets, strengths, resources, and needs. This document is the result of collaboration between Toe River Health District, WNC Healthy Impact, and the Mitchell County Health Partnership.

Partnerships

A health department-led comprehensive Community Health Assessment (CHA) provides community insight into the health status of the county. Through the use of surveys, focus groups, interviews, community members, local government and business leaders, and health professionals came together to identify and prioritize health issues. Participating in the assessment process put the county in a position to take the next steps in developing policy, environment, and system changes that support their concerns. Currently in Mitchell County there is a coalition to bring together all the organizations and individuals that are committed to improving health in the county. This group consists of motivated individuals who are advocates on behalf of a broad range of community members and can represent appropriately the concerns of various populations within the county. The limited resources available in the county demonstrates a need for a coalition who will take responsibility and provide leadership for promoting and supporting policy, systems and environmental change that support healthy eating, and increase physical activity and prevent tobacco use throughout the county to combat most chronic disease conditions.

Membership Mitchell County Health Partnership

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Regional/Contracted Services

Our county received support from **WNC Healthy Impact**, a partnership and coordinated process between hospitals, public health agencies, and key regional partners in western North Carolina working towards a vision of improved community health. We work together locally and regionally to assess health needs, develop collaborative plans, take action, and evaluate progress and impact. This innovative regional effort is coordinated and supported by **WNC Health Network**. WNC Health Network is the alliance of stakeholders working together to improve health and healthcare in western North Carolina. Learn more at www.WNCHN.org.

Theoretical Framework/Model

WNC Health Network provides local hospitals and public health agencies with tools and support to collect, visualize, and respond to complex community health data through Results-Based Accountability™ (RBA). RBA is a disciplined, common-sense approach to thinking and acting with a focus on how people, agencies, and communities are better off for our efforts.

Collaborative Process Summary

Mitchell County's collaborative process is supported on a regional level by WNC Healthy Impact (WNCHI). The Community Health Assessment outlines the community's current health status. Based upon findings, steps have been developed to implement interventions, as well as community resources to address these health issues.

The collaborative process includes input from the community as an important element of the community health assessment process. Our county included community input and engagement in a number of ways: (1) Partnership on conducting the health assessment process; (2) Through primary data collection efforts; (3) In the identification and prioritization of health issues. Community engagement is an ongoing focus for our CHA Leadership Team as we move forward to the collaborative action planning phase of the community health improvement process. Partners and stakeholders with current efforts or interest related to priority health issues will continue to be engaged. We also plan to work together with our partners to help assure programs and strategies in our community are developed and implemented with community members and partners.

Phase 1 of the collaborative process began in January 2021 with the collection of community health data. For more details on this process see Chapter 1 – Community Health Assessment Process.

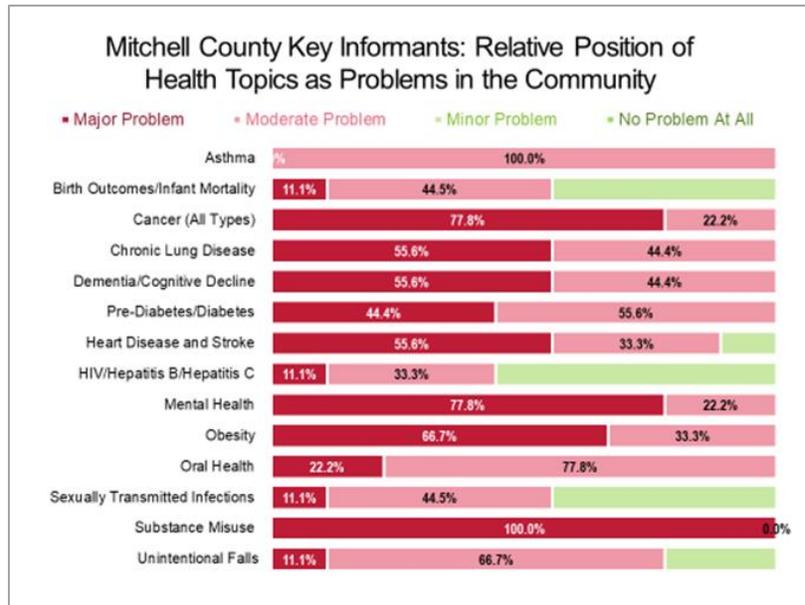
Key Findings

A community wide 76-questionnaire was conducted to give residents an opportunity to express concerns and opinions about the quality of life in Mitchell County. This included questions about the quality of life, economy, education, health, housing, physical activity, social issues, transportation, and COVID. Surveys were conducted by telephone by a trained interviewer and efforts were made to reach a representative sample of the population. Self-administered

surveys were also available online. A total of 244 Mitchell County surveys were analyzed: 200 via telephone interview and 44 via the publicly available weblink.

Some of the major findings that the Mitchell Community Health Partnership discussed in the prioritization process included that 54% of respondents stated that their life has been negatively influenced by substance abuse. An increasing proportion of participants have had more than seven days or poor mental health in the past year and 15% of respondents did not get needed mental health care or counseling in the past year. Three quarters of Mitchell County survey respondents had a Body Mass Index in the overweight or obese range; 39% had been diagnosed with high blood pressure.

In addition to secondary data and survey collection, nine (9) community stakeholders participated in an online key informant survey. Individuals were asked to consider specific health issues, provide comments about social determinants of health, and evaluate the strengths and opportunities of the Mitchell County community. The graphic displays a summary of their ranking of health topics in the community.



During monthly meetings, standards for the Community Health Assessment Process and Accreditation were discussed and reviewed for publication in the 2021 Community Health Assessment. Each member reviewed and approved of the Community Health Assessment Survey and Community Resource Directory included in the assessment. After the analysis was completed, qualitative and quantitative data findings were presented to the Community Health Assessment team. The team reviewed the data and developed the top ten major health issues based upon statistical data and community survey results.

Based on findings from the community survey combined with secondary health data, in November 2021, Mitchell County Health Partnership members identified ten (10) chief health concerns for the county.

- | | |
|----------------------------|------------------------------|
| Substance Abuse | Obesity Issues |
| Mental & Behavioral Health | Cancer |
| Domestic Violence | Addressing 0-5 kids |
| Access to Care & Services | Addressing homebound elderly |
| Chronic Diseases | Lack of caregivers |

Health Priorities

In November 2021, the CHA Team members participated in a prioritization activity to determine the three leading health concerns to be addressed during this cycle. The worksheet asked that each of the ten concerns be ranked, as to find a top three concerns to take action. The results from the prioritization process are reviewed and discussed at the meeting. The final health concerns are named as the focus for the next four-year cycle. Results of these worksheets were calculated to come up with the top three priorities, which are as follows:

- 1. Mental Health/ Substance Abuse/Domestic Violence**
- 2. Access to Care/ Use of Services**
- 3. Chronic Disease/Obesity/Healthy Lifestyles**

Next Steps

The 2021 CHA will be disseminated in a variety of ways. To begin, the document will be made available online at <http://www.toeriverhealth.org>. Hard copies will also be available at the Health Department, local library, and printed upon request. The CHA Facilitator will present the CHA data during a Board of Health Meeting, Health Partnership meetings, Mitchell County Health Department staff meeting, and upon request.

Further steps will be taken including the development of a community health improvement plan based on the findings from the CHA. The CHA Facilitator will convene community members and partners interested in moving forward on the selected health priorities. Action teams will emerge from the selected health priorities and the teams will begin brainstorming evidence-based strategies.

Collaborative action planning with hospitals and other community partners will result in the creation of a community-wide plan that outlines what will be aligned, supported and/or implemented to address the priority health issues identified through this assessment process. The next steps will be to formulate action plans regarding these three prioritized health concerns, starting with determining what is currently going on regarding the top health concerns, and what we would like to see going on regarding these health concerns.

The health partnership will create subcommittees for each health concern and these committees will work on creating collaborative action planning and implementation efforts. Upcoming meetings will be scheduled, and partners will be notified. We will conduct a root cause analyzes and identify possible evidence-based strategies to tackle the health concerns during the action planning process.

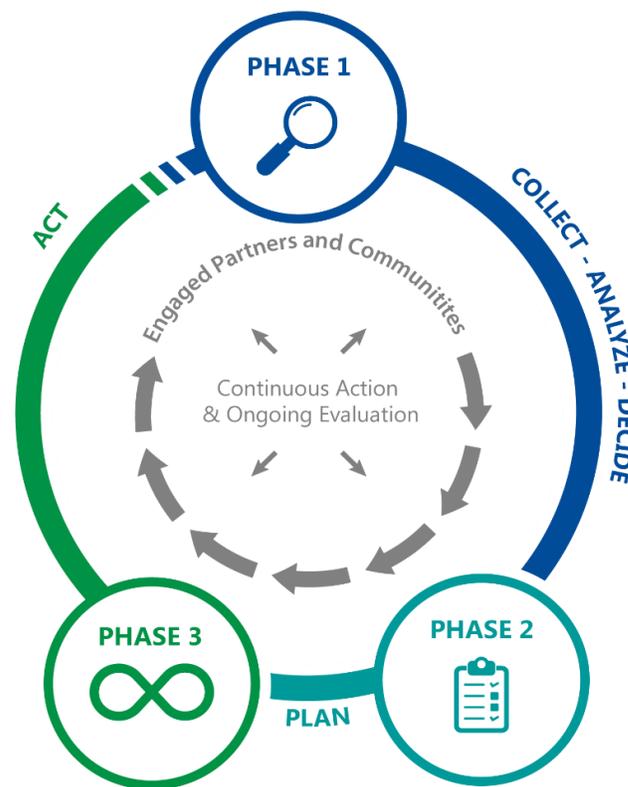
While much work has already been done to improve the health of our community's residents, more work is left to do to ensure that Mitchell County is the healthiest place to live, learn, work, and play.

Chapter 1- Community Health Assessment Process

Purpose

Community health assessment (CHA) is an important part of improving and promoting the health of county residents. A CHA results in a public report which describes the health indicators, status of the community, recent changes, and necessary changes to reach a community's desired health-related results.

Phases of the Community Health Improvement Process:

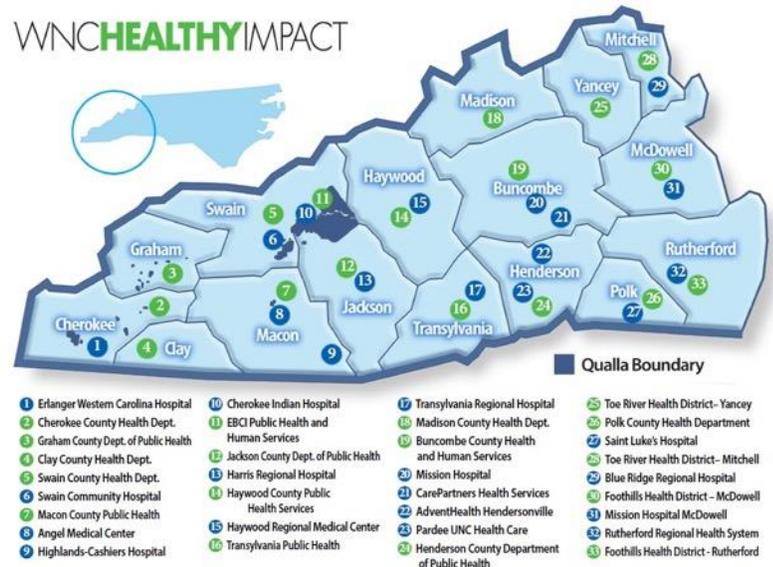


Definition of Community

Community is defined as "county" for the purposes of the North Carolina Community Health Assessment Process. Mitchell County is included in Blue Ridge Regional Hospital's community for the purposes of community health improvement, and as such they were key partners in this local level assessment.

WNC Healthy Impact

WNC Healthy Impact is a partnership among local and regional hospitals, public health agencies, and key regional partners towards a vision of improved community health. The vision is achieved by developing collaborative plans, taking action, and evaluating progress. More information is at www.wnchn.org/wnchealthyimpact.



Data Collection

The set of data reviewed for our community health assessment process is comprehensive, though not all of it is presented in this document. Within this community health assessment, we share a general overview of health and influencing factors, then focus more on priority health issues identified through a collaborative process. Our assessment also highlights some of our community strengths and resources available to help address our most pressing issues.

Core Dataset Collection

The data came from the WNC Healthy Impact regional data and local data. To ensure a comprehensive understanding, the dataset includes both secondary (existing) and primary (newly collected) data. The following data set elements and collection are supported by WNC Healthy Impact data consulting team, a survey vendor, and partner data needs and input:

- A comprehensive set of publicly available secondary data metrics with our county compared to the sixteen county WNC region as "peer"
- Set of maps accessed from Community Commons and NC Center for Health Statistics
- WNC Healthy Impact Community Health Survey (cell phone, landline and internet-based survey) of a random sample of adults in the county
- Online key informant survey

See **Appendix A** for details on the regional data collection methodology.

Health Resources Inventory

An inventory of available resources of our community was also conducted through reviewing a subset of existing resources currently listed in the 2-1-1 database for our county as well as working with partners to fill in additional information. Where gaps were identified, we partnered with 2-1-1 to fill in or update this information when applicable. See **Chapter 6** for more details related to this process.

Community Input & Engagement

Including input from the community is a critical element of the community health assessment process. Our county included community input and engagement in a number of ways:

- Partnership on conducting the health assessment process
- Through primary data collection efforts (survey, key informant interviews)
- In the identification and prioritization of health issues

In addition, community engagement is an ongoing focus for our community and partners as we move forward to the collaborative action planning phase of the community health improvement process. Partners and stakeholders with current efforts or interest related to priority health issues will continue to be engaged. We also plan to work together with our partners to help assure programs and strategies in our community are developed and implemented with community members and partners.

At-Risk & Vulnerable Populations

Throughout our community health assessment process and product, our team was focused on understanding general health status and related factors for the entire population of our county as well as the groups particularly at risk for health disparities or adverse health outcomes. For the purposes of the overall community health assessment, we aimed to understand variability in health outcomes and access of medically underserved, low-income, minority, and others experiencing health disparities.

To assist in data analysis, reporting prioritization and health improvement planning, we came up with the following definitions and examples for underserved, at-risk, and vulnerable populations.

- The **underserved** are community members who do not access health care either because there is a lack of services or providers available or because of limitations of income, literacy, or understanding on how to access services.
- Those **at-risk** are community members of a group who are likely to, or have the potential to, get a specified health condition. Examples of at-risk populations in Mitchell County include residents who are low income, minorities, who are un- or under-insured, who smoke, who abuse substances, are obese/overweight, who are sedentary, do not eat the recommended amount of fruits and vegetables, etc.
- The **vulnerable** are community members that may be more susceptible than the general population to risk factors that lead to poor health outcomes. Examples of vulnerable populations in Mitchell County include residents living below poverty level, residents using WIC/FNS services, older adults, etc.

The at-risk and vulnerable populations of focus for our process and product include:

- Youth in the community
- Poverty stricken community members and their families
- Elderly in the community
- Minority groups in the community
- Physically/Mentally handicapped in the community

If any relevant at-risk groups are not included in our process or product, it is only because they have not been brought to our attention up to this point. Toe River Health District wishes to help every vulnerable population in the communities we serve. We look to the area frequently to assure that we are reaching every disadvantaged group that exists in our community. Toe River Health District also realizes that reaching everyone in the community is a hard task, but we are always willing to reach more individuals that need help once we learn that they are in our county.

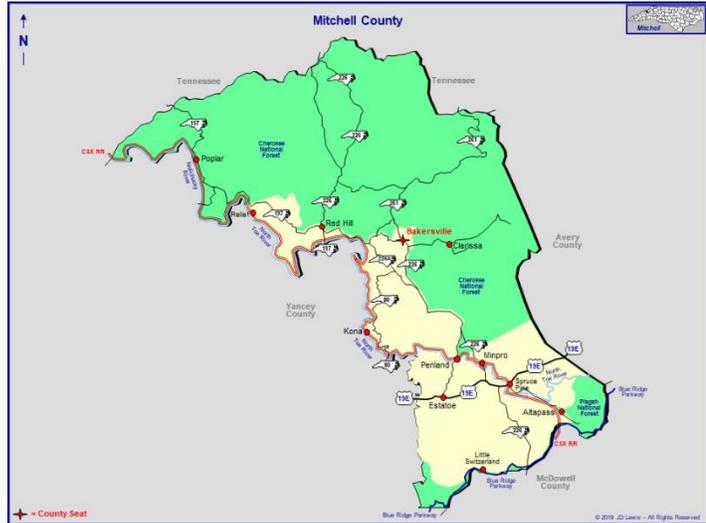
Chapter 2 – Mitchell County

Location, Geography, and History of Mitchell County

Mitchell County is located in the Blue Ridge Mountains of Western North Carolina, approximately 50 miles northeast of Asheville, NC and 25 miles southeast of Johnson City, TN. The county covers 220 square miles.

Bakersville is the county seat, with a population of approximately 400. The county's largest town, Spruce Pine, located in the southern part of the county, has a population of approximately 2,000.

The county's average year-round temperature is 52 degrees, and it receives an average of 46.7 inches of rain annually. Elevation ranges from 1,700 to 6,313 feet above sea level with an average elevation of 3,000 feet. The mountain climate is particularly attractive for outdoor activities such as whitewater rafting, hiking, backpacking, camping, fishing, horseback riding, canoeing, kayaking, mountain biking, and picnicking. Spruce Pine is known as the "Mineral City of the World". Roan Mountain, on the NC/TN border, is home to the world's largest natural rhododendron garden and the longest stretch of grassy bald in the Appalachian range. Events such as the North Carolina Mineral and Gem Festival and North Carolina Rhododendron Festival bring many people to the area throughout the year.



Source: www.carolana.com

Mitchell County was formed in 1861 from parts of Burke County, Caldwell County, McDowell County, Watauga County and Yancey County. During the build up to the Civil War, the northern half of the region strongly supported the Union and wanted to part company with the southern half, which favored secession. Jacob W. Bowman, a rising young politician from what is now Bakersville, was elected to represent Yancey County in the state legislature. Eager to serve his constituents living north of Toe River, young Bowman was instrumental in the passage of an act that created the new county. Mitchell County was named in honor of Elisha Mitchell, professor of mathematics, chemistry, geology and mineralogy at the University of North in the 1800s. Dr. Mitchell was the first scientist to argue that a nearby peak in the Black Mountains was the highest point east of the Mississippi River. He measured the mountain's height while climbing and exploring it. In 1857 he fell to his death on a waterfall on the side of the mountain. The mountain was subsequently named Mount Mitchell in his honor.

Until 2009, Mitchell County was one of the three dry counties in North Carolina, along with Graham and Yancey. After much controversy, the Town of Spruce Pine approved beer, wine, and ABC store sales.

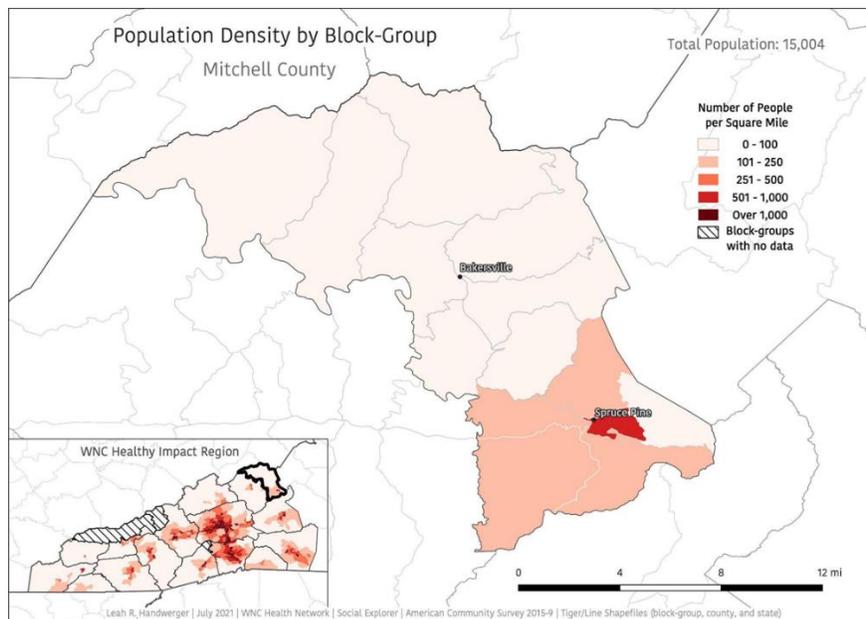
The county took a direct hit from "The Storm of the Century", also known as the "'93 Superstorm", or "The Great Blizzard of 1993". This storm event was similar in nature to a hurricane. The storm occurred between March 12–13, 1993, on the east coast of North America and vast swaths of the continent were impacted. The county suffered another tragic event on May 3, 2002, when eight firemen lost their lives fighting a blaze at the Mitchell County jail in Bakersville.

Population

The 2020 Decennial Census counted 14,903 residents of Mitchell County, slightly below the 2019 American Community Survey (ACS) population estimate of 15,004. Like most locations across the WNC Region, Mitchell County is home to a slightly higher proportion of females than males.

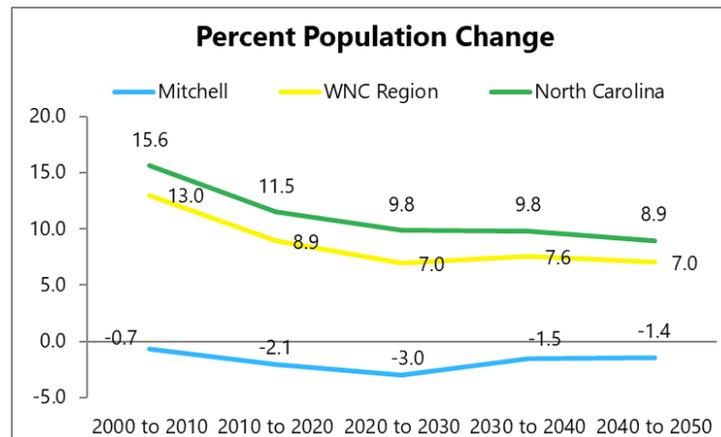
Population Distribution (2019)	Total Population	% Male	% Female	Median Age
Mitchell County	15,004	49.8	50.2	47.0
WNC Region	792,708	48.4	51.6	46.8
North Carolina	10,264,876	48.7	51.3	38.7

The Mitchell County population is concentrated in the southern portion of the county, with the highest population density occurring around Spruce Pine.

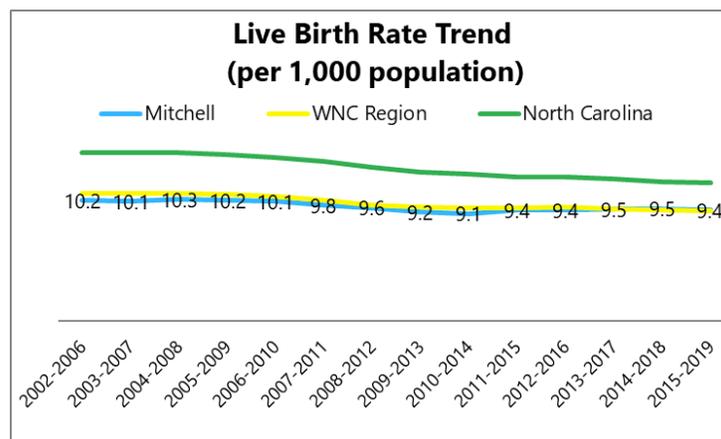


Population Change

According to estimates from the NC Office of State Budget and Management, the population of Mitchell County is projected to decrease in the coming decades. By 2050, the county population could be 14,378. Mitchell County is the only location in the WNC Healthy Impact region that is projected to demonstrate consistent population decline.



The birth rate in Mitchell County has not changed significantly in many years; between 2015 and 2019, an average of 141 people were born each year in Mitchell County. Geographic mobility data indicates that 3% of the population moved to Mitchell County from another county, state, or country in 2019 (NC SCHS, Vital Statistics, 2021).

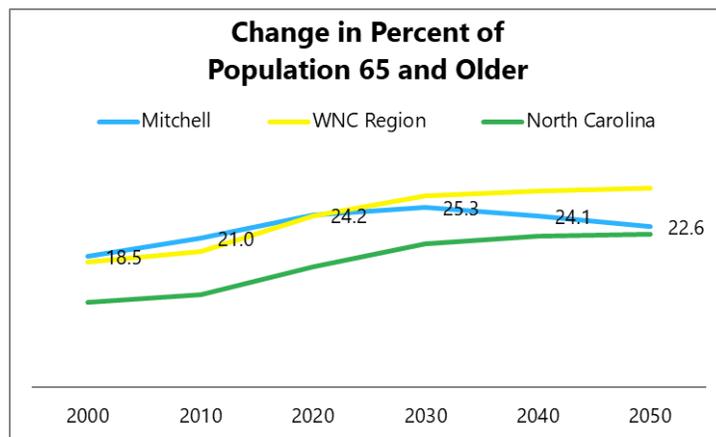


Age

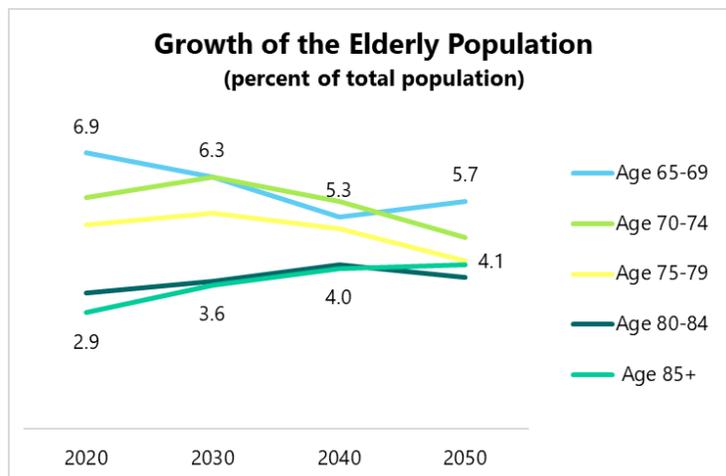
The median age of Mitchell County's residents was 47.0 in 2019, eight years older than the NC median age of 38.7 and similar to the WNC Region as a whole (46.8). Compared to both NC and WNC regional average, Mitchell County is home a higher proportion of seniors: nearly 25% of the county was age 65 or older in 2019. There are several hundred more elderly women than elderly men in Mitchell County (Census Bureau, ACS, 2021).

Age Distribution (2019)	Under age 5	Age 5-19	Age 20-64	65 and older
Mitchell County	4.7%	16.4%	54.8%	24.4%
WNC Region	4.8%	16.4%	56.1%	22.8%
North Carolina	5.9%	19.3%	59.0%	15.9%

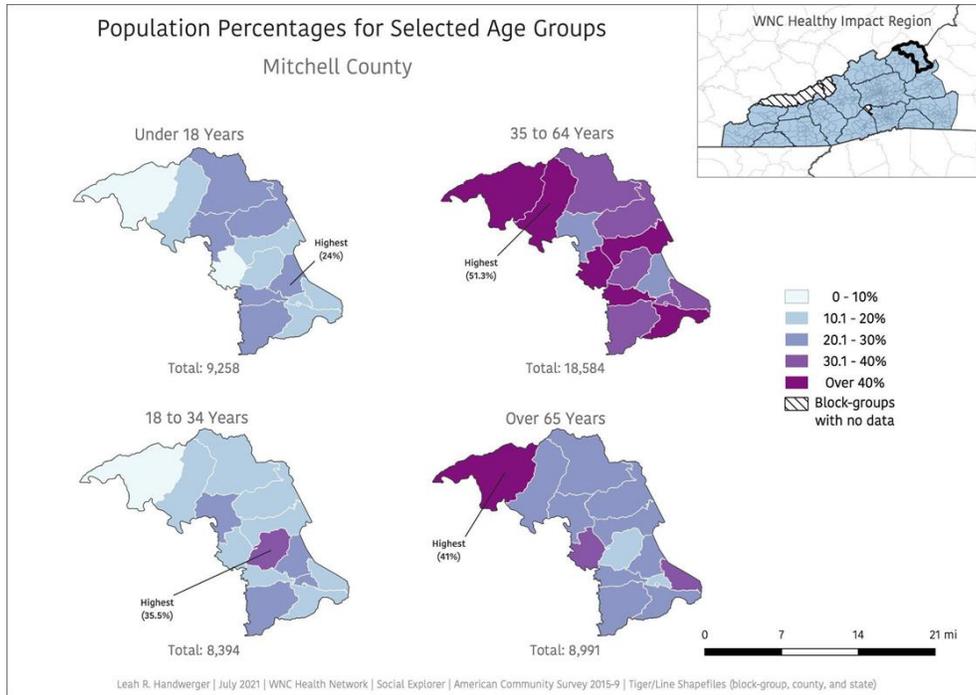
Unlike the projections for NC and the WNC Region as a whole, the proportion of the population over the age of 65 in Mitchell County is projected to increase until 2030 and then decrease slightly. The number of residents over 65 is projected to decrease from an estimated 1,050 in 2020 to a projected 825 by 2050.



Seniors will remain a critical component the population, particularly as the proportion of the Mitchell County population in the **oldest** two age groups is expected to increase through 2050, from 441 in 2020 to 583 by 2050 (NC OSBM, County Projections, 2021). The oldest adults can face unique challenges such as increased risk of falls, different patterns of health care utilization, more demanding and complicated long-term care needs, as well as transportation and mobility issues.



The highest concentration of residents over the age of 65 in Mitchell County appears to be in the Poplar and Bradshaw townships in the northern segment of the county, where 41% of the population is elderly.

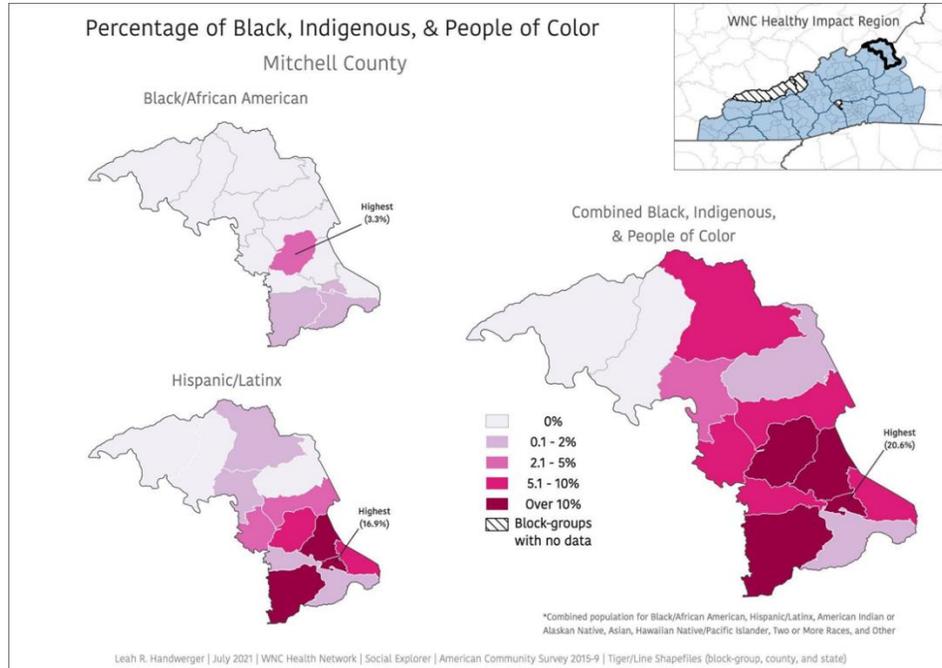


Racial and Ethnic Diversity

Compared to the WNC region and to North Carolina, Mitchell County is less racially diverse. As of 2019 ACS estimates, 96.5% of the Mitchell County population was white and 3.5% was non-white. Across the WNC Region, 90% of the population was white and 10% was non-white; approximately 69% of NC was white and 31% was non-white in 2019. Nearly 6% of the Mitchell County population identifies as ethnically Hispanic or Latino, a similar proportion the WNC Regional average and lower than the NC average for 2019 (Census Bureau, ACS, 2021).

Population Distribution by Race and Ethnicity (2019)	White	Black or African American	American Indian or Alaskan Native	Asian	Native Hawaiian or Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)
Mitchell County	96.5%	0.4%	0.1%	0.2%	0.0%	0.4%	2.4%	5.6%
WNC Region	90.0%	4.3%	1.5%	0.9%	0.1%	1.4%	1.9%	6.1%
North Carolina	68.7%	21.4%	1.2%	2.9%	0.1%	3.1%	2.7%	9.4%

When examined by census block, Black, Indigenous, People of Color (BIPOC) residents appear to be concentrated toward the southern portion of the county. The highest proportion of Black/African American residents live near the Snow Creek township and the highest proportion of Hispanic/Latinx residents live around Spruce Pine.

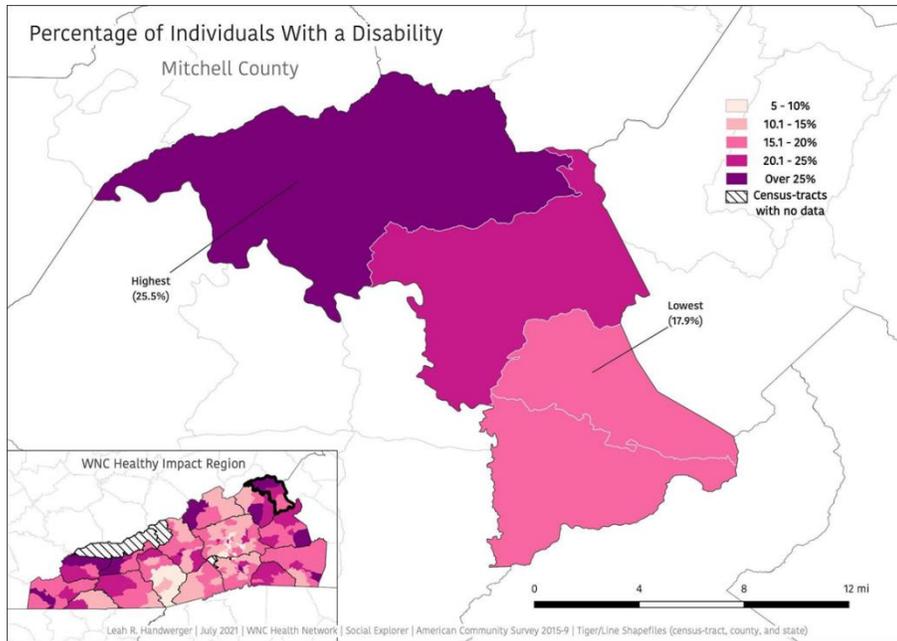


Other Populations of Note

Nearly 5% of Mitchell County households, around 300, spoke a language other than English in 2019. Spanish was the most common language spoken and 22% of the non-English speakers in Mitchell County would be considered linguistically isolated (Census Bureau, ACS, 2021).

Mitchell County was home to less than 900 veterans in 2019; 91% of them were male and 64% were over the age of 65 (Census Bureau, ACS, 2021).

According to the 2019 ACS, an estimated 20% of the Mitchell County population was living with a disability, higher than the WNC Region (18%) or North Carolina (13%). Ambulatory difficulties were most common (12%) followed by hearing difficulties (8%). Approximately 7% of the county population had an independent living difficulty, 5% had a vision difficulty, 5% had a cognitive difficulty and 3% had a self-care difficulty. The highest proportion of individuals with a disability live in the northern third of Mitchell County, farther away from services that might be concentrated in Spruce Pine or Bakersville (Census Bureau, ACS, 2021).



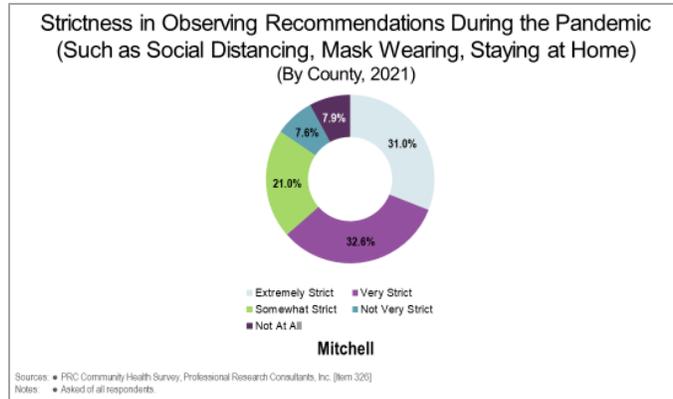
COVID-19 Pandemic

Physical or social distancing is one of the best tools we have to avoid exposure to this virus and slow its spread. However, having to physically distance from someone you love—friends, family, coworkers, or a worship community—can be hard. Community members struggled with adapting to new social routines, from choosing to skip in person gatherings, to consistently wearing masks in public. The need to socially distance limits what activities people can engage in or how they otherwise use their free time, which often leads to a focus on being stuck at home or being unable to travel.

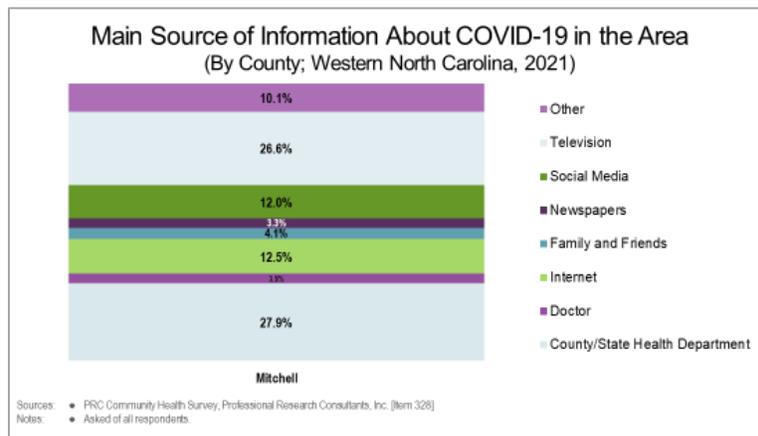
The physical and mental health of the community has degraded as the pandemic has dragged on, with many mourning the loss of loved ones to COVID-19 and dealing with their own struggles with the virus. The impact of missing family and friends and worrying about losing touch with people they used to see in person should not be overlooked. Economic difficulties resulting from the pandemic ranged from lost jobs and reduced hours, to being more stressed at work or frustrated about working from home. Frustration resulting from rising prices, failing businesses, or cost-of-living increases, continues to be a challenge in Mitchell County.

While some Mitchell County residents have expressed annoyance over mask-wearing requirements that they viewed as infringing on their personal freedom, others were dismayed that their fellow Americans refused to respect their safety by wearing a facemask in public places. Political culture and society in general has seemingly degraded over the course of the pandemic. Some people feel frustration with the government's lackluster response to the spread of the disease, while others were baffled over financially ruinous lockdowns in response to what they view as an overhyped danger.

The 2021 Community Health Survey included two county-specific questions added by the Toe River Health District, pertaining to COVID. Among Mitchell County respondents, 64% were extremely or very strict about following social distancing, mask wearing, and stay-at-home orders during the pandemic. Nearly 15% were not at all or not very strict about observing mitigation strategies and 21% were somewhat strict.



Mitchell County survey respondents looked to television sources (27%) and the state and county health department (28%) for information about COVID-19 in the local area. Approximately 24% of respondents used social media or the internet as their main source of information about COVID. Just over 3% of respondents relied on doctors as the main source of COVID-19 information (WNC Health Network, 2021).



Participants in the Key Informant Interviews were asked *“Thinking over the past 12 months, what have you experienced in your community that has helped you feel inspired, confident, or hopeful related to the health and wellbeing of people in your community?”* Avery County stakeholders responded with praise for the professionals, paid and volunteer, who worked so hard to provide testing, immunizations, and care. They also pointed out how expanded partnerships and collaborations have resulted.

“The vaccine clinics--it was inspiring to see volunteers come together to assist the public health department and others immunize our community.” – Community Leader (Mitchell County Key Informant Interview)

“The community really rallied to help each other out in the early days of COVID. Businesses and corporations were creative with their help and gave back to the community.” – Social Services Provider (Mitchell County Key Informant Interview)

"The pandemic gave us all a chance to reflect on what really matters-- how we treat each other, how we work together, and how we reach out to those who are hurting, disenfranchised, or feeling disconnected-- and this community stepped up by taking care of their neighbors and reaching out with kindness and helpfulness." – Community Leader in Key Informant Interview

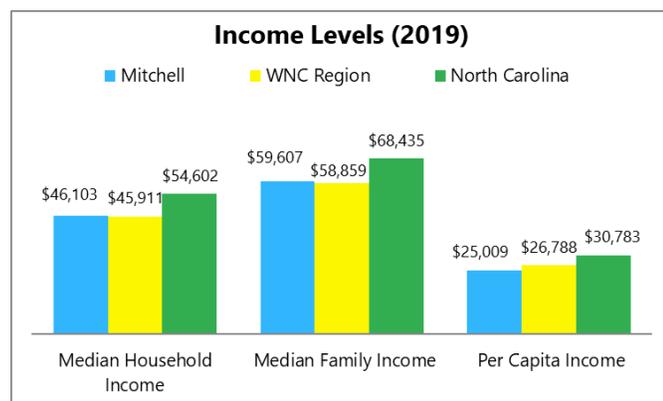
Chapter 3 – Social & Economic Factors

As described by [Healthy People 2030](#), economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social community and context are five important domains of social determinants of health. Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (Office of Disease Prevention and Health Promotion, 2020).

Income & Poverty

“Income provides economic resources that shape choices about housing, education, child care, food, medical care, and more. Wealth, the accumulation of savings and assets, helps cushion and protect us in times of economic distress. As income and wealth increase or decrease, so does health” (County Health Rankings, 2021).

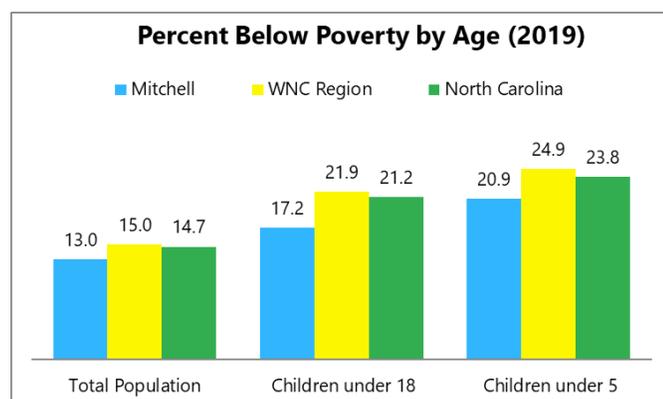
Between 2010 and 2019, the median household income in Mitchell County rose slowly but steadily from \$32,743 to \$46,103. However, the median household income among residents of Mitchell County remains \$8,500 lower compared to NC in 2019.



The median family income also rose between 2010 and 2019, from \$41,727 to \$59,607, though the Mitchell County median remains more than \$8,000 lower compared the median family income in NC.

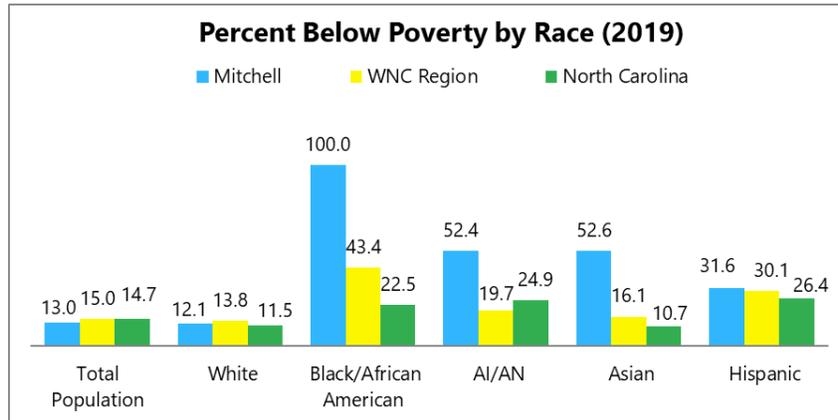
Per capita income in Mitchell County rose from \$18,804 in 2010 to \$25,000 in 2019, which was lower compared to both NC and the WNC Region (Census Bureau, ACS, 2021).

The poverty rate in Mitchell County has fallen each year from a high point of 19.6% in 2014, with 13.0% of Mitchell County residents living below the poverty line in 2019, compared to a WNC regional average of 15.0% and a NC total of 14.7%.



Children are more likely to live in poverty, particularly children under the age of 5, though Mitchell County children fare better compared to the WNC Region and NC.

While the poverty rates among non-white residents are based on small numbers, it's important to note that BIPOC individuals in Mitchell County are more likely than white individuals to live below the poverty line. In 2019, all of the Black/African American residents of Mitchell County lived in poverty and more than half of the AIAN and Asian residents lived in poverty (Census Bureau, ACS, 2021).



As of January 2021, 1,233 Mitchell County households encompassing 2,418 individuals (approximately 17% of the county population) were receiving Food and Nutrition Services (FNS) benefits, an increase from 1,018 households and 2,001 individuals in January of 2020. Children under the age of 18 comprised 53% of the Mitchell County individuals receiving FNS in January 2021 (UNC-CH, Management Assistance, 2021).

The percentage of school children determined to be “needy” (sometimes referred to as Economically Disadvantaged) and qualifying to receive free- and reduced-cost school meals decreased overall in Mitchell County, from a high point of 59% in SY13-14 to 53% in SY19-20. A higher proportion of students were determined to be needy in the WNC Region (55%) and NC (58%) in SY19-20 (NC Department of Public Instruction, Child Nutrition Division, 2021).

Employment

“Employment provides income and, often, benefits that can support healthy lifestyle choices. Unemployment and under employment limit these choices, and negatively affect both quality of life and health overall. The economic condition of a community and an individual’s level of educational attainment both play important roles in shaping employment opportunities” (County Health Rankings, 2021).

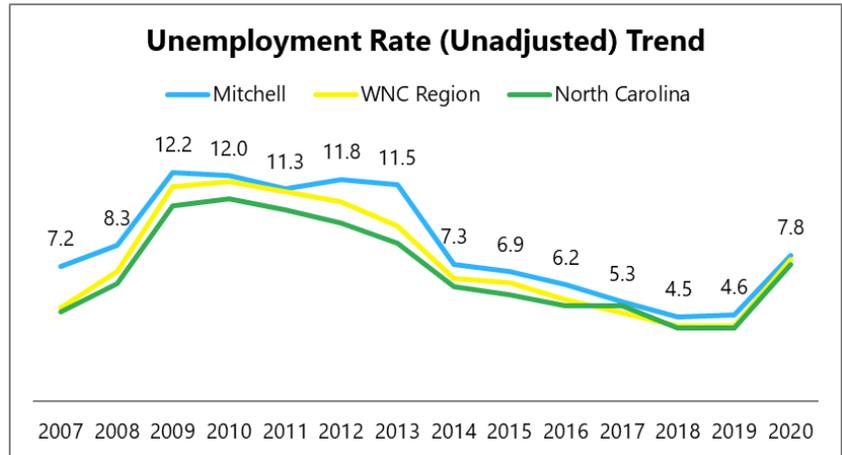
Health Care and Social Assistance was the largest employment sector in Mitchell County in 2020, employing 22% of the workforce. The average weekly wage in this sector was \$758 in Mitchell County, lower compared to \$806 in the WNC Region and \$1,069 in North Carolina.

Retail Trade was the second largest employment sector in 2020 (15%) and paid an average weekly wage of \$502, lower than both the WNC Region (\$545) and NC (\$621). Retail Trade is

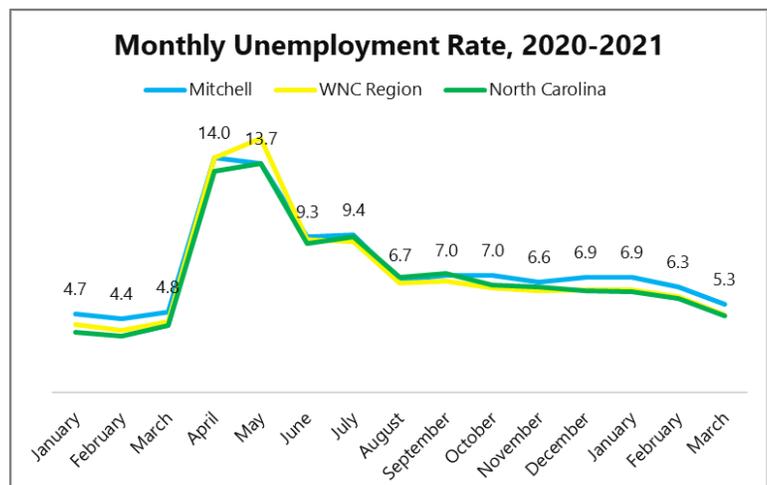
typically one of the lowest wage-earning employment sectors, with unpredictable hours and often lacking employment benefits.

Mining was the third largest employment sector in Mitchell County in 2020, employing 13% of the workforce and paying a higher weekly wage (\$1,402) compared to the Region (\$1,104) and NC (\$1,257) (NC Department of Commerce, Quarterly Census Employment and Wages, 2021).

The unemployment rate in Mitchell County follows the same general pattern as the WNC Region and the state of North Carolina, though the Mitchell County rate surpassed the comparators over the entire period of 2007 through 2020.



The abrupt rise in the unemployment rate in 2020 is due to the COVID pandemic. When monthly unemployment rates January 2020 through March 2021 are examined, Mitchell County experienced the same dramatic increase in unemployment rates seen across the state and nation in April and May of 2020. While the rates have since fallen, they have yet to approach pre-pandemic levels and Mitchell County continues to demonstrate a higher unemployment rate compared to NC and the WNC Region (NC Department of Commerce, Local Area Unemployment Statistics, 2021).



“Most of the jobs we have are low paying and there is no new development in our county to speak of. Young people move out and don't come back because of this.” – Community Leader (Mitchell County Key Informant Interview)

The 2021 WNC Healthy Impact Community Health Survey asked several questions pertaining to the impact of the COVID-19 pandemic on employment. Although Mitchell County demonstrates lower percentages compared to the WNC Region, it is worth noting that 10% of Mitchell County respondents reported losing a job and another 22% reported losing hours or wages but not a job due to the pandemic (WNC Health Network, 2021).

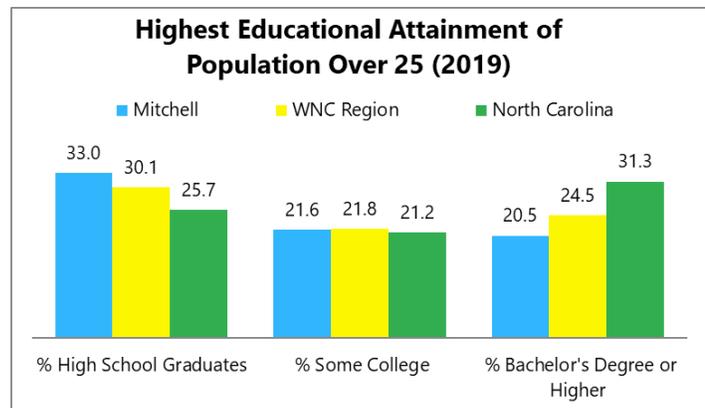
Impact of the COVID Pandemic	Lost a Job	Lost hours or wages
Mitchell County	10.1%	21.7%
WNC Region	15.3%	26.0%

Education

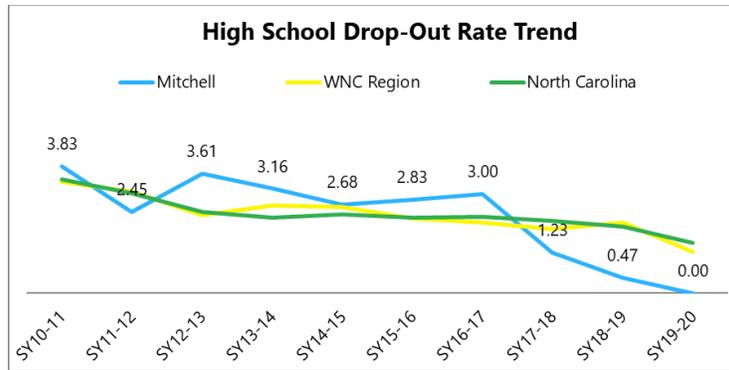
“Better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. This is true even when factors like income are taken into account” (County Health Rankings, 2021).

Higher levels of education can lead to a greater sense of control over one’s life, which is linked to better health, healthier lifestyles decisions, and fewer chronic conditions. Perhaps the greatest evidence for continuing education is connected to lifespan – on average, college graduates live nine more years than high school dropouts. These benefits of education trickle down to children as well: children whose mothers graduate from college are twice as likely to live past their first birthday, have decreased risk of cognitive development, decreased risk of tobacco and drug use, and lower risk of many chronic conditions (CDC, CDC Community Health Improvement Navigator, 2015).

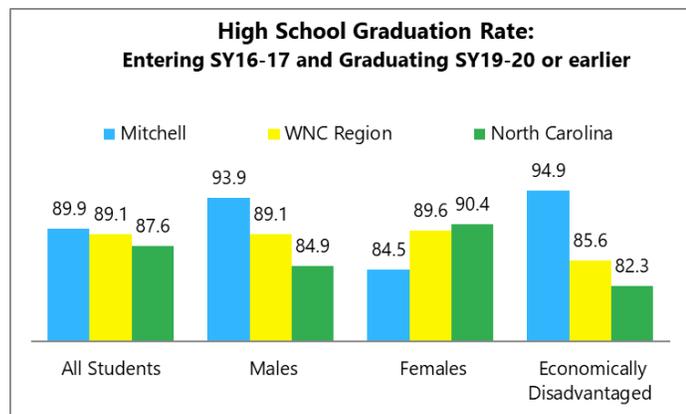
Compared to the WNC Region and North Carolina, Mitchell County demonstrated lower educational attainment in 2019. Approximately a third of the Mitchell County residents over the age of 25 attained only a high school education. Nearly 22% had attended some college but not completed a degree program. Twenty percent of Mitchell County adults over the age of 25 had received a bachelor’s degree or higher, compared to 24.5% across the WNC Region and 31.3% statewide (Census Bureau, ACS, 2021).



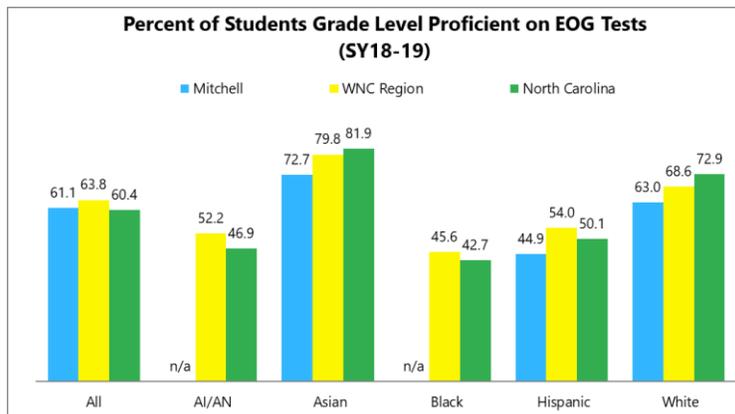
Seven schools within the Mitchell County School system served 1,871 students in SY2019-2020: three elementary schools, two middle schools, and two high schools. Mitchell County high school drop-out rates surpassed comparable rates for WNC and NC in SY12-13 through SY16-17 but have since fallen steadily. Note that the 2019-2020 school year was impacted by COVID-related closures in March 2020 (NC Department of Instruction, Dropout and Discipline Data, 2021).



Mitchell County demonstrated higher graduation rates for All Students compared to WNC and NC, with 90% of 9th graders who entered in SY16-17 graduating in SY19-20. Mitchell County did particularly well with graduating economically disadvantaged students. It is worth noting that in many other counties across the WNC Region, females tend to be more likely to graduate compared to males. The opposite is true in Mitchell County, where females demonstrated the lowest graduation rate (84.5%) among the groups presented in the chart below (NC Department of Public Instruction, Cohort Graduation Rates, 2021).



In SY18-19, lower proportions of Mitchell County students demonstrated grade-level proficiency on End-of-Grade tests compared to WNC and NC. Lower percentages of Hispanic students in Mitchell County demonstrated grade-level proficiency. More recent data is not available; EOG tests were cancelled in SY19-20 due to the COVID closures and data for SY20-21, which was also disrupted by closures and remote learning adjustments, is not yet available (NC Department of Instruction, School Report Cards, 2021).



Racism and Discrimination

“Racism is an underlying or root cause of health inequities and leads to unfair outcomes between racial and ethnic groups. Different geographic areas and various racial and ethnic groups experience challenges or advantages that lead to stark differences in life expectancy, infant mortality, poverty, and more” (County Health Rankings, 2021).

As discussed in Chapter 1, 3.5% of the Mitchell County population was non-white and 5.6% identified as Hispanic/Latinx in 2019. Among Mitchell County respondents to the 2021 Community Health Survey, 26.3% disagreed or strongly disagreed that the community was a welcoming place for people of all races and ethnicities, higher compared to the WNC Region (16.8%).

Approximately 12% of Mitchell County respondents reported being threatened or harassed due to their race often or sometimes (note that 6% of the Mitchell County survey sample identified non-white). When asked if they had been discriminated against due to their race or ethnicity, 7.7% of Mitchell County respondents had been often or sometimes treated unfairly at school.

Nearly one-third of respondents said they were often or sometimes criticized for their accent, higher compared to the WNC Region (WNC Health Network, 2021).

Often or Sometimes Experienced Discrimination due to Race or Ethnicity	Harassed or threatened	Treated Unfairly at School	Criticized for Accent
Mitchell County	11.8%	7.7%	32.9%
WNC	9.7%	9.0%	28.6%

*“There is rampant racism and bigotry pervasive in Mitchell County. No community leaders are openly talking about it, addressing it, or even acknowledging it.” –
Community Leader (Mitchell County Key Informant Interview)*

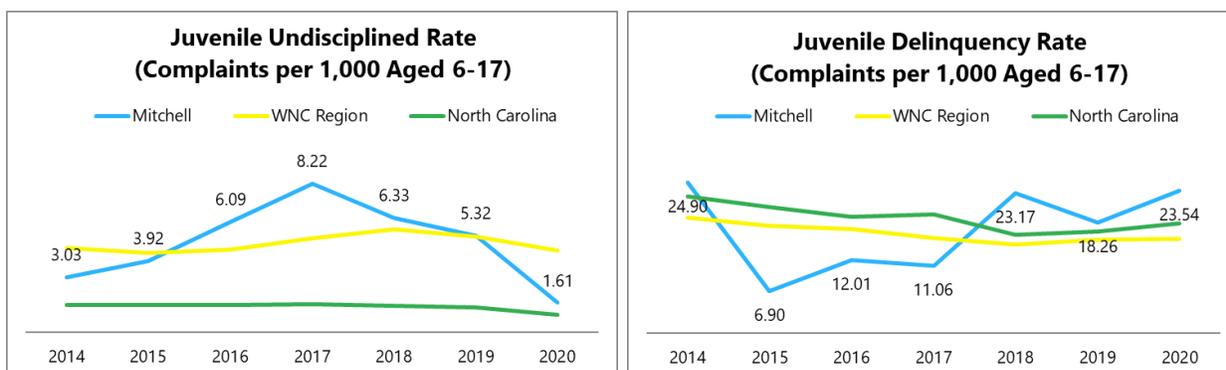
Community Safety

“Injuries through accidents or violence are the third leading cause of death in the United States, and the leading cause for those between the ages of one and 44. Accidents and violence affect health and quality of life in the short and long-term, for those both directly and indirectly affected, and living in unsafe neighborhoods can impact health in a multitude of ways” (County Health Rankings, 2021).

According to the Uniform Crime Reporting system managed by the State Bureau of Investigation, crime statistics from Mitchell County between 2001 and 2020 were reported inconsistently and are often incomplete, representing only partial years. So standardized, comparable crime-related data that might illuminate the community safety of Mitchell County is lacking.

In FY2019-2020, Mitchell County Safeplace, the NC Council for Women-funded domestic violence and sexual assault agency, served 128 sexual assault clients (adult survivors of child sexual assault was the most reported type of assault) and 293 domestic violence clients. The shelter operated by Mitchell County Safeplace was full on 26 days during FY19-20. Between 2010 and 2020, there were two domestic violence-related homicides in Mitchell County (NC Department of Administration, Council for Women, 2021).

Between 2014 and 2020, an average of 38 complaints of juvenile offenses were processed each year by the Juvenile Crime Prevention Council in Mitchell County. The juvenile undisciplined rate has fallen in Mitchell County since 2017 though it remains higher compared to NC. Mitchell County’s juvenile delinquency rate increased since 2015 and has been higher than NC and the WNC Region since 2018. A juvenile is determined to be undisciplined if they committed offenses that would not be crimes if committed by adults (truancy, running away from home, ungovernable, or is regularly found where it is unlawful for juveniles to be). A juvenile delinquent is any juvenile between 6 and 15 who commits an offense that would be a crime under state or local law if committed by an adult (NC Department of Public Safety, Juvenile Crime Prevention Councils, 2021).



The number of investigated and substantiated reports of child abuse in Mitchell County has decreased since FY02-03. In FY19-20, 90 children were investigated for reported abuse or neglect: only 1 was substantiated and 13 were unsubstantiated. In FY19-20, 16 children entered child welfare custody in Mitchell County, a decrease from 32 in FY18-19. Compared to the state of North Carolina, Mitchell County places a higher proportion of children with relatives. A foster home is the second most common placement in Mitchell County; it is the most common placement in NC (UNC-CH, Management Assistance, 2021).

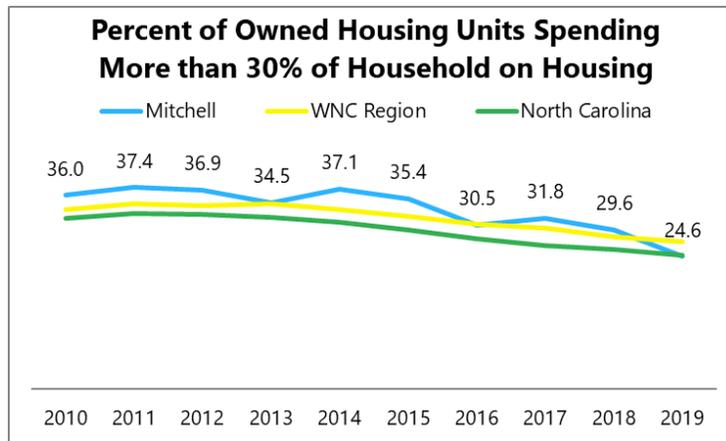
Housing and Transportation

“The housing options and transit systems that shape our communities’ built environments affect where we live and how we get from place to place. The choices we make about housing and transportation, and the opportunities underlying these choices, also affect our health” (County Health Rankings, 2021).

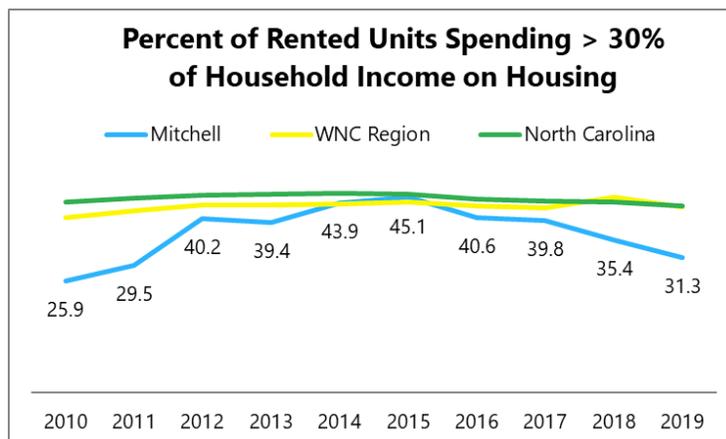
As of 2019, there were 8,831 housing units in Mitchell County: 72% were occupied and 28% were vacant, higher compared to NC, where 14% of housing units were vacant in 2019. Compared to North Carolina as a whole, Mitchell County residents are more likely to be homeowners. More than three-quarters of Mitchell County housing units were owner occupied in 2019 and 22% were renter occupied. Statewide, 35% of occupied housing units were renter-occupied (Census Bureau, ACS, 2021).

Housing Affordability

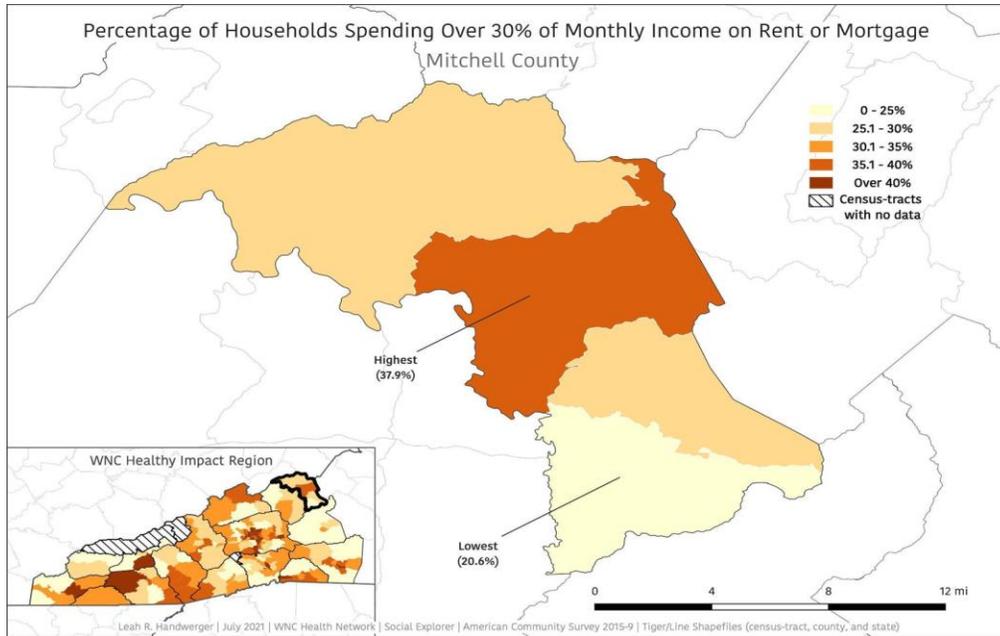
The median monthly costs for Mitchell County homeowners increased from \$880 in 2010 to \$1,075 in 2019. The percentage of homeowners spending more than 30% of their household income on housing costs declined overall from a high point of 37.4% in 2011 to 24.6% in 2019. In 2019, 11% of Mitchell County homeowners spent more than 50% of their household income on housing costs.



The median gross rent for rented housing units in Mitchell County increased from \$462 in 2010 to \$611 in 2019, still well below the WNC regional average of \$721 and the NC average of \$907. The percent of renters spending more than 30% of their income on housing decreased from a high of 45.1% in 2015 to 31.3% in 2019, lower than the WNC and NC average of 43%. In 2019, 12% of renters in Mitchell County spent more than half of their household income on rent (Census Bureau, ACS, 2021).



The map presented below demonstrates that a higher proportion of households in the middle swath of Mitchell County, around the county seat of Bakersville, spend more than 30% of their household income on housing.

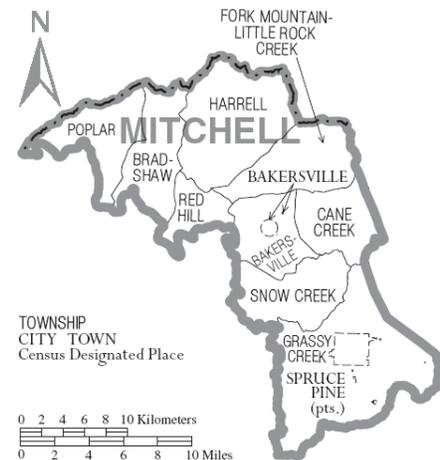


Housing Adequacy

Across Mitchell County in 2019, 18% percent of the housing units were mobile homes; statewide, mobile homes comprised 13% of housing units. Almost a quarter of Mitchell County housing was built before 1960 and 46% of units rely on fuel oil, kerosene, coal, coke or other fuels for heating. Just over 6% of housing units had no vehicle available and nearly 4% lacked telephone services.

When examining Mitchell County housing units at the township level:

- Cane Creek had the highest proportion of mobile homes (33%).
- Red Hill had the highest proportion of houses built before 1960.
- The highest proportion of housing units with no vehicle access (13.1%) and no telephone service (10.3%) were in Harrel.
- The highest proportion of housing units using fuel oil, kerosene, coal or other fuels (77%) were located in Bradshaw.
- Bakersville township had the highest percentage of housing units with no heating fuel (1.6%) (Census Bureau, ACS, 2021).



Almost 12% of Mitchell County and WNC respondents to the Community Health Survey reported a time in the past year when their home was without electricity, heating or water. Twenty percent of Mitchell County respondents always, usually, or sometimes worried about paying their rent or mortgage, lower compared to WNC. Approximately 8% of Mitchell County respondents had experienced a housing emergency that necessitated living with a friend or relative in the past three years; 2% had lived on the street, in their car, or in a temporary shelter at some point in the past three years (WNC Health Network, 2021).

Housing Security	Lacked access to utilities in the past year	Worried about paying rent or mortgage	Housing emergency in the past 3 years	Needed temporary shelter in the past 3 years
Mitchell County	11.5%	19.9%	8.3%	2.2%
WNC	11.5%	26.7%	9.3%	2.3%

Vehicle and Internet Access

According to 2019 estimates, 6% of Mitchell County occupied housing units (rented and owned) did not have access to a vehicle. Rented units are more likely than owned units to lack vehicle access: 19% of rented housing units did not have access to a vehicle compared to 3% of owned units. Senior citizens are more likely than younger age groups to lack vehicle access: more than half of the households with no vehicle access had householders aged 65 and older. Mitchell County statistics do not deviate dramatically compared to WNC and NC.

Avery, Mitchell and Yancey County respondents to the Community Health Survey were asked how often they had trouble finding transportation to the places they wanted to go: always, usually, sometimes, seldom, or never. Most Mitchell County respondents (81.5%) never had difficulty finding transportation; 10% seldom found it difficult; 8.3% sometimes, usually or always found it difficult to find transportation (WNC Health Network, 2021).

Nearly 21% of Mitchell County households did not have a computer in 2019, which is nearly double the NC rate (10.9%) and higher compared to the WNC Region (16.7%). More than a quarter of Mitchell County households (27.2%) did not have an internet subscription, higher than NC (18.9%) and similar to the WNC Region (26.5%) in 2019. Eight percent of Mitchell County households relied on a smartphone as their only computing device in 2019; 11% used only their cellular data plan for internet access, higher than WNC (10.4%) and NC (9.5%) (Census Bureau, ACS, 2021).

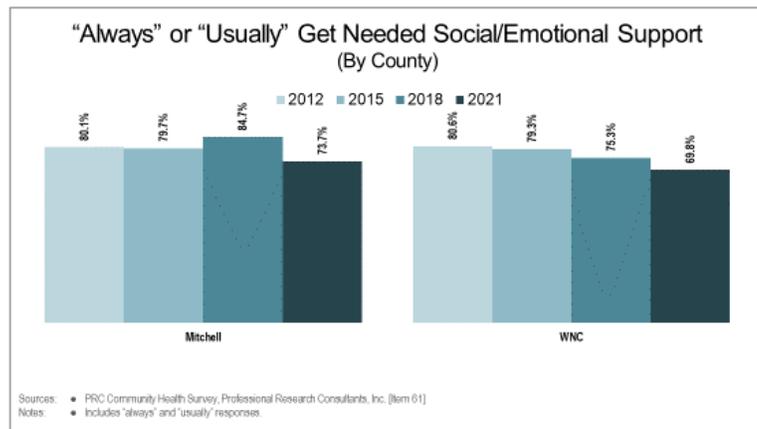
Family & Social Support

“People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Neighborhoods richer in social capital provide residents with greater access to support and resources than those with less social capital” (County Health Rankings, 2021).

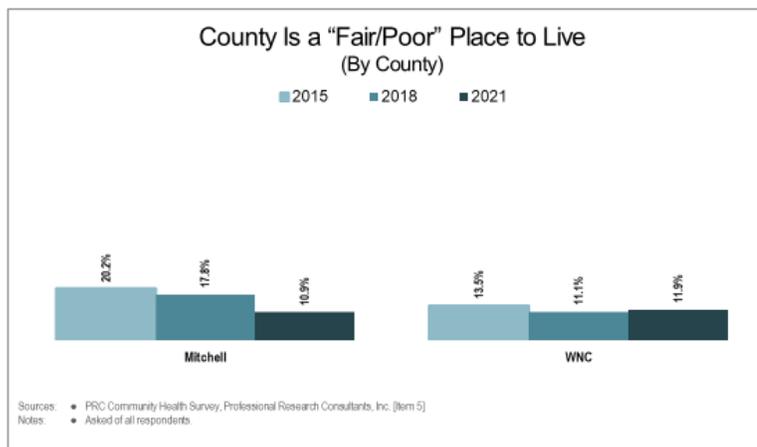
Among the 6,344 households in Mitchell County in 2019, 18.6% were householders living alone and 12.7% were householders over the age of 65 who live alone. Approximately 5% of households in the county were comprised of single parents with children under 18.

Just over 200 grandparents in Mitchell County lived with their own minor grandchildren in 2019. Nearly 55% of those grandparents are responsible for their grandchildren, meaning they are financially responsible for the basic needs of the grandchild, including food, clothing, and day care. No parent of the grandchild was present among 47% of these families. More than 60% of the grandparents responsible for grandchildren were still in the labor force, 19.6% were living below the poverty line, and 16% were linguistically isolated (Census Bureau, ACS, 2021).

Nearly 80% of Mitchell County respondents to the 2021 Community Health Survey indicated that they always or usually have someone to rely on for help when needed, slightly higher compared to 75.7% in the WNC Region.



While a clear majority of Mitchell County survey respondents over the past four survey cycles indicated that they always or usually get the social or emotional support they needed, the proportion decreased in 2021.



Among survey respondents over time, a decreasing proportion feel that Mitchell County is a fair or poor place to live. In 2021, nearly 90% of Mitchell County respondents felt the county was a good, very good, or excellent place to live (WNC Health Network, 2021).

“This is a small tight knit community with many great systems of support and services, so I believe the social support is there, but I do not always know about family. Every family is different, and each family prioritizes and values things differently.” – Public Health Representative (Mitchell County Key Informant Interview)

Chapter 4 – Health Data Findings Summary

Mortality

Life Expectancy

A person born in Mitchell County in 2017-2019 could be expected to live a shorter life than the average resident of the WNC Region or NC: 75.7 years. Females tend to live longer than males, with the average male in Mitchell County living to be 73 years old and the average female living to be almost 79. Although there aren't enough minorities in Mitchell County for life expectancy to be calculated, African Americans typically have shorter life expectancies than white individuals in the WNC Region and in NC (NC SCHS, County Health Databook, 2021).

Life Expectancy if born 2017-2019	Overall	Male	Female	White	African American
Mitchell County	75.7	73.0	78.6	75.6	n/a
WNC Region	77.4	74.9	79.9	77.7	76.6
North Carolina	76.7	74.0	79.4	77.8	73.8

Leading Causes of Death

Two tables are provided below the following narrative, displaying the mortality rates and the changes that are discussed: Mitchell County is compared to the WNC Region and NC and rate changes since 2002-2006, the earliest period included in the data set used, and since 2012-2016, the data presented in the 2018 Community Health Assessment are also provided.

1. **Heart disease** is the leading cause of death in Mitchell County and while the mortality rate due to diseases of the heart in Mitchell County decreased 8% since 2002-2006, it rose 8% between 2012-2016 and 2015-2019. The heart disease mortality rate was 16% higher in Mitchell County compared to the WNC Region and 21% higher compared to NC in 2015-2019.
2. **Cancer** is the second leading cause of death in Mitchell County, with the mortality rate in 2015-2019 surpassing both WNC and NC by approximately 12%. Although the cancer mortality rate in Mitchell County decreased 9% overall since 2002-2006, it has changed very little in recent years. See the section below for more discussion of cancer mortality and incidence.
3. **Chronic lower respiratory diseases (CLRD)** are the third leading cause of death in Mitchell County and the 2015-2019 mortality rate was 45% higher than the WNC Region and 76% higher compared to NC. The CLRD mortality rate in Mitchell County increased overall 8% since 2002-2006 and 6% since 2012-2016.
4. **Unintentional injuries** (not motor-vehicle related) are the fourth most common cause of death in Mitchell County, with the county mortality rate surpassing the WNC region by 28% and NC by 65%. Since 2002-2006, the unintentional injury mortality rose 19% in Mitchell County; the rate rose 6% since 2012-2016.

5. **Alzheimer's disease** ranks as the fifth leading cause of death in Mitchell County in 2015-2019, with the county mortality rate exceeding the WNC Region by 59% and NC by 42%. The Mitchell County mortality rate due to Alzheimer's disease rose over time: 38% since 2002-2006 and 11% since 2012-2016.
6. **Cerebrovascular disease (stroke)** is the sixth leading cause of death in Mitchell County and despite a 25% decrease since 2002-2006, the 2015-2019 county rate remains 16% higher compared to the WNC Region and 8% higher compared to NC. Since 2012-2016, the cerebrovascular mortality rose 46% in Mitchell County.
7. **Diabetes** is the seventh leading cause of death in Mitchell County, with 2015-2019 mortality rates exceeding the regional comparator by 30% and the state rate by 21%. Since 2002-2006, the Mitchell County diabetes mortality increased 21%; the rate rose 10% from 2012-2016.
8. **Suicide** is the eighth leading cause of death in Mitchell County, though it is based on a small (<20) number of occurrences. In 2015-2019 the suicide mortality rate in Mitchell County was 23% higher than the WNC Regional average and 81% higher compared to NC. The suicide mortality rate rose 12% in Mitchell County since 2002-2006 and 8% since 2012-2016.
9. **Kidney diseases (Nephritis, Nephrotic Syndrome, and Nephrosis)** are the ninth leading cause of death in Mitchell County, with the 2015-2019 county mortality rate surpassing the WNC Regional average by 48% and the NC rate by 36%. The Mitchell County kidney disease mortality rate increased in the long- and short-term: 66% since 2002-2006 and 48% since 2012-2016.
10. **Chronic liver disease and cirrhosis** is the 10th leading cause of death in Mitchell County. Although the 2015-2019 mortality rate was based on a small number (<20), the Mitchell County liver disease mortality rate more than doubled since 2002-2006 and nearly doubled just since 2012-2016. While the county mortality rate was similar to the WNC Region in 2015-2019, it surpassed the NC rate by 56%.
11. **Pneumonia and influenza** was the 11th leading cause of death in Mitchell County in 2015-2019 and rates have demonstrated improvement. Since 2002-2006, the pneumonia/influenza mortality rate decreased 47% in Mitchell County; the rate decreased 13% since 2012-2016. In 2015-2019, the Mitchell County rate was 10% lower compared to the WNC Region and 5% lower compared to NC.
12. **Unintentional motor vehicle injuries (UMVI)** are the 12th leading cause of death in Mitchell County; note that the rate is based on a small and potentially unstable number of deaths (<20). The 2015-2019 mortality rate was 7% lower compared to WNC and 2% higher compared to NC. Over time, the Mitchell County UMVI mortality has decreased: 20% since 2002-2006 and 3% since 2012-2016.
13. **Septicemia** is the 13th leading cause of death in Mitchell County and, although based on a low number (<20), county rates surpassed both the WNC Region and NC. Since 2002-2006 the Mitchell County septicemia mortality rate increased 70%; since 2012-2016 the county rate increased 84%.
14. **Homicide** is an infrequent occurrence in Mitchell County, with mortality rates typically falling well below both the WNC Region and NC. Since 2002-2006, the homicide mortality rate in Mitchell County decreased 43%.

15. **AIDS** deaths are also rare in Mitchell County. Many aggregate periods examined for the purpose of this report reflect zero deaths and Mitchell County rates are thus typically lower compared to WNC and NC.

Mortality Rates Leading Causes of Death	Mitchell County Rate 2015-2019	WNC Regional Rate 2015-2019	NC Rate 2015-2019	Mitchell County Rate 2002-2006	Mitchell County Rate 2012-2016
Diseases of Heart	190.6	164.0	157.3	206.9	176.3
Cancer	177.4	157.3	158.0	195.2	175.2
Chronic Lower Respiratory Diseases	77.3	53.5	44.0	71.4	73.1
All Other Unintentional Injuries	65.0	50.7	39.3	54.7	61.5
Alzheimer's disease	52.5	33.0	36.9	38.0	47.3
Cerebrovascular Disease	46.0	39.6	42.7	61.2	31.5
Diabetes Mellitus	28.9	22.2	23.8	23.9	26.2
Suicide	24.2	19.8	13.4	21.7	22.5
Kidney Diseases	22.4	15.1	16.5	13.5	15.1
Chronic Liver Disease and Cirrhosis	16.5	15.2	10.6	6.0	8.5
Pneumonia and Influenza	15.9	17.8	16.7	30.1	18.2
Unintentional Motor Vehicle Injuries	15.0	16.1	14.7	18.7	15.5
Septicemia	12.9	10.8	12.7	7.6	7.00
Homicide	1.7	4.2	6.8	3.0	1.7
Acquired Immune Deficiency Syndrome	0.7	0.9	1.8	1.5	0.7

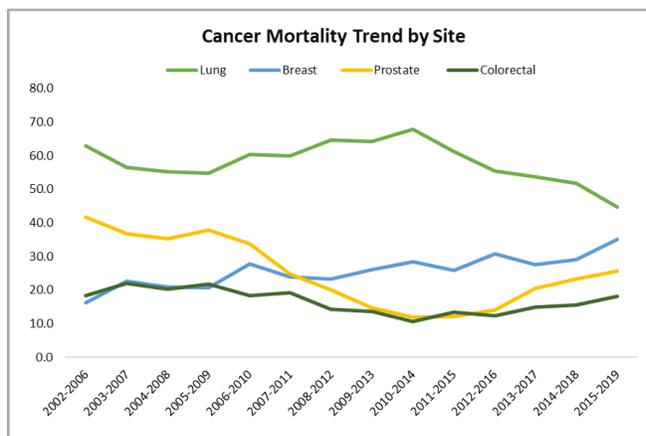
Rates based on fewer than 20 cases (indicated by N/A) are unstable and have been presented in bold.

Comparison and Change Leading Causes of Death in Mitchell County	% Difference from WNC Region 2015-2019	% Difference from NC Rate 2015-2019	% Change since 2002-2006	% Change since 2012-2016
Diseases of Heart	+ 16%	+ 21%	- 8%	+ 8%
Cancer	+ 13%	+ 12%	- 9%	+ 1%
Chronic Lower Respiratory Diseases	+ 45%	+ 76%	+ 8%	+ 6%
All Other Unintentional Injuries	+ 28%	+ 65%	+ 19%	+ 6%
Alzheimer's disease	+ 59%	+ 42%	+ 38%	+ 11%
Cerebrovascular Disease	+ 16%	+ 8%	- 25%	+ 46%
Diabetes Mellitus	+ 30%	+ 21%	+ 21%	+ 10%
Suicide	+ 23%	+ 81%	+ 12%	+ 8%
Kidney Diseases	+ 48%	+ 36%	+ 66%	+ 48%
Chronic Liver Disease and Cirrhosis	+ 9%	+ 56%	+ 175%	+ 94%
Pneumonia and Influenza	- 10%	- 5%	- 47%	- 13%
Unintentional Motor Vehicle Injuries	- 7%	+ 2%	- 20%	- 3%
Septicemia	+ 20%	+ 2%	+ 70%	+ 84%
Homicide	- 60%	- 75%	- 43%	0%
Acquired Immune Deficiency Syndrome	-24%	- 61%	- 53%	0%

Cancer Mortality

In 2015-2019 Cancer was the second leading cause of death in Mitchell County, with a mortality rate of 177.4 that surpassed both the WNC Region and NC.

Lung cancer was the leading cause of cancer-related deaths and in 2015-2019 the Mitchell County mortality rate (44.7) was 4% higher compared to the WNC Region (42.8) and 6% higher compared to NC (42.0). The lung cancer mortality rate has decreased over time in Mitchell County: by 29% since 2002-2006 (62.9) and by 19% since 2012-2016 (55.4).



Breast cancer was the second leading cause of cancer deaths: in 2015-2019 the Mitchell County breast cancer mortality rate (35.1) was approximately 70% higher than both the WNC Region (20.8) and NC (20.6). Since 2002-2006 (16.2) the county mortality rate increased 117%; since 2012-2016 (30.9) the breast cancer mortality rate increased 14%.

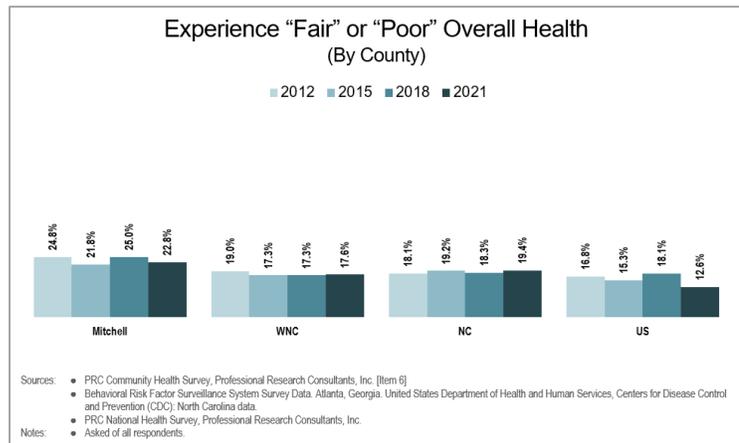
Prostate cancer was the third leading cause of cancer-related deaths in Mitchell County. The 2015-2019 mortality rate in Mitchell County (25.6) was 46% higher compared to the WNC Region (17.5) and 31% higher compared to NC (19.5). The county mortality rate decreased 39% overall since 2002-2006 (41.7) but it increased 82% since 2012-2016 (14.1).

Colorectal cancer was the fourth leading cause of cancer-related deaths for which trend data are available. The Mitchell County colorectal cancer mortality rate in 2015-2019 (18.2) was 21% higher compared to WNC (15.1) and 37% higher than NC (13.3). Since 2002-2006 (18.3) the mortality rate has declined only 1%; it increased 48% since 2012-2016 (NC SCHS, Central Cancer Registry, 2021).

Cancer Mortality	Mitchell County Mortality Rate in 2015-2019	% Difference from WNC Region 2015-2019	% Difference from NC Rate 2015-2019	% Change since 2002-2006	% Change since 2012-2016
Total Cancer	177.4	+ 13%	+ 12%	- 9%	+ 1%
Lung Cancer	44.7	+ 4%	+ 6%	- 29%	- 19%
Breast Cancer	35.1	+ 69%	+ 70%	+ 117%	+ 14%
Prostate Cancer	25.6	+ 46%	+ 31%	- 39%	+ 82%
Colorectal Cancer	18.2	+ 21%	+ 37%	- 1%	+ 48%

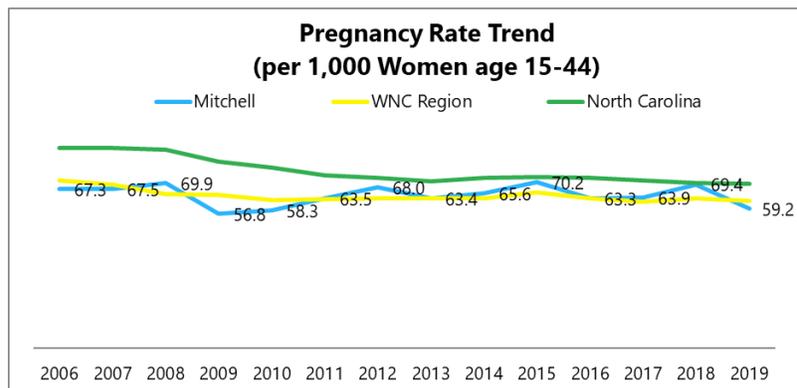
Health Status & Behaviors

The Community Health Survey administered across the WNC region asked respondents to rate their personal health from poor to excellent. Over the four survey cycles analyzed, more than 20% of Mitchell County respondents have rated their overall health as fair or poor, consistently higher compared to WNC, NC and the US (WNC Health Network, 2021).



Maternal and Infant Health

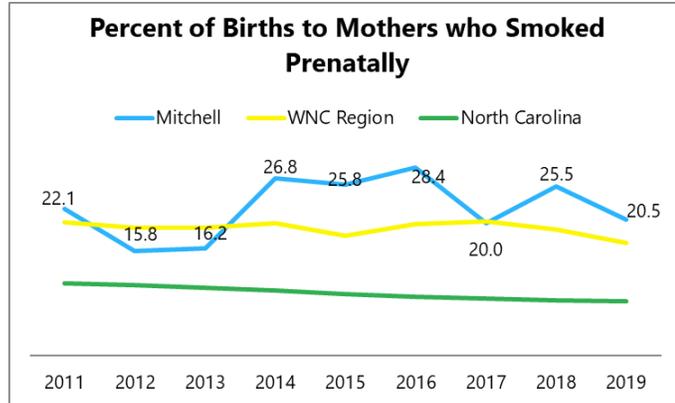
The pregnancy rate among Mitchell County females of child-bearing age (15-44) has fluctuated over time and was lower compared to the state rate over the entire period shown in the chart. There were too few pregnancies among women aged 15-19 (an average of 12 per year between 2013 and 2019) for the NC State Center for Health Statistics to calculate a reliable rate. Most counties across the WNC Region have demonstrated a consistently declining teen pregnancy rate.



Compared to North Carolina in 2019, Mitchell County pregnant women were more likely to have gestational diabetes and more likely to have a BMI in the overweight or obese range. They were more than twice as likely to have smoked during pregnancy. New mothers in Mitchell County were more likely to have received prenatal care starting in the first trimester and were slightly more likely to have delivered pre-term (NC SCHS, County Health Databook, 2021).

Among Mothers who gave birth in 2019	With gestational diabetes	Overweight or obese BMI	Smoked during pregnancy	Received prenatal care in first trimester	Delivered preterm (before 37 weeks)
Mitchell County	7.9%	58.3%	20.5%	82.7%	11.8%
WNC Region	9.2%	53.7%	17.1%	77.0%	11.1%
North Carolina	6.3%	55.2%	8.2%	67.5%	10.4%

The proportion of women who smoke during pregnancy is an ongoing issue of concern in the WNC Region, where rates have consistently surpassed the comparable state rates. Mitchell County rates tend to be even higher compared to WNC.

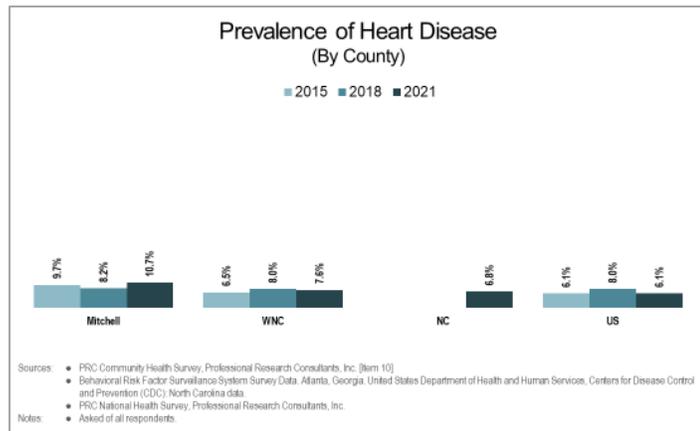


The percentage of births that are low weight (less than 5.5 pounds) has decreased in Mitchell County, from a high point of 9.8% in 2008-2012 to 8.0% in 2015-2019, lower compared to WNC (8.5%) and NC (9.3%) (NC SCHS, County Health Databook, 2021).

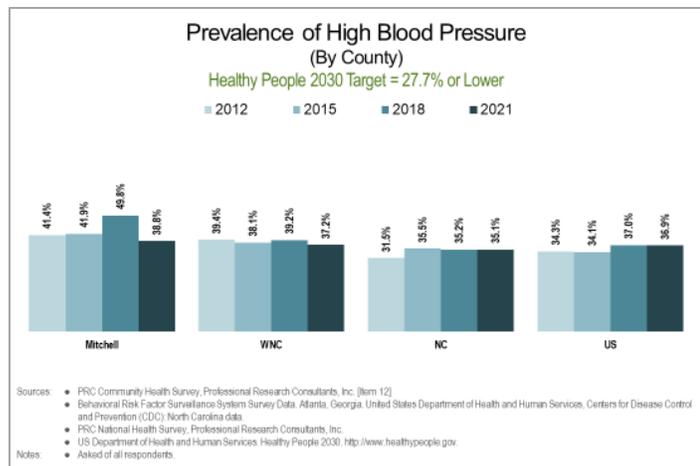
Historically there have been too few infant deaths in Mitchell County (less than 2 per 5-year aggregate period) for stable infant mortality rate to be discussed in detail, but the Mitchell County infant mortality rate tends to be much lower compared to the WNC regional average and NC (NC SCHS, Infant Mortality, 2021).

Chronic Diseases

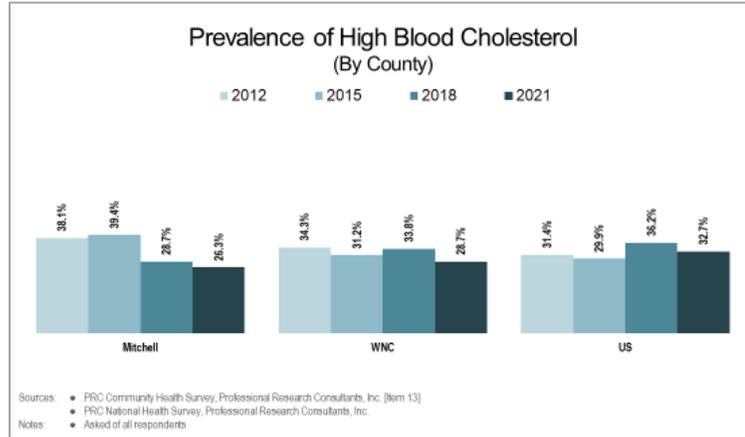
In 2021, approximately 11% of Mitchell County Community Health Survey respondents reported being diagnosed with heart disease, an increase from 2015 and 2018 and higher compared to WNC and NC and the US.



Compared to WNC, NC and the US a higher proportion of Mitchell County respondents over all four survey cycles reported being told by a health professional that they had high blood pressure. In 2021, almost 39% of Mitchell County respondents had high blood pressure. All four locations presented would need to see significant improvement to meet the Health People 2030 target of 27.7% or lower.

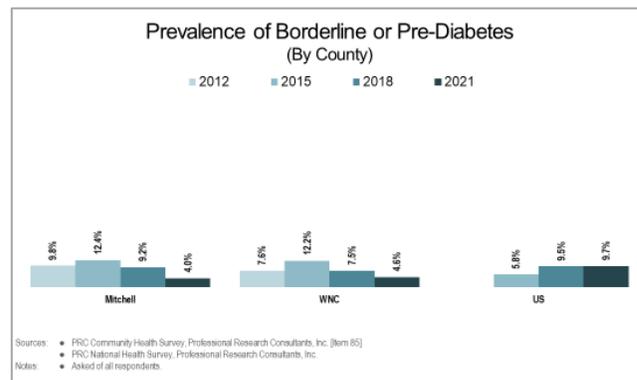
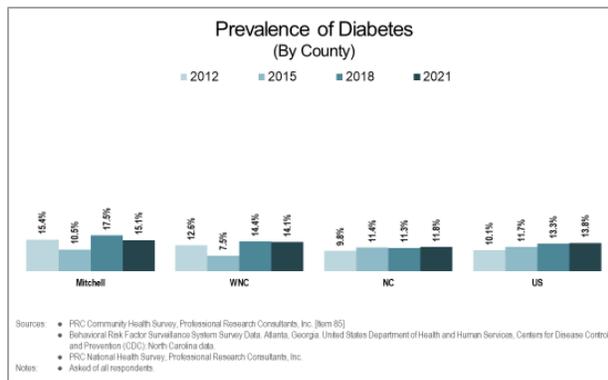


Since 2015, the proportion of Mitchell County survey respondents reporting a diagnosis of high cholesterol decreased and in 2021 Mitchell County demonstrated a lower percentage of diagnosed high cholesterol (26.3%) compared to WNC (28.7%) and the US (32.7%).



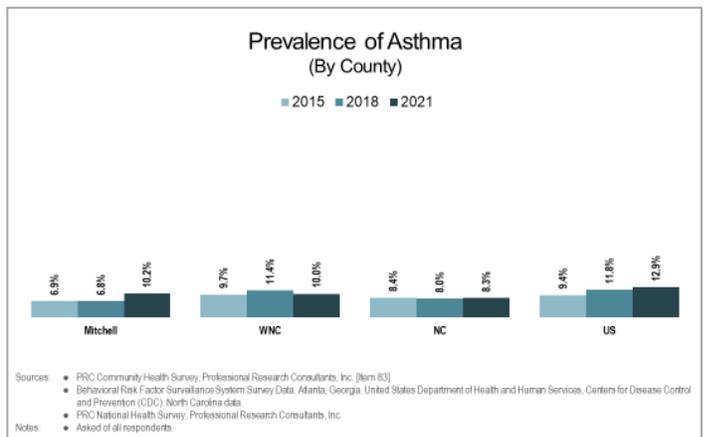
In 2021, 15% of Mitchell County survey respondents reported a diabetes diagnosis, higher compared to WNC (14%), NC (12%) and the US (14%). Over the four survey cycles presented, Mitchell County rates have surpassed the WNC Region.

Since 2015 the percentage of Mitchell County survey respondents reporting a borderline or pre-diabetes diagnosis decreased each year. In 2021, 4% of respondents reported such a diagnosis, lower than WNC (4.6%) and the US (9.7%) (WNC Health Network, 2021).



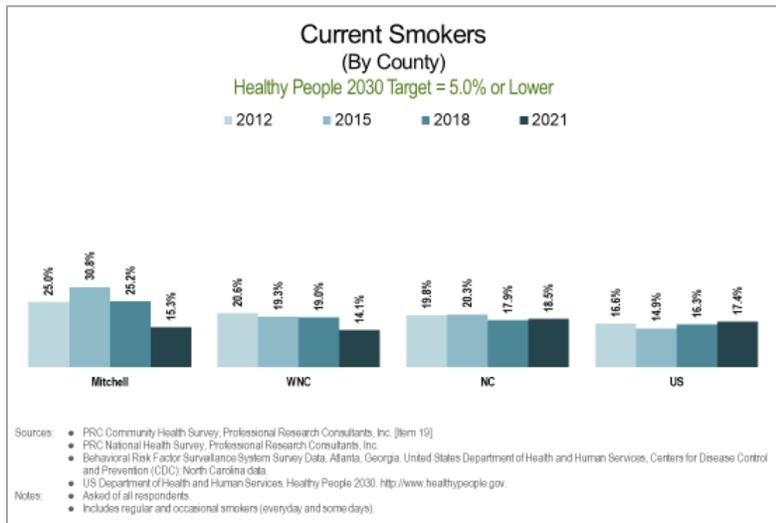
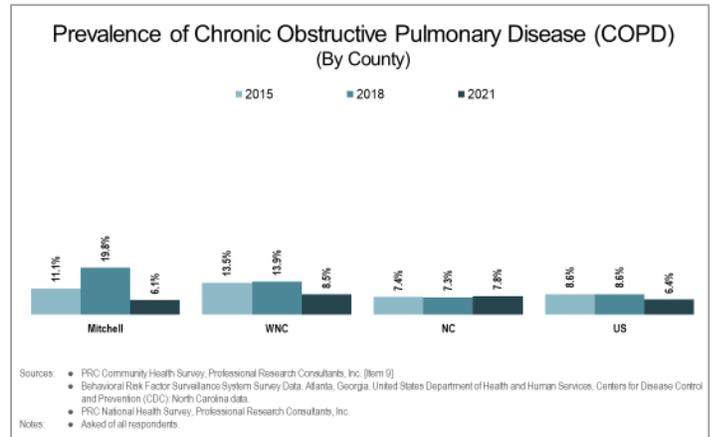
Respiratory Conditions

Among Mitchell County respondents to the Community Health Survey, a higher proportion reported an asthma diagnosis in 2021 (10%) compared to 2015 and 2018 (7%). Mitchell County and WNC reported similar rates in 2021, both of which were higher than NC and lower than the US.



The percentage of respondents who had received a diagnosed of chronic obstructive pulmonary disease (COPD) seems particularly variable in Mitchell County. Both Mitchell County and the WNC saw a decrease between 2018 and 2021; in the most recent survey sample Mitchell County demonstrated the lowest rate of reported COPD among the four comparators.

One of the critical risk factors for COPD is tobacco use. The proportion of current smokers among Mitchell County survey respondents decreased in the most current three survey samples; a similar trend was seen across WNC. In 2021, 15% of Mitchell County survey respondents reported smoking regularly or occasionally, slightly higher than 14% in WNC. Compared to WNC, NC and the US, Mitchell County demonstrated higher rates of smoking in 2012, 2015 and 2018.

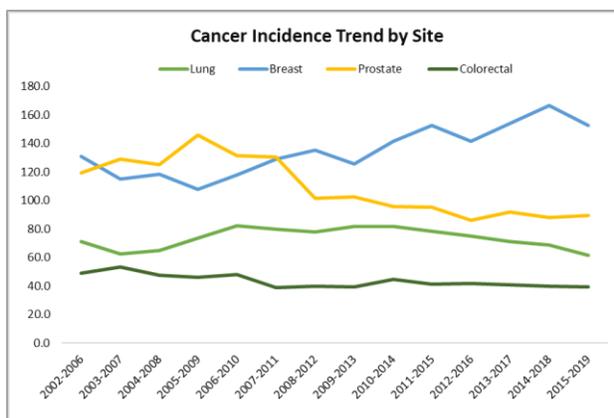


Smokeless tobacco products appear decreasingly popular among Mitchell County survey respondents, with 1.8% reporting current smokeless tobacco use in 2021, down from 5.1% in 2018. Vaping products also saw a decrease in current users: 8.5% of 2018 respondents reported current vape use compared to 2.5% in 2021. Compared to NC and the US, Mitchell County respondents were less likely to use smokeless tobacco or vape products in 2021 (WNC Health Network, 2021).

Cancer Incidence

The total cancer incidence rate in 2015-2019 was lower in Mitchell County (430.8) compared to WNC (457.3) and NC (469.2) and the rate has fallen in both the long term (1% decrease since 2002-2006) and the short term (8% decrease since 2012-2016).

Lung cancer incidence rates have decreased over time in Mitchell County, falling 13% since 2002-2006 (71.2) and 18% since 2012-2016 (75.2). In 2015-2019 the Mitchell County lung cancer incidence rate was 61.6, lower compared to WNC (64.8) and NC (62.8).



The breast cancer incidence rate in Mitchell County (152.4) was higher compared to the WNC Region (145.3) in 2015-2019 and it has increased 16% since 2002-2016 (131) and 8% since 2012-2016 (141.4).

Prostate cancer incidence rates are lower in Mitchell County (89.3) compared to WNC (92.5) and NC (116.9) and have decreased in the long term (20% since 2002-2006) and increased slightly in the short term (3% since 2012-2016).

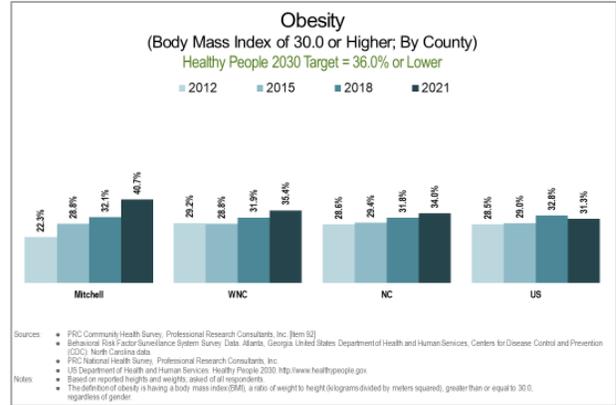
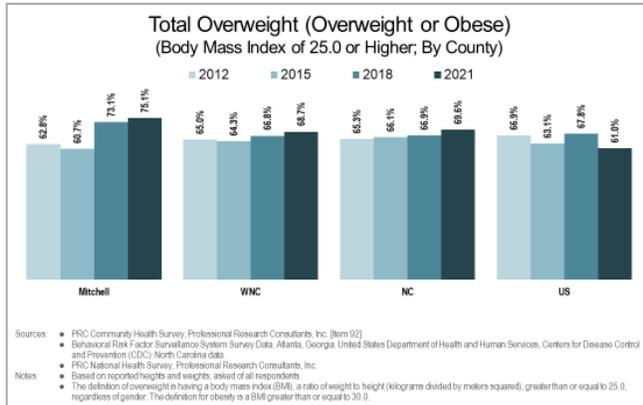
The colorectal cancer incidence rate in Mitchell County (39.4) was similar to the WNC Region (38.1) and 12% higher than NC (35.2). Over time, the incidence rate declined in Mitchell County, by 20% since 2002-2006 (49.2) and by 5% since 2012-2016 (41.6) (NC SCHS, Central Cancer Registry, 2021).

Cancer Incidence	Mitchell County Incidence Rate in 2015-2019	% Difference from WNC Region in 2015-2019	% Difference from NC Rate in 2015-2019	% Change since 2002-2006	% Change since 2012-2016
Total Cancer	430.8	-6%	-8%	-1%	-8%
Lung Cancer	61.6	-5%	-2%	-13%	-18%
Breast Cancer	152.4	5%	-7%	16%	8%
Prostate Cancer	89.3	-3%	-24%	-25%	3%
Colorectal Cancer	39.4	3%	12%	-20%	-5%

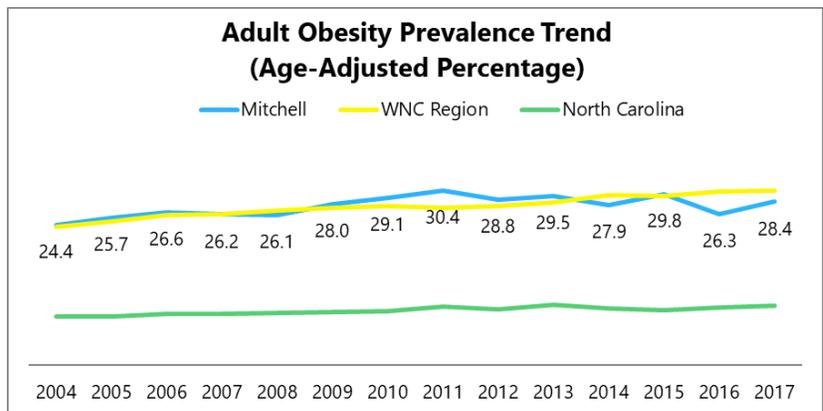
Overweight and Obesity

As it is an important risk factor for both diabetes and other chronic health conditions, the Community Health Survey administered in WNC has calculated BMIs using the heights and weights reported by respondents in each survey cycle since 2012. The percentage of Mitchell County respondents with a BMI in the overweight or obese range increased in 2018 and 2021 and surpassed all locations provided for comparison. In 2021, three quarters of survey respondents in Mitchell County had a BMI over 25.0, compared to 69% of the WNC Region, 70% of NC and 61% of the US.

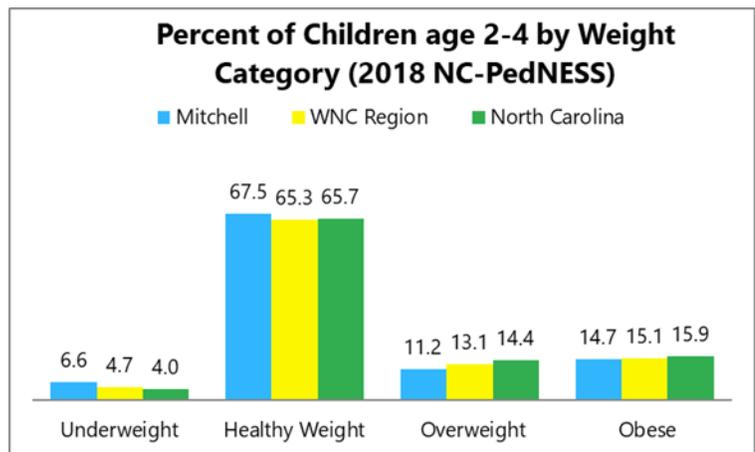
The proportion of Mitchell County survey respondents with BMIs in the obese range increased each survey cycle, with the 2021 percentage of nearly 41% surpassing the WNC Region (35%), NC (34%) and the US (31%) (WNC Health Network, 2021).



While obesity data from the CDC is not particularly current, it helps to illuminate the historical trend toward the increasing prevalence of obesity among Mitchell County residents. The WNC Region as a whole also demonstrates higher and increasing rates of obesity compared to North Carolina, with an average of 10% of the state estimated to be obese over the period presented in the chart below (CDC, National Diabetes Surveillance System, 2021).



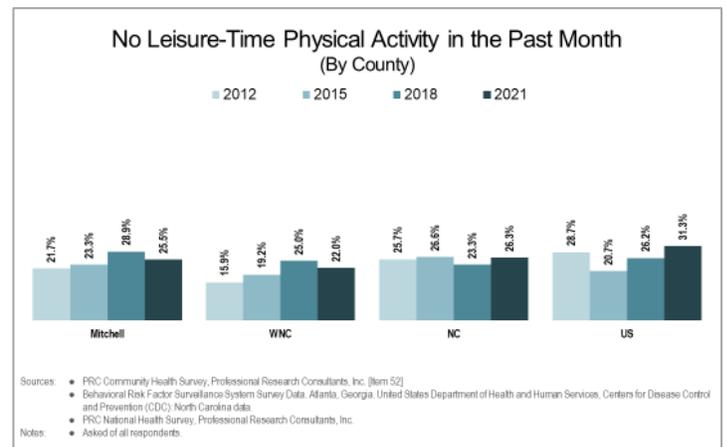
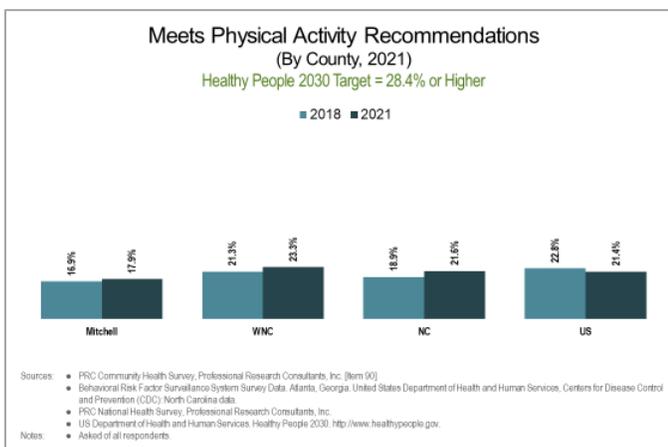
While weight-related data pertinent to children is not particularly recent, what is available demonstrates that in 2018 lower percentages of Mitchell County 2–4-year-olds were overweight or obese compared to WNC and NC (Eat Smart Move More, 2021).



Physical Activity

In 2021, approximately 18% of Mitchell County Community Health Survey respondents met the minimum guideless for physical activity (at least 150 minutes a week of moderate intensity aerobic activity) and muscle-strengthening activity (at least 2 days a week). Compared to WNC, NC and the US, Mitchell County respondents were less likely to meet the physical activity recommendations in 2015 and 2018.

A quarter of Mitchell County survey respondents in 2021 reported getting no physical activity during their leisure time, a decrease from 29% in 2018. Compared to NC and the US, the WNC Region tends to be more physically active. Compared to WNC, Mitchell County respondents were more likely to report no physical activity over the four surveys that have been conducted (WNC Health Network, 2021).



Injury

Given the aging of the Mitchell County population and the increasing rate of unintentional injury related deaths, it is important to understand how accidental falls impact the community. In 2015-2019, there were 27 unintentional fall-related deaths among Mitchell County residents, 92.5% (n=25) occurred among individuals aged 65 and older. More than half (n=14) occurred among those over the age of 84 (NC SCHS, Detailed Mortality Statistics, 2021).

Between 2015 and 2019 there were 1,162 reportable motor vehicle crashes in Mitchell County and 691 (59%) resulted in injuries. On average, there were 232 accidents and 138 injuries each year between 2015 and 2019. Alcohol was a factor in 5.2% (n=60) of all crashes between 2015 and 2019, with an average of 12 motor vehicle crashes per year and 8 of the resulting injuries per year being alcohol related. In 2020, the number of crashes and injuries were slightly lower than usual, perhaps due to COVID-related lockdowns and quarantines (NC Department of Transportation, County Crash Profiles, 2021).

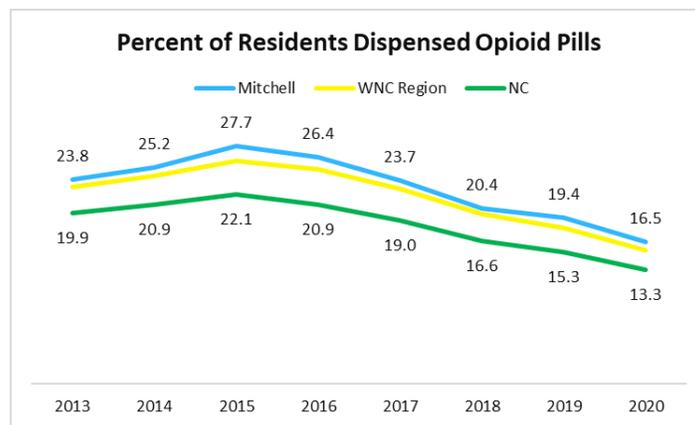
Substance Use

In 2021, 54% of Mitchell County respondents to the Community Health Survey indicated that their life has been negatively affected by substance abuse, a decrease from 61.5% in 2018 but

still a higher proportion compared to WNC (46.5%) and the US (35.8%) (WNC Health Network, 2021).

While the number of deaths due to unintentional poisoning (the category where drug overdoses get counted) is variable on a yearly basis in Mitchell County, the mortality rates that are available from the NC State Center for Health Statistics tend to exceed the comparable state and regional rates. In 2014-2018, the Mitchell County unintentional poisoning mortality rate was 37.0, compared to an average of 25.9 across WNC, and 18.5 in NC (NC SCHS, County Health Databook, 2021).

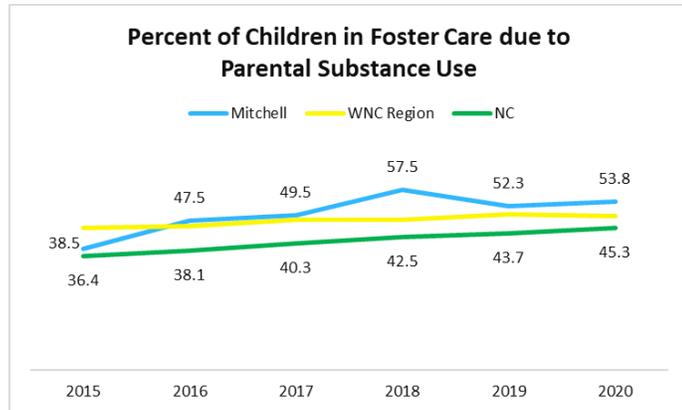
The NC Opioid and Substance Use Action Plan established a data dashboard in 2017 and while the metrics presented have changed over time, the dashboard remains a unique source of substance-use data. The number and percentage of Mitchell County residents who were dispensed opioid pills has decreased steadily since 2015, but the Mitchell County rate exceed both the state and the WNC Region over the entire period shown below. A similar pattern was seen among respondents to the Community Health Survey: in Mitchell County, a smaller proportion reported using opioid (with or without a prescription) in 2021 (11.1%) compared to 2018 (15.3%).



Between 2015 and 2020, there were a total of 41 emergency department visits with an opioid overdose diagnosis among Mitchell County residents, an average of 7 per year. The exact number is quite variable on a yearly basis and the calculated rate demonstrates no clear pattern of decline. Community-administered and law enforcement-administered naloxone reversals were almost non-existent in Mitchell County, with only one community-administered naloxone reversal reported between 2013 and 2020.

Although the yearly numbers are too variable to draw a clear conclusion about Mitchell County, an increasing percentage of opioid deaths across the state and WNC Region involved illicit opioids such as heroin, fentanyl, and fentanyl-analogues.

An increasing proportion of children in foster care are in custody due to parental substance use. Compared to NC and the WNC Region, Mitchell County tends to have a higher percentage of children in foster care due to parental substance use.



Buprenorphine is the primary medication used in medication-assisted treatment of opioid dependence. In Mitchell County, the number of buprenorphine prescriptions dispensed has increased steadily each year, from 952 in 2010 to 5,842 in 2020, indicating expanded treatment access. However, the number of Medicaid beneficiaries and uninsured individuals served by opioid use disorder treatment programs has not expanded significantly; between 2013 and 2020, an average of 70 individuals were served each year (NC DHHS, Opioid Action Plan, 2021).

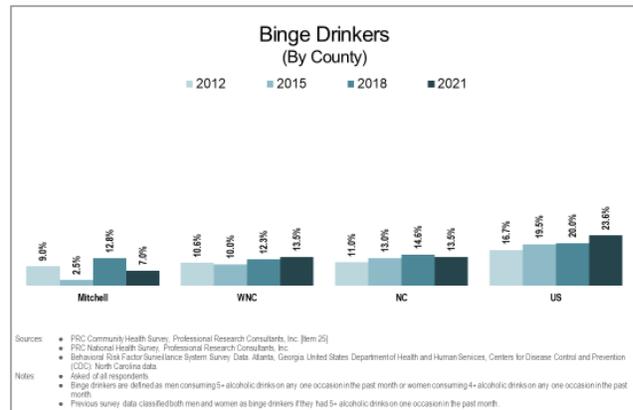
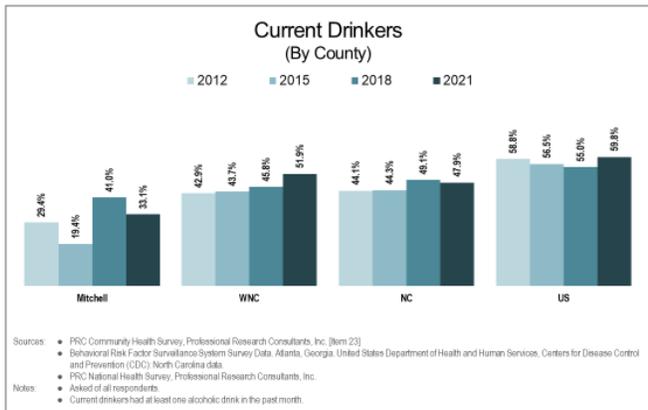
The Centers for Medicare and Medicaid track the prescribing behavior of physicians participating in the Medicare Part D plan. In 2018, there were 58 Part D prescribers in Mitchell County (9 in Bakersville and 44 in Spruce Pine) and 50 of them (6 in Bakersville and 23 in Spruce Pine) prescribed opioids. Those providers filed 6,816 opioid claims and 604 long-acting opioid claims. When examined by rate, Mitchell County demonstrated a higher opioid prescribing rate (5.75) compared to WNC (5.41), NC (5.26) and the US (4.68) and a lower long-acting opioid prescribing rate (8.86) compared to WNC (11.02), NC (12.60) and the nation (11.79). Since 2013, there were 2.3% fewer opioid and 2.83% fewer long-acting opioid claims filed in Mitchell County.

Data related to infant drug withdrawal diagnoses was provided to WNC Healthy Impact by special request from the NC State Center for Health Statistics. While there are only two periods available for comparison, in both 2014-2018 and 2015-2019, the rate of discharges with infant drug withdrawal diagnoses was higher in Mitchell County compared to the WNC Region and North Carolina (WNC Health Network, 2021).

Rate of Hospital Discharges with Infant Drug Withdrawal Diagnoses (Per 1,000 population)	2014-2018	2015-2019
Mitchell County	45.8	53.4
WNC Region	40.2	35.2
North Carolina	10.8	10.9

While much attention has focused on the opioid crisis in recent years, alcohol remains a substance that impacts our communities. In all four of the Community Health Surveys administered through Healthy Impact, lower proportions of Mitchell County respondents

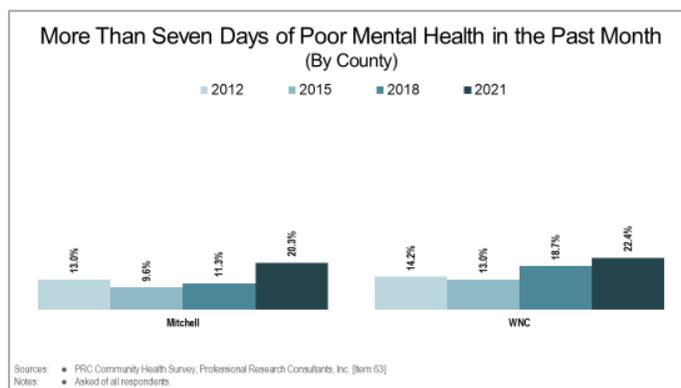
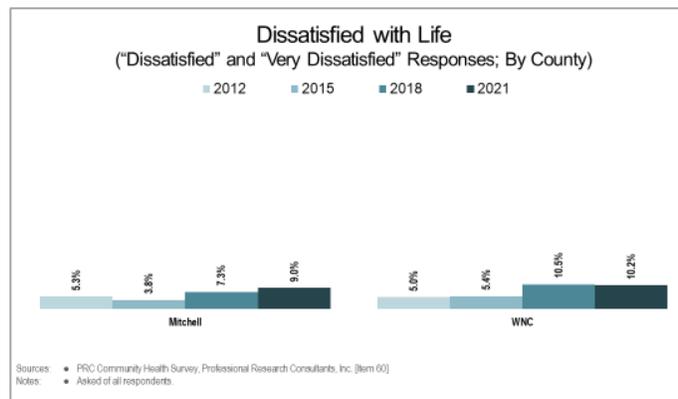
reported current drinking and binge drinking compared to the WNC Region, NC and the US (WNC Health Network, 2021).



Mental Health

Since 2015 the proportion of Mitchell County Community Health Survey respondents reporting that they are dissatisfied with life has increased with each survey sample.

An increasing percentage of Mitchell County community survey respondents report more than 7 days per month of poor mental health days, though the proportion does not exceed the WNC Regional comparator. While a higher percentage of Mitchell County respondents felt their typical day was extremely or very stressful (17%) compared to WNC (13%) and the US (16%), a large proportion of them (87%) felt confident in their ability to manage stress. Approximately 82% agreed or strongly agreed that they were able to stay hopeful in difficult times, slightly lower compared to WNC (85%) (WNC Health Network, 2021).



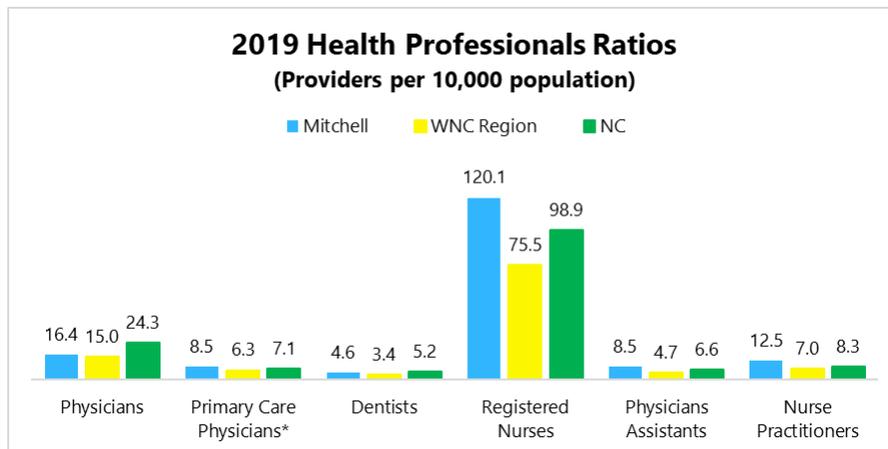
Approximately 11% of Mitchell County respondents in 2021 reported having considered suicide in the past year, a higher percentage compared to WNC (7.8%). Between 2015 and 2019 there were 19 deaths due to suicide; 14 occurred among individuals between the ages of 35 and 65 (NC SCHS, Detailed Mortality Statistics, 2021).

Clinical Care & Access

Healthcare Providers

According to NC Health Workforce data from the Cecil B. Sheps Center for Health Services Research, there were 25 physicians (13 of them primary care physicians), 6 dentists, 177 registered nurses, 13 physician assistants, 4 pharmacists, and 18 nurse practitioners active in Mitchell County in 2019. There was only one active pediatrician, one active psychologist, and one podiatrist. As of 2019, there were no psychiatrists, ob-gyn specialists, certified nurse midwives, chiropractors, cardiologists, dermatologists, nephrologists, or urologist.

Compared to the WNC Region, Mitchell County had higher ratios of the selected types of health professionals to population in 2019, meaning that more providers were available to serve the community compared to the average county in WNC.



As the healthcare workforce ages and providers approach retirement, office hours often shorten, and providers may be less likely to accept new patients. Rural areas tend to face the challenge of attracting new, younger providers to replace the retiring physicians. In 2019, 24% of Mitchell County's active physicians were over the age of 65 (Sheps Center, NC Health Workforce Data, 2021).

Healthcare Facilities

There is one hospital in Mitchell County: Blue Ridge Regional Hospital located in Spruce Pine and providing 46 general hospital beds. It has three shared inpatient/ambulatory surgery operating rooms and one endoscopy operating room. There is no additional ambulatory surgical facility in the county and no nursing pool available in the county to provide temporary, supplementary nursing staff.

Given the aging nature of Mitchell County, it will be important to ensure that resources specific to the needs of seniors exist. There is one adult care home located in Spruce Pine, with a maximum capacity of 80 beds; the one nursing home in Spruce Pine has 127 skilled nursing beds and 6 adult care home beds. There is one family care home in Bakersville, with a maximum

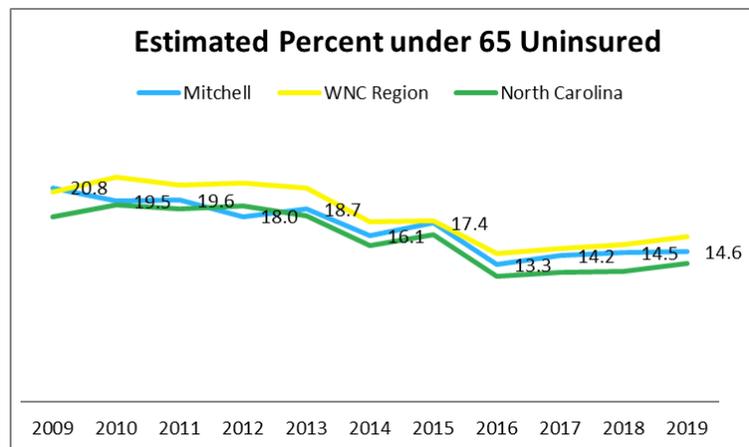
capacity of 6 beds. Five facilities or agencies in Mitchell County provide home care and home health services, two facilities provide hospice services (NC DHHS, Licensed Facilities, 2021).

There is one for-profit dialysis facility in Mitchell County, located in Spruce Pine, with 9 hemodialysis stations and no shifts offered after 5pm. (Medicare, Dialysis Facility Compare, 2021).

As of June 2021, there were 5 licensed facilities providing a variety of mental health-related services in Mitchell County: supervised living for adults with developmental disabilities, supervised living for families, day treatment for children and adolescents with emotional or behavioral disturbances, vocational programs for adults with developmental disabilities, and one intensive outpatient substance abuse treatment program. All facilities are in either Bakersville or Spruce Pine (NC DHHS, Licensed Facilities, 2021).

Uninsured Population

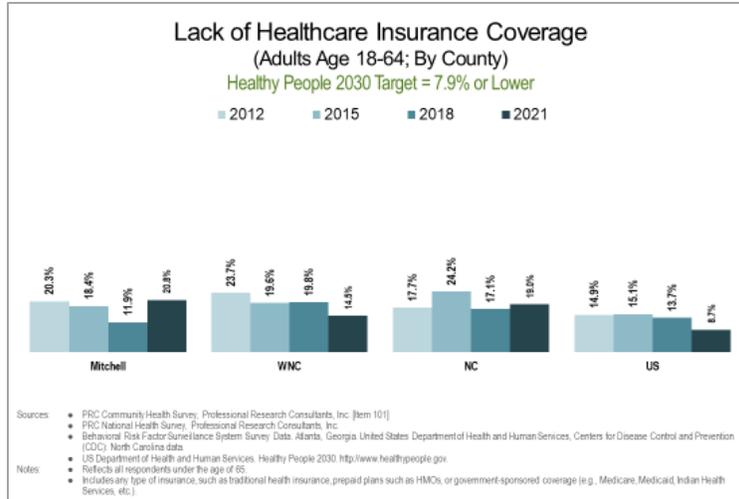
According to 2019 estimates, 14.6% of the Mitchell County population under the age of 65, approximately 1,600 people, did not have health insurance. Over the period shown in the chart, Mitchell County's uninsured rate tends to be higher than NC and lower compared to the WNC Region. After a steady decrease, the percent of the population that is uninsured increased in all three locations between 2016 and 2019 (Census Bureau, SAHIE, 2021).



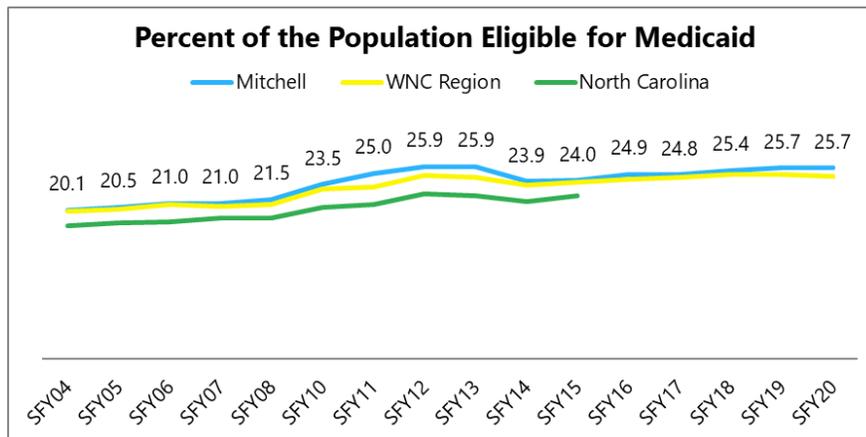
Among Mitchell County minors in 2019, an estimated 6.2% were uninsured in 2019; approximately

39% were insured via Medicaid or other public coverage, such as CHIP. An estimated 24% of adults 19-34 did not have health insurance; 16% of adults aged 35-64 were uninsured. Among Mitchell County seniors over the age of 65 in 2019, 30% relied on Medicare alone for insurance and 70% had two or more types of health insurance coverage, similar to WNC and NC (Census Bureau, ACS, 2021).

After three periods of steady decline, the percentage of Mitchell County Community Health Survey respondents reporting a lack of health insurance coverage increased in 2021. Nearly 21% of respondents aged 18-64 did not have health insurance, higher compared to WNC, NC and the US. In 2021, 7.5% of respondents reported losing health insurance coverage during the COVID pandemic (WNC Health Network, 2021).



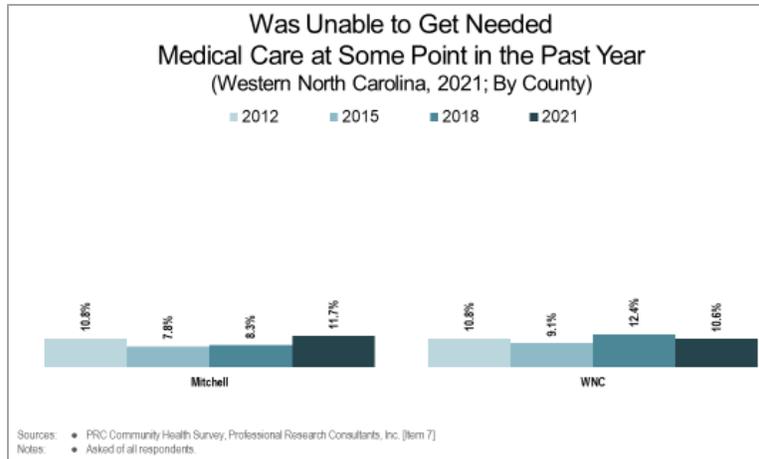
In SFY20, approximately 26% of the Mitchell County population, nearly 4,000 individuals, was eligible for Medicaid. Compared to both the WNC and the state as a whole, a higher percentage of Mitchell County residents are eligible for Medicaid and the proportion has not changed dramatically in a decade.



As of December 2020, Medicaid Aid to Families with Dependent Children (AFDC) was the largest program (1,087 eligibles), followed by Infants and Children (572 eligibles), and Disabled (551 eligibles). A total of 434 children were eligible for MCHIP or CHIP (NC Medicaid Division of Health Benefits, Enrollment Reports, 2021).

Health Care Access

Since the 2015 Health Impact survey cycle, the proportion of Mitchell County Community Health Survey respondents reporting a lack of needed medical care has increased, from 7.8% to 11.7% in 2021.



Approximately 33% of Mitchell County respondents chose to go without needed health care at some point during the COVID pandemic, higher compared to WNC (30%). More than 42% of respondents indicated that they were extremely or very likely to use telemedicine for future routine healthcare, lower compared to WNC (47%) (WNC Health Network, 2021).

The Bakersville Community Medical Clinic is a Federally Qualified Healthcare Center (FQHC), recognized as a Patient Centered Medical Home by HRSA. Referred to locally as Mountain Community Health Partnership, the clinic provides services to Mitchell and Yancey counties. FQHCs are important safety net providers in rural areas of the country, as they provide primary care services to underserved communities and populations. These services include mental health and substance use disorder services, immunizations, pediatric and women’s healthcare, and in 2021 at some sites, including Mitchell County, COVID-19 testing. In 2020, Mountain Community Health Partnership served 13,106 patients, a dramatic increase from 7,713 in 2019. In 2020, the clinic served 621 mental health patients and 324 substance use disorder patients. Adults aged 18-24 comprise 63% of their patients, with pediatric patients (17%) and seniors (20%) accounting for the rest. Less than 10% of their patients were racial or ethnic minorities: approximately 8% were of Hispanic or Latino ethnicity and 6% were American Indian/Alaska Native. A majority of patients fell below the 200% Federal poverty guideline and 46% fell below the 100% poverty line. A quarter of the patients in 2020 were uninsured, 14% were Medicaid or CHIP patients, and 21% were Medicare patients (HRSA, Program Awardee Data, 2021).

Mental Health Care Access

The number of Mitchell County residents served by the area mental health program (VAYA) decreased overall from a high of 742 in FY13-14 to 363 in FY19-20. In the decade between FY10-11 and FY19-20, an average of 475 individuals were served per year. Over that same decade, an average of 4 Mitchell County residents per year were served in NC state psychiatric hospitals (Division of MH/SS/SAS, Annual Reports, 2021).

Twenty-two percent of Mitchell County respondents indicated that they were currently taking medication or receiving treatment for their mental health, a slightly lower proportion compared to the WNC Region (25%) and higher than the US (17%). In 2021, 15% of Mitchell County and

20% of WNC respondents reported a time in the past year when they needed mental health care or counseling but did not get it (WNC Health Network, 2021).

Health Inequities

Reliable data illuminating racial disparities is particularly lacking in Mitchell County, primarily due to the low number of BIPOC residents. The State Center for Health Statistics does not calculate mortality rates when there are fewer than 20 deaths in an aggregate 5-year period, and so racially disaggregated mortality rates simply are not available for the leading causes of death.

Gender disaggregated data **is** available for some of the leading causes of death and it demonstrates that males in Mitchell County fare much worse compared to females. Mortality rates among males are higher for cancer, stroke, CLRD, heart disease, and unintentional injuries (NC SCHS, County Health Databook, 2021).

Mortality Rates by Gender 2015-2019	Mitchell County Males	Mitchell County Females	% Difference
Cancer	219.4	148.9	+ 47.3%
Cerebrovascular Disease	52.9	38.5	+ 37.4%
Chronic Lower Respiratory Diseases	90.1	68.2	+ 32.1%
Heart Disease	238.9	143.7	+ 66.2%
Unintentional Injuries (non-motor vehicle)	76.2	55.5	+ 37.3%

Among Mitchell County Community Health Survey respondents, 3% reported often or sometimes being treated unfairly when getting medical care because of their race or ethnicity (WNC Health Network, 2021).

Chapter 5 – Physical Environment

“The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.” (County Health Rankings, 2021).

Air & Water Quality

“Clean air and safe water are prerequisites for health. Poor air or water quality can be particularly detrimental to vulnerable populations such as the very young, the elderly, and those with chronic health conditions.” (County Health Rankings, 2021).

The US Environmental Protection Agency provides Air Quality Index reports from a measuring station in Mitchell County. In 2019, out of the 356 days with measured air quality, Mitchell County had 347 good days, 8 moderate days, and 1 day that was unhealthy for sensitive groups. The most common air pollutant, measurable on all 356 days, was fine inhalable particulate matter (PM 2.5). Fine particles pose the greatest risk to health because they are small enough to get into the lungs and bloodstream. They are the main cause of reduced visibility (haze) and can be emitted from a variety of sources, from fires and construction sites to unpaved roads, vehicles, and industries (US EPA, 2021).

The EPA’s Toxic Release Inventory tracks more than 650 chemicals that can threaten human health and the physical environment. Facilities that manufacture, process, or use these chemicals in amounts that exceed established levels must report how they release, recycle or manage the materials. Releases can be emissions into air or water, or land disposal (EPA, 2021). Among the 85 reporting counties in North Carolina, Mitchell County ranked 66th in 2020, with 6,782 pounds of toxic chemicals being released. For comparison, Beaufort County, ranked 1st, released nearly 5.2 million pounds of TRI chemicals. The only chemical released was styrene and all of it was managed on-site by the releaser: Bombardier Recreational Products in Spruce Pine (EPA, 2021). Exposure to styrene may impact the central nervous system and complaints include headache, fatigue, dizziness, confusion and a feeling of intoxication (OSHA, 2021).

While secondhand smoke exposure has become less prevalent due to the restrictions many communities put in place to discourage smoking, it continues to impact the air quality of homes and workplaces. After increasing in 2015 (from 11.1% to 13.5%) and 2018 (from 13.5% to 18.5%), the proportion of Mitchell County Community Health Survey respondents who said they had breathed someone else’s smoke at work in the past week decreased to 7.6%, lower compared to WNC (9.1%) (WNC Health Network, 2021).

Public water systems provide drinking water to most Americans, and they must abide by established and enforced safety standards. The most common non-public source of water is private wells, the safety of which must be maintained by the homeowner. As of June 2021, approximately 45% of the Mitchell County population, 6,696 residents, were served by

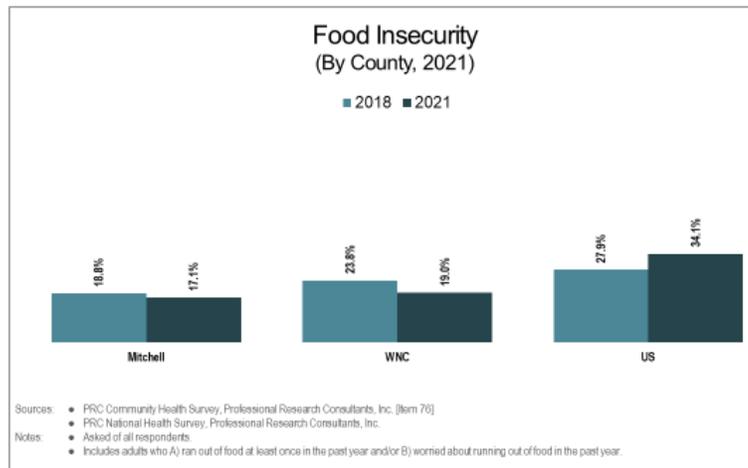
community water systems. The towns of Spruce Pine and Bakersville are the largest community water systems and neither had any health-based violations (a contaminant exceeded the safety standard or water was not treated properly) in the past 10 years (EPA, 2021).

Access to Healthy Food & Places

Food security, as defined by the United Nations' Committee on World Food Security, exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.

According to Feeding America, 15.6% of the Mitchell County population was food insecure in 2019; 19.2% of children were food insecure. They project that in 2021, 16.9% of the population and 21.2% of children will be food insecure (Feeding America, 2021).

Participants in the 2018 and 2021 Community Health Surveys were asked if they ran out of food at least once in the past year and if they were worried about running out of food in the past year. Those who said yes to either question were classified as food insecure: nearly 19% in 2018 and 17% in 2021; Mitchell County demonstrated lower percentages in both years compared to WNC and the US (WNC Health Network, 2021).



While the data available from the US Department of Agriculture's Food Environment Atlas is not particularly recent, it provides standardized information that can be tracked over time. Mitchell County had 2 farmers markets in 2018, the same as in 2013 (in Bakersville and Spruce Pine). The number of grocery stores remained unchanged between 2011 and 2016: there is one large-chain grocery store in Mitchell County (an Ingles in Spruce Pine). As of 2015, nearly 6% of Mitchell County households had no car and low access (more than 1 mile distant) to a grocery store. There is one supercenter (Walmart) in Spruce Pine and while it sells groceries, it is counted separately by the USDA. In contrast to the grocery stores, fast food restaurants appear more abundant in Mitchell County: there were 10 fast food establishments in 2011 and 8 in 2016. There were no recreational or fitness facilities in Mitchell County in 2011 or 2016 (USDA, 2021). A fitness gym located in Spruce Pine was likely established since 2016.

*"It is hard to find support for affordable healthy foods. It is a lot more cost efficient to buy frozen meals and packaged snacks. The cost of healthy foods is sometimes double to cost of other foods." - Public Health Representative
(Mitchell County Key Informant Interview)*

Chapter 6- Health Resources

"HCA is not receptive to the people that fall through the cracks and do not have insurance or those that have high co-pays. If those with health issues need testing done, most do not have the needed tests any due to the cost. I know people that have lost their home or sold their home due to medical debt."
– Community Leader (Mitchell County Key Informant Interview)

Health Resources

Process

The subcontractor writing the CHA report collected service request data available from the NC 2-1-1 Counts data portal for 2018, 2019, 2020 and 2021. 2-1-1 added several COVID-related request categories to their data display in 2020. Those categories were excluded from the analysis in order to keep the results as comparable as possible over the four-year period.

Local public health and social service agencies, as well as local providers, refer clients to 2-1-1 as a matter of practice. 2-1-1 remains an important resource for several reasons:

- It is an easy to remember, three-digit telephone number that connects people with important community services to meet every day needs and the immediate needs of people in crisis.
- It is free, confidential, and available 24 hours a day.
- It can be accessed through the internet (www.nc211.org) or by calling 2-1-1 from any home, office or cell phone or the toll-free number of 1-888-892-1162.
- 2-1-1 can be updated in real-time, by sending updates to the 2-1-1 coordinator out of Asheville, NC.
- Online/telephone directories such as 2-1-1 have an advantage over printed directories as they are accessible remotely, can be updated easily, and do not require printing costs

The Toe River Health District also compiles a Comprehensive Resource Guide for each of the three counties in their district, which was reviewed as part of the CHA process. Health resources-related comments from the Key Informant Interviews were also reviewed.

Findings

Access to primary care is especially necessary in Mitchell County, where there is a focus on preventive healthcare across the lifespan of an individual. The Healthy North Carolina 2030 goal is 1 primary care provider (primary care physicians, nurse practitioners, physician assistants, and certified nurse midwives) per 1,500 people. As of 2019, with 44 primary care providers (13 primary care physicians, 18 nurse practitioners, 13 physician assistants, and 0 certified midwives), Mitchell County had a ratio of 1 provider to 354 people.

Compared to the WNC Region, Mitchell County had higher ratios of physicians, registered nurses, and nurse practitioners. Which means that more providers are available to serve the

population or that the providers who are there serve a small number of patients. As mentioned in an earlier chapter, 24% of physicians, 23% of primary care physicians, 11% of nurse practitioners were over the age of 65 in 2019.

While the 2-1-1 data does not demonstrate a high number of requests from Mitchell County residents each year, utility and housing related calls were the most common, followed by healthcare. Rent assistance and information about low-cost housing were the most requested topics within Housing and Shelter. Assistance with electric utilities and heating fuel were the most frequent Utilities requests. Within the Healthcare category, the requests were spread across several areas: public health and safety (could be COVID-related), medical expense assistance, medical providers, and health insurance. The public (2-1-1 Counts, 2021).

Top 2-1-1 Request Categories	2018	2019	2020	2021	Total
Housing & Shelter	30	14	40	48	132
<i>Shelters</i>	3	3	1	9	16
<i>Low-cost housing</i>	11	1	8	15	35
<i>Home repair/maintenance</i>	3	4	8	9	24
<i>Rent assistance</i>	12	5	22	12	51
<i>Mortgage assistance</i>	1	1	1	1	4
<i>Landlord/tenant issues</i>	0	0	0	2	2
Utilities	29	20	45	42	136
<i>Electric</i>	17	15	30	29	91
<i>Gas</i>	1	0	1	2	4
<i>Water</i>	1	3	2	1	7
<i>Heating Fuel</i>	6	2	2	7	17
<i>Phone/Internet</i>	1	0	2	1	4
<i>Other</i>	0	0	7	1	8
Healthcare (not including COVID)	12	22	38	3	75
<i>Health insurance</i>	3	1	2	0	6
<i>Medical expense assistance</i>	1	9	0	0	10
<i>Medical providers</i>	5	4	1	0	10
<i>Dental & eye care</i>	1	3	1	0	5
<i>Prescription medications</i>	1	3	0	2	6
<i>Nursing home & Adult Care</i>	1	0	1	1	3
<i>Public Health & Safety</i>	0	0	21	0	21
<i>Contact information</i>	0	1	0	0	1
<i>Other</i>	0	1	12	0	13
Food	10	8	27	7	52
Mental Health & Addictions	3	3	4	0	10
Employment & Income	8	14	20	7	49
Clothing & Household	8	10	5	2	25
Child Care & Parenting	2	2	0	0	4
Government & Legal	11	11	19	9	50
Transportation Assistance	9	4	1	2	16
Education	1	3	2	0	6
Disaster	6	0	19	2	27

Other	28	22	26	16	92
Total for top requests	157	133	246	138	674

This data does not include the COVID-related request categories that were added to 2-1-1 in 2020.

Resource Gaps

Dentists are a particular need in Mitchell County; as of 2020, there were 6 active dentists in the county. Aside from one active periodontist, there were no other dental specialists, including pediatric dentistry, orthodontics, and oral-maxillofacial surgery, in Mitchell County in 2020. Fortunately, none of the active dentists were over the age of 65 in 2019.

Mitchell County residents must travel out of the county for most medical needs that involve specialists. As of 2019 in Mitchell, there were no chiropractors, cardiologists, dermatologists, endocrinologists, gastroenterologists, general surgeons, oncologists, nephrologists, obstetrician-gynecologists, ENT (Otolaryngology), pulmonologists, radiologists, or urologists. There was only one psychologist, one podiatrist, two optometrists, and one pediatrician (Sheps Center, NC Health Workforce Data, 2021).

“Lack of education, lack of funds, and too many hoops to jump through for individuals who need access to care and resources immediately. Often there is a stigma within the community, generally due to lack of knowledge surrounding mental illness, associated with individuals looking for mental health resources. Often too, this stigma extends to the individual's immediate family or friend network.” – Community Leader (Mitchell County Key Informant Interview)

“Hospital is stable and has good nurses. Dental school and Bakersville Clinic works to meet needs in area. PCP's are not as plentiful.” - Community Leader (Mitchell County Key Informant Interview)

“Pride and then not knowing about programs and services that are available. Seems like the ones that need it the most, are the ones that do not qualify or do not know about programs or services.” - Community Leader (Mitchell County Key Informant Interview)

“There are not a lot of good choices among PCP's. Since HCA bought Mission Healthcare the hospital is more likely to not treat people, non-emergency care, if they don't have the money for co-pay. It has shifted to a focus of money instead of patient care.” - Community Leader (Mitchell County Key Informant Interview)

Chapter 7 – Identification of Health Priorities

Priority Health Issue Identification

Process

Every three years we pause our work to improve community health so that we may step back and take a fresh look at all of the current data from our county that reflects the health of our community. We then use this information to help us assess how well we're doing, and what actions we need to take moving forward.

Beginning in January 2021, our team spent time understanding the data and uncovering what issues were affecting the most people in our community. We also interviewed community leaders to find out what they're most concerned about. To identify the significant health issues in our community, our key partners (see a full list in the Executive Summary) reviewed data and discussed the facts and circumstances of our community.

We used the following criteria to identify significant health issues:

- Data reflects a concerning trend related to size or severity
- Significant disparities exist
- Issue surfaced as a topic of high community concern
- County data deviates notably from the region, state or benchmark

Once our team made sense of the data, we presented key health issues to a wide range of partners and community members. On November 16, 2021, Jessica Farley from Toe River Health District facilitated the first of three prioritization meetings, via Zoom. She presented highlights from the Mitchell County WNC Healthy Impact presentation, summarizing the community health survey results and key informant interviews, and shared slides containing statistical data pertaining to substance abuse, mental health, healthy lifestyles and COVID. Participants were prompted to ask questions and comment via JamBoard, addressing what data that stood out to them.

5. What issues need continued resources/focus moving forward?

Mental health

Substance abuse

Cancer

obesity

Trusted health source concern

At a follow-up meeting on November 23, Farley reviewed highlights from the 2018 CHA and compared them to the 2021 results. Attendees participated in a JamBoard discussion to answer a series of questions. A Wordle Poll activity facilitated the identification of the 8 most important issues in Mitchell County:

- **Substance Abuse.** Mitchell County had higher opioid prescribing rate, higher opioid dispensing rate, higher infant withdrawal diagnoses discharge rate, and higher unintentional poisoning mortality compared to the state. More than half of survey respondents said their life has been negatively impacted by substance abuse.
- **Mental & Behavioral Health.** The suicide mortality is rising in Avery County and was higher than NC and WNC. A rising proportion of survey respondents report more than a week of poor mental health a month. Mental health services are sparse in Mitchell County, but it is becoming increasingly apparent that mental health services need to be readily available and easy to access without stigma.
- **Domestic Violence.** Extra stress in the COVID-19 pandemic caused by income loss, and lack of ability to pay for housing and food, has exacerbated the often-silent epidemic of intimate partner violence. High stress conditions of a very abnormal world we are living in right now is enough to make anyone snap. Some people can only take so much until they explode and unfortunately, some explode in abusive and harmful ways, especially when we are isolated with no place to escape (for the abuser or the victim).
- **Access to Care & Services.** An estimated 15% of the county lacks health insurance and the rate is even higher among those aged 35-64, which makes it difficult to get needed healthcare, especially regular check-ups and preventative care. With a lack of specialists, mental health care, and dentists in the county, traveling out of the county is necessary. While some community members lack the transportation needed to get medical care even those who do have transportation must take extra time off work to travel long distances.
- **Chronic Diseases.** Mitchell County has higher (and rising) mortality rates due to heart disease, diabetes, CLRD, kidney diseases, and liver disease compared to NC and WNC. Hypertension, high cholesterol, and obesity are chronic disease risk factors that impact many residents in the county.
- **Obesity Issues.** Obesity rates in Mitchell County are higher than the state and rising: 28% of the county was estimated to be obese and 75% of survey respondents were overweight or obese. Less than 20% of survey respondents met the physical activity recommendations and a quarter reported no leisure-time physical activity.
- **Cancer.** Mortality rates due to breast cancer, prostate cancer, and colorectal cancer have risen in Mitchell County. Breast cancer incidence has increased while incidence for the other site-specific cancers has decreased, indicating a need for continued cancer screening efforts.

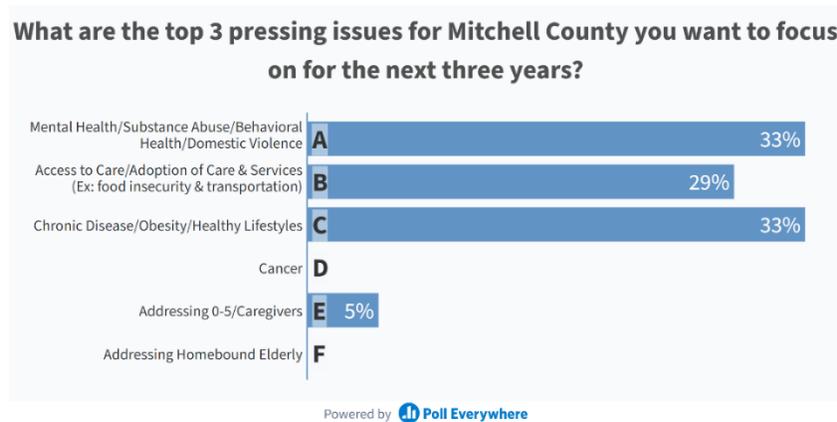
- **Addressing 0-5 kids.** COVID-19 has affected young children directly and indirectly. Beyond getting sick, many young children’s social, emotional, or mental well-being has been impacted by the pandemic. Disruptions in the daily caretaking routines and the sudden loss of usual caregivers due to the need to physically distance can be traumatic for young children. Trauma faced at this developmental stage may have long-term consequences across their lifespan.
- **Addressing homebound elderly.** The pandemic has presented a significant burden on older adults with ongoing health risks and conditions. Isolated older adults are at even greater risk for developing depression, anxiety, stress-induced illness, suicidal ideation, substance use, and other underlying medical complications. Increased risks of mortality and long-term health risks have resulted from a lack of mobility and mental activity, as well as a lack of social connections. Seniors in disadvantaged neighborhoods or residencies may also have limited financial or social means for technological devices to help connect with essential providers in their medical and social networks.
- **Lack of caregivers.** Adults who need a caregiver may be especially impacted due to their higher risk of experiencing severe COVID-19 illness and the potential compounding of other social and structural vulnerabilities. Communication and coordination with healthcare providers may be interrupted by canceled appointments; caregivers may be unable to rely on their usual network of formal and informal in-home support and face escalating challenges in accessing needed in-home care. Additionally, support programs, such as adult day health care, may not be available, hospitalized patients may be discharged home sooner and sicker than before, and post-acute care options may be more limited. Caregivers may also experience negative physical and mental health outcomes, facing their own exposure risks, increased stress and social isolation, potential income loss, job loss, and lack of childcare.

On November 30, 2021, the top eight health issues identified by the Community Health Assessment were presented. Participants were then asked to participate in a Poll and vote on which issue they believe should be on our prioritization list for the next three years.

Jessica Farley reminded the group that the issues should be considered using the following criteria:

- Criteria 1 – Relevant – How important is this issue? (*Size of the problem; Severity of problem; Focus on equity; Urgency to solve problem; Linked to other important issues*)
- Criteria 2 – Impactful – What will we get out of addressing this issue? (*Availability of solutions/proven strategies; Builds on or enhances current work; Significant consequences of not addressing issue now*)
- Criteria 3 – Feasible – Can we adequately address this issue? (*Availability of resources (staff, community partners, time, money, equipment) to address the issue; Political*)

capacity/will; Community/social acceptability; Appropriate socio-culturally; Can identify easy, short-term wins)



Identified Priorities

The following priority health issues are the final community-wide priorities for our county that were selected through the process described above:

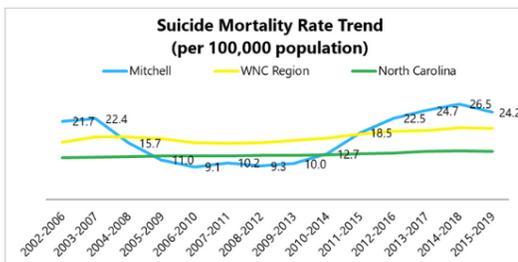
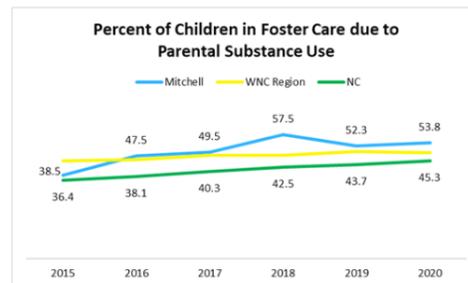
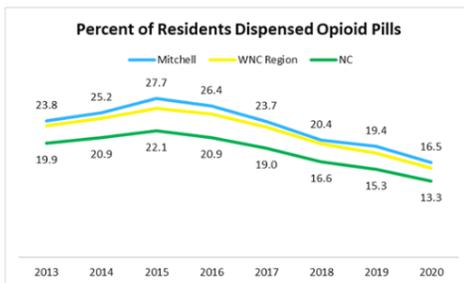
- 1. Mental Health/ Substance Abuse/Domestic Violence**
- 2. Access to Care/ Use of Services**
- 3. Chronic Disease/Obesity/Healthy Lifestyles**

MENTAL HEALTH, SUBSTANCE ABUSE & DOMESTIC VIOLENCE

Mitchell County
CHA Priority 1

Poor mental health & the lack of resources to treat it burdens individuals & families. The expanding social & personal impact of substance use is clearly felt but treatment is often complex. Mental illness, substance misuse, & domestic violence can be intertwined, complicating the interventions & solutions. Beyond the lack of local resources, stigma, fear, the increasing numbers of individuals impacted, & the cost of treatment are common barriers to accessing help with mental health, substance abuse & domestic violence issues.

THE NUMBERS



More Than Seven Days of Poor Mental Health in the Past Month (By County)



Sources: • PRIC Community Health Survey, Professional Research Consultants, Inc. (Item 6)
Notes: • Total of all respondents.

WHAT DOES THIS MEAN FOR MITCHELL COUNTY?

- Although the rate has decreased over time, a higher percentage of Mitchell County residents were dispensed opioids compared to NC and WNC.
- 54% of survey respondents had been negatively affected by substance abuse.
- The Mitchell County unintentional poisoning mortality rate was higher compared to NC and WNC in 2014-2018.
- 20% of survey respondents reported 7+ days of poor mental health in the past month, a higher proportion compared to previous surveys.
- The county suicide mortality rate is 81% higher than NC and rose 8% since 2012-2016.
- The DV shelter in Mitchell County served 293 clients in FY19-20 and the shelter was full on 26 days out of the year.

MENTAL HEALTH, SUBSTANCE ABUSE & DOMESTIC VIOLENCE

WHAT'S HELPING?

- "Mountain Community Health Partnership, work of the Mitchell Yancey Substance Abuse Partnership, SEARCH." - Community Leader (Mitchell County Key Informant Interview)
- Safe Place and their community outreach
- Partners Aligned Toward Health
- Local resources available at low/no cost regardless of insurance status
- Counseling services, pediatric to adult
- Actions to educate and support in schools
- YRBS to poll youth behaviors and risks

WHAT'S HURTING?

- Stigma
- People don't know where to go
- A tendency to deal with symptoms of problems rather than actual problems
- Lack of qualified social workers available to courts and schools who can do intense work with families
- Inconsistent providers, especially at RHA
- Limited hours
- Lack of transportation
- Decreased childcare availability
- Lack of agency collaboration
- Lack of trauma-informed lens
- Limited acute mental health support
- Lack of affordable housing
- Not enough Peer Support Specialists

"Lack of education, lack of funds, and too many hoops to jump through for individuals who need access to care and resources immediately. Often there is a stigma within the community, generally due to lack of knowledge surrounding mental illness, associated with individuals looking for mental health resources. Often too, this stigma extends to the individual's immediate family or friend network." - Community Leader (Mitchell County Key Informant Interview)

Mental Health, Substance Abuse & Domestic Violence

WHO'S MOST IMPACTED?

- Everyone is impacted by this constellation of issues
- Children
- Teenagers and young adults
- People of color
- Economically disadvantaged individuals and families with complicating factors such as as sub-standard housing, no employment, or low-wage employment, health issues, cultural deprivation.
- Anyone who has experienced trauma (including COVID-19)

CURRENT ACTION

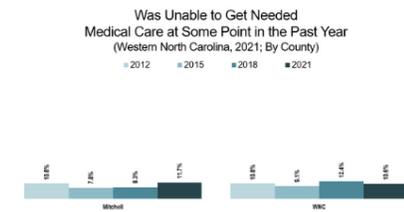
- MYSATF
- Blue Ridge Partnership for Children, especially their focus on children 5 and under
- Faith-based outreach efforts
- Drug education in schools
- SafePlace programs, including Safe Dates curriculum in schools
- PATH: Home Remedies, Drug Free Communities grant, STOP grant
- NC Opioid Settlement funding
- Plans to resume Appalachian Youth to Youth
- Celebrate Recovery at Bear Creek Baptist Church
- NC Cooperative Extension
- Local medical clinics with multi-disciplinary approach
- YMCA Healthy Living programs
- New initiatives can make a small scale difference but long-term commitments need to be made in order to make a bigger impact

"Organizations, nonprofits, faith-based groups, and government agencies who have multiple options for programming and fun that benefit the entire family, child to grandparent. It is also highly beneficial if these organized groups have similar goals and long-range plans." - Community Leader (Mitchell County Key Informant Interview)

ACCESS TO CARE & USE OF SERVICES

Access to healthcare has been a Mitchell County priority since the 2013 Community Health Assessment and the lack of local healthcare providers across the spectrum of specialties continues to be a concern. But it is just one aspect of the healthcare equation: the community needs to use the services available to them in order to improve health conditions. Addressing barriers like the lack of insurance, the affordability of services, discrimination and stigma, and lack of awareness can increase utilization of existing services and improve health outcomes for citizens of Mitchell County.

THE NUMBERS

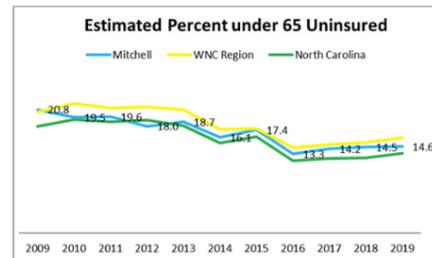
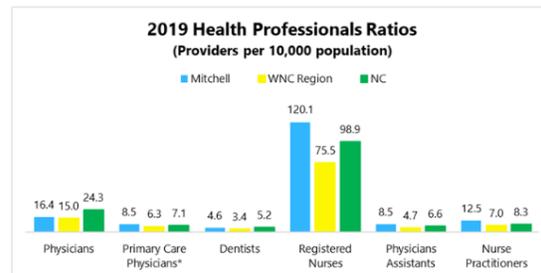


Sources: • FHC Community Health Survey, Professional Research Consultants, Inc. (Item 7)
Notes: • Asked of all respondents.

Did Not Get Mental Health Care or Counseling That Was Needed in the Past Year (By County)



Sources: • FHC Community Health Survey, Professional Research Consultants, Inc. (Item 6)
• FHC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.



WHAT DOES THIS MEAN FOR MITCHELL COUNTY?

- While the uninsured population decreased since 2009 in Mitchell County, the percentage remained higher than NC.
- 21% of Mitchell County survey respondents did not have health insurance in 2021.
- The percentage of the population eligible for Medicaid has increased steadily.
- Nearly 12% of survey respondents reported a time in the past year when they were unable to get medical care. 20% of respondents reported a time in the past year when they needed mental health care or counseling and could not get it.
- As of 2019, Mitchell County had higher provider to population ratios compared to WNC and NC, meaning that there were more providers available to serve the population.

ACCESS TO CARE & USE OF SERVICES

WHAT'S HELPING?

- "Hospital is stable and has good nurses. Dental school and Bakersville Clinic works to meet needs in area. PCP's are not as plentiful." - Community Leader (Mitchell County Key Informant Interview)
- Mitchell Transportation: availability, expansion, development of Pine Line
- Meals on Wheels
- Senior Center
- Telehealth/telemedicine
- Headstart
- Increased partnerships and awareness about how to communicate about available resources
- Managed Care might be helpful but there is a lag time between applying and being determined eligible
- Health Insurance Marketplace navigators
- Community Health Outreach Workers from MCHP (need more who are locally embedded)
- Community Ambassador Real Equality (PATH and MCHP)

WHAT'S HURTING?

- Failure to recognize that all people and communities are worth of equal access
- Lack of transportation (personal or public) and long distances to access care
- Transportation broker not connecting people to the rides they need
- NC Managed Care
- Lack of Medicaid Expansion
- Services being removed from Blue Ridge Regional Hospital
- Lack of broadband internet and internet literacy
- Some of the services being created are initiated by agencies outside the local community, and they are not always trusted or represented well to the community being addressed

"Pride and then not knowing about programs and services that are available. Seems like the ones that need it the most, are the ones that do not qualify or do not know about programs or services." - Community Leader (Mitchell County Key Informant Interview)

ACCESS TO CARE & USE OF SERVICES

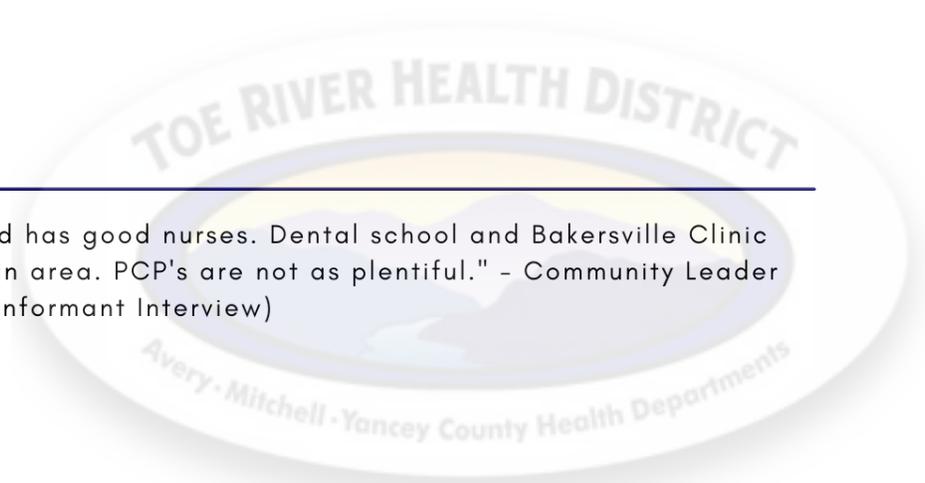
WHO'S MOST IMPACTED?

- People in the Bakersville, Tipton and Buladean areas
- Low income families
- The elderly
- The very young
- Pregnant and expectant families
- The uninsured
- Those who lack transportation
- Those who are isolated from the community
- Those who work long hours or who have multi-day work shift demands

CURRENT ACTION

- Mountain Community Health Partnership
- Mitchell Transportation
- Mitchell Health Department
- Guardian ad Litem program
- New YMCA
- SEARCH
- Food pantries
- Substance Abuse and Mental Health Resource Guide
- Center for Health Innovation/Health-e-Schools
- AMY Regional Library system and Blue Ridge Partnership for Children increased internet accessibility and family support

"Hospital is stable and has good nurses. Dental school and Bakersville Clinic works to meet needs in area. PCP's are not as plentiful." - Community Leader (Mitchell County Key Informant Interview)

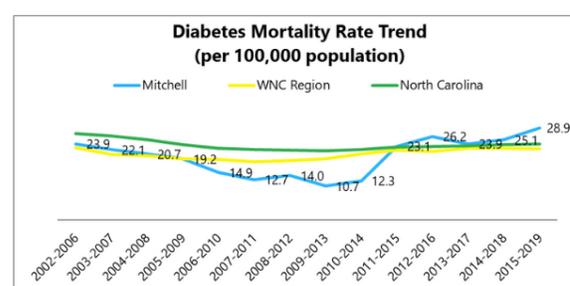
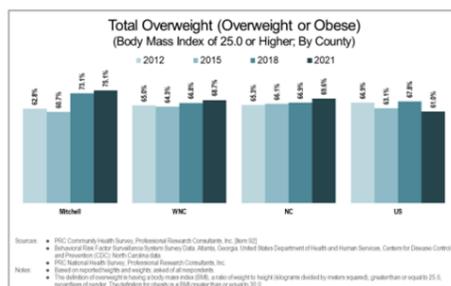
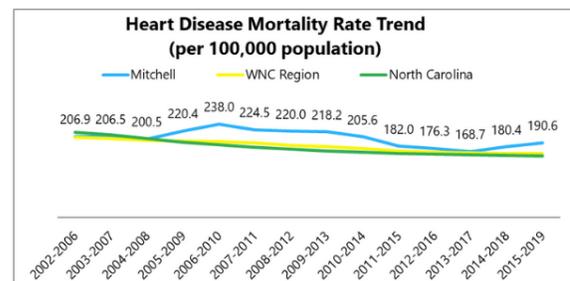
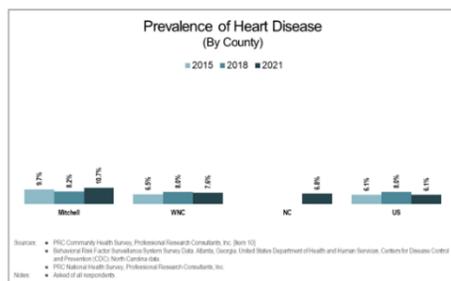


Chronic Disease, Obesity & Healthy Lifestyle

Mitchell County
CHA Priority 3

All residents of Mitchell County deserve to live long, fulfilling lives. A healthy life is improved by healthy choices and activities and is extended with the prevention and management of chronic diseases. Reducing the burden of obesity, encouraging good nutrition and physical activity, increasing the ability of people to access preventive care and disease management resources can all improve the well-being of our community.

THE NUMBERS



WHAT DOES THIS MEAN FOR MITCHELL COUNTY?

- Historically, heart disease mortality rates have been higher in Mitchell County compared to WNC and NC and they have recently risen. The same pattern is seen among Mitchell County survey respondents: higher and rising rates of heart disease.
- The diabetes mortality rate is also climbing in Mitchell County and was 21% higher than NC in 2015-2019.
- Compared to NC and WNC, a higher proportion of survey respondents were overweight or obese: 75% in 2021. An increasing percentage of respondents would be categorized as obese: 41% in 2021, higher compared to WNC, NC and the US.
- 25% of survey respondents reported no leisure-time physical activity; 18% meet the physical activity recommendations.

Chronic Disease, Obesity & Healthy Lifestyle

WHAT'S HELPING?

- Media awareness has increased and information is more accessible through TV and the internet
- Growing local emphasis on outdoor activity development (trail development, bike trail activities, river trail development, river activities)
- Access to natural resources and many ways to be physically active
- Growing awareness of need for Healthy Living Programs
- Doctors are starting to address lifestyle choices instead of prescribing medications
- Requirements for use of food stamps are good but could use improvement
- Collaboration between organizations
- School-based health centers
- Making healthy activities more available for families

WHAT'S HURTING?

- Lack of a grocery store with healthy food in Bakersville
- Lack of facilities
- Lack of knowledge about healthy eating
- Rise in cost of living and cost of food
- Increased use of screens for school and non-school based activities
- Chronic pain/chronic stress cycle
- Removal of services from the area, which means time and money are spent on transportation out-of-county, there might be family support challenges, and follow-up appointments are challenging
- Fast food culture, food deserts, lack of fresh food in schools
- Stigma around being overweight
- Eating healthy can be difficult and expensive
- Family health history can lead people to believe that their health is not changeable

"I feel the fact that there is not really an affordable option for healthy foods gets in the way. When shopping healthy you almost always spend more on less items. I believe that healthy food is accessible, they are just costly." - Public Health Representative (Mitchell County Key Informant Interview)

Chronic Disease, Obesity & Healthy Lifestyle

WHO'S MOST IMPACTED?

- All aspects of the community
- Economically disadvantaged
- Those who lack knowledge about healthy lifestyle choices
- Those who lack the resources to access health food, exercise options and preventive healthcare.
- Children, particularly by obesity
- Older population, particularly by chronic diseases

CURRENT ACTION

- MCHP information in the local newspaper. Consider using social media.
- New YMCA being built
- Partners Aligned Toward Health
- NC High Peaks Trail Association
- Mitchell Youth League Sports
- Run for Holland
- Summer Resource Guide
- YMCA Healthy Living programs
- Riverside Story Trail
- TRACTOR
- Increased attention to food pantry items and school-based items being heart smart, healthy and fresh
- Community Gardens (Dig-In, Mitchell Giving Gardens)
- NC Cooperative Extension

"We only have two city walking trails. Lately people have said that they have quit using these walking trails because they did not feel safe. Level biking trails would be great to have and wider, safer trails for the elderly." - Community Leader (Mitchell County Key Informant Interview)

Chapter 8 - Next Steps

Collaborative Planning

Collaborative planning with hospitals and other community partners will result in the creation of a community-wide plan that outlines what will be aligned, supported and/or implemented to address the priority health issues identified through this assessment process.

Sharing Findings

The final Community Health Assessment will be shared specifically with the following stakeholders:

- Present to the Toe River Health District Board of Health
- Present to the Mitchell County Board of Commissioners
- Present to the Mitchell Community Health Partnership
- Distribution to Mitchell County School Administration
- Distribution to doctors and nurses at Blue Ridge Regional Hospital
- Distribution to Mitchell County Senior Center
- Post on local radio station website www.wtoe.com
- Conduct a Public Services Announcement with the local radio station
- Publish on the monthly Health Page and posted on the local newspapers websites: www.mitchellnewsjournal.com and www.blueridgechristainnews.com
- Make available on local agency websites and local libraries in Spruce Pine and Bakersville
Where to Access this

Where to Access this Report

- WNC Health Network website: <https://www.wnchn.org/wnc-healthy-impact/reports/>
- Toe River Health District website: www.toeriverhealth.org
- Hard copies will be available at the local library and the health department.

For More Information and to Get Involved

Visit www.toeriverhealth.org or contact Mitchell County Health Department at (828) 688-2371.

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PHOTOGRAPHY CREDITS

WNC CHA Cycle Graphic: Co-designed by WNC Healthy Impact, graphic design by Jessica Griffin, 2021

All WNC landscape photos used in the cover page and headers courtesy of [Ecocline Photography](#) and Flying Horse Creative.

APPENDICES

Appendix A – Data Collection Methods & Limitations

Appendix B – Survey Script

Appendix C – Survey Findings

Appendix D – Key-Informant Survey Findings

APPENDIX A - DATA COLLECTION METHODS & LIMITATIONS

Secondary Data Methodology

To learn about the specific factors affecting the health and quality of life of residents of WNC, the WNC Healthy Impact data workgroup and data consulting team identified and tapped numerous secondary data sources accessible in the public domain. For data on the demographic, economic and social characteristics of the region sources included: the US Census Bureau; NC Department of Health and Human Services; NC Office of State Budget and Management; NC Department of Commerce; UNC-CH Jordan Institute for Families; NC Department of Public Instruction; NC Department of Justice; NC Division of Health Benefits; NC Department of Transportation; and the Cecil B. Sheps Center for Health Services Research. The WNC Healthy Impact data consultant team made every effort to obtain the most current data available at the time the WNC Healthy Impact Data Workbook was prepared. It is not possible to continually update the data past a certain date; in most cases that end-point is September 2021. Secondary data is updated every summer in between Community Health Assessment (CHA) years.

The principal source of secondary health data for the WNC Healthy Impact Data Workbook is the NC State Center for Health Statistics (NC SCHS), including its County Health Data Books, Behavioral Risk Factor Surveillance System, Vital Statistics unit, and Cancer Registry. Other health data sources included: NC Division of Public Health (DPH) Epidemiology Section; NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services; the Centers for Disease Control and Prevention; National Center for Health Statistics; NC DPH Nutrition Services Branch; and NC DETECT.

Environmental data were gathered from sources including US Environmental Protection Agency; US Department of Agriculture; and NC Department of Environment and Natural Resources.

Because in any CHA it is instructive to relate local data to similar data in other jurisdictions, throughout this report representative county data is compared to like data describing the 16-county region and the state of NC as a whole. The WNC regional comparison is used as “peer” for the purposes of this assessment. Where appropriate and available, trend data has been used to show changes in indicators over time.

The WNC Healthy Impact data workbook contains only secondary data that are : (1) retrieved directly from sources in the public domain or by special request; and (2) are available for all 16 counties in the WNC Healthy Impact region. All secondary data included in the workbook are the most current available, but in some cases may be several years old. Names of organizations, facilities, and geographic places presented in the tables and graphs are quoted exactly as they appear in the source data. In some cases, these names may not be those in current or local usage; nevertheless, they are used so readers may track a particular piece of information directly back to the source.

WNC Healthy Impact Community Health Survey (Primary Data)

Survey Methodology

The 2021 WNC Healthy Impact Community Health Survey was conducted from March to June 2021. The purpose of the survey was to collect primary data to supplement the secondary core dataset and allow individual counties in the region to collect data on specific issues of concern. The survey was conducted throughout the entire WNC Healthy Impact region, which includes the following 16 counties: Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania and Yancey.

Professional Research Consultants, Inc. (PRC) designed and implemented the mixed-mode survey methodology, which included a combination of telephone (both landline and cell phone) interviews, online survey, as well as a community outreach component promoted by WNC Health Network and its local partners through social media posting and other communications. The survey methodology was designed to achieve a representative sample of the regional population that would allow for stratification by certain demographic characteristics, while also maximizing data collection timeliness and efficiency. Survey sampling and implementation methodology is described in greater detail below.

Survey Instrument

The survey instrument was developed by WNC Healthy Impact's data workgroup, consulting team, and local partners, with assistance from PRC. Many of the questions were derived from the CDC Behavioral Risk Factor Surveillance System (BRFSS) and other validated public health surveys. Other questions were developed specifically by WNC Healthy Impact, with input from regional and local partners, to address particular issues of interest to communities in western North Carolina. Each county was given the opportunity to include three additional questions of particular interest to their county, which were asked only of their county's residents.

The three additional county questions included in the 2021 survey were:

- 1) How often do you have trouble finding transportation to places you would like to go? Would you say: (Always-Never).
- 2) The following questions are about the coronavirus and COVID-19 pandemic that began in mid-March of 2020. How strict have you been about observing social distancing and stay-at-home recommendations? Would you say: (Extremely Strict-Not at all)
- 3) What would you say is your main source of information for COVID 19 in your area?

Sampling Approach & Design

PRC designed the survey methodology to minimize sample bias and maximize representativeness by using best practice random-selection sampling techniques. They also used specific data analysis techniques, including poststratification, to further decrease sample bias and account for underrepresented groups or nonresponses in the population. Poststratification involves selecting demographic variables of interest within the population (here, gender, age, race, ethnicity, and poverty status) and then applying "weights" to the data to produce a sample

which more closely matches the actual regional population for these characteristics. This technique preserves the integrity of each individual's responses while improving overall representativeness.

In order to determine WNC regional estimates, county responses were weighted in proportion to the actual population distribution to appropriately represent Western North Carolina as a whole. Since the sample design and quality control procedures used in the data collection ensure that the sample is representative, the findings may be generalized to the region with a high degree of confidence.

Survey Administration

PRC piloted the survey through 30 interviews across the region and consulted with WNC Health Network staff to resolve substantive issues before full implementation. PRC used trained, live interviewers and an automated computer-aided telephone interviewing system to administer the survey region-wide. Survey interviews were conducted primarily during evening and weekend hours, with some daytime weekday attempts. Interviewers made up to five call attempts per telephone number. Interviews were conducted in either English or Spanish, as preferred by respondents. The final sample included 56 (56.4) percent cell phone-based survey respondents and 44 (43.6) percent landline-based survey respondents. Including cell phone numbers in the sampling algorithm allowed better representation of demographic segments that might otherwise be under sampled in a landline-only model.

PRC worked with a third-party provider to identify and invite potential respondents for an online survey for a small proportion (3.5%) of the sample population. The online survey was identical to the telephone survey instrument and allowed better sampling of younger and more urban demographic segments.

PRC also created a link to an online version of the survey, and WNC Health Network and its local partners promoted this online survey link throughout the various communities in order to drive additional participation and bolster overall samples. This yielded an additional 1,717 surveys, and locally an additional 44.

About the Mitchell County Sample

Size: The total regional sample size was 4,861 individuals aged 18 and older, with 244 from our county. PRC conducted all analysis of the final, raw dataset.

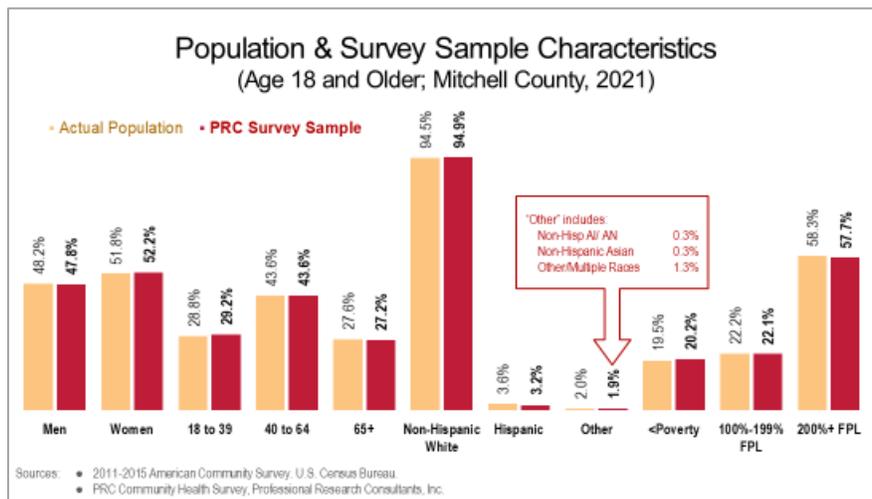
Sampling Error: For county-level findings, the maximum error rate at the 95% confidence level is approximately $\pm 4.0\%$ (Buncombe and Henderson counties), $\pm 4.6\%$ (Polk County), $\pm 5.1\%$ (Jackson and Madison counties), or $\pm 6.9\%$ (all other counties, including Mitchell).

The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:

- If 10% of a sample of 200 respondents answered a certain question with a "yes," it can be asserted that between 6.0% and 14.0% ($10\% \pm 4.0\%$) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 43.1% and 56.9% ($50\% \pm 6.9\%$) of the total population would respond "yes" if asked this question.

Characteristics: The following chart outlines the characteristics of the survey sample for Mitchell County by key demographic variables, compared to actual population characteristics from census data. Note that the sample consists solely of area residents aged 18 and older.



Benchmark Data

North Carolina Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts where available, are taken from the 2020 PRC National Health Survey; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.

Healthy People 2030

Since 1980, the [Healthy People initiative](#) has set goals and measurable objectives to improve health and well-being in the United States. The initiative's fifth edition, Healthy People 2030, builds on knowledge gained over the past 4 decades to address current and emerging public health priorities and challenges.

An interdisciplinary team of subject matter experts developed national health objectives and targets for the next 10 years. These objectives focus on the most high-impact public health issues and reflect an increased focus on the social determinants of health — how the conditions where people live, work, and play affect their health and well-being.

Survey Limitations and Information Gaps

Limitations

The survey methodology included a combination of telephone (both landline and cell phone) interviews, as well as an online survey. Limitations exist for these methods. For example, potential respondents must have access to a landline or a cell phone to respond to the telephone survey. In addition, the telephone survey sample included landlines (versus cell phones), which may further skew responses to individuals or households with landlines.

The PRC online survey component also has inherent limitations in recruitment and administration. Respondents were recruited from a pre-identified panel of potential respondents. The panel may not be representative of the overall population.

Additionally, PRC created an online survey link, which was promoted by WNC Health Network and its local partners through social media posting and other communications. The online survey link respondents might not be representative of the overall population.

A general limitation of using online survey technology is that respondents must interpret survey questions themselves, rather than have them explained by a trained, live interviewer. This may change how they interpret and answer questions.

Lastly, the technique used to apply post stratification weights helps preserve the integrity of each individual's responses while improving overall representativeness. However, this technique can also exaggerate an individual's responses when demographic variables are under-sampled.

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health of the community overall. It does not measure all possible aspects of health in the community, nor does it represent all possible populations of interest. For example, due to low population numbers, members of certain racial/ethnic groups (e.g., Black, AI/AN, Hispanic/ Latinx, etc.) may not be identifiable or represented in numbers sufficient for independent analyses. In these cases, information gaps may limit the ability to assess the full array of the community's health needs.

Online Key Informant Survey (Primary Data)

Online Survey Methodology

Survey Purpose and Administration

The 2021 Online Key Informant Survey was conducted in June and July 2021. WNC Healthy Impact, with support from PRC, implemented an Online Key Informant Survey to solicit input from local leaders and stakeholders who have a broad interest in the health of the community. WNC Healthy Impact shared with PRC a list of recommended participants, including those from our county. This list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted through an email that introduced the purpose of the survey and provided a link to take the survey online. Reminder emails were sent as needed to increase participation.

Survey instrument

The survey provided respondents the opportunity to identify important health issues in their community, what is supporting or getting in the way of health and wellbeing in their community, and who in their community is most impacted by these health issues.

Participation

In all, 9 community stakeholders took part in the Online Key Informant Survey for our county, as outlined below:

Local Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Community Leader	16	7
Other Health Provider	4	1
Physician	1	0
Public Health Representative	3	1
Social Services Provider	2	0

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Survey Limitations

The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

To collect this data, purposive sampling (a type of non-probability sampling which targets a specific group of people) was used. Unlike the random sampling technique employed in the telephone survey, the purpose is not to make generalizations or statistical inferences from the sample to the entire population, but to gather in-depth insights into health issues from a group of individuals with a specific perspective.

Data Definitions

Reports of this type customarily employ a range of technical terms, some of which may be unfamiliar to many readers. Health data, which composes a large proportion of the information included in this report, employs a series of very specific terms which are important to interpreting the significance of the data. While these technical health data terms are defined in the report at the appropriate time, there are some data caveats that should be applied from the onset.

Error

First, readers should note that there is some error associated with every health data source. Surveillance systems for communicable diseases and cancer diagnoses, for instance, rely on reports submitted by health care facilities across the state and are likely to miss a small number of cases, and mortality statistics are dependent on the primary cause of death listed on death certificates without consideration of co-occurring conditions.

Age-adjusting

Secondly, since much of the information included in this report relies on mortality data, it is important to recognize that many factors can affect the risk of death, including race, gender, occupation, education and income. The most significant factor is age, because an individual's risk of death inevitably increases with age. As a population ages, its collective risk of death increases; therefore, an older population will automatically have a higher overall death rate just because of its age distribution. At any one time some communities have higher proportions of "young" people, and other communities have a higher proportion of "old" people. In order to compare mortality data from one community with the same kind of data from another, it is necessary first to control for differences in the age composition of the communities being compared. This is accomplished by age-adjusting the data.

Age-adjustment is a statistical manipulation usually performed by the professionals responsible for collecting and cataloging health data, such as the staff of the NC State Center for Health Statistics (NC SCHS). It is not necessary to understand the nuances of age-adjustment to use this report. Suffice it to know that age-adjusted data are preferred for comparing most health data from one population or community to another and have been used in this report whenever available.

Rates

Thirdly, it is most useful to use rates of occurrence to compare data. A rate converts a raw count of events (deaths, births, disease or accident occurrences, etc.) in a target population to a ratio representing the number of same events in a standard population, which removes the variability

associated with the size of the sample. Each rate has its own standard denominator that must be specified (e.g., 1,000 women, 100,000 persons, 10,000 people in a particular age group, etc.) for that rate.

While rates help make data comparable, it should be noted that small numbers of events tend to yield rates that are highly unstable, since a small change in the raw count may translate to a large change in rate. To overcome rate instability, another convention typically used in the presentation of health statistics is data aggregation, which involves combining like data gathered over a multi-year period, usually three or five years. The practice of presenting data that are aggregated avoids the instability typically associated with using highly variable year-by-year data, especially for measures consisting of relatively few cases or events. The calculation is performed by dividing the sum number of cases or deaths in a population due to a particular cause over a period of years by the sum of the population size for each of the years in the same period.

Health data for multiple years or multiple aggregate periods is included in this report wherever possible. Sometimes, however, even aggregating data is not sufficient, so the NC SCHS recommends that rates based on fewer than 20 events—whether covering an aggregate period or not—be considered unstable. In fact, in some of its data sets the NC SCHS no longer calculates rates based on fewer than 20 events. To be sure that unstable data do not become the basis for local decision-making, this report will highlight and discuss primarily rates based on 20 or more events in a five-year aggregate period, or 10 or more events in a single year. Where exceptions occur, the text will highlight the potential instability of the rate being discussed.

Regional arithmetic mean

Fourthly, sometimes in order to develop a representative regional composite figure from sixteen separate county measures the consultants calculated a regional arithmetic mean by summing the available individual county measures and dividing by the number of counties providing those measures. It must be noted that when regional arithmetic means are calculated from rates the mean is not the same as a true average rate but rather an approximation of it. This is because most rates used in this report are age adjusted, and the regional mean cannot be properly age-adjusted.

Describing difference and change

Fifthly, in describing differences in data of the same type from two populations or locations, or changes over time in the same kind of data from one population or location—both of which appear frequently in this report—it is useful to apply the concept of percent difference or change. While it is always possible to describe difference or change by the simple subtraction of a smaller number from a larger number, the result often is inadequate for describing and understanding the scope or significance of the difference or change. Converting the amount of difference or change to a percent takes into account the relative size of the numbers that are changing in a way that simple subtraction does not and makes it easier to grasp the meaning of the change.

For example, there may be a rate of for a type of event (e.g., death) that is one number one year and another number five years later. Suppose the earlier figure is 12.0 and the latter figure is 18.0. The simple mathematical difference between these rates is 6.0. Suppose also there is another set of rates that are 212.0 in one year and 218.0 five years later. The simple mathematical difference between these rates also is 6.0. But are these same simple numerical differences really of the same significance in both instances? In the first example, converting the 6-point difference to a percent yields a relative change factor of 50%; that is, the smaller number increased by half, a large fraction. In the second example, converting the 6-point difference to a percent yields a relative change factor of 2.8%; that is, the smaller number increased by a relatively small fraction. In these examples the application of percent makes it very clear that the difference in the first example is of far greater degree than the difference in the second example. This document uses percentage almost exclusively to describe and highlight degrees of difference and change, both positive (e.g., increase, larger than, etc.) and negative (e.g., decrease, smaller than, etc.).

Data limitations

Some data that is used in this report may have inherent limitations, due to the sample size, its geographic focus, or its being out-of-date, for example, but it is used nevertheless because there is no better alternative. Whenever this kind of data is used, it will be accompanied by a warning about its limitations.



Date: _____

Interviewer: _____

Interviewer ID: _____

2021-0699-02

Professional Research Consultants, Inc.

**WNC HEALTHY IMPACT
2021 Community Health Needs Assessment
Asheville, North Carolina**

Hello, this is _____. Local hospitals, public health departments, and key partners in western North Carolina's WNC Health Network have asked PRC to conduct a survey about things people do which may affect their health.

1. In order to randomly select the person I need to talk to, I need to know how many adults 18 and over live in this household?

One
Two
Three
Four
Five
Six or More

2. Would you please tell me which county you live in?

- Avery County
- Buncombe County
- Burke County
- Cherokee County
- Clay County
- Graham County
- Haywood County
- Henderson County
- Jackson County
- McDowell County
- Macon County
- Madison County
- Mitchell County
- Polk County
- Rutherford County
- Swain County
- Transylvania County
- Yancey County
- All Others

NOTE: If Q2 is "All Others", THANK & TERMINATE.

3. ZIP Code.

Merged

This survey may be recorded for quality assurance.

4. Sex of Respondent. (Do Not Ask - Just Record)

- Male
- Female

5. First I would like to ask, overall, how would you describe your county as a place to live?
Would you say it is:

- Excellent
- Very Good
- Good
- Fair
- or Poor
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

6. Would you say that, in general, your health is:

- Excellent
- Very Good
- Good
- Fair
- or Poor
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: If Q2 is "Transylvania County", ASK Q301.
All Others, SKIP to 7.

TRANSYLVANIA

301. Do you have ONE place where you usually go if you are sick or need advice about your health?

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

7. Was there a time in the past 12 months when you needed medical care, but could not get it?

(SKIP to [READ BOX before 9](#))
(SKIP to [READ BOX before 9](#))
(SKIP to [READ BOX before 9](#))
(SKIP to [READ BOX before 9](#))

- Yes
- No
- [Not Applicable]
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

8. What was the MAIN reason you did NOT get this needed medical care?

- [Don't Know/Not Sure]
- [Refused]
- Cost/No Insurance
- Didn't Accept My Insurance
- Distance Too Far
- Inconvenient Office Hours/Office Closed
- Lack of Child Care
- Lack of Transportation
- Language Barrier
- No Access for People With Disabilities
- Too Long of Wait for Appointment
- Too Long of Wait in Waiting Room
- Other (Specify)

Have you ever suffered from or been diagnosed with the following medical conditions: [+*so+](Insert Qs in BOLD)[+*se+]?

9. COPD or Chronic Obstructive Pulmonary Disease, Including Chronic Bronchitis or Emphysema

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

10. A Heart Attack, Also Called a Myocardial Infarction, OR Angina OR Coronary Heart Disease

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

11. A Stroke

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

12. High Blood Pressure

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

13. High Blood Cholesterol (Blood cholesterol is a fatty substance found in the blood.)

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

(End of Series)

14. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

(SKIP to 16)
(SKIP to 16)
(SKIP to 16)
Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

15. Do you still have asthma?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

16. Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?

(SKIP to SCRIPTING NOTE before 17)
Yes
No
[Yes, But Female Told Only During Pregnancy]
[Pre-Diabetes or Borderline Diabetes]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q16 is "Yes"/"Sí", SKIP to NOTE before 302.

If Q16 is "[Pre-Diabetes or Borderline Diabetes]" AND Q4 is "Female", Force Q17 to "Yes"/"Sí" and SKIP to IVAR17A.

If Q16 is "[Pre-Diabetes or Borderline Diabetes]" AND Q4 is "Male", Force Q17 to "Yes"/"Sí" and SKIP to NOTE before 302.

All Others, CONTINUE.

17. Have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes?

	Yes
(SKIP to NOTE before 302)	No
(SKIP to NOTE before 302)	[Yes, But Female Told Only During Pregnancy]
(SKIP to NOTE before 302)	[Don't Know/Not Sure]
(SKIP to NOTE before 302)	[Refused]
	[Terminate Interview]

NOTE: If Q4 is "Male", SKIP to NOTE before 302.

If Q4 is "Female", ASK IVAR17A.

NOTE: If Q2 is "Cherokee County", ASK Q302.

If Q2 is "Clay County", "Haywood County", or "McDowell County", SKIP to 303.

All Others, SKIP to 18.

CHEROKEE

302. Do you feel existing community resources or services for chronic diseases such as diabetes, heart disease, and COPD are:

More Than Sufficient to Deal With It
Sufficient to Deal With It
Insufficient to Deal With It
or Not Available
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to 18.

CLAY/HAYWOOD/MCDOWELL

303. Was there a time during the past 12 months when you needed dental care but did not get it?

(SKIP to 18) Yes
(SKIP to 18) No
(SKIP to 18) [Don't Know/Not Sure]
(SKIP to 18) [Refused]
[Terminate Interview]

NOTE: If Q2 is "Clay County", SKIP to 18.

HAYWOOD/MCDOWELL

304. What was the MAIN reason you did not get this needed dental care?

[Don't Know/Not Sure]
[Refused]
Cost/No Insurance
Didn't Accept My Insurance
Distance Too Far
Inconvenient Office Hours/Office Closed
Lack of Child Care
Lack of Transportation
Language Barrier
No Access for People With Disabilities
Too Long of Wait for Appointment
Too Long of Wait in Waiting Room
Other (Specify)

18. Doctors and other medical providers sometimes use telemedicine or tele-health to evaluate, diagnose, or treat a patient using a computer, smartphone, or telephone to communicate in real time without being face-to-face.

In the future, how likely would you be to use telemedicine instead of office visits if you needed routine medical care--such as a check-up--got sick or hurt, or needed advice about a health problem? Would you be:

Extremely Likely
Very Likely
Somewhat Likely
Not Very Likely
or Not At All Likely
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q2 is "Rutherford County" AND Q18 is "Not Very Likely"/"No Muy Probable" OR "or Not at All Likely"/"o No Probable en Absoluto", ASK Q305.

If Q2 is "Swain County", SKIP to 306.

All Others, SKIP to 19.

RUTHERFORD

305. What is the MAIN reason that you would NOT be likely to use telemedicine in the future?

- [Don't Know/Not Sure]
- [Refused]
- Other (Specify)

NOTE: SKIP to 19.

SWAIN

306. Have you ever received health care services or treatment using telemedicine?

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

19. The next questions are about tobacco use. Do you NOW smoke cigarettes "Every Day," "Some Days," or "Not At All"?

- Every Day
- Some Days
- Not At All
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

SCRIPTING NOTE: If Q19 is "Every Day" or "Some Days", set '+temp44+' to " other than yourself"/" diferente a Ud.". All Others, set '+temp44+' to NULL.

20. During how many of the past 7 days, at your workplace, did you breathe the smoke from someone'+temp44+' who was using tobacco?

(INTERVIEWER: Code "Not Applicable" as 8.)

0 to 7/8

[Don't Know/Not Sure]

[Refused]

21. Do you currently use chewing tobacco, dip, snuff, or snus (pronounced "snoose"; rhymes with goose) "Every Day," "Some Days," or "Not At All"?

Every Day

Some Days

Not At All

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

NOTE: If Q2 is "Cherokee County" or "Polk County", ASK Q307.
If Q2 is "Madison County", SKIP to 308.
All Others, SKIP to 22.

CHEROKEE/POLK

307. Please tell me your level of agreement or disagreement with the following statement:

I believe it is important for ALL PUBLIC PLACES to be 100% tobacco free.

Do you:

Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
or Strongly Disagree
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to 22.

MADISON

308. Please tell me your level of agreement or disagreement with the following statement:

I believe it is important for GOVERNMENT BUILDINGS AND GROUNDS in Madison County to be 100% tobacco free.

Do you:

Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
or Strongly Disagree
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

22. Electronic "vaping" products, such as electronic cigarettes, are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco.

Do you NOW use electronic "vaping" products, such as electronic cigarettes, "Every Day," "Some Days," or "Not At All"?

Every Day
Some Days
Not At All
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

23. The next few questions are about alcohol use. Keep in mind that one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

(NOTE: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.)

1 to 30
(SKIP to 26) 0
(SKIP to 26) [Don't Know/Not Sure]
(SKIP to 26) [Refused]

24. On the day(s) when you drank, about how many drinks did you have on the average?
(If "None", PROBE)

1 to 10
[Don't Know/Not Sure]
[Refused]

SCRIPTING NOTE: If Respondent is "Male", Set "temp48" to "5".

If Respondent is "Female", Set "temp48" to "4".

25. Considering all types of alcoholic beverages, how many TIMES during the past 30 days did you have '+temp48+' or more drinks on an occasion?

0 to 30

[Don't Know/Not Sure]

[Refused]

26. Opiates ("OH-pee-its") or opioids ("OH-pee-oids") are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine ("MORE-feen"), codeine ("KOH-deen"), hydrocodone ("HYE-droh-KOH-dohn"), oxycodone ("OX-ee-KOH-dohn"), methadone ("METH-uh-dohn"), and fentanyl ("FEN-ten-ill").

In the PAST YEAR, have you used any of these prescription opiates?

(INTERVIEWER For Reference Only: Common Brand Name Opiates are Vicodin, Dilaudid, Percocet, Oxycontin, and Demerol.)

Yes

No

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

NOTE: If Q2 is "Jackson County" or "Swain County", ASK Q309.

If Q2 is "Madison County" or "Polk County", SKIP to 310.

All Others, SKIP to 27.

JACKSON/SWAIN

309. During the past 30 days, have YOU or has SOMEONE THAT YOU KNOW used an illegal drug or taken a prescription drug that was not prescribed to them?

Yes

No

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

NOTE: SKIP to 27.

MADISON/POLK

310. Do you keep your medicine in a locked place so that no one else can access it?
- Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]
27. To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs? Would you say:
- A Great Deal
Somewhat
A Little
or Not at All
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]
28. Next, I'd like to ask you some general questions about yourself.
- What is your age?
- 18 to 110
[Don't Know/Not Sure]
[Refused]
29. Do you identify your gender as:
- Female
Male
or Some Other Way
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]
30. Are you of Hispanic or Latino origin, or is your family originally from a Spanish-speaking country?
- Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

31. What is your race? Would you say:

(Do Not Read the Latino/Hispanic Code.)

[Don't Know/Not Sure]
[Refused]
American Indian, Alaska Native
Native Hawaiian, Pacific Islander
Asian
Black/African American
White
[Latino/Hispanic]
Other (Specify)

NOTE: If Q31 is "American Indian, Alaska Native"/"Indígena Americano(a), Nativo(a) de Alaska", ASK Q32.

All Others, SKIP to 33.

32. Which of the following BEST describes you? Are you:

An Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living ON the Qualla (KWAH-lah) boundary;
An Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living OFF the Qualla (KWAH-lah) boundary,
or An Enrolled Member of a Different Federally-Recognized Tribe?

Enrolled EBCI on Boundary
Enrolled EBCI off Boundary
Enrolled Other Tribe
[Not a Member]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

33. Please tell me your level of agreement or disagreement with the following statement:

I feel that my community is a welcoming place for people of all races and ethnicities.

Do you:

Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
or Strongly Disagree
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

34. Over your entire lifetime, how often have you been threatened or harassed because of your race or ethnicity? Would you say:

Often
Sometimes
Rarely
or Never
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

35. Over your entire lifetime, how often have you been treated unfairly because of your race or ethnicity WHEN GETTING MEDICAL CARE? Would you say:

Often
Sometimes
Rarely
or Never
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

36. Over your entire lifetime, how often have you been treated unfairly because of your race or ethnicity AT SCHOOL? Would you say:

Often
Sometimes
Rarely
or Never
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q2 is "Buncombe County", ASK Q311.

All Others, SKIP to 37.

BUNCOMBE

311. Over your entire lifetime, how often would you say you have been treated unfairly because of your race or ethnicity BY THE POLICE OR THE COURTS? Would you say:

Often
Sometimes
Rarely
or Never
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

37. Over your entire lifetime, how often have people criticized your accent or the way you speak? Would you say:

Often
Sometimes
Rarely
or Never
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q2 is "Buncombe County", ASK Q312.

All Others, SKIP to 38.

BUNCOMBE

312. Have you ever felt emotionally upset, for example angry, sad, frustrated, shameful, or embarrassed, as a result of how you were treated based on your race or ethnicity?

Yes

No

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

38. How many children under the age of 18 are currently LIVING in your household?

One

Two

Three

Four

Five or More

None

[Refused]

[Terminate Interview]

39. What is the highest grade or year of school you have completed?

Never Attended School or Kindergarten Only

Grades 1 through 8 (Elementary)

Grades 9 through 11 (Some High School)

Grade 12 or GED (High School Graduate)

College 1 Year to 3 Years (Some College or Technical School)

Bachelor's Degree (College Graduate)

Postgraduate Degree (Master's, M.D., Ph.D., J.D.)

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

40. For employment, are you currently:

- Employed for Wages
- Self-Employed
- Out of Work for More Than 1 Year
- Out of Work for Less Than 1 Year
- A Homemaker
- A Student
- Retired
- or Unable to Work
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

41. Do you have any kind of health care coverage, including health insurance, a prepaid plan such as an HMO, or a government-sponsored plan such as Medicare, Medicaid, Military, or Indian Health Services?

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: If Q2 is "Clay County", "Henderson County", or "Macon County", ASK Q313.
If Q2 is "Mitchell County", "Yancey County", or "Avery County", SKIP to 316.
If Q2 is "Jackson County" or "McDowell County", SKIP to 317.
All Others, SKIP to 42.

CLAY/HENDERSON/MACON

313. Do you currently have access to the internet for PERSONAL use, either at home, work, or school?

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: If Q2 is "Clay County", SKIP to 42.
If Q2 is "Henderson County", SKIP to 317.
If Q2 is "Macon County", ASK Q314 and Q315.

MACON

314. If you needed to, do you think you could rely on public transportation to get you to work, appointments, and shopping?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

MACON

315. Overall, how would you rate the availability of affordable housing in your community?
Would you say:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to 42.

MITCHELL/YANCEY/AVERY

316. How often do you have trouble finding transportation to places you would like to go?
Would you say:

Always
Usually
Sometimes
Seldom
or Never
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to 42.

HENDERSON/JACKSON/MCDOWELL

317. Overall, how would you rate your personal or your family's financial situation, in terms of being able to afford adequate food and housing, and to pay the bills you currently have? Would you say:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

42. Next, I would like to ask about your living situation. Was there a time in the past 12 months when you did not have electricity, water, or heating in your home?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

43. In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed:

(INTERVIEWER: This Response List is Different Than All Others in This Survey.)

Always
Usually
Sometimes
Rarely
or Never
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

44. Has there been a time in the PAST THREE YEARS when you had to live with a friend or relative because of a housing emergency, even if this was only temporary?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

45. Has there been any time in the PAST THREEE YEARS when you were living on the street, in a car, or in a temporary shelter?

Yes

No

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

46. Now I would like to ask, about how much do you weigh without shoes?

(INTERVIEWER: Round Fractions Up)

40 to 600

[Don't Know/Not Sure]

[Refused]

47. About how tall are you without shoes?

(INTERVIEWER: Round Fractions Down)

300 to 311

400 to 411

500 to 511

600 to 611

700 to 711

800 to 811

[Don't Know/Not Sure]

[Refused]

48. Now I would like you to think about the food you ate during the past week.

About how many 1-cup servings of fruit did you have in the past week? For example, one apple equals 1 cup.

0 to 100

[Don't Know/Not Sure]

[Refused]

49. And, NOT counting potatoes, about how many 1-cup servings of vegetables did you have in the past week? For example, 12 baby carrots equal 1 cup.

0 to 100

[Don't Know/Not Sure]

[Refused]

50. Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months.

The first statement is: "I worried about whether our food would run out before we got money to buy more."

Was this statement:

Often True
Sometimes True
or Never True
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

51. The next statement is: "The food that we bought just did not last, and we did not have money to get more."

Was this statement:

Often True
Sometimes True
or Never True
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q2 is "Rutherford County", ASK Q318.

All Others, SKIP to SCRIPTING NOTE before 52.

RUTHERFORD

318. In the last 12 months, did you or someone in your household cut the size of your meals or skip meals because there wasn't enough money for food?

Yes

No

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

SCRIPTING NOTE: If Q40 is "Out of Work for More Than 1 Year", "Out of Work for Less Than 1 Year", or "or Unable to Work", Set temp82 to NULL.

If Q40 is Any Other Response, Set temp82 to ", OTHER THAN YOUR REGULAR JOB,"/ ", OTRO QUE EN SU TRABAJO,".

52. The next questions are about physical activity.

During the past month'+temp82+' did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?

Yes

No

(SKIP to 59)

(SKIP to 59)

(SKIP to 59)

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

53. During the past month, what type of physical activity or exercise did you spend the MOST time doing?

(INTERVIEWER: If "Cardio," PROBE for Specific Type of Exercise.)

- (SKIP to 54) Active Gaming Devices (Wii Fit, Dance Dance Revolution)
- (SKIP to 54) Aerobics Video or Class (aka Gym, Gym Class, Zumba, etc.)
- (SKIP to 54) Backpacking
- (SKIP to 54) Badminton
- (SKIP to 54) Basketball
- (SKIP to 54) Bicycling Machine Exercise (aka Spinning, Spin Class, Bike, Cycling)
- (SKIP to 54) Bicycling (aka Bike, Cycling)
- (SKIP to 54) Boating (Canoeing, Rowing, Kayaking, Sailing for Pleasure, Camping)
- (SKIP to 54) Bowling
- (SKIP to 54) Boxing
- (SKIP to 54) Calisthenics
- (SKIP to 54) Canoeing, Rowing in Competition
- (SKIP to 54) Carpentry
- (SKIP to 54) Dancing-Ballet, Ballroom, Latin, Hip Hop, etc.
- (SKIP to 54) Elliptical, EFX Machine Exercise
- (SKIP to 54) Fishing from River Bank or Boat
- (SKIP to 54) Frisbee
- (SKIP to 54) Gardening (Spading, Weeding, Digging, Filling) (aka Yardwork)
- (SKIP to 54) Golf (with Motorized Cart)
- (SKIP to 54) Golf (without Motorized Cart)
- (SKIP to 54) Handball
- (SKIP to 54) Hiking-Cross-Country
- (SKIP to 54) Hockey
- (SKIP to 54) Horseback Riding
- (SKIP to 54) Hunting Large Game-Deer, Elk
- (SKIP to 54) Hunting Small Game-Quail
- (SKIP to 54) Inline Skating
- (SKIP to 54) Jogging
- (SKIP to 54) Lacrosse
- (SKIP to 54) Mountain Climbing
- (SKIP to 54) Mowing Lawn (aka Yardwork)
- (SKIP to 54) Paddleball
- (SKIP to 54) Painting, Papering House
- (SKIP to 54) Pilates
- (SKIP to 54) Racquetball
- (SKIP to 54) Raking Lawn (aka Yardwork)
- (SKIP to 54) Running (aka Treadmill)
- (SKIP to 54) Rock Climbing
- (SKIP to 54) Rope Skipping (aka Jump Roping)
- (SKIP to 54) Rowing Machine Exercise
- (SKIP to 54) Rugby
- (SKIP to 54) Scuba Diving
- (SKIP to 54) Skateboarding
- (SKIP to 54) Skating-Ice or Roller
- (SKIP to 54) Sledding, Tobogganing
- (SKIP to 54) Snorkeling
- (SKIP to 54) Snow Blowing

(SKIP to 54)	Snow Shoveling by Hand
(SKIP to 54)	Snow Skiing
(SKIP to 54)	Snowshoeing
(SKIP to 54)	Soccer
(SKIP to 54)	Softball, Baseball
(SKIP to 54)	Squash
(SKIP to 54)	Stair Climbing, Stairmaster
(SKIP to 54)	Stream Fishing in Waders
(SKIP to 54)	Surfing
(SKIP to 54)	Swimming
(SKIP to 54)	Swimming in Laps
(SKIP to 54)	Table Tennis
(SKIP to 54)	Tai Chi
(SKIP to 54)	Tennis
(SKIP to 54)	Touch Football
(SKIP to 54)	Volleyball
(SKIP to 54)	Walking (aka Treadmill)
(SKIP to 54)	Housework/Cleaning
(SKIP to 54)	Waterskiing
(SKIP to 54)	Weight Lifting (aka Gym, Gym Class)
(SKIP to 54)	Wrestling
(SKIP to 54)	Yoga
	Other
(SKIP to 59)	[No Other Activity]
(SKIP to 59)	[Don't Know/Not Sure]
(SKIP to 59)	[Refused]
	[Terminate Interview]

54. And during the past month, how many TIMES per week or per month did you take part in this activity?

	TIMES PER WEEK
(SKIP to IVAR54B)	TIMES PER MONTH
(SKIP to 55)	[Don't Know/Not Sure]
(SKIP to 55)	[Refused]
	[Terminate Interview]

55. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

	MINUTES
(SKIP to IVAR55B)	HOURS
(SKIP to 56)	[Don't Know/Not Sure]
(SKIP to 56)	[Refused]
	[Terminate Interview]

56. During the past month, what OTHER type of physical activity gave you the NEXT most exercise?

(INTERVIEWER: If "Cardio," PROBE for Specific Type of Exercise.)

- (SKIP to 57) Active Gaming Devices (Wii Fit, Dance Dance Revolution)
- (SKIP to 57) Aerobics Video or Class (aka Gym, Gym Class, Zumba, etc.)
- (SKIP to 57) Backpacking
- (SKIP to 57) Badminton
- (SKIP to 57) Basketball
- (SKIP to 57) Bicycling Machine Exercise (aka Spinning, Spin Class, Bike, Cycling)
- (SKIP to 57) Bicycling (aka Bike, Cycling)
- (SKIP to 57) Boating (Canoeing, Rowing, Kayaking, Sailing for Pleasure, Camping)
- (SKIP to 57) Bowling
- (SKIP to 57) Boxing
- (SKIP to 57) Calisthenics
- (SKIP to 57) Canoeing, Rowing in Competition
- (SKIP to 57) Carpentry
- (SKIP to 57) Dancing-Ballet, Ballroom, Latin, Hip Hop, etc.
- (SKIP to 57) Elliptical, EFX Machine Exercise
- (SKIP to 57) Fishing from River Bank or Boat
- (SKIP to 57) Frisbee
- (SKIP to 57) Gardening (Spading, Weeding, Digging, Filling) (aka Yardwork)
- (SKIP to 57) Golf (with Motorized Cart)
- (SKIP to 57) Golf (without Motorized Cart)
- (SKIP to 57) Handball
- (SKIP to 57) Hiking-Cross-Country
- (SKIP to 57) Hockey
- (SKIP to 57) Horseback Riding
- (SKIP to 57) Hunting Large Game-Deer, Elk
- (SKIP to 57) Hunting Small Game-Quail
- (SKIP to 57) Inline Skating
- (SKIP to 57) Jogging
- (SKIP to 57) Lacrosse
- (SKIP to 57) Mountain Climbing
- (SKIP to 57) Mowing Lawn (aka Yardwork)
- (SKIP to 57) Paddleball
- (SKIP to 57) Painting, Papering House
- (SKIP to 57) Pilates
- (SKIP to 57) Racquetball
- (SKIP to 57) Raking Lawn (aka Yardwork)
- (SKIP to 57) Running (aka Treadmill)
- (SKIP to 57) Rock Climbing
- (SKIP to 57) Rope Skipping (aka Jump Roping)
- (SKIP to 57) Rowing Machine Exercise
- (SKIP to 57) Rugby
- (SKIP to 57) Scuba Diving
- (SKIP to 57) Skateboarding
- (SKIP to 57) Skating-Ice or Roller
- (SKIP to 57) Sledding, Tobogganing
- (SKIP to 57) Snorkeling
- (SKIP to 57) Snow Blowing

(SKIP to 57)	Snow Shoveling by Hand
(SKIP to 57)	Snow Skiing
(SKIP to 57)	Snowshoeing
(SKIP to 57)	Soccer
(SKIP to 57)	Softball, Baseball
(SKIP to 57)	Squash
(SKIP to 57)	Stair Climbing, Stairmaster
(SKIP to 57)	Stream Fishing in Waders
(SKIP to 57)	Surfing
(SKIP to 57)	Swimming
(SKIP to 57)	Swimming in Laps
(SKIP to 57)	Table Tennis
(SKIP to 57)	Tai Chi
(SKIP to 57)	Tennis
(SKIP to 57)	Touch Football
(SKIP to 57)	Volleyball
(SKIP to 57)	Walking (aka Treadmill)
(SKIP to 57)	Housework/Cleaning
(SKIP to 57)	Waterskiing
(SKIP to 57)	Weight Lifting (aka Gym, Gym Class)
(SKIP to 57)	Wrestling
(SKIP to 57)	Yoga
	Other
(SKIP to 59)	[No Other Activity]
(SKIP to 59)	[Don't Know/Not Sure]
(SKIP to 59)	[Refused]
	[Terminate Interview]

57. And during the past month, how many TIMES per week or per month did you take part in this activity?

(SKIP to IVAR57B)	TIMES PER WEEK
(SKIP to 58)	TIMES PER MONTH
(SKIP to 58)	[Don't Know/Not Sure]
	[Refused]
	[Terminate Interview]

58. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

(SKIP to IVAR58B)	MINUTES
(SKIP to 59)	HOURS
(SKIP to 59)	[Don't Know/Not Sure]
	[Refused]
	[Terminate Interview]

59. During the past month, how many TIMES per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups or push-ups, and those using weight machines, free weights, or elastic bands.

	TIMES PER WEEK
(SKIP to IVAR59B)	TIMES PER MONTH
(SKIP to NOTE before 319)	Never
(SKIP to NOTE before 319)	[Don't Know/Not Sure]
(SKIP to NOTE before 319)	[Refused]
	[Terminate Interview]

NOTE: If Q2 is "Cherokee County", ASK Q319.
All Others, SKIP to 60.

CHEROKEE

319. Please tell me your level of agreement or disagreement with the following statement:

I believe my county provides the facilities and programs needed for ADULTS, CHILDREN and YOUTH to be physically active throughout the year.

Do you:

Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
or Strongly Disagree
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

60. Now I would like to ask, in general, how satisfied are you with your life? Would you say:

Very Satisfied
Satisfied
Dissatisfied
or Very Dissatisfied
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

61. How often do you get the social and emotional support you need? Would you say:

- Always
- Usually
- Sometimes
- Seldom
- or Never
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: If Q2 is "Clay County", ASK Q320.
All Others, SKIP to 62.

CLAY

320. Which one of the following support services do you MOST need, but are not currently getting:

- Help in Getting Access to Services
- Support Groups
- Individual Counseling
- Transportation
- Classes About Giving Care to Elderly Dependents, such as Giving Medications
- or You Do Not Need Any of These Support Services
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

62. How often do you have someone you can rely on to help with things like food, transportation, child care, or other support if needed? Would you say:

- Always
- Usually
- Sometimes
- Seldom
- or Never
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

63. Now thinking about your MENTAL health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good?

0 to 30

[Don't Know/Not Sure]

[Refused]

NOTE: If Q2 is "Jackson County" or "Swain County", ASK Q321.
All Others, SKIP to 64.

JACKSON/SWAIN

321. In general, would you say that your mental health is:

Excellent
Very Good
Good
Fair
or Poor
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

64. Thinking about the amount of stress in your life, would you say that most days are:

Extremely Stressful
Very Stressful
Moderately Stressful
Not Very Stressful
or Not At All Stressful
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

In addition, please tell me your level of agreement or disagreement with the following statements: [+*so+](Insert Qs in BOLD)[+*se+]? Do you:

65. I am confident in my ability to manage stress and work through life's difficulties.

Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
or Strongly Disagree
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

66. I am able to stay hopeful even in difficult times.

Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
or Strongly Disagree
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

(End of Rotate)

NOTE: If Q2 is "Buncombe County" or "Haywood County", ASK Q322.
All Others, SKIP to 67.

BUNCOMBE/HAYWOOD

322. Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

67. Was there a time in the past 12 months when you needed mental health care or counseling, but did not get it at that time?

(SKIP to 68) Yes
(SKIP to 68) No
(SKIP to 68) [Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q2 is "Transylvania County", ASK Q323.

All Others, SKIP to 68.

TRANSYLVANIA

323. What was the MAIN reason you did not get mental health care or counseling?

[Don't Know/Not Sure]

[Refused]

Cost/No Insurance Coverage

Distance

Don't Know Where To Go

Fears About Confidentiality

Inconvenient Office Hours

Lack of Child Care

Lack of Providers

Lack of Transportation

Previous Negative Experiences/Distrust of Mental Health Providers

Stigma

Too Busy to Go To an Appointment

Too Long of Wait for an Appointment

Trouble Getting an Appointment

Other (Specify)

68. Are you NOW taking medication or receiving treatment, therapy, or counseling from a health professional for any type of MENTAL or EMOTIONAL HEALTH NEED?

Yes

No

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

NOTE: If Q2 is "Transylvania County", ASK Q324.

All Others, SKIP to 69.

TRANSYLVANIA

324. Are you NOW taking medication or receiving treatment, therapy, or counseling from a health professional for any type of SUBSTANCE USE?

Yes

No

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

69. The next question is about a sensitive topic, and some people may NOT feel comfortable answering. Please keep in mind that you do not have to answer any question you do not want to.

Has there been a time in the past 12 months when you thought of taking your own life?

Yes

No

(SKIP to [SCRIPTING NOTE](#) before 325)

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

If you want to talk to someone about these feelings, the National Suicide Prevention Lifeline is open 24 hours a day, 365 days a year, and provides free and confidential support from trained counselors. That number is 1-800-273-TALK (8255).

SCRIPTING NOTE: If Q2 is "Mitchell County", "Yancey County", or "Avery County", Set "temp326" to "The following questions are about the coronavirus and COVID-19 pandemic that began in March of 2020."/"Para las preguntas siguientes, por favor piense en el período que comenzó en Marzo de 2020 cuando el coronavirus y COVID-19 fueron designados como una pandemia" and Set "temp70" to NULL.

All Others, Set "temp326" to NULL and Set "temp70" to "The following questions are about the coronavirus and COVID-19 pandemic that began in March of 2020."/"Para las preguntas siguientes, por favor piense en el período que comenzó en Marzo de 2020 cuando el coronavirus y COVID-19 fueron designados como una pandemia".

NOTE: If Q2 is "Polk County", ASK Q325.

If Q2 is "Mitchell County", "Yancey County", or "Avery County",
SKIP to 326.

All Others, SKIP to READ BOX before 70.

POLK

325. In the past 12 months, have mental or emotional problems made it difficult for you or any other adult in your household to hold a job?

Yes

No

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

NOTE: SKIP to READ BOX before 70.

MITCHELL/YANCEY/AVERY

326. '+temp326+' How strict have you been about observing the recommendations for social distancing, wearing a mask in public, and staying at home? Would you say:

Extremely Strict

Very Strict

Somewhat Strict

Not Very Strict

or Not At All

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

**'+temp70+' Since March of 2020, have you or has any other adult in your household:
[+*so+](Insert Qs in BOLD)[+*se+]?**

70. Lost a Job

- Yes
- No
- [Not Applicable]
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

71. Lost Hours or Wages, But Didn't Lose a Job

- Yes
- No
- [Not Applicable]
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

72. Lost Health Insurance Coverage

- Yes
- No
- [Not Applicable]
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

(End of Series)

73. Has there been a time since March 2020 when you needed medical care or had a medical appointment scheduled, but you chose to avoid receiving care due to concerns about coronavirus?

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: If Q2 is "Graham County" or "Henderson County", ASK Q327.

All Others, SKIP to 74.

GRAHAM/HENDERSON

327. Since March 2020, would you say that your mental health has:

Improved
Stayed About the Same
or Become Worse
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

74. Thinking about all of the ways that the coronavirus pandemic has affected you, what would you say is the most significant to you and your family?

[Don't Know/Not Sure]
[Refused]
Other (Specify)

NOTE: If Q2 is "Mitchell County", "Yancey County", or "Avery County", ASK Q328.
If Q2 is "Madison County", SKIP to 329.
If Q2 is "Graham County", SKIP to 330.
If Q2 is "Rutherford County", SKIP to 332.
All Others, SKIP to 75.

MITCHELL/YANCEY/AVERY

328. What would you say is your MAIN source of information for COVID-19 in your area?

[Don't Know/Not Sure]
[Refused]
County/State Health Department
Doctor
Hospital
Family and Friends
Newspapers
Social Media
Television
Other (Specify)

NOTE: SKIP to 75.

MADISON

329. The next question is about the coronavirus/COVID-19 vaccine. If an FDA-approved vaccine to prevent coronavirus/COVID-19 were available to you at no cost, how likely would you be to get vaccinated? Would you be:

- Very Likely
- Somewhat Likely
- or Not At All Likely
- [Already Vaccinated]
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: SKIP to 75.

GRAHAM

330. The next question is about the coronavirus/COVID-19 vaccine. If an FDA-approved vaccine to prevent coronavirus/COVID-19 were available to you at no cost, would you get vaccinated?

- (SKIP to 75)
- (SKIP to 75)
- (SKIP to 75)
- Yes
- No
- [Already Vaccinated]
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

GRAHAM

331. Would you want to receive this coronavirus/COVID-19 vaccination:

- Immediately
- Within 6 Months
- In 6 Months to 1 Year
- or After More Than 1 Year
- [Already Vaccinated]
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: SKIP to 75.

RUTHERFORD

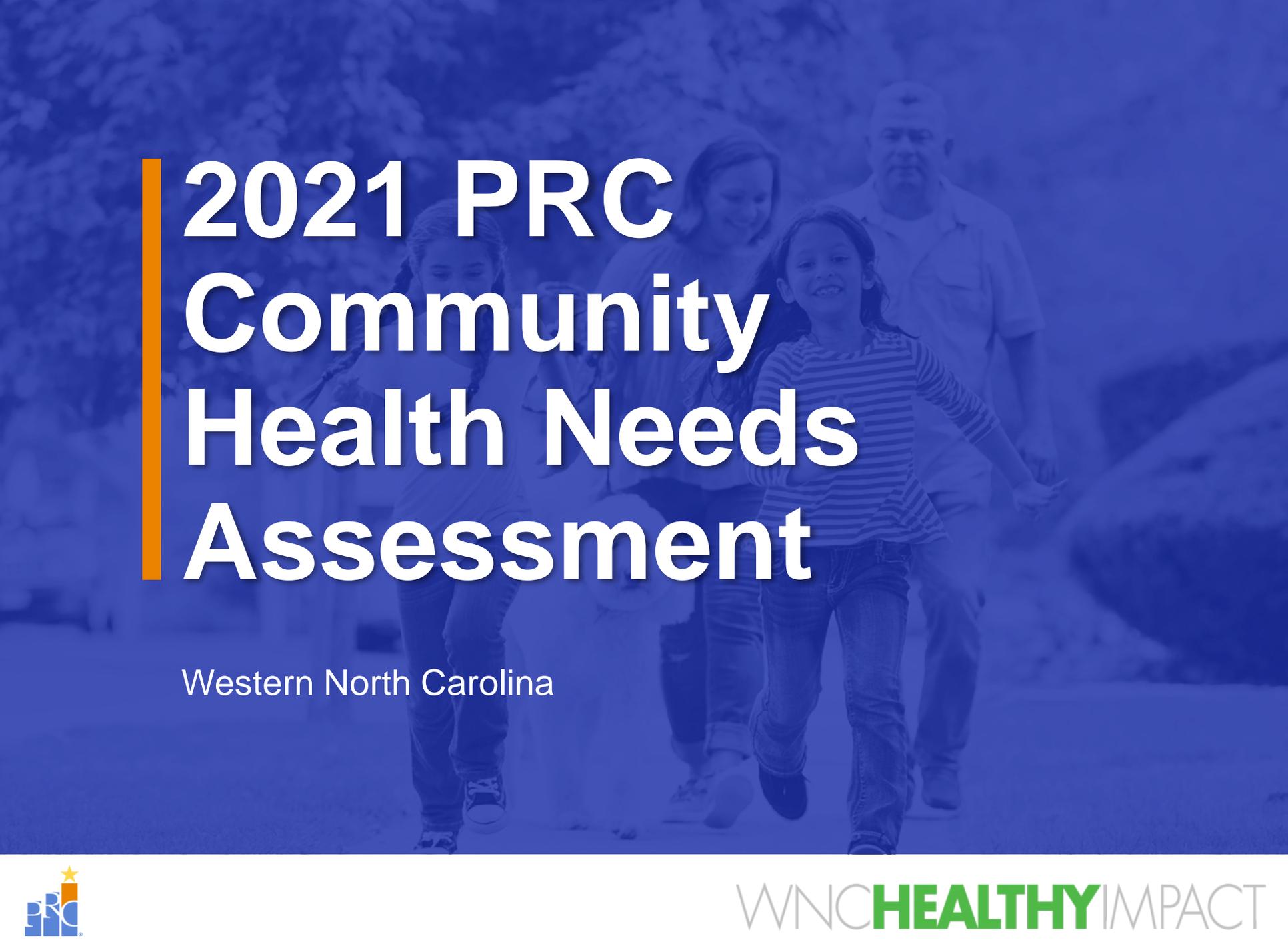
332. Other than what has been covered in this survey, what other health issue do you feel is a major concern in your community?

- [Don't Know/Not Sure]
- [Refused]
- [No Other Health Issue]
- Other (Specify)

75. Total Family Household Income.

- Under \$12,500
- \$12,500 to \$16,899
- \$16,900 to \$21,299
- \$21,300 to \$25,399
- \$25,400 to \$30,199
- \$30,200 to \$34,199
- \$34,200 to \$38,999
- \$39,000 to \$43,099
- \$43,100 to \$47,899
- \$47,900 to \$51,899
- \$51,900 to \$56,699
- \$56,700 to \$60,699
- \$60,700 to \$69,199
- \$69,200 to \$77,999
- \$78,000 to \$86,899
- \$86,900 to \$95,699
- \$95,700 to \$104,499
- \$104,500 to \$113,399
- \$113,400 to \$122,199
- \$122,200/Over
- [Don't Know/Not Sure]
- [Refused]
- (SKIP to [GOODBYE](#))
- [Terminate Interview]

That's the last question! Everyone's answers will be combined to give us information about the health of residents in this community. Thank you very much for your time and cooperation.



2021 PRC Community Health Needs Assessment

Western North Carolina



WNC **HEALTHY** IMPACT

Methodology

Survey methodology

- **4,861 surveys throughout WNC**
 - 2,971 surveys were completed via the telephone, both landlines (43.6%) and cell phones (56.4%); another 173 surveys were completed online by individuals invited through third-party providers to participate.
 - 1,717 were completed via a link to the online survey promoted by WNC Healthy Impact and community partners through social media, email campaigns, and various other outreach efforts.

Allows for high participation and random selection for a large portion of the sample

- These are critical to achieving a sample representative of county and regional populations by gender, age, race/ethnicity, and income
- English and Spanish

Methodology

4,861 surveys throughout WNC

- Adults age 18+
- Gathered data for each of 16 counties
- Weights were added to enhance representativeness of data at county and regional levels

Methodology

Full WNC sample allows for drill-down by:

- County
- Age
- Gender
- Race/ethnicity
- Income
- Other categories, based on question responses

Individual county samples allow for drill-down by:

- Gender
- Income
- Age and race/ethnicity, dependent on final county-level samples
- Other categories, based on question responses

Survey Instrument

Based largely on national survey models

- When possible, question wording from public surveys (e.g., CDC BRFSS)

75 questions asked of all counties

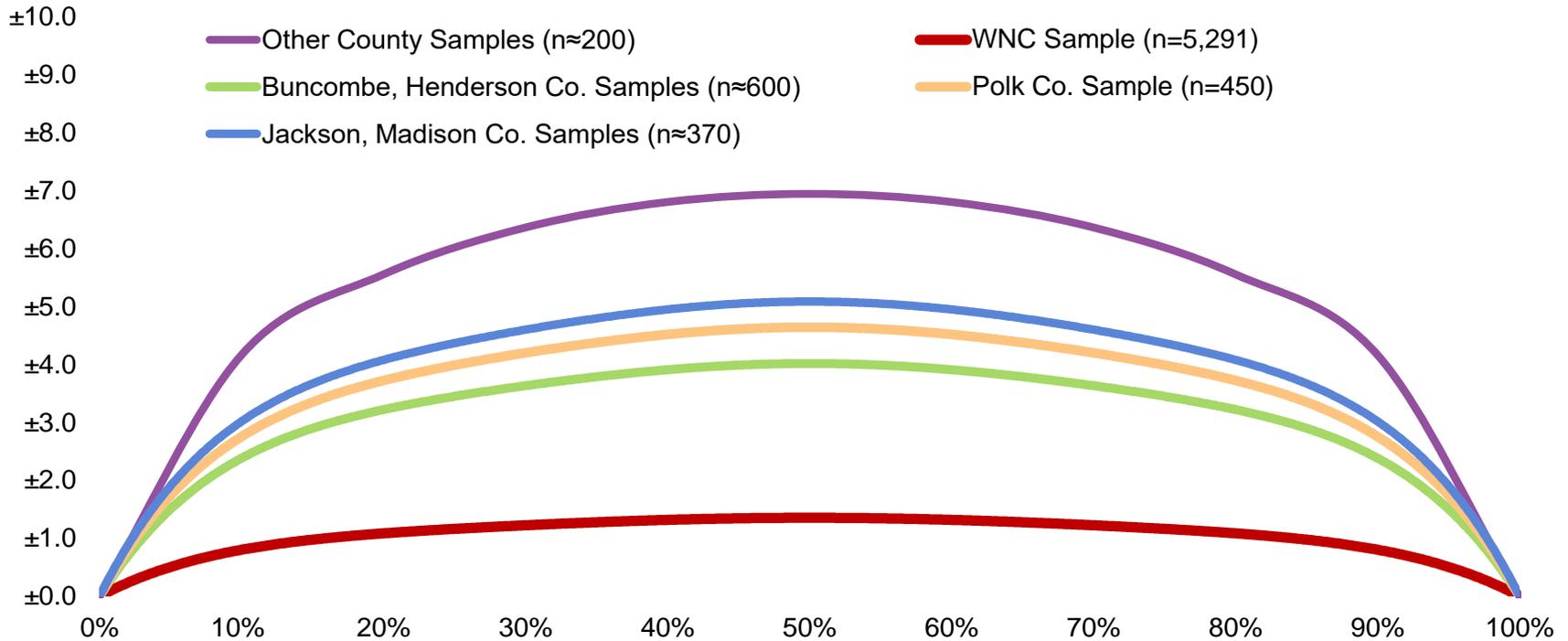
- Each county added three county-specific questions
- Approximately 15-minute interviews
- Questions determined by WNC Healthy Impact Data Workgroup and stakeholder input

Keep in mind

Sampling levels allow for good local confidence intervals, but you should still keep in mind that error rates are larger at the county level than for WNC as a region

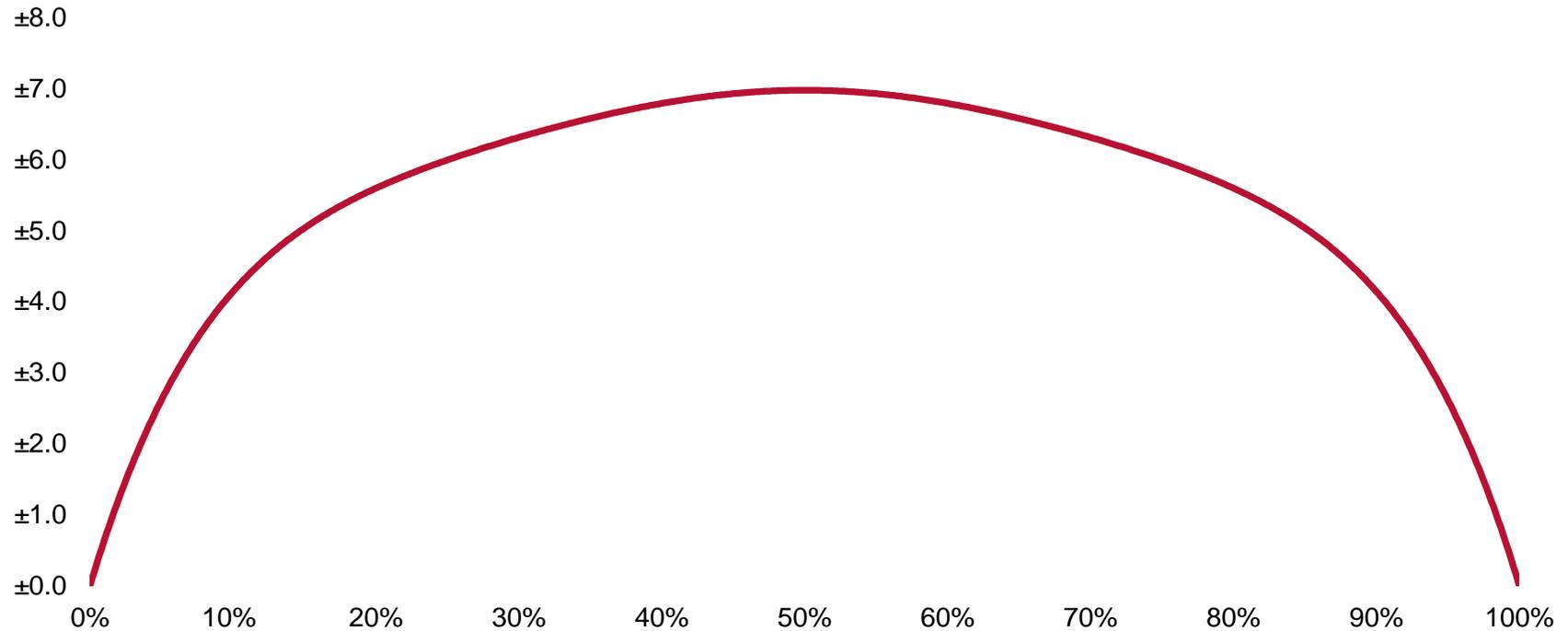
- Results for WNC regional data have maximum error rate of +1.3% at the 95% confidence level
- Results for Buncombe and Henderson counties have an approximate maximum error rate of +4.0% at the 95% confidence level
- Results for Polk County have an approximate maximum error rate of +4.6% at the 95% confidence level
- Results for Jackson and Madison counties have an approximate maximum error rate of +5.1% at the 95% confidence level
- Results for other individual counties have an approximate maximum error rate of +6.9% at the 95% confidence level

Approximate Error Ranges at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 5,289 respondents answered a certain question with a "yes," it can be asserted that between 9.2% and 10.8% ($10\% \pm 0.8\%$) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 48.6% and 51.4% ($50\% \pm 1.4\%$) of the total population would respond "yes" if asked this question.

Expected Error Ranges for a Sample of 244 Respondents at the 95 Percent Level of Confidence



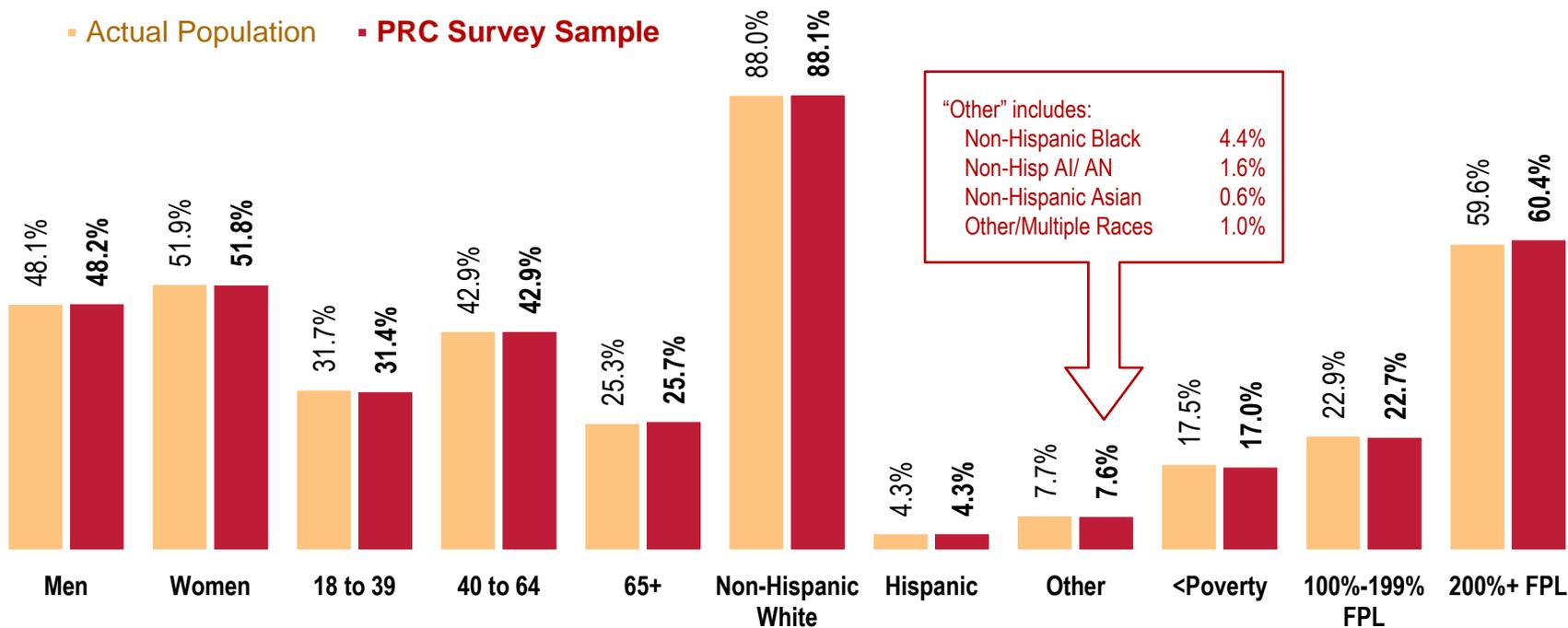
Note:

- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Population & Survey Sample Characteristics

(Age 18 and Older; Western North Carolina, 2021)

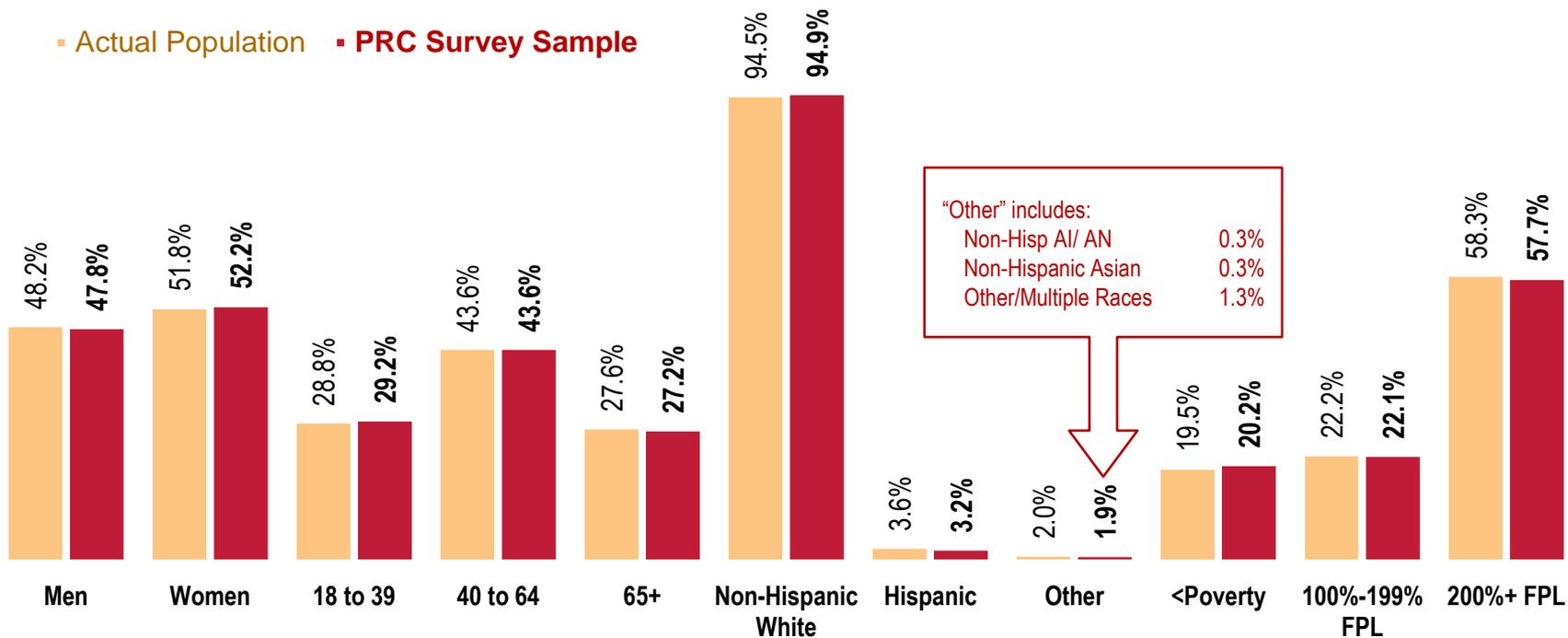
■ Actual Population ■ PRC Survey Sample



Sources: ● 2011-2015 American Community Survey. U.S. Census Bureau.
 ● PRC Community Health Survey, Professional Research Consultants, Inc.

Population & Survey Sample Characteristics

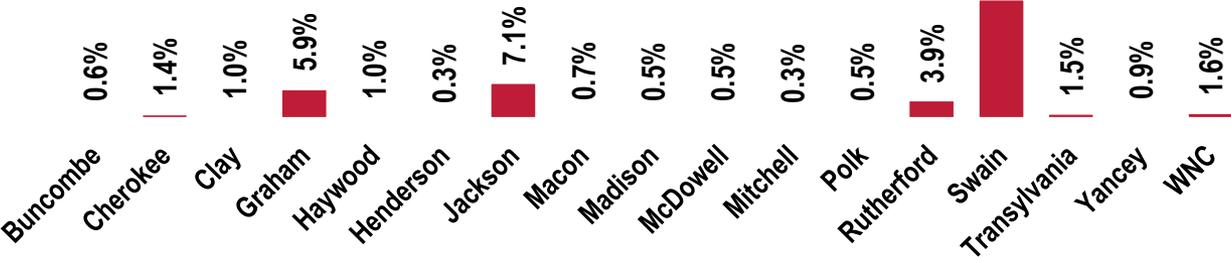
(Age 18 and Older; Mitchell County, 2021)



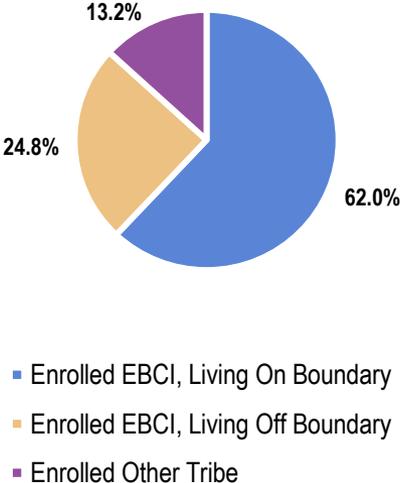
Sources:

- 2011-2015 American Community Survey. U.S. Census Bureau.
- PRC Community Health Survey, Professional Research Consultants, Inc.

American Indian/ Alaska Native Sample (By County, 2021)



**Enrolled Status
in Eastern Band of
Cherokee Indians (EBCI)**
(Among AI/ AN
Respondents, WNC)

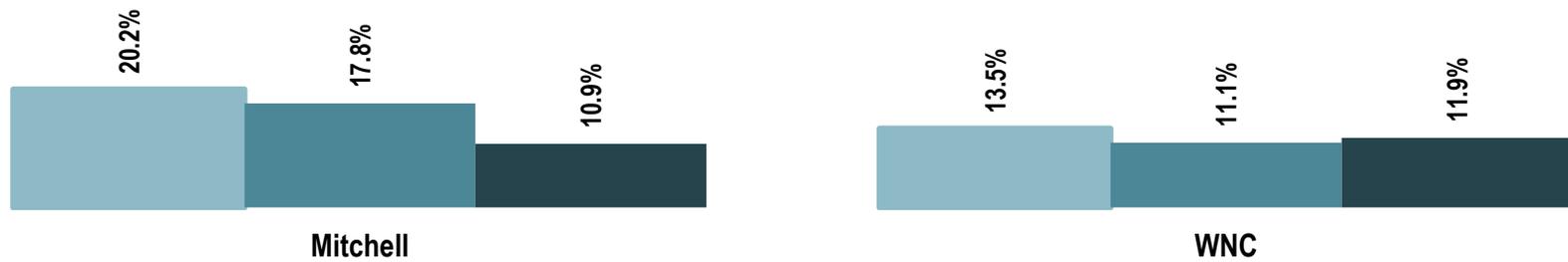


Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Items 32, 108]
 Notes: ● Asked of all respondents.

QUALITY OF LIFE

County Is a “Fair/Poor” Place to Live (By County)

■ 2015 ■ 2018 ■ 2021



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: ● Asked of all respondents.

SOCIAL DETERMINANTS OF HEALTH

Equity

Disagree That the Community Is a Welcoming Place for People of All Races and Ethnicities

("Disagree" or "Strongly Disagree" Responses; Western North Carolina, 2021; By County)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
Notes: ● Asked of all respondents.

“Often/Sometimes” Threatened or Harassed Due to Race/Ethnicity (Western North Carolina, 2021; By County)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]
Notes: ● Asked of all respondents.

“Often/Sometimes” Treated Unfairly Due to Race/Ethnicity When Getting Medical Care

(Western North Carolina, 2021; By County)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]
Notes: ● Asked of all respondents.

“Often/Sometimes” Treated Unfairly at School Due to Race/Ethnicity (Western North Carolina, 2021; By County)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
Notes: ● Asked of all respondents.

“Often/Sometimes” Criticized for My Accent or the Way I Speak

(Western North Carolina, 2021; By County)

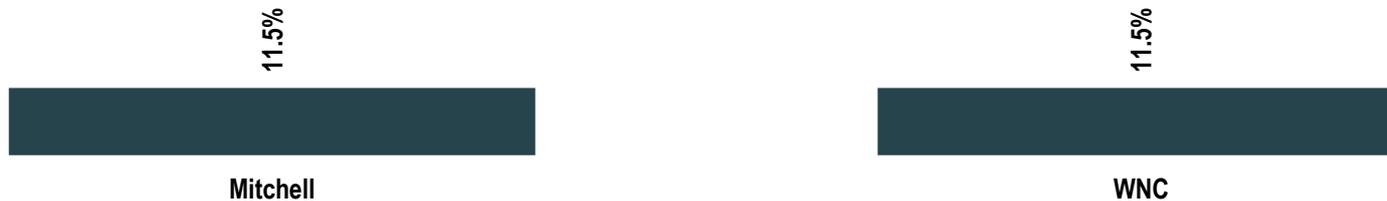


Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
Notes: ● Asked of all respondents.

Housing

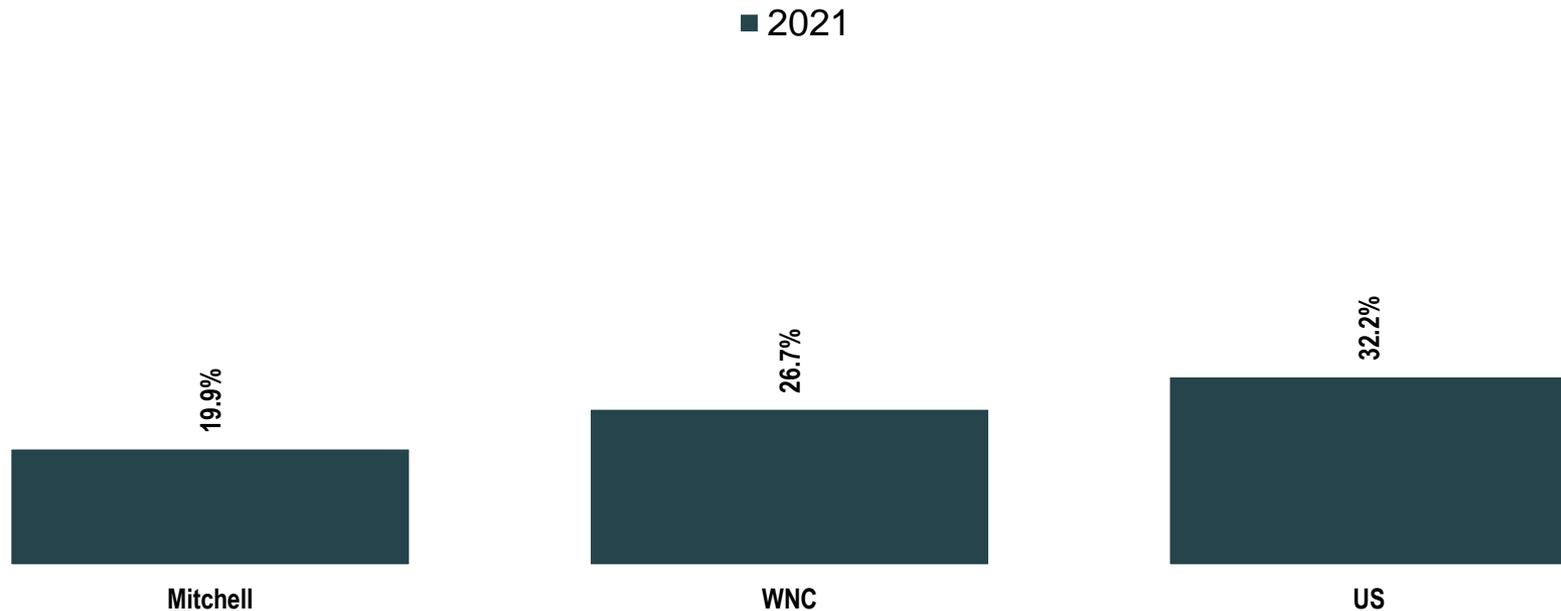
Had a Time in the Past Year When Home Was Without Electricity, Water, or Heating (Western North Carolina, 2021; By County)

■ 2021



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]
Notes: ● Asked of all respondents.

Worried or Stressed About Paying Rent or Mortgage in the Past Year ("Always/Usually/Sometimes" Responses; Western North Carolina, 2021; By County)



- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
 - PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Have Had to Live With a Friend/Relative in the Past Three Years Due to a Housing Emergency (Western North Carolina, 2021; By County)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
Notes: ● Asked of all respondents.

Lived on the Street, in a Car, or in a Temporary Shelter in the Past Three Years

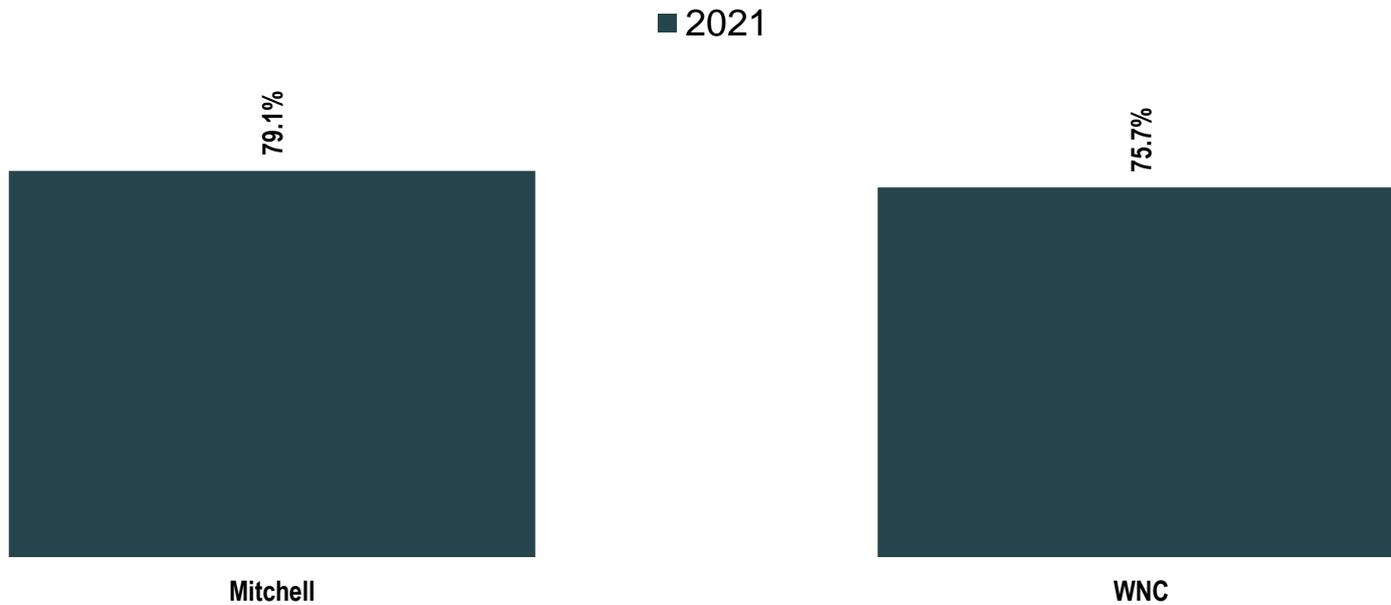
(Western North Carolina, 2021; By County)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
Notes: ● Asked of all respondents.

Support

Have Someone to Rely on for Help or Support if Needed (e.g. Food, Transportation, Childcare, etc.; Western North Carolina, 2021; By County)



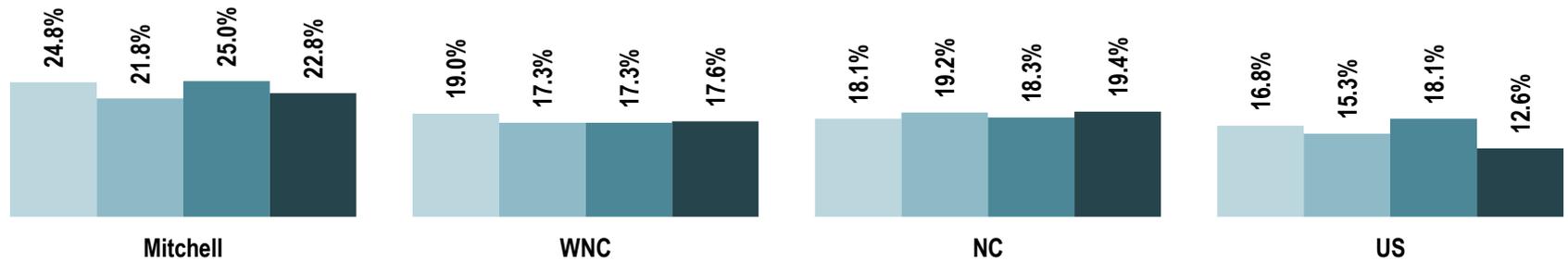
Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 62]
Notes: ● Includes “always” and “usually” responses.

SELF-REPORTED HEALTH STATUS

Overall Health

Experience “Fair” or “Poor” Overall Health (By County)

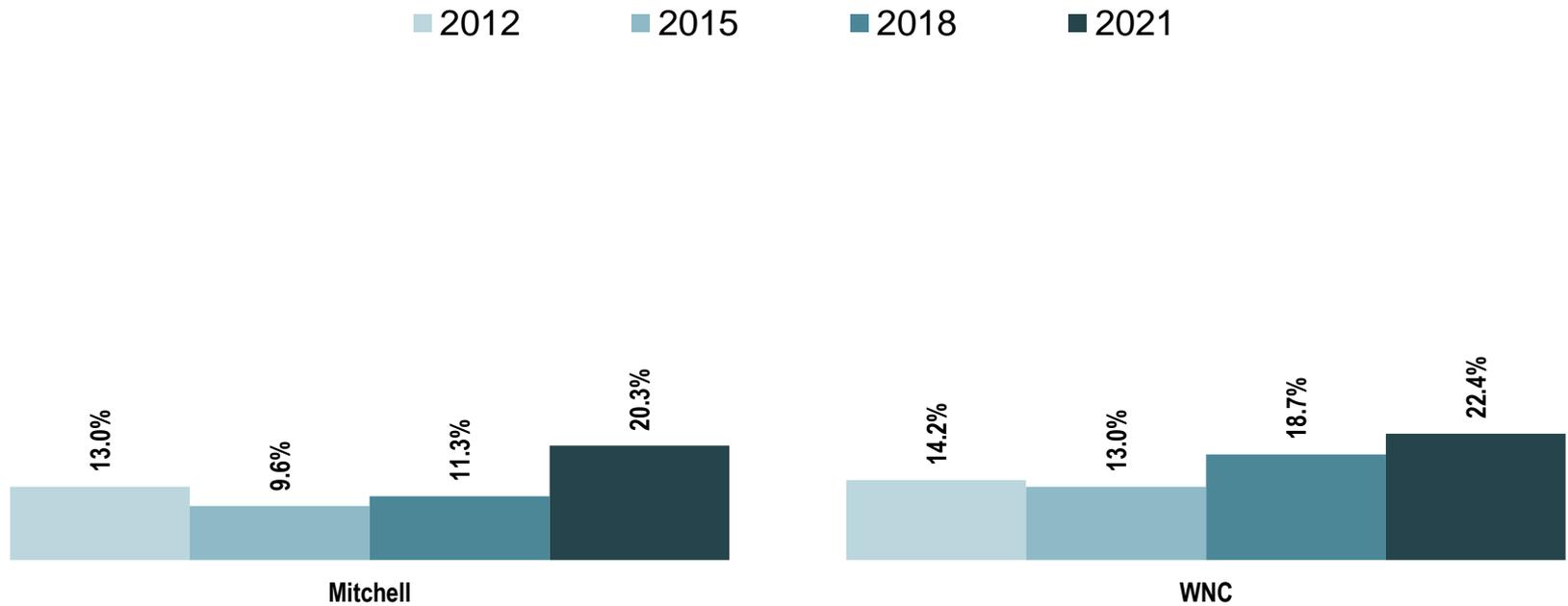
2012 2015 2018 2021



- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
 - PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Mental Health & Mental Disorders

More Than Seven Days of Poor Mental Health in the Past Month (By County)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 63]

Notes: ● Asked of all respondents.

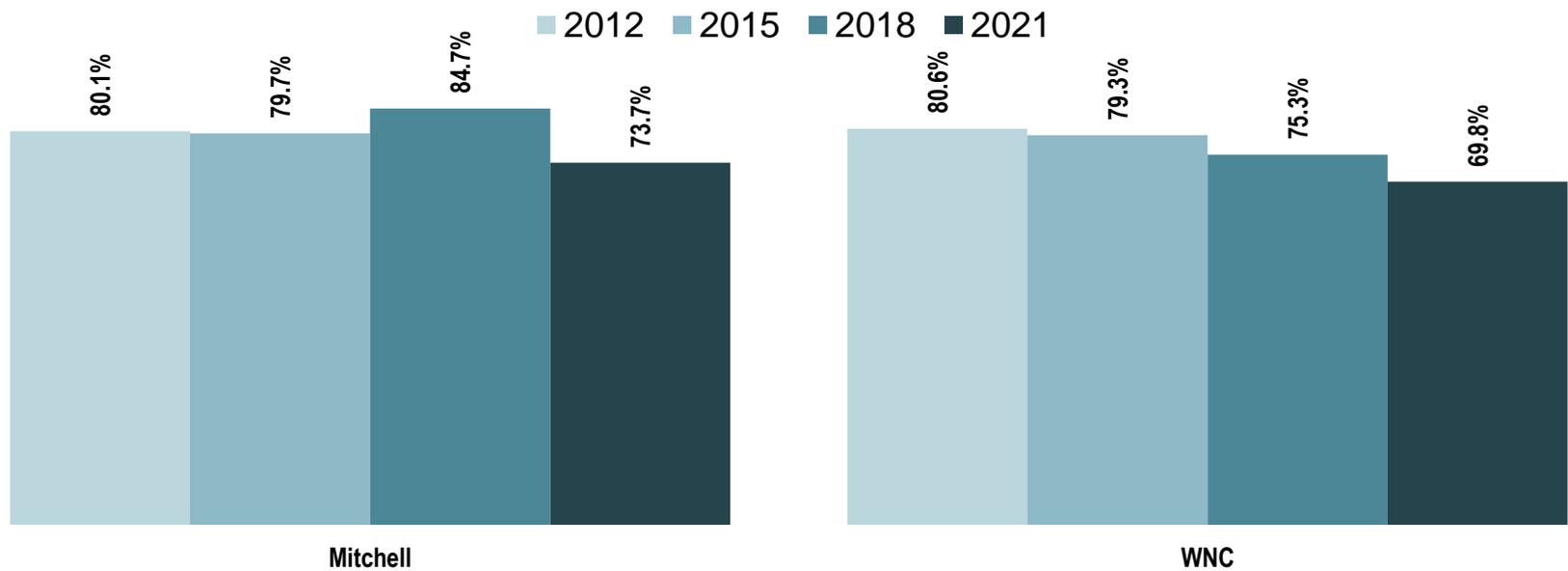
Have Considered Suicide in the Past Year

(Western North Carolina, 2021; By County)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
Notes: ● Asked of all respondents.

“Always” or “Usually” Get Needed Social/Emotional Support (By County)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
Notes: ● Includes “always” and “usually” responses.

Typical Day is “Extremely/Very Stressful” (By County)

■ 2021



- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 64]
 - PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Confident in Ability to Manage Stress (By County, 2021)



- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 65]
- Notes:
- Asked of all respondents.
 - Includes “strongly agree” and “agree” responses.

Able to Stay Hopeful in Difficult Times (By County, 2021)



- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]
- Notes:
- Asked of all respondents.
 - Includes “strongly agree” and “agree” responses.

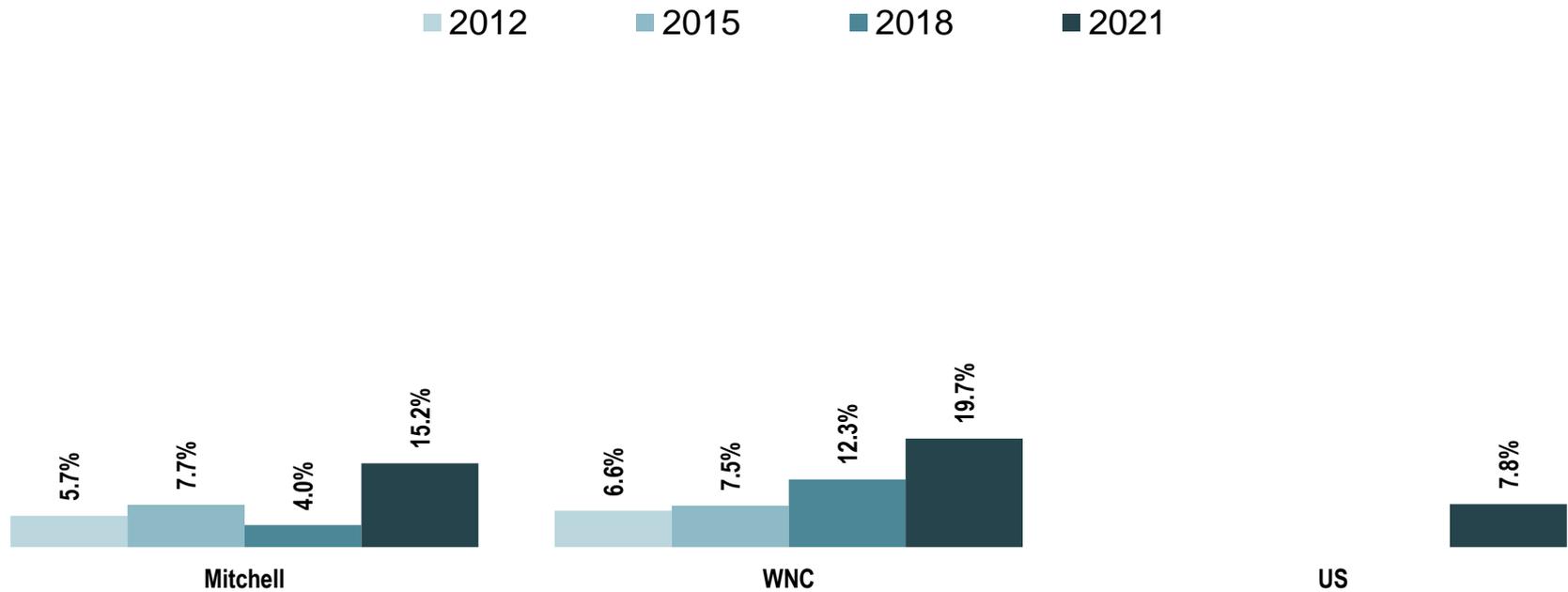
Currently Taking Medication or Receiving Treatment for Mental Health

(Western North Carolina, 2021; By County)



- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]
 - PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Did Not Get Mental Health Care or Counseling That Was Needed in the Past Year (By County)

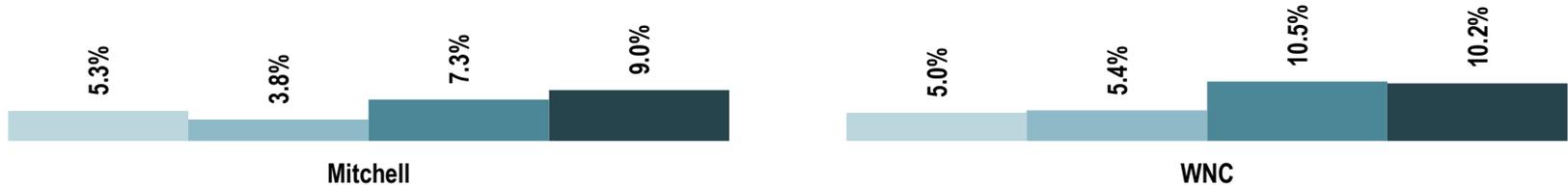


- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
 - PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Dissatisfied with Life

("Dissatisfied" and "Very Dissatisfied" Responses; By County)

■ 2012 ■ 2015 ■ 2018 ■ 2021



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
Notes: ● Asked of all respondents.

CHRONIC CONDITIONS

Cardiovascular Risk

Prevalence of Heart Disease (By County)

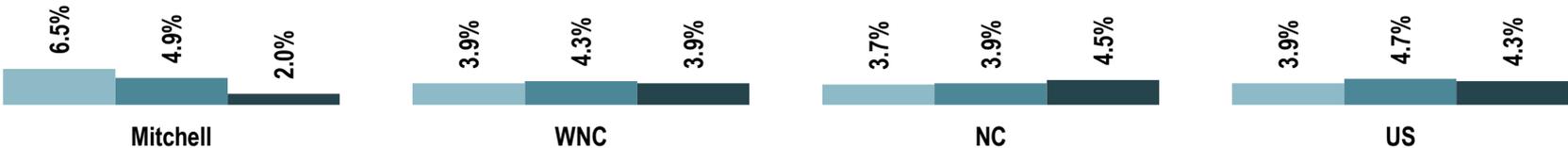
■ 2015 ■ 2018 ■ 2021



- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 10]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
 - PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Prevalence of Stroke (By County)

■ 2015 ■ 2018 ■ 2021



Sources:

- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 11]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health Survey, Professional Research Consultants, Inc.

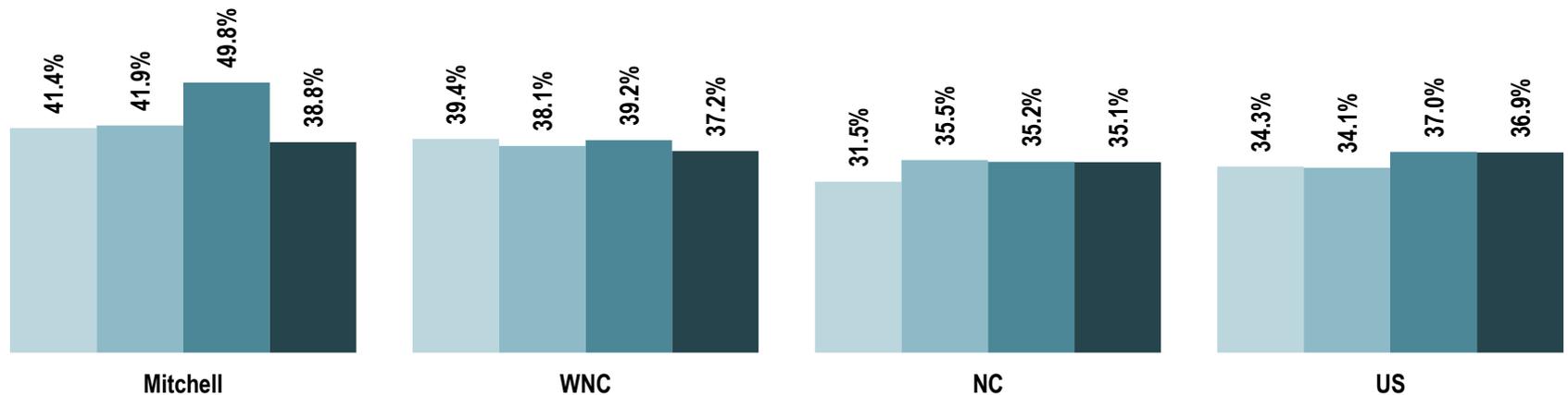
Notes:

- Asked of all respondents.

Prevalence of High Blood Pressure (By County)

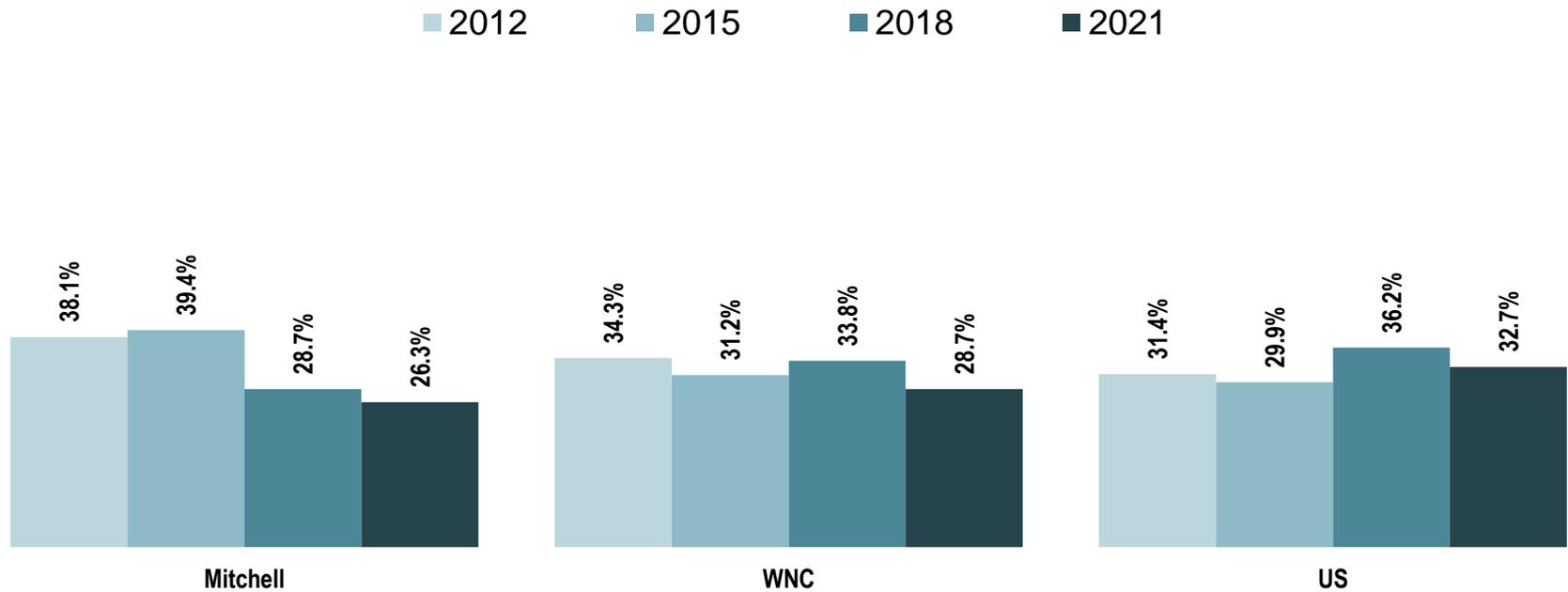
Healthy People 2030 Target = 27.7% or Lower

2012 2015 2018 2021



- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
 - PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2030. <http://www.healthypeople.gov>.
- Notes:
- Asked of all respondents.

Prevalence of High Blood Cholesterol (By County)

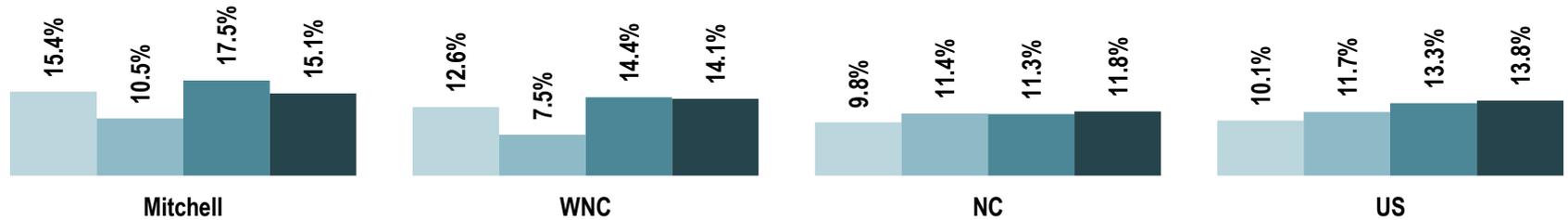


- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
 - PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Diabetes

Prevalence of Diabetes (By County)

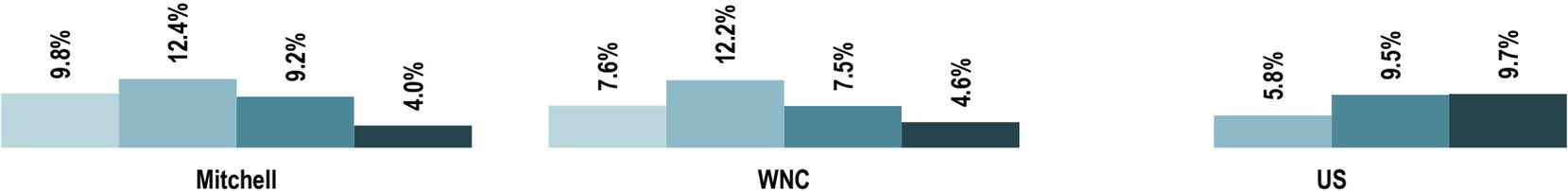
2012 2015 2018 2021



- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
 - PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Prevalence of Borderline or Pre-Diabetes (By County)

2012 2015 2018 2021

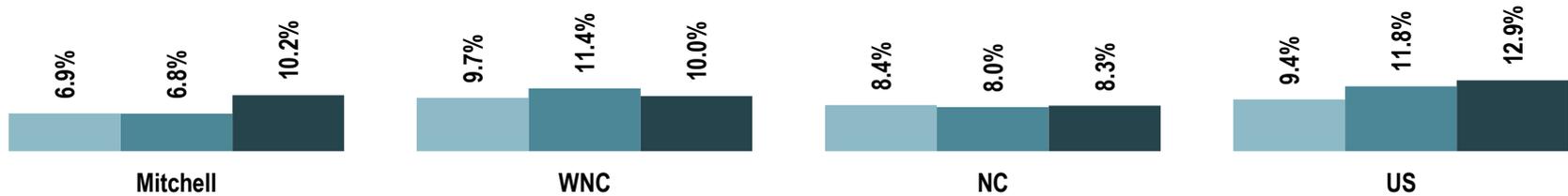


Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]
● PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Respiratory Conditions

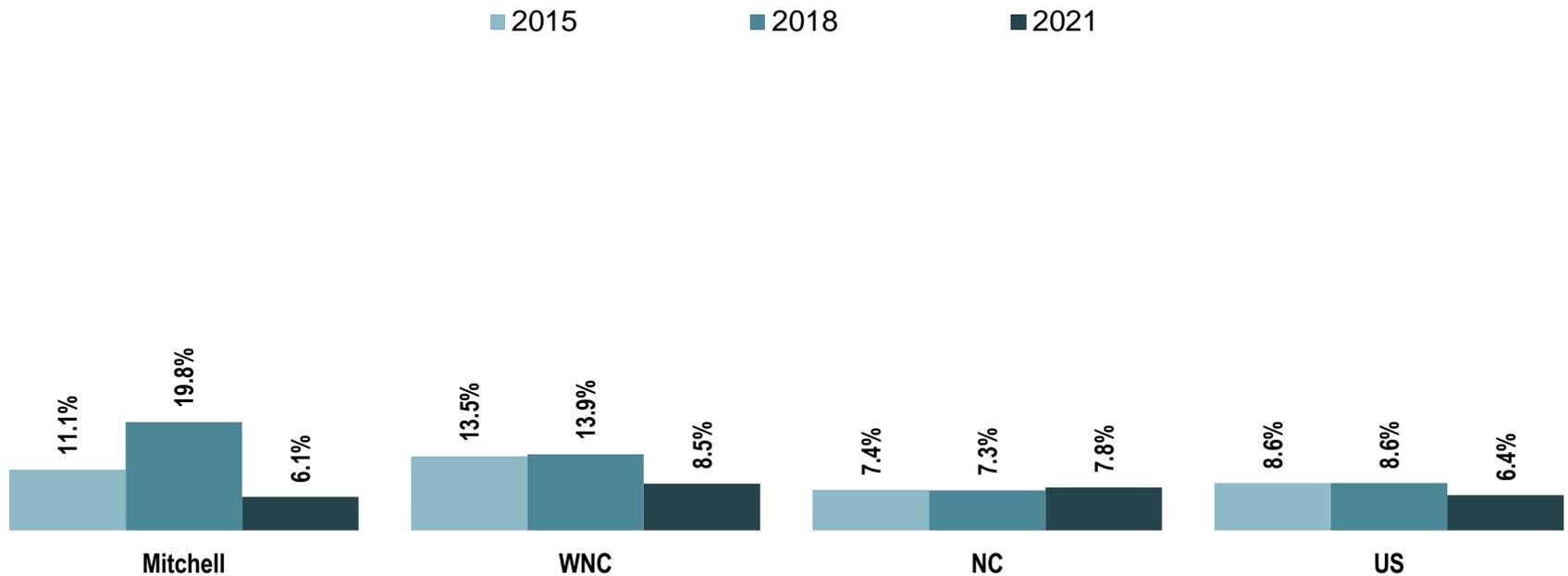
Prevalence of Asthma (By County)

■ 2015 ■ 2018 ■ 2021



- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 83]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
 - PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD) (By County)



- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 9]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
 - PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

COVID-19

Lost a Job During the Pandemic

(Western North Carolina, 2021; By County)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
Notes: ● Asked of all respondents.

Lost Work Hours or Wages During the Pandemic

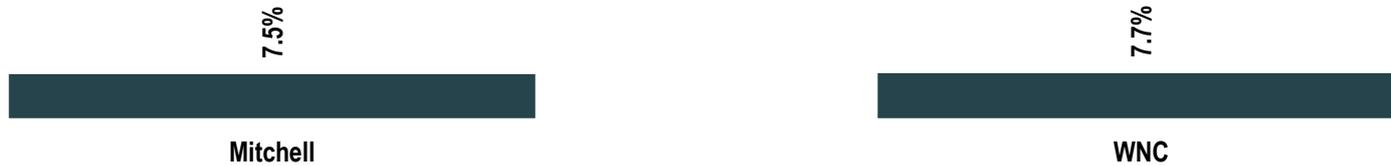
(Western North Carolina, 2021; By County)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
Notes: ● Asked of all respondents.

Lost Health Insurance Coverage During the Pandemic

(Western North Carolina, 2021; By County)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 72]
Notes: ● Asked of all respondents.

Chose to Go Without Needed Health Care During the Pandemic

(Western North Carolina, 2021; By County)

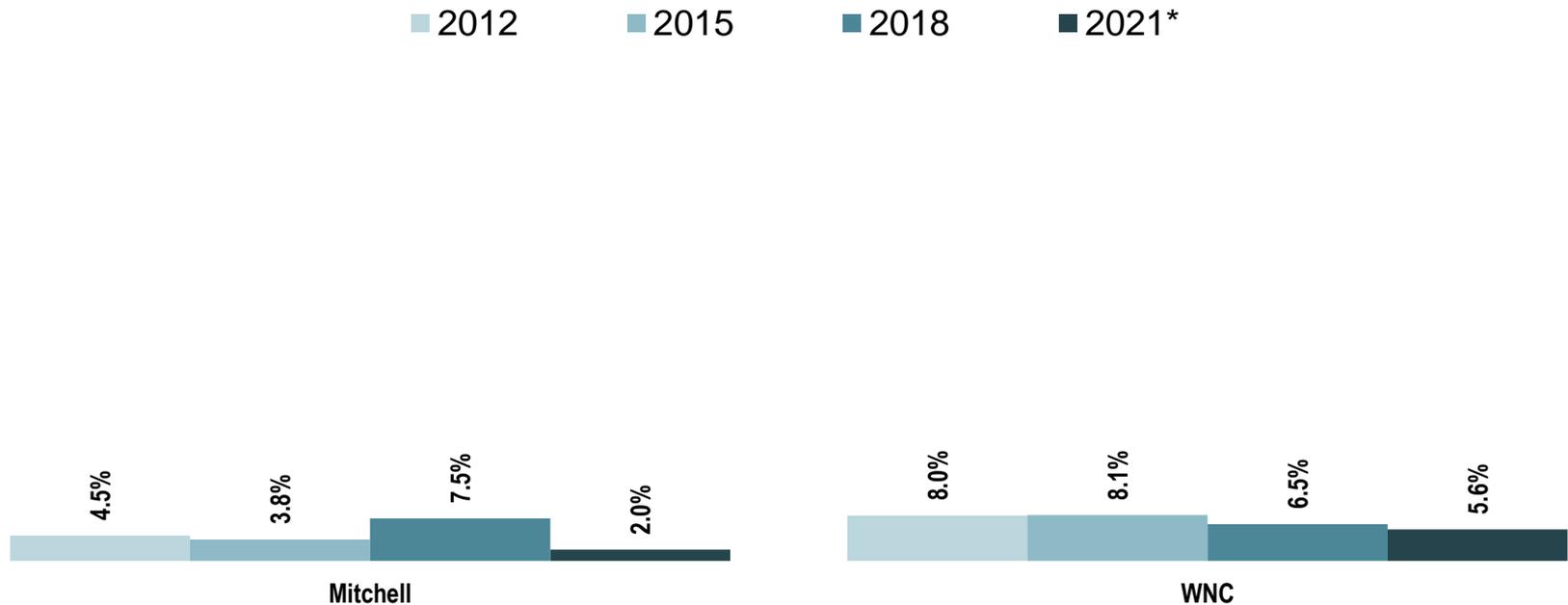


Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 73]
Notes: ● Asked of all respondents.

MODIFIABLE HEALTH RISKS

Nutrition

Consume Five or More Servings of Fruits/Vegetables Per Day (By County)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]

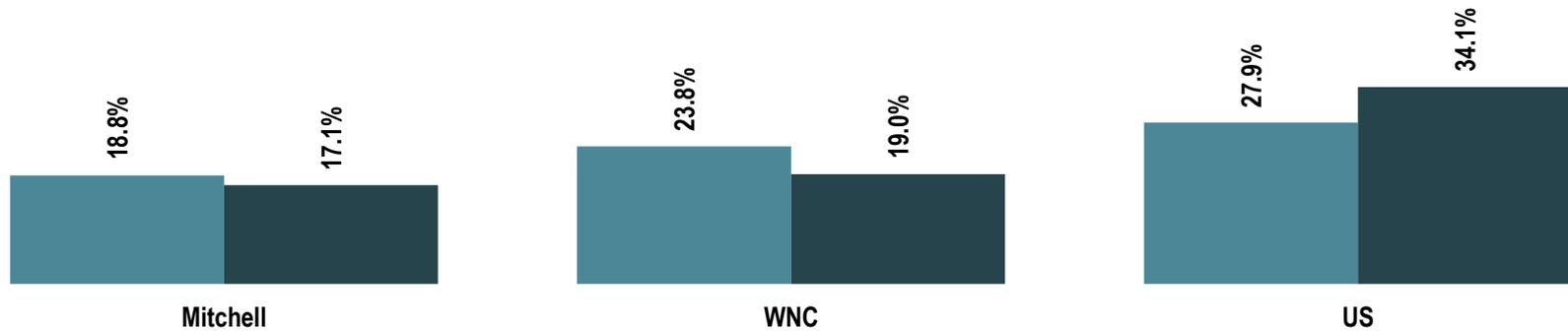
Notes: ● Asked of all respondents.

● For this issue, respondents were asked to recall their food intake during the previous week.

*Reflects 1-cup servings of fruits and/or vegetables in the past week, excluding potatoes; note that the previous WNC surveys also excluded lettuce salads.

Food Insecurity (By County, 2021)

■ 2018 ■ 2021

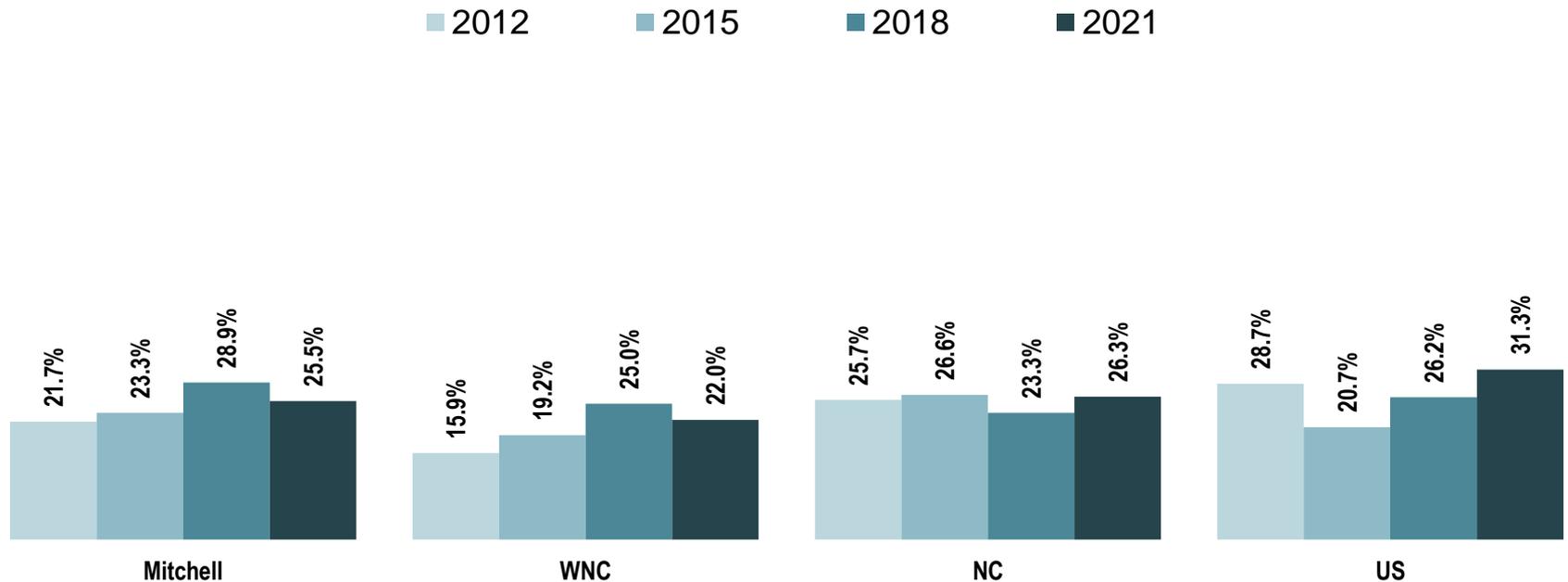


- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 76]
 - PRC National Health Survey, Professional Research Consultants, Inc.

- Notes:
- Asked of all respondents.
 - Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Physical Activity & Fitness

No Leisure-Time Physical Activity in the Past Month (By County)

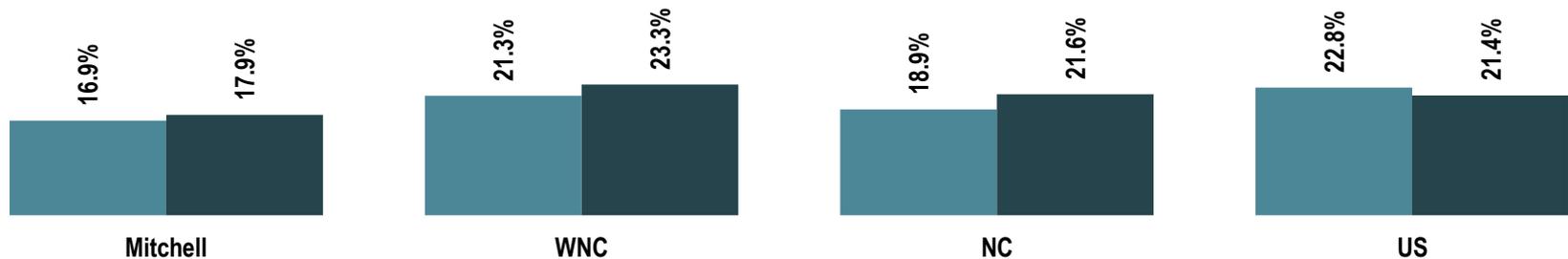


- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
 - PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Meets Physical Activity Recommendations (By County, 2021)

Healthy People 2030 Target = 28.4% or Higher

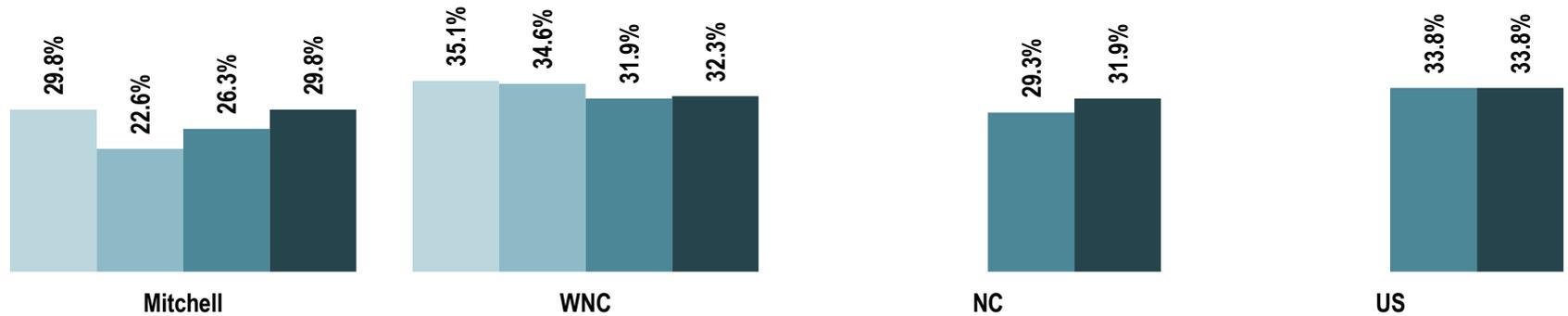
■ 2018 ■ 2021



- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
 - PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2030. <http://www.healthypeople.gov>.
- Notes:
- Asked of all respondents.

Strengthening Physical Activity (By County)

2012 2015 2018 2021



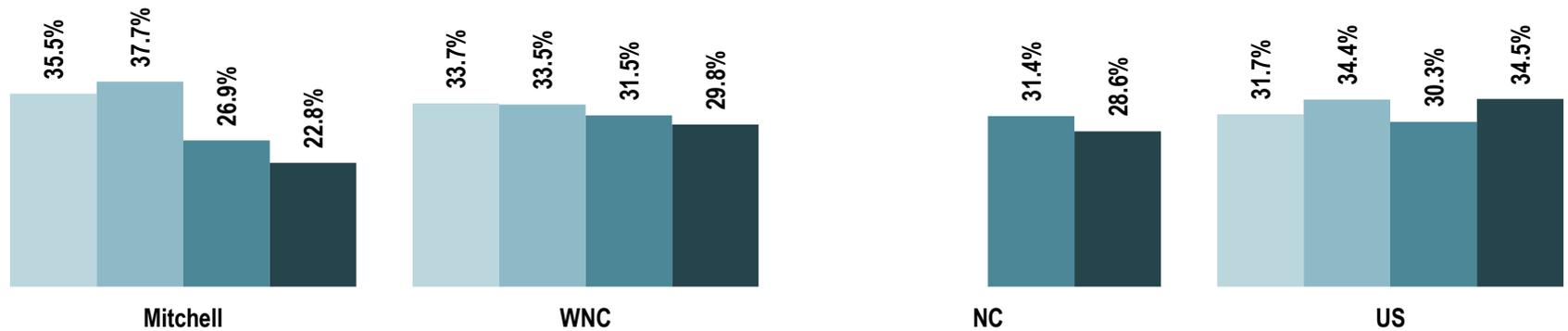
- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
 - PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Takes part in physical activities or exercises that strengthen muscles at least 2 times per week.

Body Weight

Healthy Weight

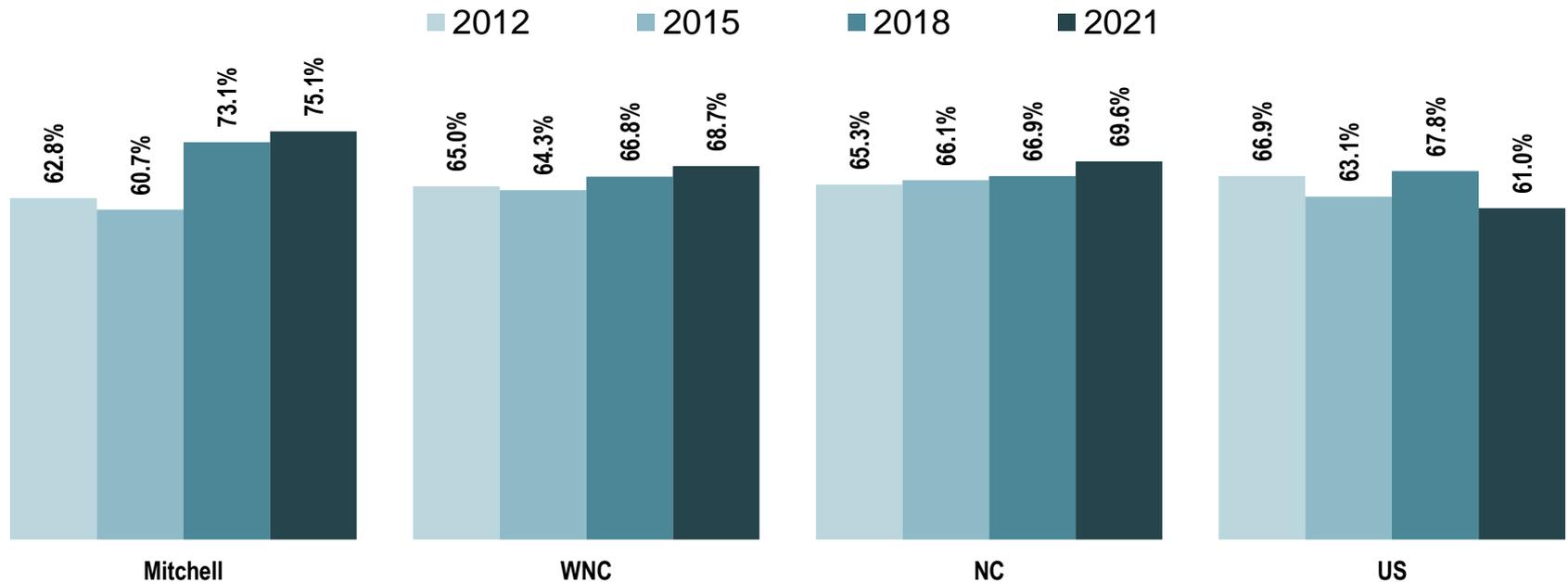
(Body Mass Index Between 18.5 and 24.9; By County)

2012 2015 2018 2021



- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
 - PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Based on reported heights and weights; asked of all respondents.
 - The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Total Overweight (Overweight or Obese) (Body Mass Index of 25.0 or Higher; By County)

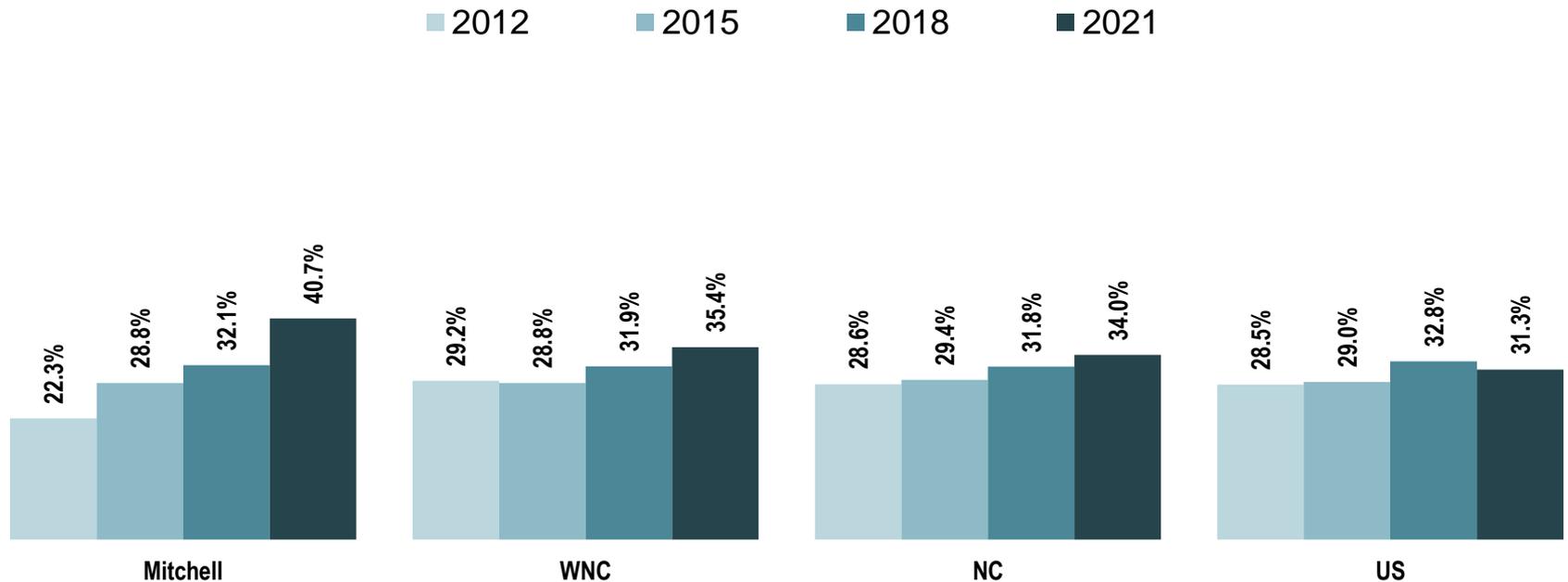


- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
 - PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Based on reported heights and weights; asked of all respondents.
 - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Obesity

(Body Mass Index of 30.0 or Higher; By County)

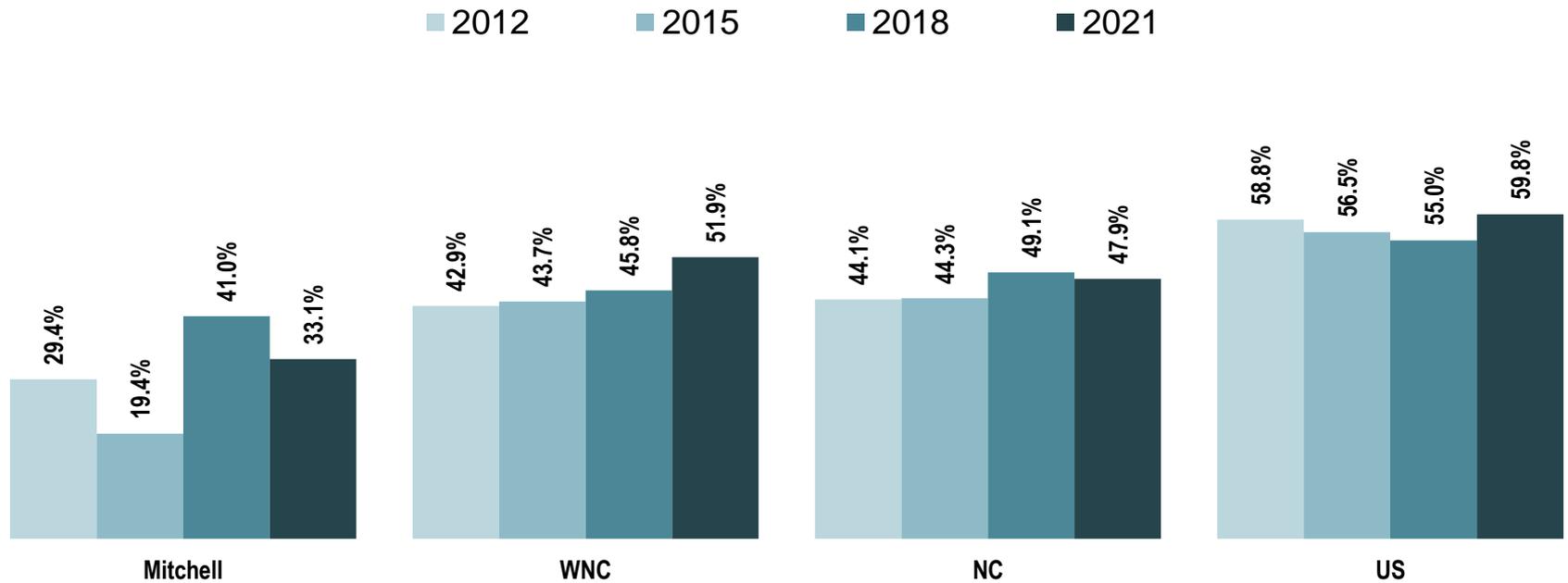
Healthy People 2030 Target = 36.0% or Lower



- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
 - PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2030. <http://www.healthypeople.gov>.
- Notes:
- Based on reported heights and weights; asked of all respondents.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Substance Abuse

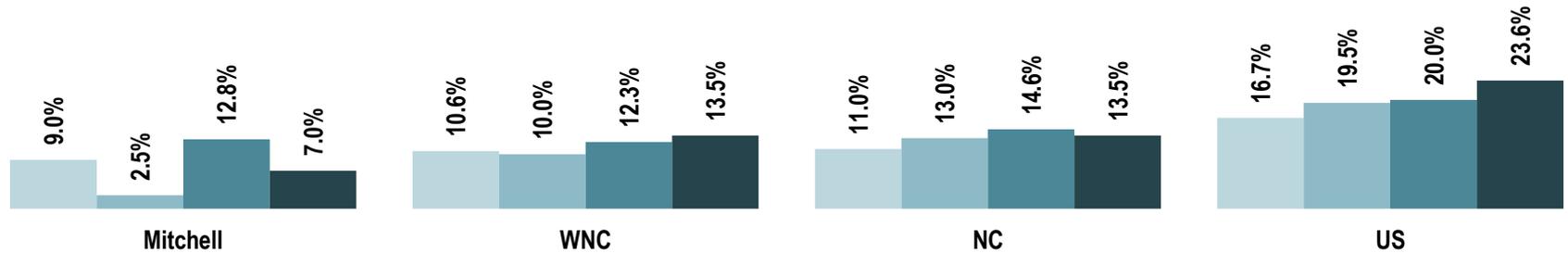
Current Drinkers (By County)



- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
 - PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Current drinkers had at least one alcoholic drink in the past month.

Binge Drinkers (By County)

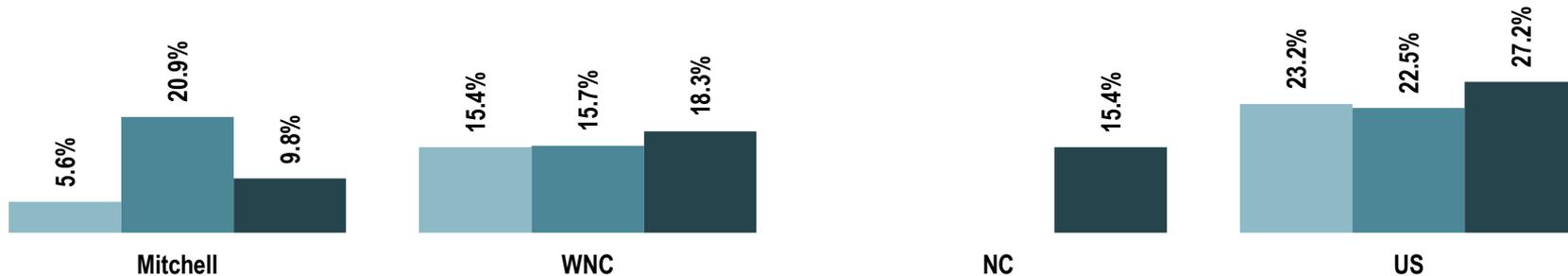
2012 2015 2018 2021



- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
 - PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- Notes:
- Asked of all respondents.
 - Binge drinkers are defined as men consuming 5+ alcoholic drinks on any one occasion in the past month or women consuming 4+ alcoholic drinks on any one occasion in the past month.
 - Previous survey data classified both men and women as binge drinkers if they had 5+ alcoholic drinks on one occasion in the past month.

Excessive Drinkers (By County)

■ 2015 ■ 2018 ■ 2021

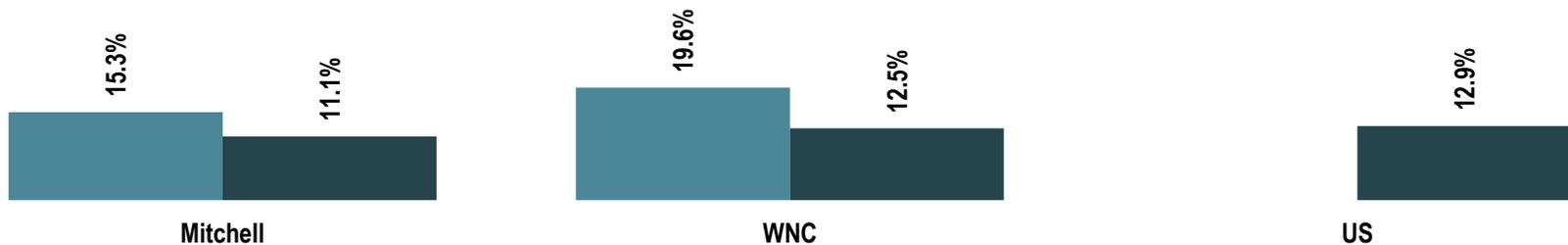


- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
 - PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.

- Notes:
- Asked of all respondents.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

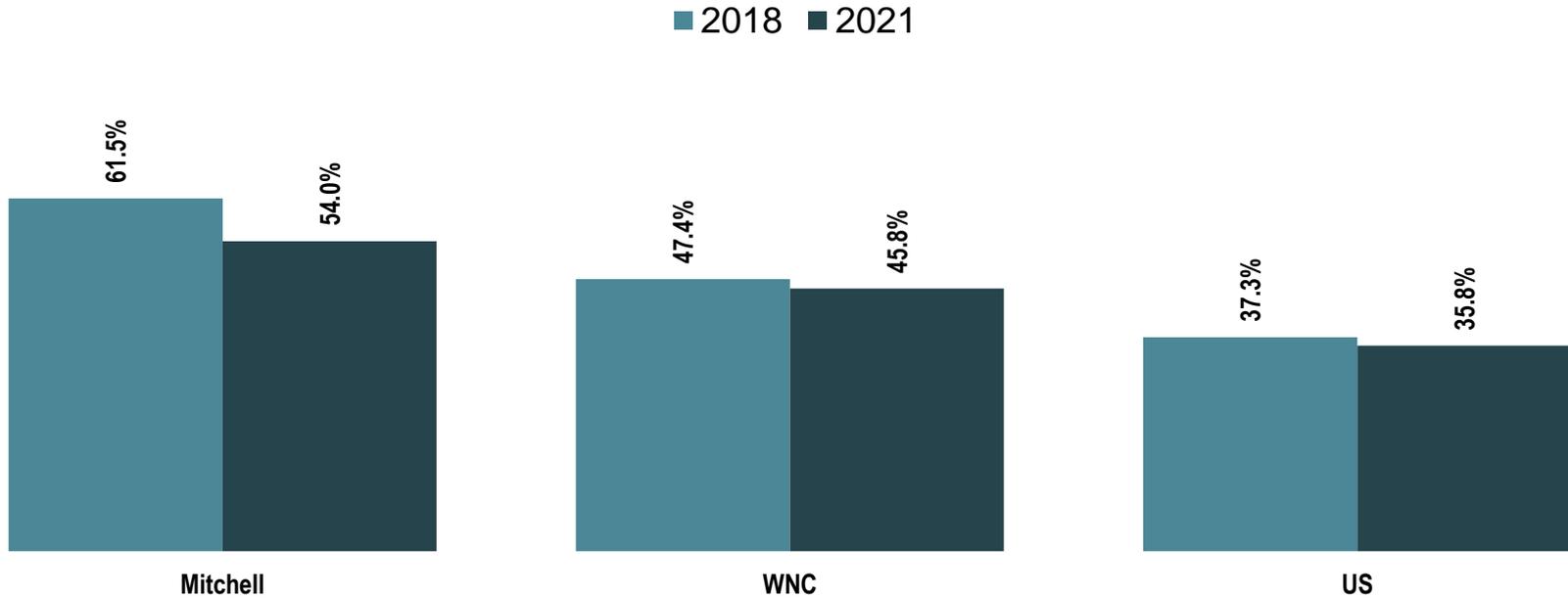
Used Prescription Opiates/Opioids in the Past Year, With or Without a Prescription (By County, 2021)

■ 2018 ■ 2021



- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 26]
 - PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (By County, 2021)



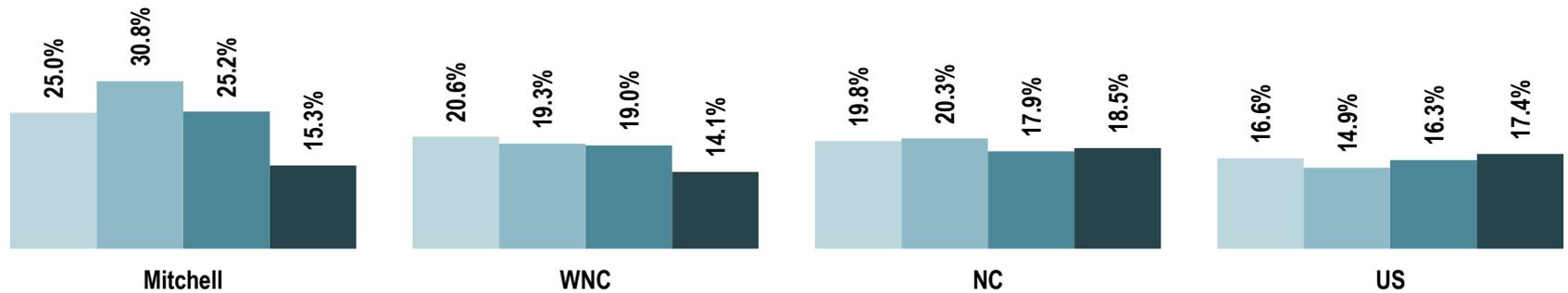
- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
 - PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Tobacco Use

Current Smokers (By County)

Healthy People 2030 Target = 5.0% or Lower

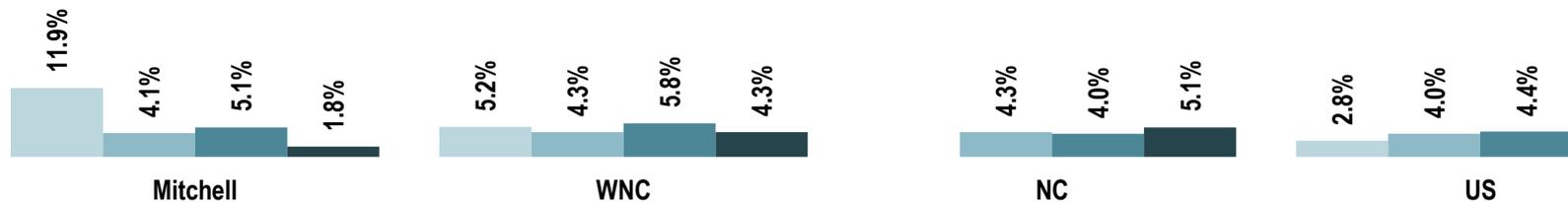
■ 2012 ■ 2015 ■ 2018 ■ 2021



- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
 - PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- Notes:
- US Department of Health and Human Services. Healthy People 2030. <http://www.healthypeople.gov>.
 - Asked of all respondents.
 - Includes regular and occasional smokers (everyday and some days).

Currently Use Smokeless Tobacco Products (By County)

2012 2015 2018 2021



- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 - PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.

- Notes:
- Asked of all respondents.
 - Includes regular and occasional smokers (everyday and some days).

Currently Use Vaping Products (Such as E-Cigarettes) (By County)

■ 2015 ■ 2018 ■ 2021



Sources:

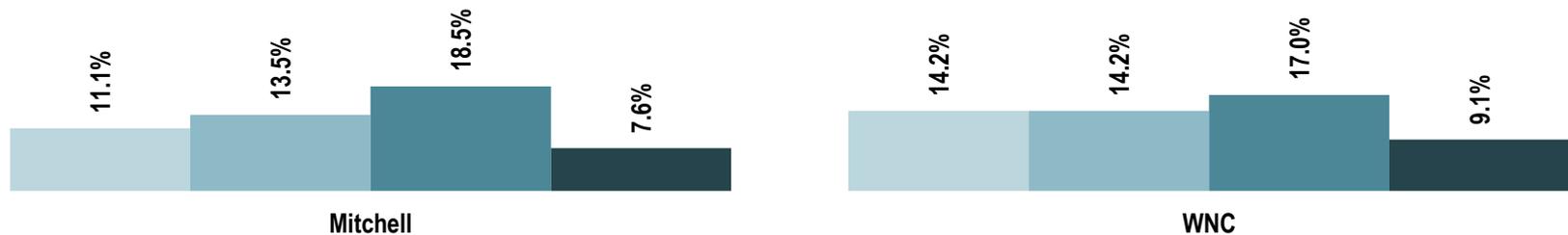
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
- PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.

Notes:

- Vaping products (such as electronic cigarettes or e-cigarettes) are battery-operated devices that simulate traditional cigarette smoking but do not involve the burning of tobacco. The cartridge or liquid “e-juice” used in these devices produces vapor and comes in a variety of flavors.
- Includes regular and occasional smokers (everyday and some days).

Have Breathed Someone Else's Smoke at Work in the Past Week (Employed Respondents; By County)

2012 2015 2018 2021



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
Notes: ● Asked of employed respondents.

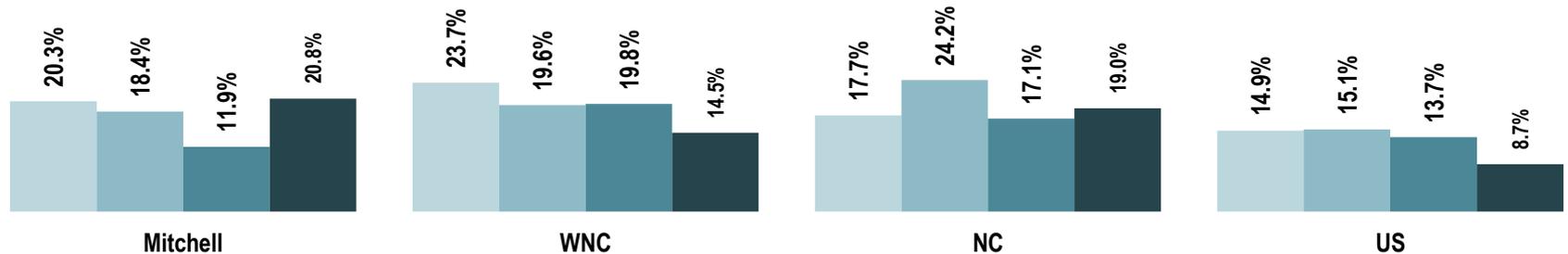
ACCESS TO HEALTH CARE

Health Insurance Coverage

Lack of Healthcare Insurance Coverage (Adults Age 18-64; By County)

Healthy People 2030 Target = 7.9% or Lower

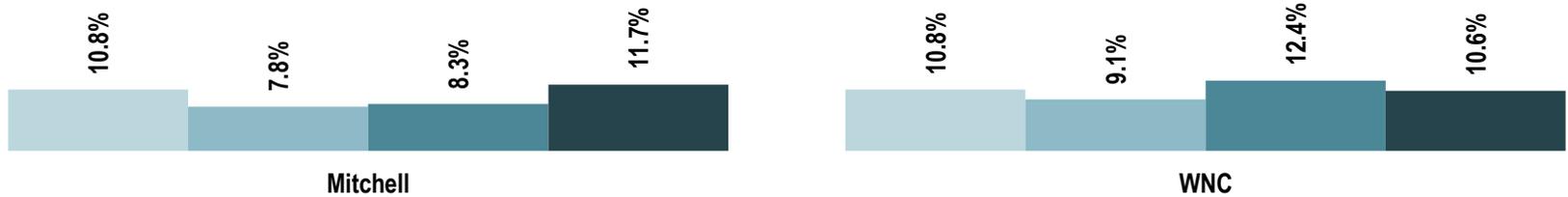
2012 2015 2018 2021



- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 - PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
 - US Department of Health and Human Services. Healthy People 2030. <http://www.healthypeople.gov>.
- Notes:
- Reflects all respondents under the age of 65.
 - Includes any type of insurance, such as traditional health insurance, prepaid plans such as HMOs, or government-sponsored coverage (e.g., Medicare, Medicaid, Indian Health Services, etc.).

Was Unable to Get Needed Medical Care at Some Point in the Past Year (Western North Carolina, 2021; By County)

■ 2012 ■ 2015 ■ 2018 ■ 2021



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]
Notes: ● Asked of all respondents.

Telemedicine

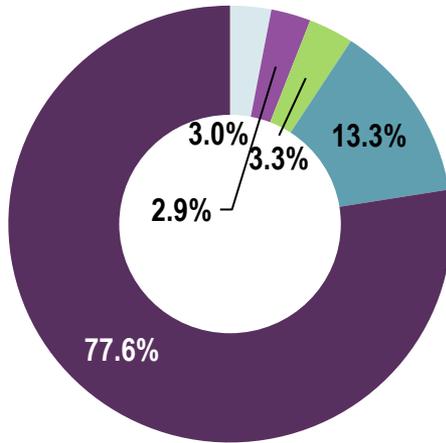
“Extremely/Very Likely” to Use Telemedicine for Future Routine Care (Western North Carolina, 2021; By County)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
Notes: ● Asked of all respondents.

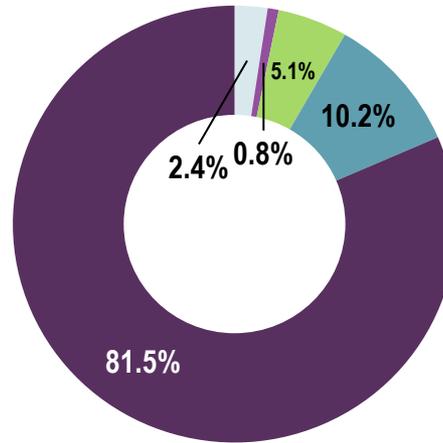
COUNTY-SPECIFIC QUESTIONS

Frequency of Difficulty Finding Transportation (By County, 2021)



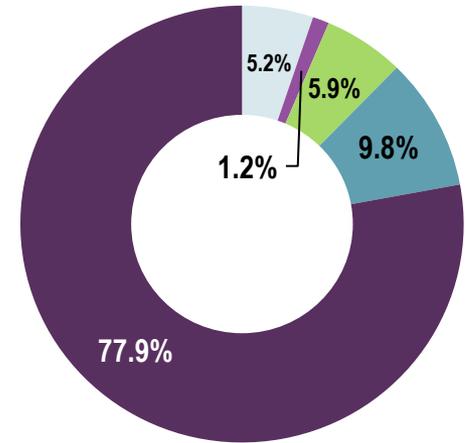
Always
Usually
Sometimes
Seldom
Never

Avery



Always
Usually
Sometimes
Seldom
Never

Mitchell



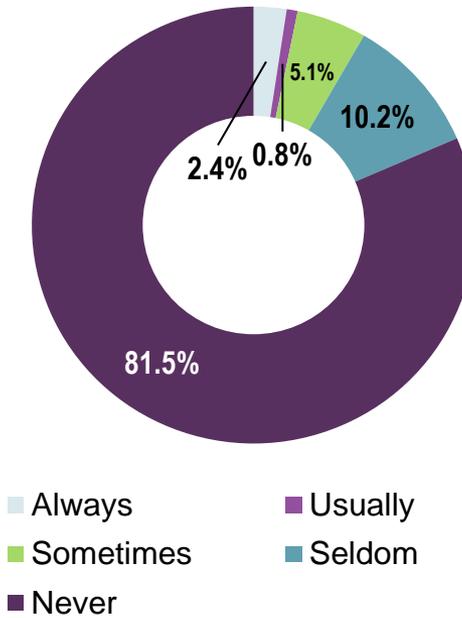
Always
Usually
Sometimes
Seldom
Never

Yancey

Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]

Notes: ● Asked of all respondents.

Frequency of Difficulty Finding Transportation (By County, 2021)

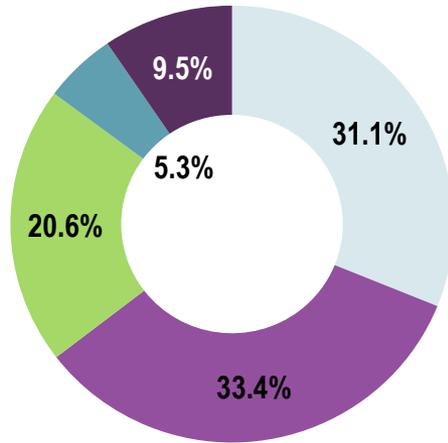


Mitchell

Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]

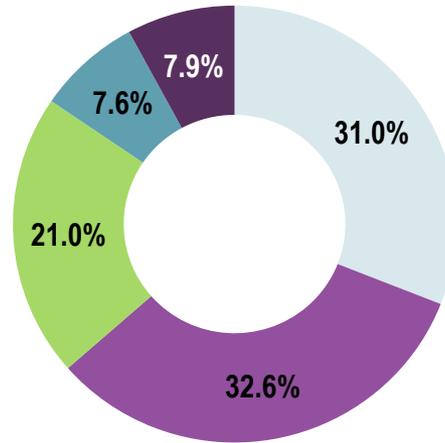
Notes: ● Asked of all respondents.

Strictness in Observing Recommendations During the Pandemic (Such as Social Distancing, Mask Wearing, Staying at Home) (By County, 2021)



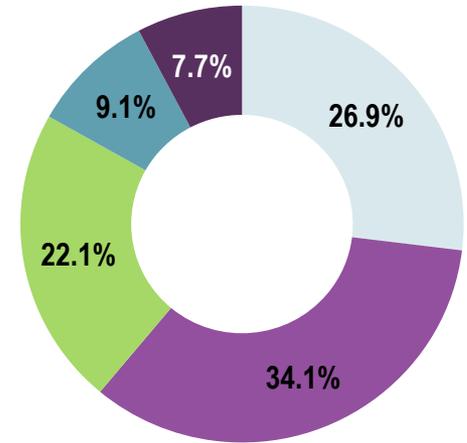
■ Extremely Strict ■ Very Strict
■ Somewhat Strict ■ Not Very Strict
■ Not At All

Avery



■ Extremely Strict ■ Very Strict
■ Somewhat Strict ■ Not Very Strict
■ Not At All

Mitchell



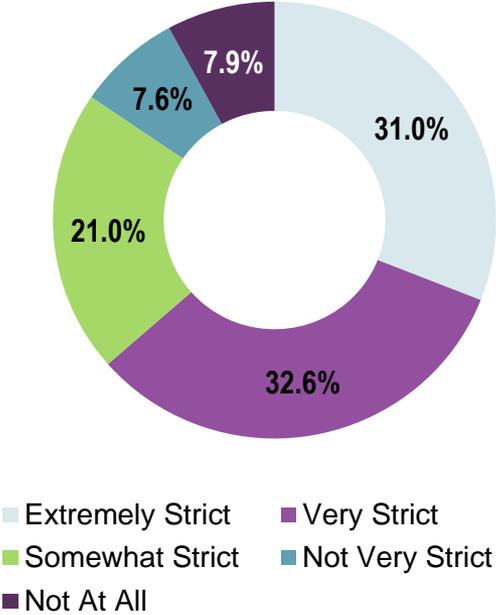
■ Extremely Strict ■ Very Strict
■ Somewhat Strict ■ Not Very Strict
■ Not At All

Yancey

Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]

Notes: ● Asked of all respondents.

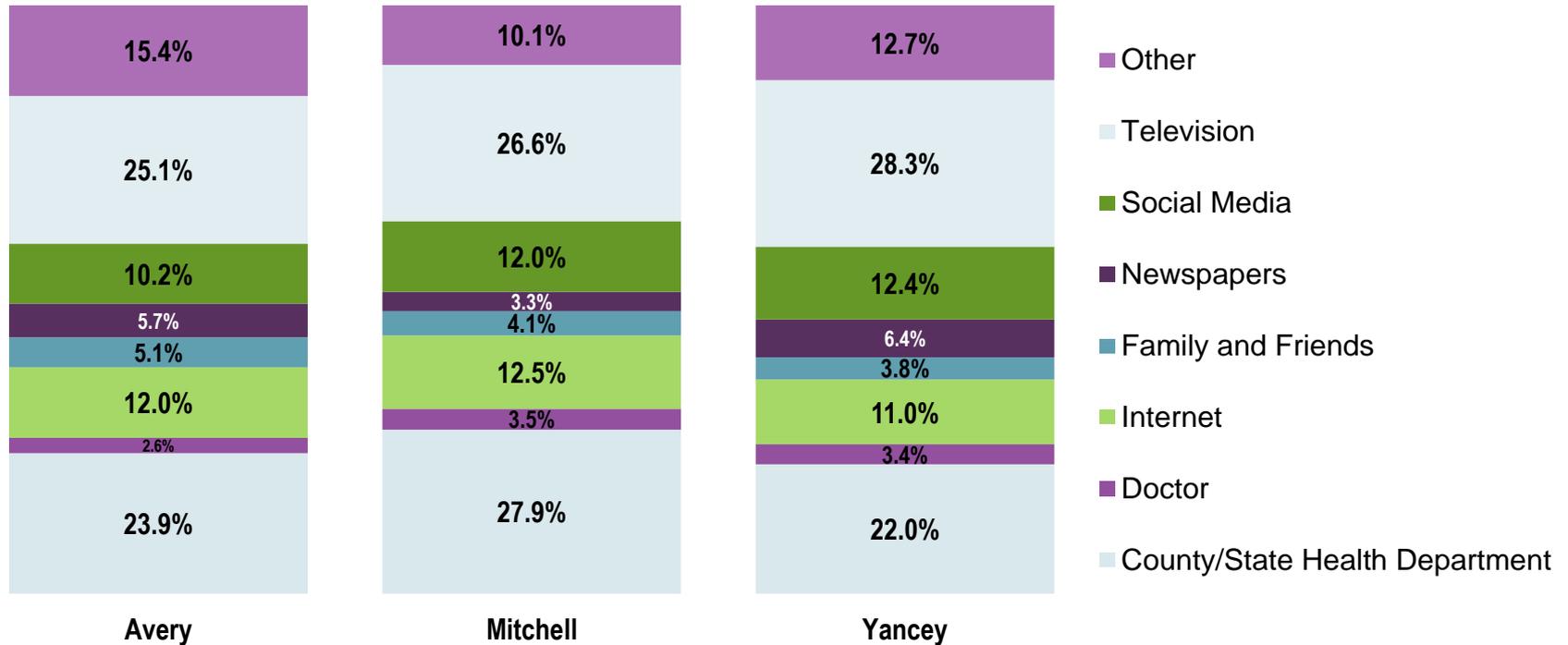
Strictness in Observing Recommendations During the Pandemic (Such as Social Distancing, Mask Wearing, Staying at Home) (By County, 2021)



Mitchell

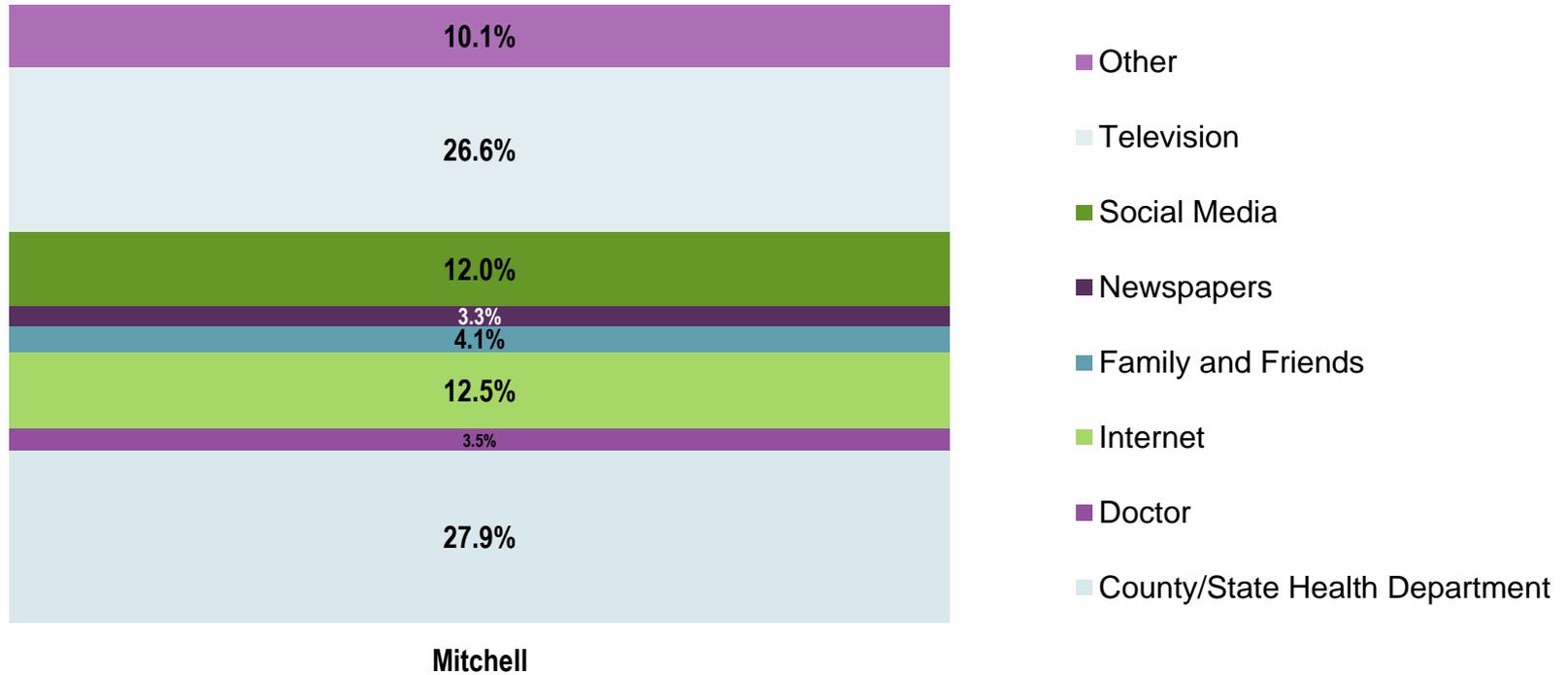
Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]
Notes: ● Asked of all respondents.

Main Source of Information About COVID-19 in the Area (By County; Western North Carolina, 2021)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 328]
 Notes: ● Asked of all respondents.

Main Source of Information About COVID-19 in the Area (By County; Western North Carolina, 2021)



Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 328]
 Notes: ● Asked of all respondents.



2021
**COMMUNITY HEALTH
NEEDS ASSESSMENT —
KEY INFORMANT FINDINGS**

Mitchell County, North Carolina

Sponsored by
WNC Health Network for

WNC **HEALTHY** IMPACT

TABLE OF CONTENTS

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INTRODUCTION

METHODOLOGY

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by WNC Healthy Impact; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders and representatives. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 9 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	0
Public Health Representatives	1
Other Health Providers	1
Social Services Providers	0
Other Community Leaders	7

Key informants who voluntarily named their organization during the survey included representatives from:

- [AMY Regional Library](#)
- [Guardian Ad Litem](#)
- [Intermountain Children Services](#)
- [Mitchell County Senior Center](#)
- [Mitchell County Transportation](#)
- [MY Healthy Families](#)
- [Partners Aligned Toward Health](#)
- [Toe River Health District](#)

In the online survey, key informants were asked to evaluate specific health issues, as well as provide their perceptions about quality of life and social determinants of health in their communities. For many of these, they were asked to evaluate both strengths and opportunities in these areas. Their perceptions, including verbatim comments, are included throughout this report.





QUALITY OF LIFE

PERCEPTIONS OF LOCAL QUALITY OF LIFE

Key Informant Perceptions of Community Resilience

In the Online Key informant Survey, community stakeholders were asked: *“Thinking over the past 12 months, what have you experienced in your community that has helped you feel inspired, confident, or hopeful related to the health and wellbeing of people in your community?”* The following represent their verbatim responses.

Community Response to COVID-19 Pandemic

The pandemic gave us all a chance to reflect on what really matters-- how we treat each other, how we work together, and how we reach out to those who are hurting, disenfranchised, or feeling disconnected-- and this community stepped up by taking care of their neighbors and reaching out with kindness and helpfulness. – Community Leader (Mitchell County)

The community really rallied to help each other out in the early days of COVID. Businesses and corporations were creative with their help and gave back to the community. – Social Services Provider (Mitchell County)

COVID-19 Testing/Vaccination Efforts

The vaccine clinics--it was inspiring to see volunteers come together to assist the public health department and others immunize our community. – Community Leader (Mitchell County)

Health Department Response to COVID-19 Pandemic

Health Department and Mountain Community Health Center and the outreach they do. – Community Leader (Mitchell County)

Action Groups/Collaboratives

The growth and expanded services of the Mountain Community Health Partnership. – Community Leader (Mitchell County)

Return to Normalcy

A return to more normal operations as a society. – Community Leader (Mitchell County)

Love the Community Closeups that the Search Committee is paying for on the local radio. Love the fact that people in Mitchell County are getting vaccinated. Jobs are coming into the county. – Community Leader (Mitchell County)

Diligence in Safety Measures

I have watched the small business in this county take appropriate health precautions and still try to serve the community even with different regulations. I have also seen the people in my community come together and support these businesses during this time. – Public Health Representative (Mitchell County)

Key Informant Perceptions of a “Healthy Community”

The following represent characteristics that key informants identified (in an open-ended question) when asked what they feel are the most important characteristics or qualities of a “healthy community” (up to three responses allowed).

FIRST MENTION

Access to Care/Services

Access to quality healthcare. – Community Leader (Mitchell County)

Awareness/Education

A vibrant education system that reaches the community children and encourages them to get higher education, then return to our community to impact it for the better. – Community Leader (Mitchell County)



Access to Affordable Healthy Food

Farmers market, free community gardens, great parks. – Community Leader (Mitchell County)

Community Connections/Support

People who look out for and act upon the best interests/health of each other. – Community Leader (Mitchell County)

Strong intact families, work ethic, and knowledge. – Community Leader (Mitchell County)

Serving community. – Public Health Representative (Mitchell County)

Community buy-in; a recognition and willingness to address real world issues that are taking place in their community. – Social Services Provider (Mitchell County)

Health & Wellness of Residents

Individuals who are concerned with wellness and make an effort to pursue good health with the availability of wellness coaches. – Community Leader (Mitchell County)

Diversity

Acceptance. – Community Leader (Mitchell County)

SECOND MENTION

Awareness/Education

Access to a good education. – Community Leader (Mitchell County)

Employment & Opportunity

Work ethic. – Community Leader (Mitchell County)

Community Connections/Support

Compassionate community. – Public Health Representative (Mitchell County)

Health & Wellbeing of Residents

No cigarette butts or tobacco spit in front of service stations and convenience stores. – Community Leader (Mitchell County)

Access to Affordable Healthy Food

Access to healthy foods, fresh produce, and whole foods. – Community Leader (Mitchell County)

Access to healthy affordable food, great parks, transportation. – Community Leader (Mitchell County)

Built Environment

Good activities such as outdoor activities, parks and recreation department and availability of gym. – Community Leader (Mitchell County)

Availability for physical activity. – Community Leader (Mitchell County)

Government

Strong government level leadership. – Social Services Provider (Mitchell County)

THIRD MENTION

Access to Care/Services

Plentiful doctors, dentists, hospital and other providers who are passionate about their patients, along with options to help those in financial need. – Community Leader (Mitchell County)

Awareness/Education

Education for the need to make healthier choices. – Community Leader (Mitchell County)

Knowledge. – Community Leader (Mitchell County)



Access to Affordable Healthy Food

Access to healthy affordable or free produce, great parks that are safe and transportation. – Community Leader (Mitchell County)

Community Connections/Support

A community that puts others needs before their needs. – Public Health Representative (Mitchell County)

Built Environment

Access to safe and free places to be physically active. – Community Leader (Mitchell County)

Health & Wellbeing of Residents

Mental health resources. – Community Leader (Mitchell County)

Safety

Reduced numbers of children taken into custody. Reduced numbers of women needing support from violence. – Community Leader (Mitchell County)



SOCIAL DETERMINANTS OF HEALTH

Key Informant Perceptions of Social Determinants of Health & Physical Environment

In the Online Key Informant Survey, community stakeholder respondents were asked to identify up to three social determinants of health about which they feel they have personal or professional insight, experience, or knowledge. For each of these, respondents were then asked to identify strengths and challenges for that issue, as well as populations they feel are most impacted.

Accessible & Affordable Healthy Foods

STRENGTHS

Access to Healthy Foods

It is hard to find support for affordable healthy foods. It is a lot more cost efficient to buy frozen meals and packaged snacks. The cost of healthy foods is sometimes double to cost of other foods. - Public Health Representative (Mitchell County)

Groceries continue to rise in cost and the food banks have helped tremendously, as has transportation to those food banks along with Meals on Wheels for the elderly homebound. - Community Leader (Mitchell County)

Cultural Norms

Cultural tradition of growing food. - Community Leader (Mitchell County)

CHALLENGES

Access to Affordable Healthy Food

I feel the fact that there is not really an affordable option for healthy foods gets in the way. When shopping healthy you almost always spend more on less items. I believe that healthy food is accessible, they are just costly. - Public Health Representative (Mitchell County)

Awareness/Education

Severe lack of education and knowledge about shopping, cooking, and eating healthy, fresh produce, and whole foods. Terrible, unhealthy food served in school cafeterias. Severe lack of access to healthy foods and fresh produce. - Community Leader (Mitchell County)

Pride

Stigma of asking for help, lack of adequate income, lack of how to grow food and preserve it. - Community Leader (Mitchell County)

POPULATIONS IMPACTED

Children

I feel like children are impacted because unhealthy foods are typically marketed towards children and when a child prefers the unhealthy food that is usually what they get to eat because it is often more convenient and cost efficient. - Public Health Representative (Mitchell County)

Older Adults

Older adults, many won't ask or feel like they are burdening their family members or have lost appetite and feel like they can go without food. - Community Leader (Mitchell County)

All Populations

All segments. - Community Leader (Mitchell County)



Adverse Childhood Experiences/Childhood Trauma

STRENGTHS

Community Partners

- Mountain Community Health Partnership, work of the Mitchell Yancey Substance Abuse Partnership, SEARCH. – Community Leader (Mitchell County)
- Behavioral health services through Mountain Community Health Partnership. – Community Leader (Mitchell County)
- Head Start for the children and families. Local Health Department Celebrate Recovery. – Community Leader (Mitchell County)
- The work of the Blue Ridge Partnership for Children. – Social Services Provider (Mitchell County)

Awareness/Education

- 1) Evidence-based resources and learning opportunities for parents and caregivers. 2) Access to education 3) resources and availability of programs for those with mental illness, substance abuse, or those who are victims of physical and/or sexual abuse – Community Leader (Mitchell County)

CHALLENGES

Awareness/Education

- Lack of mental health education about preventive care. – Community Leader (Mitchell County)
- Lack of education, lack of funds, and too many hoops to jump through for individuals who need access to care and resources immediately. Often there is a stigma within the community, generally due to lack of knowledge surrounding mental illness, associated with individuals looking for mental health resources. Often too, this stigma extends to the individual's immediate family or friend network. – Community Leader (Mitchell County)
- There is very little knowledge or acknowledgement that this is an issue, and very few organizations are openly talking about it and trying to address it. – Community Leader (Mitchell County)

Alcohol/Drug Use

- Addictions, poverty, ignorance. – Community Leader (Mitchell County)

Diagnosis/Treatment

- Mitchell County DSS does not work from a trauma lens perspective. ACE's is often dismissed as a real health issue. – Social Services Provider (Mitchell County)

POPULATIONS IMPACTED

Children

- Children and lack of understanding when they have faced trauma or just need mental health services. – Community Leader (Mitchell County)
- Children and families of trauma. – Social Services Provider (Mitchell County)
- Children up front, but the entire community when we have to live with the results. – Community Leader (Mitchell County)
- Children. – Community Leader (Mitchell County)

All Populations

- All segments. – Community Leader (Mitchell County)



Availability of Primary Care Providers, Specialists, Hospitals, or Other Places That Provide Healthcare Services

STRENGTHS

Community Partners

- Hospital is stable and has good nurses. Dental school and Bakersville Clinic works to meet needs in area. PCP's are not as plentiful. - Community Leader (Mitchell County)
- Mountain Community Health Partnership, SEARCH. - Community Leader (Mitchell County)

Local Providers

- Search local providers that care. Transportation services. - Community Leader (Mitchell County)

Affordable Care/Services

- MCHP clinics and their sliding pay scale, Mit. Co. Health Department. - Community Leader (Mitchell County)

Maternal and Infant Health

- Lack of labor and delivery. I know several women who have almost had their children in the car because of the long drive for care. The routine care being so far away makes for lost wages, extra expense, and unnecessary worry. Supports are Health Departments, Mountain Community Medical, Mitchell County Transportation, Local Senior Center, and Head Start - Community Leader (Yancey County)

CHALLENGES

Contributing Factors

- Addictions, poverty, ignorance. - Community Leader (Mitchell County)
- Turn over in professional staff. Lack of understanding of issues. Stigma with substance misuse. - Community Leader (Mitchell County)

Denial/Stigma

- Pride and then not knowing about programs and services that are available. Seems like the ones that need it the most, are the ones that do not qualify or do not know about programs or services. - Community Leader (Mitchell County)

Diagnosis/Treatment

- There are not a lot of good choices among PCP's. Since HCA bought Mission Healthcare the hospital is more likely to not treat people, non-emergency care, if they don't have the money for co-pay. It has shifted to a focus of money instead of patient care. - Community Leader (Mitchell County)

POPULATIONS IMPACTED

Low Income

- Lower to middle income, young people, young families. - Community Leader (Mitchell County)

Pregnant Women

- Impossible to focus on just one, the entire community is affected. - Community Leader (Mitchell County)
- Pregnant women due to lack of labor and delivery. - Community Leader (Mitchell County)

Working Class

- Working families. - Community Leader (Mitchell County)



Clean Air & Water

STRENGTHS

Community Partners

Toe River Valley Watch. – Community Leader (Mitchell County)

CHALLENGES

Awareness/Education

Ignorance, especially related to science and the environment. Lack of awareness, uncaring attitudes. – Community Leader (Mitchell County)

POPULATIONS IMPACTED

All Populations

Again, no one group, the entire community. – Community Leader (Mitchell County)

Education

STRENGTHS

School System

The schools we have and the good teachers in the system. – Community Leader (Mitchell County)

Lack of Resources

Funding. More resources and funding for programs and materials that meet the educational needs of the whole child, whole person. – Community Leader (Mitchell County)

CHALLENGES

Family/Social Status

Family dynamics, the roadblock COVID threw into the way education was delivered and the money it takes for college, university. – Community Leader (Mitchell County)

POPULATIONS IMPACTED

Children

Children, young adults, veterans, racial and ethnic groups. – Community Leader (Mitchell County)

All Populations

Lower to middle income children, adults. – Community Leader (Mitchell County)

Family & Social Support

STRENGTHS

Community Partners

Blue Ridge Healthy Families, Blue Ridge Partnership for Children, Pisgah legal services. – Social Services Provider (Mitchell County)



This is a small tight knit community with many great systems of support and services, so I believe the social support is there, but I do not always know about family. Every family is different, and each family prioritizes and values things differently. – Public Health Representative (Mitchell County)

Organizations, nonprofits, faith-based groups, and government agencies who have multiple options for programming and fun that benefit the entire family, child to grandparent. It is also highly beneficial if these organized groups have similar goals and long-range plans. – Community Leader (Mitchell County)

Religious Organizations

Faith groups. – Community Leader (Mitchell County)

Faith-Based Organizations

I think churches have provided a place for or have been that support for families. The senior center provides this for older people. – Community Leader (Mitchell County)

CHALLENGES

Contributing Factors

We have older people who do not have any kids here because they moved away for employment, or we have retirees who have moved here and their families live away...so I would say employment first, drugs is huge and breaks up families instead of supporting them, and mental health issues as the third. – Community Leader (Mitchell County)

Community stigma. – Social Services Provider (Mitchell County)

Family/Social Support

I believe not having someone to support you or hold you accountable would definitely get in the way. Not everyone has a great support system and that can leave you with a negative mind set. – Public Health Representative (Mitchell County)

Unhealthy social support networks. – Community Leader (Mitchell County)

Isolation

Lack of understanding, this year isolation. – Community Leader (Mitchell County)

POPULATIONS IMPACTED

Children

Children. – Social Services Provider (Mitchell County)

Elderly

Older adults and children especially during Covid. – Community Leader (Mitchell County)

All Populations

Veterans, older adults, children, ethnic groups. – Community Leader (Mitchell County)

Teens/Young Adults

I would say adolescent teens. Around here the high school very small and everybody know everybody. It is hard to not feel like you are being judged or that some is not waiting for you to fail. Once someone has an impression of you it is often hard to change. I believe teens often receive negative/harsh feedback from peers and even family members sometimes. – Public Health Representative (Mitchell County)

Substance Abusers

Children of addicts and then older people. – Community Leader (Mitchell County)



Income & Employment

STRENGTHS

Employment

We have a lot of available jobs currently. – Community Leader (Mitchell County)

Health Department

Health services. – Public Health Representative (Mitchell County)

CHALLENGES

Employment

Most of the jobs we have are low paying and there is no new development in our county to speak of. Young people move out and don't come back because of this. – Community Leader (Mitchell County)

Income/Poverty

Community members feelings they do not have the financial support to fund their wellbeing. – Public Health Representative (Mitchell County)

POPULATIONS IMPACTED

All Populations

Young people, lower educated adults. – Community Leader (Mitchell County)

Unemployed/Underemployed

Most of the population is considered the working class• and the average annual income for Mitchell county is not very much for I feel like for residents this is an issue. – Public Health Representative (Mitchell County)

Opportunities for Physical Activity

STRENGTHS

Built Environment

We only have two city walking trails. Lately people have said that they have quit using these walking trails because they did not feel safe. Level biking trails would be great to have and wider, safer trails for the elderly. – Community Leader (Mitchell County)

CHALLENGES

Funding

Funding. – Community Leader (Mitchell County)

POPULATIONS IMPACTED

Elderly

Elderly. – Community Leader (Mitchell County)



Public Transportation

STRENGTHS

Transportation Options

They are available to transport people to doctors, pharmacy, food bank, grocery. They can keep you connected to necessary services. – Community Leader (Mitchell County)

CHALLENGES

Transportation Time/Location/Accessibility

Schedules, or not wanting to share a ride, they aren't taxis. I think some still do not know what all our transportation agency does. – Community Leader (Mitchell County)

POPULATIONS IMPACTED

Elderly

They serve all these groups, but probable older or kids are most impacted. – Community Leader (Mitchell County)

Racism & Other Forms of Discrimination

CHALLENGES

Racism

There is rampant racism and bigotry pervasive in Mitchell County. No community leaders are openly talking about it, addressing it, or even acknowledging it. – Community Leader (Mitchell County)

POPULATIONS IMPACTED

People of Color

People of color and LGBTQ+. – Community Leader (Mitchell County)

Safe & Healthy Housing

STRENGTHS

Community Partners

Amy Wellness Foundation and other conversations about this need. – Social Services Provider (Mitchell County)

CHALLENGES

Funding

Lack of diversified funding to support this need. – Social Services Provider (Mitchell County)

POPULATIONS IMPACTED

Elderly

Older adults, children and young parents. – Social Services Provider (Mitchell County)



Uninsured/Underinsured

STRENGTHS

Affordable Care/Services

Sliding scale at Mountain Community Health Partnership, Mitchell County Health Department. – Community Leader (Mitchell County)

CHALLENGES

Affordable Care/Services

Not being able to afford to go to the doctor. HCA is not receptive to the people that fall through the cracks and do not have insurance or those that have high co-pays. If those with health issues need testing done, most do not have the needed tests any due to the cost. I know people that have lost their home or sold their home due to medical dept. – Community Leader (Mitchell County)

POPULATIONS IMPACTED

Working Class

Working families. – Community Leader (Mitchell County)





HEALTH ISSUES

KEY INFORMANT RATINGS OF HEALTH ISSUES

Key informants taking part in the Online Key Informant Survey were asked to rate each of 14 health issues; the following chart illustrates those most often identified as “major problems” in their own communities.

Mitchell County Key Informants: Relative Position of Health Topics as Problems in the Community

