

Yancey County Community Health Assessment

2021





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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Yancey 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 Healthy Yancey Health Partnership.

Partnerships

The Community Health Assessment team is comprised of many participants representing area agencies in Yancey County, North Carolina. A health department-led comprehensive Community Health Assessment (CHA) provides community insight into the health status of the county. Using surveys, focus groups, and interviews, community members, local government and business leaders, and health professionals came together to identify and prioritize health issues. Participating in the assessment process puts the county in a position to take the next steps in developing policy, environment, and system changes that support their concerns. Currently in Yancey 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 of Healthy Yancey 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

Yancey County's collaborative process is supported on a regional level by WNC Healthy Impact (WNCHI). Locally, our process is a community-wide and multi-faceted approach to completing the community health assessment and giving this information to the community.

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.

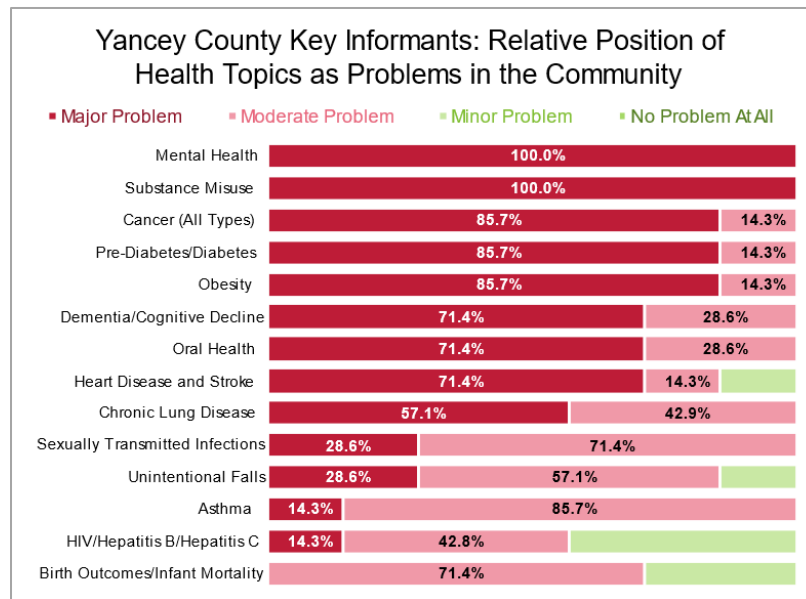
Phase 1 of the collaborative process began in January 2021 with the collection of community health data. For more details on this process see Chapter 1 – Community Health Assessment Process.

Key Findings

A community wide 75-questionnaire was conducted to give residents an opportunity to express concerns and opinions about the quality of life in Yancey 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 264 Yancey County surveys were analyzed: 200 via telephone interview and 64 via the publicly available weblink.

Some of the major findings that the Healthy Yancey Health Partnership discussed in the prioritization process included the increasing proportion of respondents with more than seven days of poor mental health in the past month. Nearly 11% of respondents have considered suicide in the past year and 28% were taking medication or receiving treatment for mental health. A growing percentage of respondents have been diagnosed with heart disease and more than 15% have been diagnosed with diabetes or borderline diabetes. Seventy percent of Yancey County respondents had calculated BMIs in the overweight or obese range. A decreasing proportion of respondents eat the recommended servings of fruits and vegetables, approximately 19% reported food insecurity, and 20% got no leisure-time physical activity in the last month. Approximately 45% of respondents were current drinkers, 15% engaged in binge drinking, and 19% were classified as excessive drinkers. Twenty percent of respondents reported using opioids in the past year, with or without a prescription and 43% said their life had been negatively impacted by the own, or someone else's, substance use.

In addition to secondary data and survey collection, seven (7) 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 Yancey County community. The graphic below 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 CHA 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, Healthy Yancey members identified the chief health concerns for the county.

Substance abuse/misuse/prevention
Mental Health
Food insecurity
Transportation
Equity/Spanish translation
Chronic disease prevention/healthy lifestyles
Community resilience
Domestic Violence

Housing
Economic opportunities
Aging/dementia/fall prevention
Adverse Childhood Experiences
Social Determinants of Health
Oral health
Cancer
Birth outcomes/infant mortality

Health Priorities

In November 2021, Healthy Yancey members along with 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 concerns be ranked. The results from the prioritization process were 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. **Behavioral Health:** Mental health, substance abuse, Adverse Childhood Experiences, domestic violence, and community resiliency
2. **Healthy Living Across the Lifespan:** Chronic disease prevention and management, healthy lifestyles, oral health, cancer, aging, dementia, fall prevention, and birth outcomes/infant mortality
3. **Food Insecurity and Access to Food**

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, Healthy Yancey meeting, Yancey 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. A key step in action planning will be to determine what is currently going on regarding the top health concerns, and what we would like to see going on regarding these health concerns.

The Healthy Yancey 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.

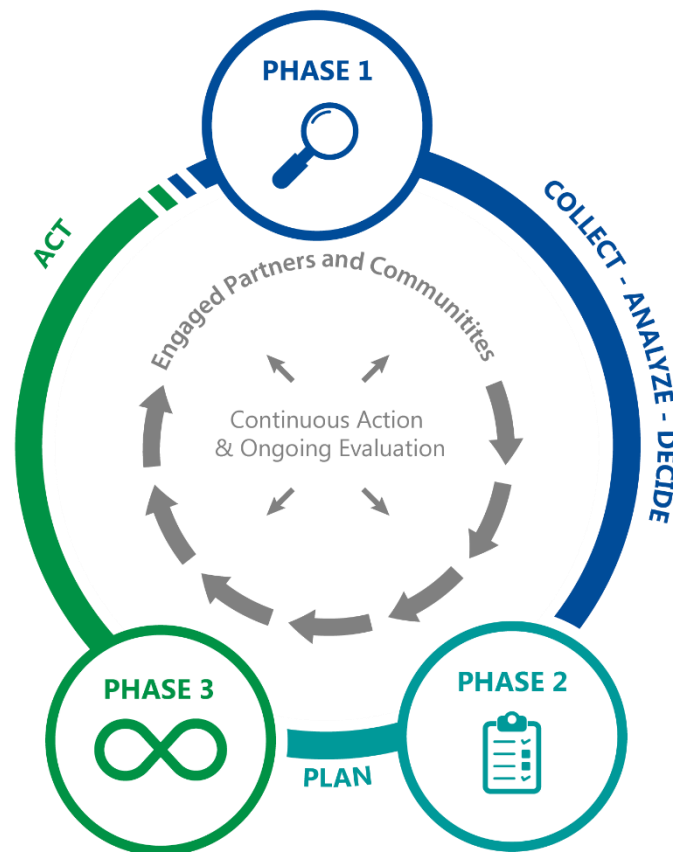
While much work has already been done to improve the health of our community's residents, more work is left to do to ensure that Yancey County is the healthiest place to live, learn, work, and play.

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

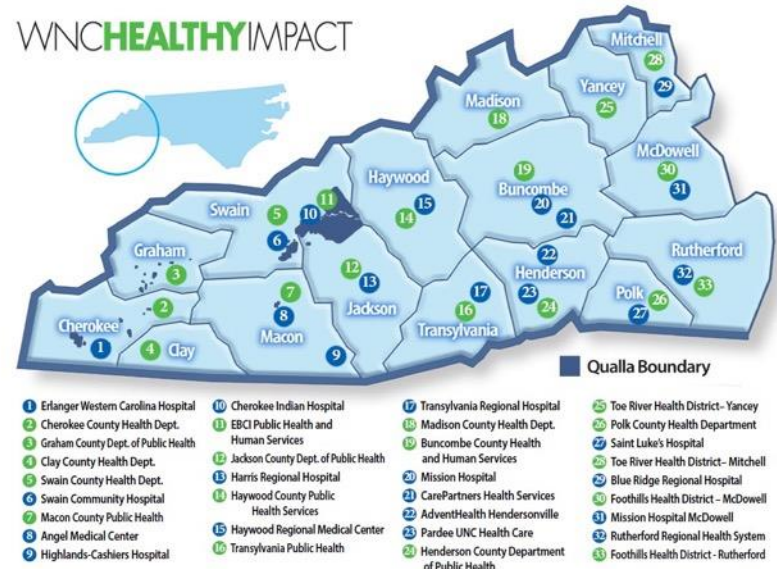
Community is defined as "county" for the purposes of the North Carolina Community Health Assessment Process. Yancey County is included in Blue Ridge Regional Hospital's community for the purposes of community health improvement, and as such they were key partners in this local level assessment.

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.wncn.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 reviewed as part of our community's health assessment came from regional core set of data and additional local data compiled and reviewed by our local CHA team. The core regional dataset includes secondary (existing) and primary (newly collected) data compiled to reflect a comprehensive look at health. The following data set elements and collection are supported by the CHA 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 using 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 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 ensure that 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, 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 differences in health outcomes, correlated variables, and access, particularly among medically underserved, low-income, and/or minority populations, and others experiencing health disparities.

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.

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 Yancey 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 Yancey County include residents living below poverty level, residents using WIC/FNS services, older adults, etc.

[Health Department Self-Assessment Instrument \(HDSAI\) Interpretation Document v.7.0](#)

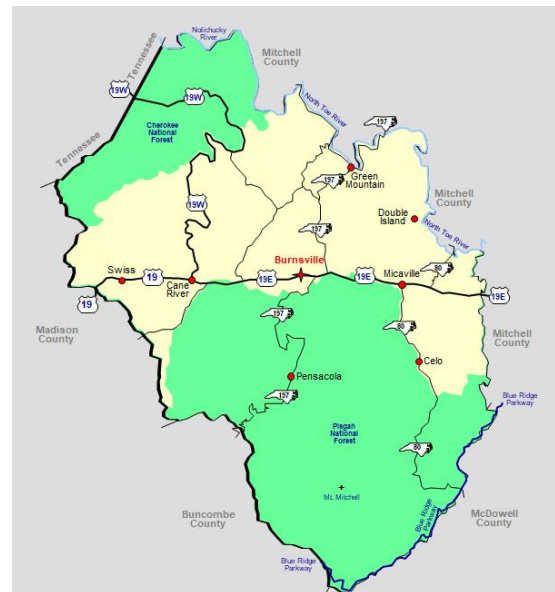
Chapter 2 – Yancey County

Location, Geography, and History of Yancey County

Yancey County is located in Western North Carolina, approximately 35 miles northeast of Asheville, North Carolina and 50 miles west of Johnson City, Tennessee. It has a population of 18,470 spread out across a land area of 313 square miles.

The Blue Ridge area of the Appalachian Highlands surrounds Yancey County. The Black Mountain Range crosses the southern end of the county and intersects with the Blue Ridge Range and the Unaka Range. Yancey County has the highest average elevation of any county in North Carolina; the county seat of Burnsville has an elevation of 2,815 feet above sea level. Mount Mitchell, the highest peak in North Carolina with an elevation of 6,684 feet, is located in the southern portion of the county.

Yancey County experiences average temperatures of 22 to 47 degrees in the winter and 80 degrees in the summer. The county receives an average annual rainfall of 84 inches and an average snowfall of 104 inches.



Source: www.carolana.com

Textile industries, a bedspring manufacturer and an asphalt plant operate in Yancey County. Agricultural products include tobacco, Christmas trees, ornamental shrubs, and beef cattle. As you drive through the back roads of Yancey County, you will find such quaint names as Bee Log, Hardscrabble, Pig Pen, Possum Trot and Rabbit Hop. Old mountain ways mingle with the new. With citizens firmly rooted in the past and growing toward the future, Yancey County offers a great way of life and is a wonderful place to live.

Prior to settlement by Scottish, English, and Scotch-Irish immigrants, the territory that became Yancey County was inhabited by the Cherokee. By the mid-18th century, settlers had crossed the Blue Ridge Mountains and made their homes in the Toe River Valley. In 1796 one of the early land speculators, John Gray Blount, bought more than 326,600 acres of land, a portion of which later became Yancey County. In December 1833, the North Carolina General Assembly established Yancey County from sections of Burke and Buncombe Counties.

The county was named in honor of one of North Carolina's most distinguished statesmen, Bartlett Yancey, of Caswell County. As a U.S. Congressman (1813–1817) and as speaker of the N.C. Senate (1817–1827), he was instrumental in the creation of an education fund that was the beginning of the N.C. Public School System. On March 6, 1834, "Yellow Jacket" John Bailey

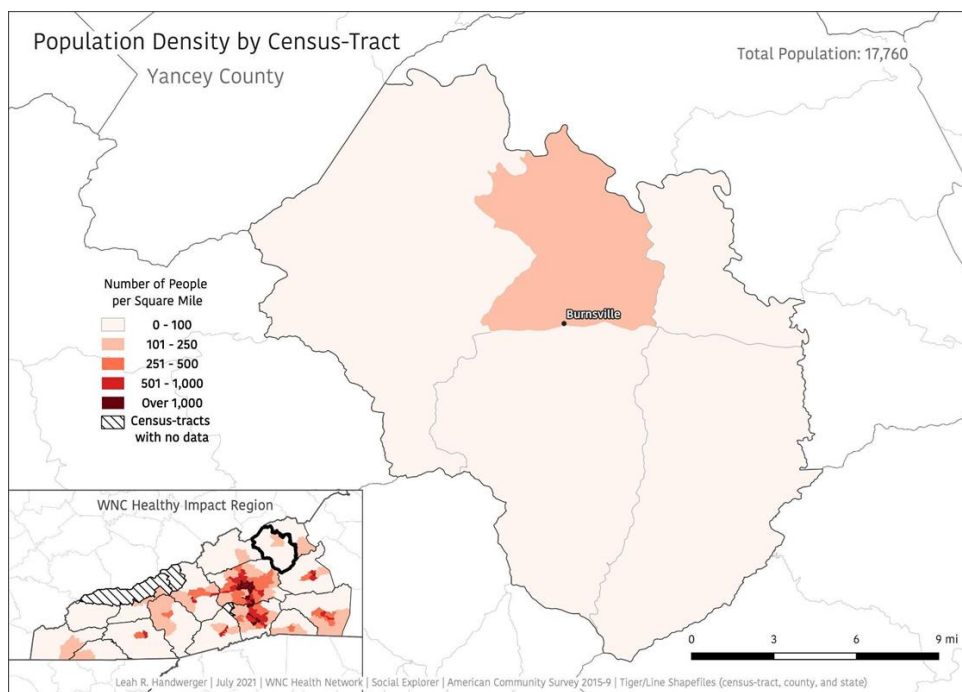
conveyed 100 acres of land for the county seat. The town was named Burnsville in honor of Captain Otway Burns, a naval hero in the War of 1812, who voted for the creation of the new western county when he was serving in the General Assembly. A statue of Captain Burns stands on a 40-ton Mount Airy granite pedestal in the center of the town's public square, which was given the official name of "Bailey Square" by the Yancey County Board of Commissioners on September 1, 1930. The statue of Captain Burns was given to the county on July 5, 1909, by Walter Francis Burns, a grandson of the sea captain.

Population

The 2020 Decennial Census counted 18,470 residents of Yancey County, higher than the 2019 American Community Survey (ACS) population estimate of 17,760. Like most locations across the WNC Region, Yancey County is home to a slightly higher proportion of females than males.

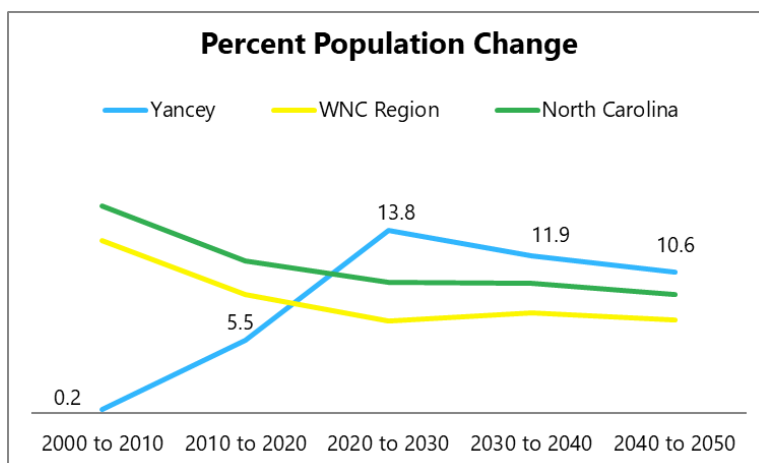
Population Distribution	Total Population	% Male	% Female	Median Age
Yancey County	17,760	49.0	51.0	47.6
WNC Region	792,708	48.4	51.6	46.8
North Carolina	10,264,876	48.7	51.3	38.7

The Yancey County population is concentrated in the northern portion of the county, with the highest population density occurring around the county seat of Burnsville.

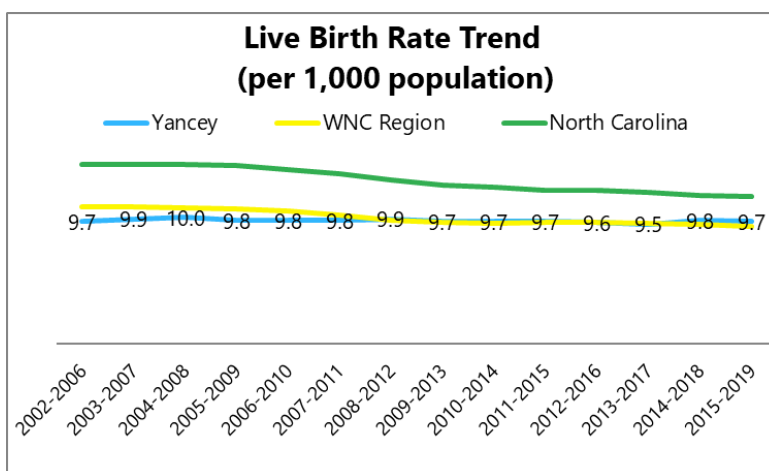


Population Change

According to estimates from the NC Office of State Budget and Management, Yancey County is projected to see a higher rate of population growth compared to the WNC Region or NC between 2020 and 2050. While the population growth is expected to slow in the coming decades, by 2050 the county population could approach 26,500.



The birth rate in Yancey County has not changed significantly in many years; between 2015 and 2019, an average of 172 people were born each year in the county. Geographic mobility data indicates that 4.7% of the population moved to Yancey County from another county, state, or country in 2019 (NC SCHS, Vital Statistics, 2021).

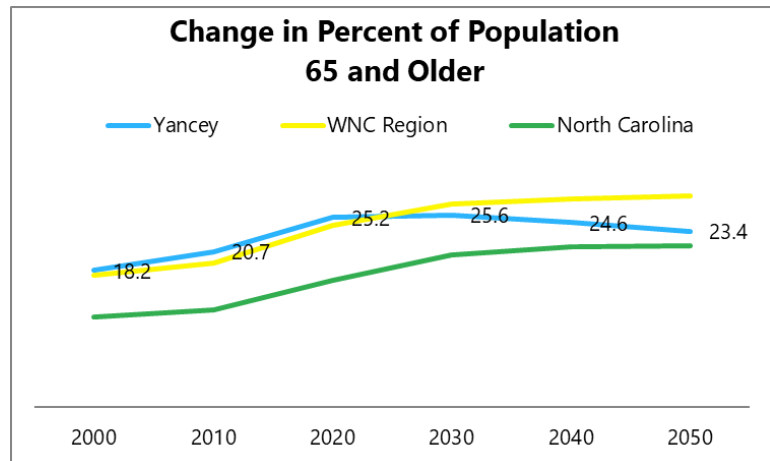


Age

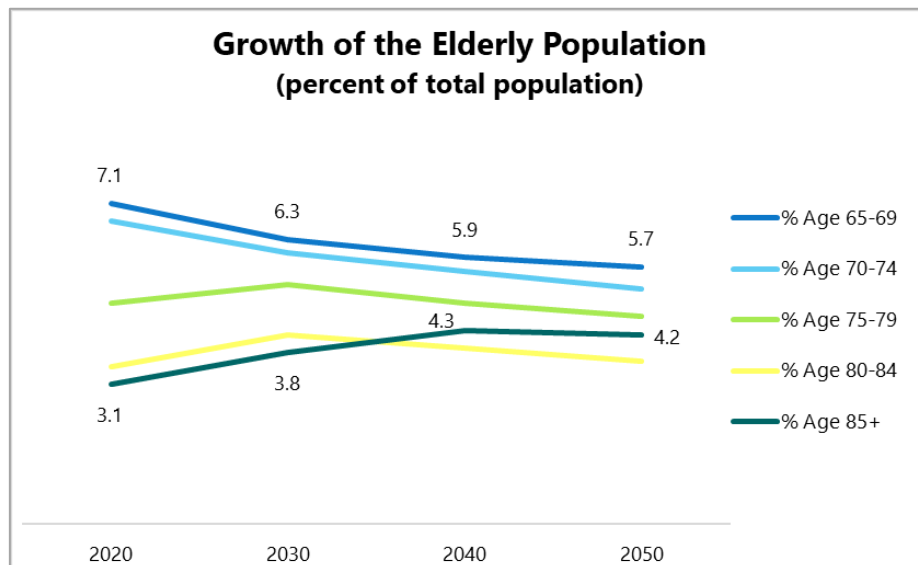
The median age of Yancey County's residents was 47.6 in 2019, 9 years older than the NC median age of 38.7 and one year older than the WNC Region as a whole (46.8). Compared to both NC and WNC regional average, Yancey County is home a higher proportion of seniors: 25% of the county was age 65 or older in 2019. There are several hundred more elderly women than elderly men in Yancey County (Census Bureau, ACS, 2021).

Age Distribution	Age Under 5	Age 5-19	Age 20-64	Age 65 & older
Yancey County	4.3%	16.0%	54.4%	25.3%
WNC Region	4.8%	16.4%	56.1%	22.8%
North Carolina	5.9%	19.3%	59.0%	15.9%

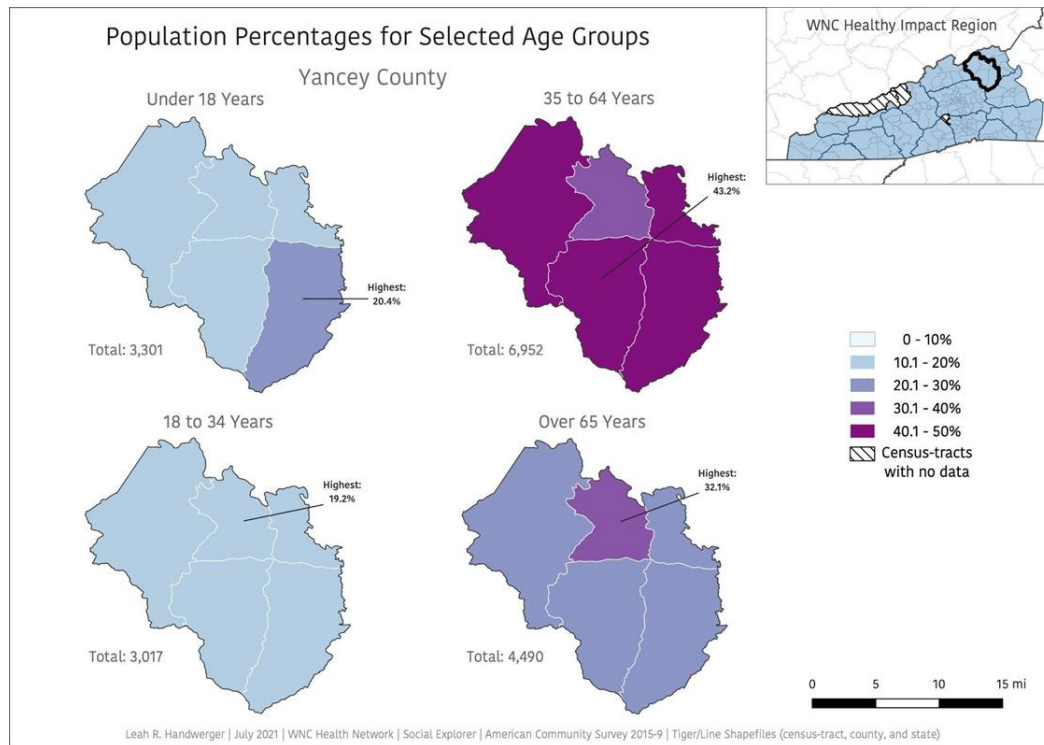
Unlike the projections for NC and the WNC Region as a whole, the **proportion** of the population over the age of 65 in Yancey County is projected to decrease slightly between 2020 and 2050. While the proportion of the population is projected to decrease, the **number** of seniors is expected to increase, from 4,771 individuals representing 25.2% of the population to 6,192 residents comprising 23.4% of the total population .



Seniors will remain a critical component the population, particularly as the proportion of the Yancey County population in the **oldest** age group is expected to double from an estimated 583 individuals in 2020 to a projected 1,119 individuals 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 Yancey County appears to be in around the Burnsville area in the northern segment of the county, where 32% of the population is elderly.

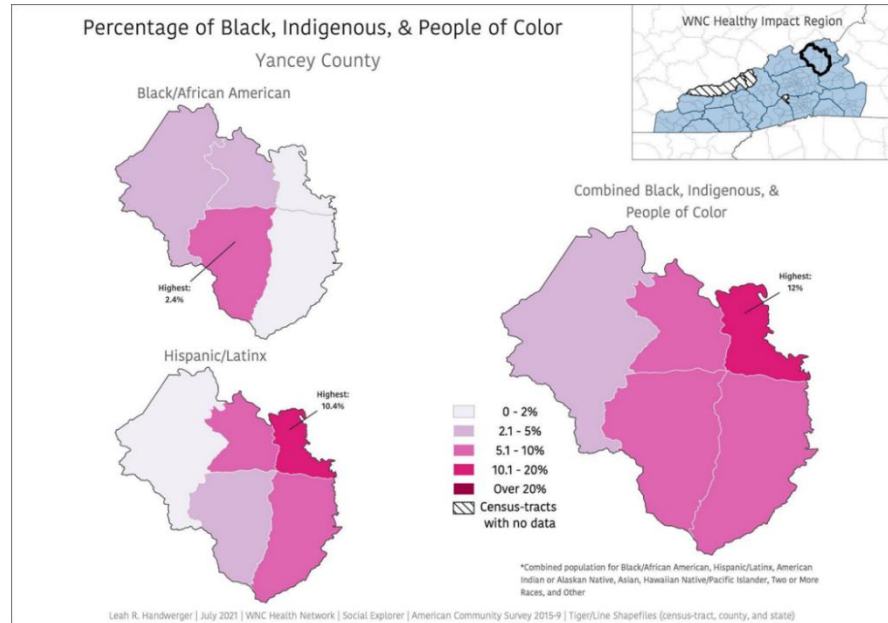


Racial and Ethnic Diversity

Compared to the WNC Region and to North Carolina, Yancey County is less racially diverse. As of 2019 ACS estimates, 96.2% of the county population was white and 3.8% was non-white. Across the WNC Region, 90% of the population was white and 10% was non-white; nearly 69% of NC was white and 31% was non-white in 2019. Approximately 5% of the Yancey County population identifies as ethnically Hispanic or Latino, a lower proportion compared to the WNC Regional and NC averages 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)
Yancey County	96.2%	0.7%	0.5%	0.3%	0.0%	0.9%	1.4%	5.2%
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 in the Brush Creek and Crabtree townships. The highest proportion of Black/African American residents live near the Pensacola township and the highest proportion of Hispanic/Latinx residents live around the Brush Creek township.

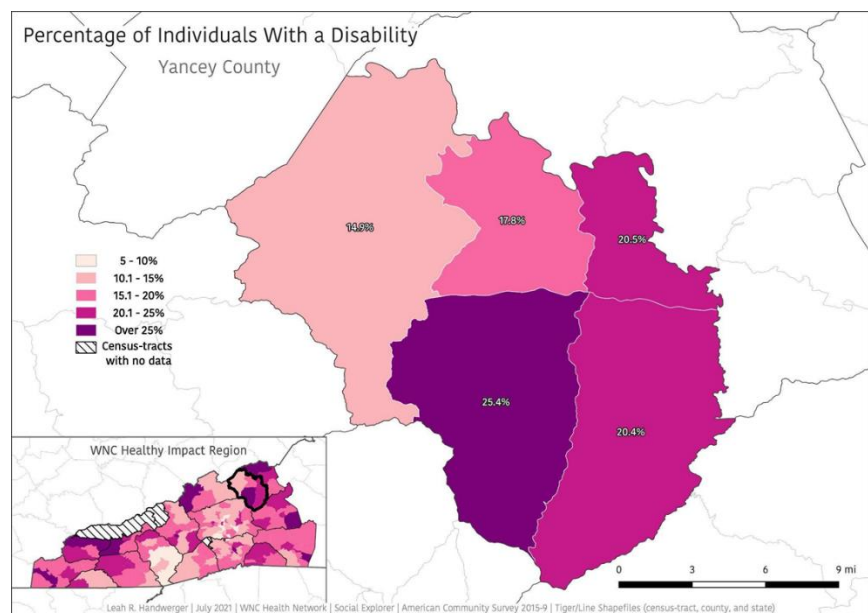


Other Populations of Note

Just over 5% of Yancey County households, around 400, spoke a language other than English in 2019. Spanish was the most common language spoken and 41% of the non-English speakers in Yancey County would be considered linguistically isolated (Census Bureau, ACS, 2021).

Yancey County was home to 850 veterans in 2019; 97% of them were male and 69% were over the age of 65 (Census Bureau, ACS, 2021).

According to the 2019 ACS, an estimated 19% of the Yancey County population was living with a disability, higher than the WNC Region (18%) or North Carolina (13%). Ambulatory difficulties were most common (11% of the population) followed by cognitive difficulties (8.2%). Approximately 8% of the county population had an independent living difficulty, 6% had a hearing difficulty, 3% had a vision difficulty and 3% had a self-care difficulty. The highest proportion of individuals with a disability live in the southern portion of Yancey County, farther away from services that might be concentrated in Burnsville (Census Bureau, ACS, 2021).



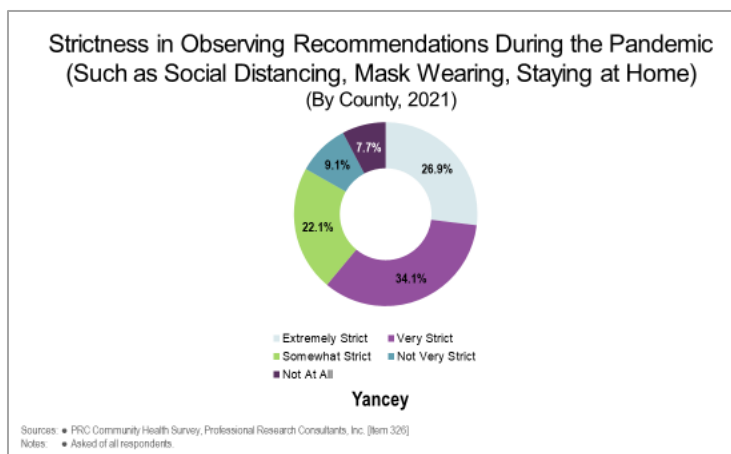
COVID-19 Pandemic

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.

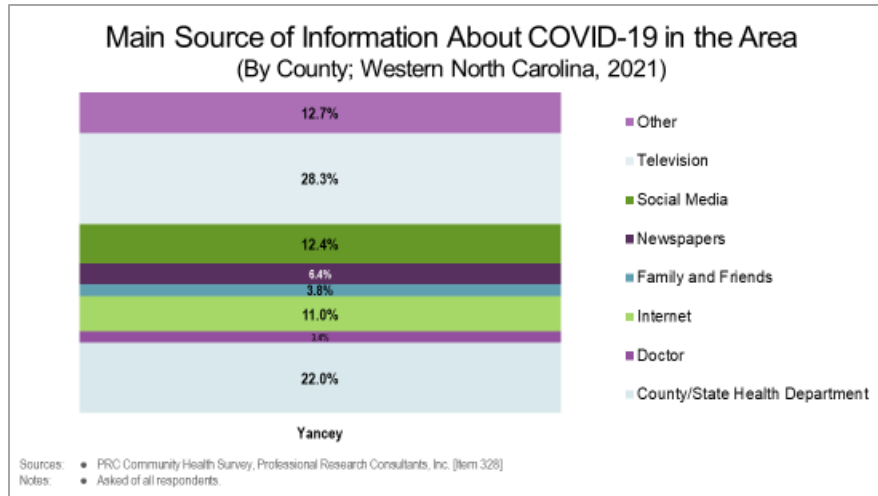
The physical and mental health of the community has degraded as the pandemic has dragged on, with many mourning the loss of loved ones to COVID-19 and dealing with their own struggles with the virus. The impact of missing family and friends and worrying about losing touch with people they used to see 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 Yancey County.

While some Yancey 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 questions added by the Toe River Health District, pertaining to COVID. Among Yancey County respondents, 61% were extremely or very strict about following social distancing, mask wearing, and stay-at-home orders during the pandemic. Nearly 17% were not at all or not very strict about observing mitigation strategies and 22% were somewhat strict.



Yancey County survey respondents looked to television sources (28%) and the state and county health department (22%) for information about COVID-19 in the local area. Approximately 23% 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?"*

Yancey County stakeholders responded with praise for the professionals, paid and volunteer, who worked so hard to provide testing, immunizations, and care.

"Coming together to defeat COVID, by having a mass number of volunteers who wanted to do their part whether it be COVID drive through testing events or COVID vaccine clinics. It amazed me at the people who asked to help when things got rough, and it got rough quickly!" – Public Health Representative (Yancey County Key Informant Interview)

"Volunteers and professionals working together to help vaccinate our community against COVID. Neighbors helping neighbors when quarantines prevented people from getting out to get food and medicine. Teachers working hard to keep students connected to school and peers.: – Other Health Provider (Yancey County 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

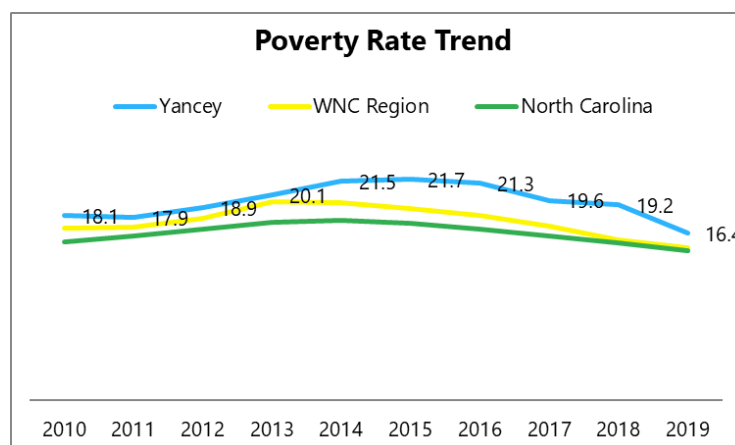
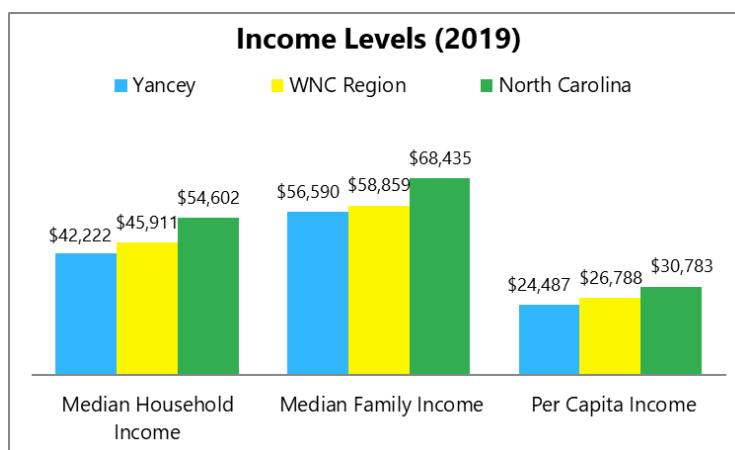
"Income provides economic resources that shape choices about housing, education, child care, food, medical care, and more. Wealth, the accumulation of savings and assets, helps cushion and protect us in times of economic distress. As income and wealth increase or decrease, so does health" (County Health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

Between 2016 and 2019, the median household income in Yancey County rose from \$36,993 to \$42,222. However, the median household income among residents of Yancey County remains more than \$12,000 lower compared to NC in 2019.

The median family income also rose between 2016 and 2019, from \$47,924 to \$56,590, though the Yancey County median remains nearly \$12,000 lower compared the median family income in NC.

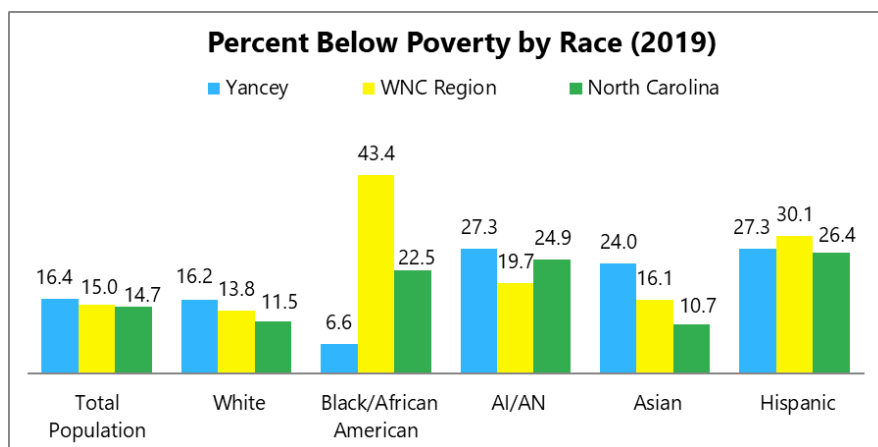
Per capita income in Yancey County rose from \$21,508 in 2016 to \$24,487 in 2019, which was lower compared to both NC and the WNC Region (Census Bureau, ACS, 2021).

The poverty rate in Yancey County has fallen each year from a high point of 21.7% in 2015, with 16.4% of Yancey 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%. Between 2010 and 2019, the Yancey County poverty rate was higher compared to both the WNC Region and NC.



Children are more likely to live in poverty, particularly children under the age of 5. In 2019, 22% of Yancey County children under age 18 and 24% of children under 5 were living below the federal poverty threshold. Yancey County rates are similar to WNC and NC.

While the poverty rates among non-white residents are based on small numbers, it's important to note that American Indian-Alaska Native, Asian, and Hispanic individuals in Yancey County are more likely than white individuals to live below the poverty line. Black/African American residents of the county were less likely than any other group to live below the federal poverty level. In 2019, more than 27% of the Asian and Hispanic residents of Yancey County lived in poverty (Census Bureau, ACS, 2021).



As of January 2021, 1,569 Yancey County households comprised of 2,827 individuals (approximately 15% of the county population) were receiving Food and Nutrition Services (FNS) benefits, an increase from 1,316 households and 2,321 individuals in January of 2020. Children under the age of 18 comprised 30% of the Yancey 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 Yancey County, from a high point of 59.62% in SY11-12 to 50.38% in SY19-20. A lower 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

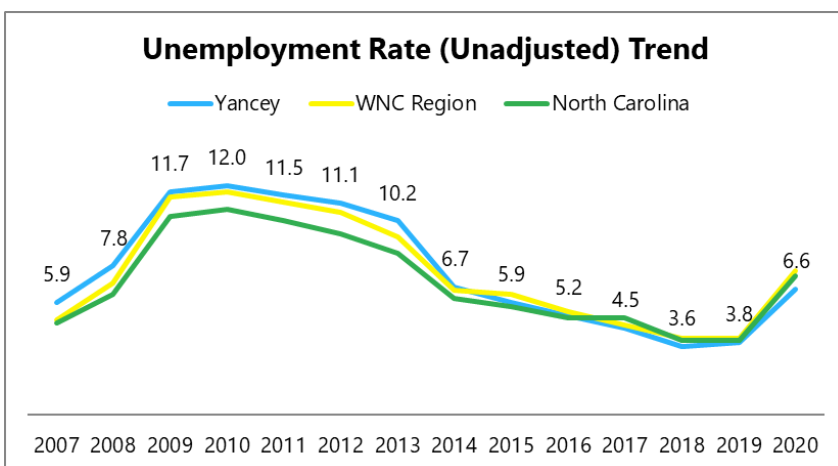
“Employment provides income and, often, benefits that can support healthy lifestyle choices. Unemployment and under employment limit these choices, and negatively affect both quality of life and health overall. The economic condition of a community and an individual’s level of educational attainment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

Manufacturing was the largest employment sector in Yancey County in 2020, employing 29.7% of the workforce. The average weekly wage in this sector was \$951 in Yancey County, higher compared to \$856 in the WNC Region and lower compared to \$1,217 in North Carolina.

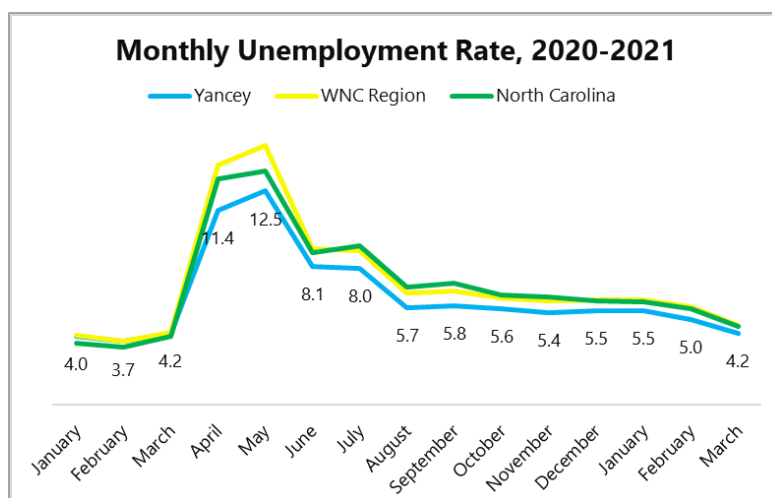
Retail Trade was the second largest employment sector in 2020 (16%) and paid an average weekly wage of \$545 in Yancey County, the same as the WNC Region (\$545) and lower compared to NC (\$621). Retail Trade is typically one of the lowest wage-earning employment sectors, with unpredictable hours and often lacking employment benefits.

Health Care and Social Assistance was the third largest employment sector in Yancey County in 2020, employing 13% of the workforce and paying a higher weekly wage (\$877) compared to the Region (\$806) and a lower wage compared to NC (\$1,069) (NC Department of Commerce, Quarterly Census Employment and Wages, 2021).

The unemployment rate in Yancey County follows the same general pattern as the WNC Region and the state of North Carolina, though the Yancey County rate was lower than the comparators in 2017 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, Yancey County experienced the same dramatic increase in unemployment rates seen across the state and region in April and May of 2020. While the rates have since fallen, they have yet to approach pre-pandemic levels. Yancey County continues to demonstrate a lower unemployment rate compared to NC and the WNC Region (NC Department of Commerce, Local Area Unemployment Statistics, 2021).



The 2021 WNC Healthy Impact Community Health Survey asked several questions pertaining to the impact of the COVID-19 pandemic on employment. Fifteen percent of Yancey County

respondents reported losing a job and another 23.5% 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
Yancey County	15.0%	23.5%
WNC Region	15.3%	26.0%

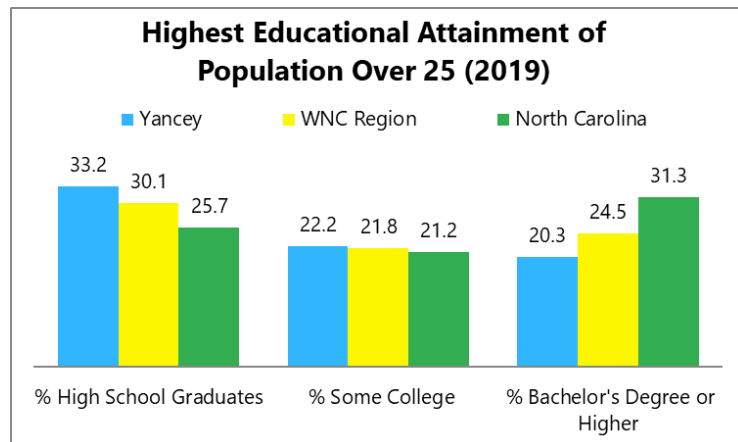
Education

"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).

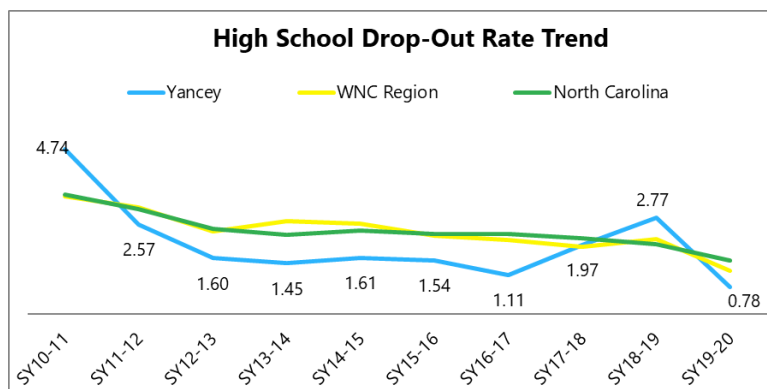
Compared to the WNC Region and North Carolina, Yancey County demonstrated lower educational attainment in 2019.

Approximately a third of the Yancey County residents over the age of 25 attained only a high school education. Twenty-two percent had attended some college but not completed a degree program. Twenty percent of Yancey 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).

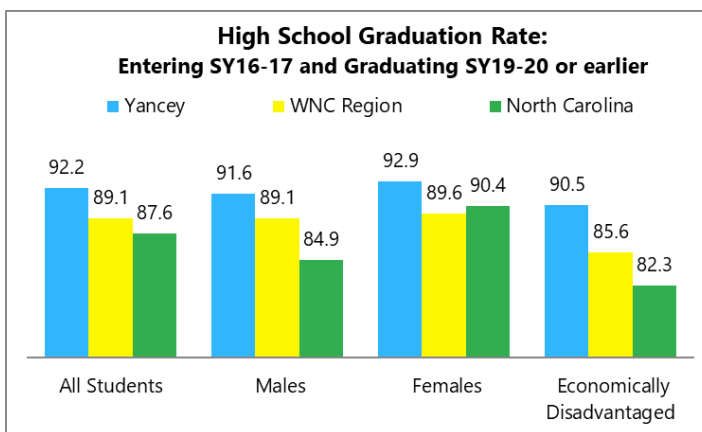


Seven schools within the Yancey County School system served 2,108 students in SY2019-2020: four elementary schools, two middle schools, and one high school. With the exception of the 2018-2019 school year, Yancey County high school drop-out rates have been lower compared to WNC and NC since SY11-12. Note that the 2019-2020 school year was impacted by COVID-

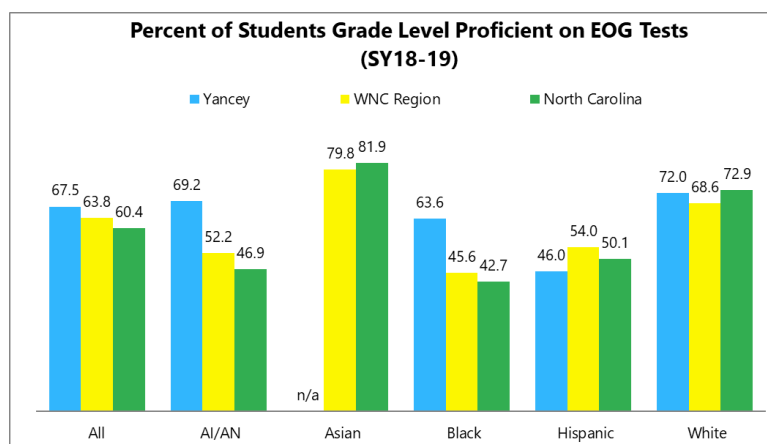
related school closures in March 2020 (NC Department of Instruction, Dropout and Discipline Data, 2021).



Yancey County demonstrated higher graduation rates for all groups presented in the chart below compared to WNC and NC, with 92% of 9th graders who entered in SY16-17 graduating in SY19-20. In Yancey County, as well as in the WNC Region, females are likely to graduate from high school compared to males (NC Department of Public Instruction, Cohort Graduation Rates, 2021).



In SY18-19, higher proportions of Yancey County students demonstrated grade-level proficiency on End-of-Grade tests compared to WNC and NC. Compared to white students, lower percentages of Black and Hispanic students across all locations demonstrate 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, 3.8% of the Yancey County population was non-white and 5.2% identified as Hispanic/Latinx in 2019. Among Yancey County respondents to the 2021 Community Health Survey, 21.7% 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 6% of Yancey County respondents reported being threatened or harassed due to their race often or sometimes (note that 5.3% of the Yancey County survey sample identified non-white). When asked if they had been discriminated against due to their race or ethnicity, 4.7% of Yancey County respondents had been often or sometimes treated unfairly at school.

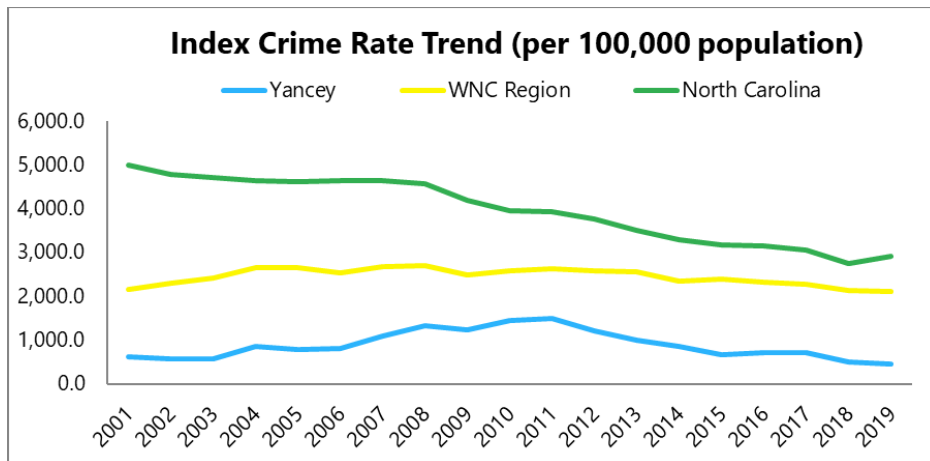
More than 30% of Yancey County respondents said they were often or sometimes criticized for their accent, higher compared to the WNC Region (WNC Health Network, 2021).

Often or Sometimes Experienced Discrimination due to Race or Ethnicity	Harassed or threatened	Treated Unfairly at School	Criticized for Accent
Yancey County	5.7%	4.7%	31.2%
WNC	9.7%	9.0%	28.6%

Community Safety

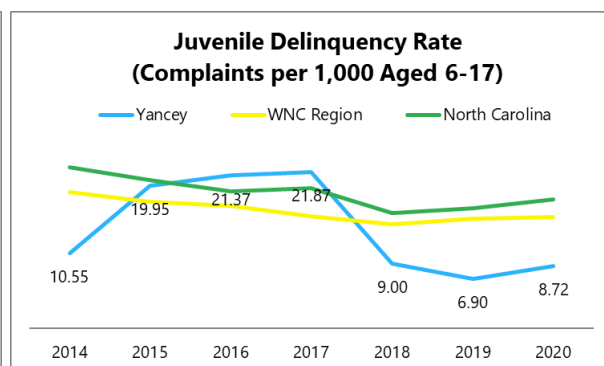
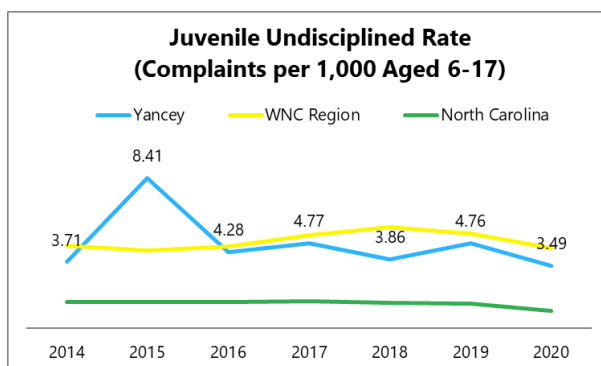
“Injuries through accidents or violence are the third leading cause of death in the United States, and the leading cause for those between the ages of one and 44. Accidents and violence affect health and quality of life in the short and long-term, for those both directly and indirectly affected, and 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, the index crime rates in Yancey County were significantly lower compared to the WNC Region and the state since at least 2001. Property and violent crime rates were also lower at the county level compared to the region and NC. In 2017, the most recent year for which county-level statistics are available, there were a total of 129 criminal offenses in Yancey County; aggravated assault was the most common violent crime and larceny (theft of property without the use of force) was the most common property crime (NC State Bureau of Investigation, 2021).



In FY2019-20, the Family Violence Coalition of Yancey County, the NC Council for Women-funded domestic violence and sexual assault agency, served 29 sexual assault clients (adult survivors of child sexual assault comprised the highest proportion of clients) and 148 domestic violence clients. The shelter operated by this agency was full on 200 days during FY19-20. Between 2010 and 2020, there were two domestic violence-related homicides in Yancey County (NC Department of Administration, Council for Women, 2021).

Between 2014 and 2020, an average of 39 complaints of juvenile offenses were processed each year by the Juvenile Crime Prevention Council in Yancey County. The juvenile undisciplined rate has fallen in Yancey County from a high point of 8.41 in 2015 and it remains lower compared to the WNC Region and higher compared to NC. Yancey County's juvenile delinquency rate decreased from a high point in 2017 and has been lower 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 Yancey County varies on a yearly basis with no clear pattern apparent. In FY19-20, 133 children were investigated for

reported abuse or neglect and 9 were substantiated (4 cases of abuse and neglect and 5 cases of neglect) and 21 were unsubstantiated. In FY19-20, 14 children entered child welfare custody in Yancey County, an increase from 9 in FY18-19. (UNC-CH, Management Assistance, 2021).

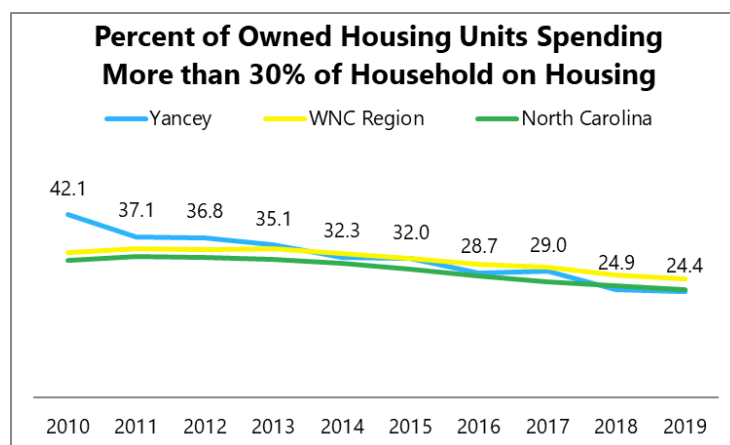
Housing and Transportation

"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 11,271 housing units in Yancey County: 67% were occupied and 33% were vacant, higher compared to NC, where 14% of housing units were vacant in 2019. Compared to North Carolina as a whole, Yancey County residents are more likely to be homeowners. More than 73% of occupied Yancey County housing units were owner occupied in 2019 and 27% were renter occupied. Statewide, 35% of occupied housing units were renter-occupied (Census Bureau, ACS, 2021).

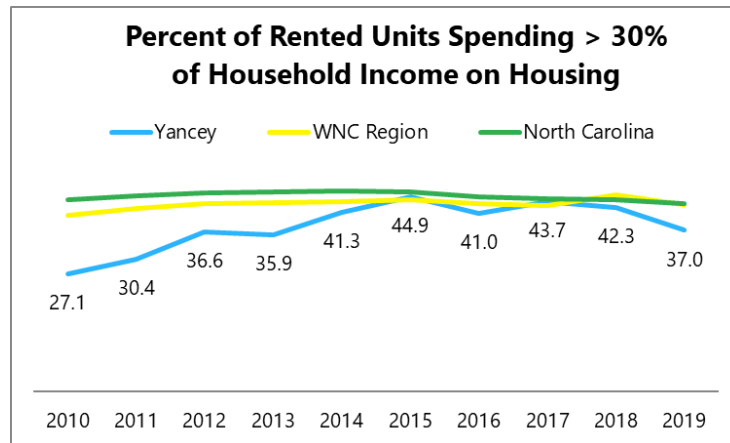
Housing Affordability

The median monthly costs for Yancey County homeowners increased from \$937 in 2010 to \$1,060 in 2014 and decreased to \$962 in 2019. Median monthly owner costs averaged \$1,130 across the WNC Region and \$1,314 in NC as of 2019. The percentage of homeowners spending more than 30% of their household income on housing costs declined overall from a high point of 42.1% in 2010 to 24.4% in 2019. In 2019, 8.7% of Yancey County homeowners spent more than 50% of their household income on housing costs.

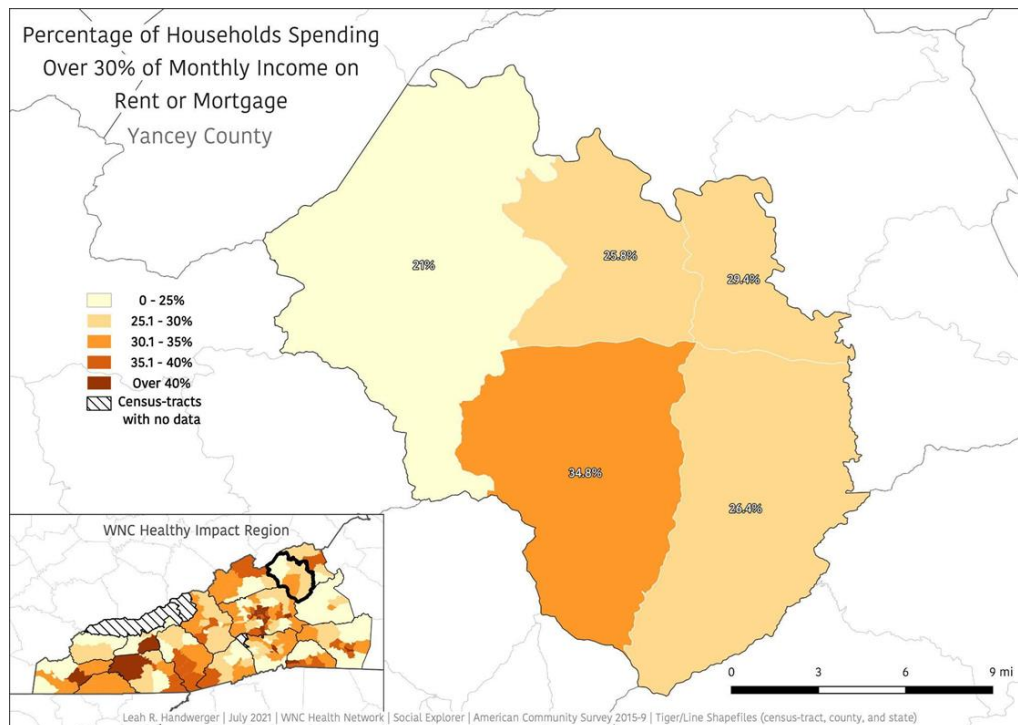


The median gross rent for rented housing units in Yancey County increased from \$490 in 2010 to \$661 in 2014 before decreasing to \$634 in 2019, still below the WNC regional average of \$721 and the NC average of \$907. The percentage of renters spending more than 30% of their income on housing increased overall from a low of 27.1% in 2010 to 37.0% in 2019, lower than

the WNC and NC average of 43%. In 2019, 16% of renters in Yancey 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 southwestern swath of Yancey County, spend more than 30% of their household income on housing.



Housing Adequacy

Across Yancey County in 2019, 25% percent of the housing units were mobile homes; statewide, mobile homes comprised 13% of housing units. Seventeen percent of Yancey County housing was built before 1960 and 51% of units rely on fuel oil, kerosene, coal, coke or other fuels for

heating. Nearly 6% of housing units had no vehicle available and 1.5% lacked telephone services.

When examining Yancey County housing units at the township level:

- Brush Creek had the highest proportion of mobile homes (53.6%).
- Ramseytown had the highest proportion of houses built before 1960 (30.7%).
- The highest proportion of housing units with no vehicle access (14.0%) were in Ramseytown.
- Brush Creek had the highest proportion of housing units with no telephone service (7.7%).
- The highest proportion of housing units using fuel oil, kerosene, coal or other fuels (75%) were located in Price Creek.
- The only housing units with no heating fuel were in the Burnsville township (Census Bureau, ACS, 2021).



Approximately 9% of Yancey County respondents to the Community Health Survey reported a time in the past year when their home was without electricity, heating, or water, lower compared to the 11.5% of the WNC regional respondents reporting the same. Twenty percent of Yancey County respondents always, usually, or sometimes worried about paying their rent or mortgage, lower compared to WNC. Just over 10% of Yancey County respondents had experienced a housing emergency that necessitated living with a friend or relative in the past three years; almost 6% 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
Yancey County	9.1%	19.8%	10.4%	5.7%
WNC	11.5%	26.7%	9.3%	2.3%

Vehicle and Internet Access

According to 2019 estimates, 6% of Yancey 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: 13% 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.

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 Yancey County respondents (77.9%) never had difficulty finding transportation; 9.8% seldom found it difficult; 12.3% sometimes, usually or always found it difficult to find transportation (WNC Health Network, 2021).

*"Many of my older adult clients cannot get into the Yancey County transportation vans. The steps are too high off the ground. The requirement to book sometimes two weeks in advance for transportation is also a problem if the individual has an urgent medical appointment." – Other Health Provider
(Yancey County Key Informant Interview)*

Nearly 21% of Yancey 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%). Almost 30% of Yancey County households did not have an internet subscription, higher than NC (18.9%) and the WNC Region (26.5%) in 2019. Six percent of Yancey County households relied on a smartphone as their only computing device in 2019; 8% used only their cellular data plan for internet access, lower compared to WNC (10.4%) and NC (9.5%) (Census Bureau, ACS, 2021).

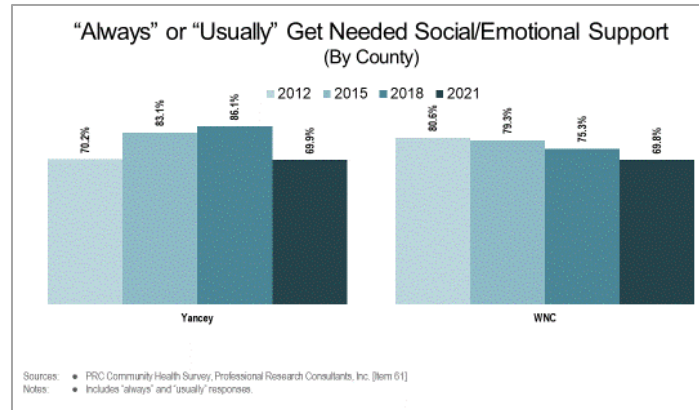
Family & Social Support

"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 7,510 households in Yancey County in 2019, 16.1% were householders living alone and 9.8% 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.

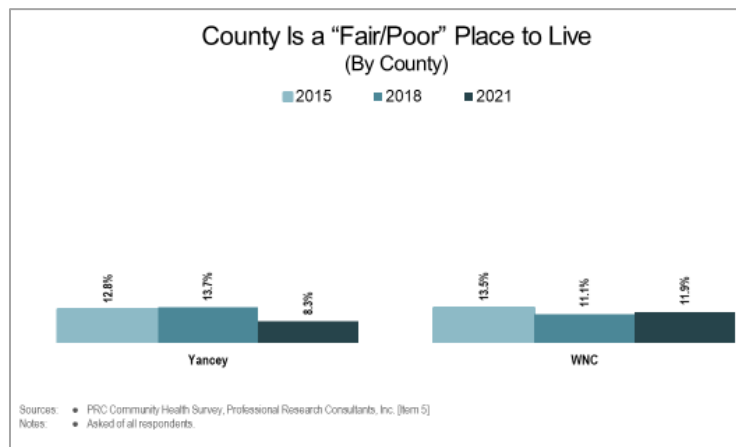
Almost 300 grandparents in Yancey County lived with their own minor grandchildren in 2019. Nearly 41% of those grandparents were responsible for their grandchildren, meaning they are financially responsible for the basic needs of the grandchild, including food, clothing, and day care. No parent of the grandchild was present among 33% of these families. Approximately 39% of the grandparents responsible for grandchildren were still in the labor force, none were living below the poverty line, and none were linguistically isolated (Census Bureau, ACS, 2021).

While a clear majority of Yancey 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.



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

The proportion of Yancey County survey respondents who feel that the county is a fair or poor place to live decreased with the most recent survey sample. In 2021, nearly 92% of Yancey County respondents felt the county was a good, very good, or excellent place to live (WNC Health Network, 2021).



Chapter 4 – Health Data Findings Summary

Mortality

Life Expectancy

A person born in Yancey County in 2017-2019 could be expected to live a longer life than the average resident of the WNC Region or NC: 78.8 years. Females tend to live longer than males, with the average male in Yancey County living to be 77 years old and the average female living to be almost 81. Although there aren't enough minorities in Yancey 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
Yancey County	78.8	76.9	80.6	78.8	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: Yancey 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** was the leading cause of death in Yancey County in 2015-2019 and while the mortality rate due to heart disease decreased 13% since 2002-2006, it has not changed since 2012-2016. The heart disease mortality rate was 3% higher in Yancey County compared to the WNC Region and 8% higher compared to NC in 2015-2019.
2. **Cancer** is the second leading cause of death in Yancey County, with the mortality rate in 2015-2019 surpassing both WNC and NC by 4%. The cancer mortality rate in Yancey County increased 2% overall since 2002-2006 and it decreased slightly since 2012-2016. Further discussion of cancer is included in later sections of this report.
3. **Chronic lower respiratory diseases** (CLRD) are the third leading cause of death in Yancey County and the 2015-2019 mortality rate was 9% higher than the WNC Region and 33% higher compared to NC. The CLRD mortality rate in Yancey County has not changed significantly since 2002-2006 or since 2012-2016.
4. **Alzheimer's disease** ranks as the fourth leading cause of death in Yancey County in 2015-2019, with the county mortality rate exceeding the WNC Region by 59% and NC by 42%. The Yancey County Alzheimer's disease mortality rate rose 77% since 2002-2006 and fell 1% since 2012-2016.
5. **Unintentional injuries** (not motor-vehicle related) were the fifth most common cause of death in Yancey County in 2015-2019. The county mortality rate was 21% lower than the

WNC region and 2% higher compared to NC. Since 2002-2006, the unintentional injury mortality rose 21% in Yancey County; the rate declined 15% since 2012-2016.

6. **Cerebrovascular disease (stroke)** is the sixth leading cause of death in Yancey County, with a 2015-2019 mortality rate 27% lower compared to WNC and 32% lower compared to NC. Over time, the stroke mortality rate has decreased: 31% since 2002-2006 and 11% since 2012-2016.
7. **Diabetes** is the seventh leading cause of death in Yancey County and the 2015-2019 mortality rate was 3% lower compared to the WNC region and 10% lower compared to NC. While the Yancey County diabetes mortality decreased 26% overall since 2002-2006, it rose 22% from 2012-2016.
8. **Suicide** was the eighth leading cause of death in Yancey County in 2015-2019, though the mortality rate is based on a small (<20) number of occurrences. In 2015-2019 the mortality rate in Yancey County was 7% higher than the WNC Regional average and 57% higher compared to NC. The suicide mortality rate rose 62% in Yancey County since 2002-2006 and 23% since 2012-2016.
9. **Unintentional motor vehicle injuries (UMVI)** are the 9th leading cause of death in Yancey County; note that the rates cited are all based on a small and potentially unstable number of deaths (<20). The 2015-2019 mortality rate was 8% higher compared to WNC and 18% higher compared to NC. The Yancey County UMVI mortality rate increased 20% since 2002-2006 and decreased 8% since 2012-2016.
10. **Pneumonia and influenza** was the 10th leading cause of death in Yancey County in 2015-2019 and rates have demonstrated improvement. Since 2002-2006, the pneumonia/influenza mortality rate decreased 16% in Yancey County; the rate decreased 23% since 2012-2016. In 2015-2019, the Yancey County rate was 12% lower compared to the WNC Region and 6% lower compared to NC.
11. **Kidney diseases (Nephritis, Nephrotic Syndrome, and Nephrosis)** are the 11th leading cause of death in Yancey County, with a 2015-2019 county mortality rate similar to the WNC Regional average and 8% lower than the NC rate. The Yancey County kidney disease mortality rate rose 57% since 2002-2006 and rose 77% since 2012-2016.
12. **Chronic liver disease and cirrhosis** is the 12th leading cause of death in Yancey County, although all mortality rates are based on a small number (<20) of deaths. The 2015-2019 Yancey County liver disease mortality rate was 48% than the 2002-2006 rate and 16% higher than the rate in 2012-2016. While the 2015-2019 county mortality rate was lower than the WNC Region, it surpassed the NC rate by 2%.
13. **Septicemia** was the 13th leading cause of death in Yancey County in 2015-2019 and it should be noted that all mortality rates are based on a low number (<20) of deaths. The county mortality rate as 15% lower compared to WNC and 28% lower than NC. Since 2002-2006 the Yancey County septicemia mortality rate decreased 8%; since 2012-2016 the county rate increased 19%.
14. **Homicide** deaths are infrequent occurrences in Yancey County, with variable mortality rates based on a less than 10 deaths per 5-year aggregate period. While the homicide mortality rate in Yancey County is usually lower compared to NC, it has doubled since 2002-2006 and increased 38% since 2012-2016.

15. **AIDS** deaths are also rare in Yancey County. Many aggregate periods examined for the purpose of this report reflect 1 or no deaths and Yancey County rates are thus quite variable.

Mortality Rates for Leading Causes of Death	Yancey County Mortality Rate 2015-2019	WNC Regional Rate 2015-2019	NC Rate 2015-2019	Yancey County Rate 2002-2006	Yancey County Rate 2012-2016
Diseases of Heart	169.1	164.0	157.3	195.2	169.4
Cancer	163.6	157.3	158.0	160.8	173.4
Chronic Lower Respiratory Diseases	58.5	53.5	44.0	58.0	59.2
Alzheimer's disease	52.4	33.0	36.9	29.6	55.6
All Other Unintentional Injuries	40.0	50.7	39.3	33.0	47.3
Cerebrovascular Disease	28.9	39.6	16.7	41.7	32.5
Diabetes Mellitus	21.5	22.2	42.7	28.9	17.6
Suicide	21.1	19.8	14.7	13.0	17.1
Unintentional Motor Vehicle Injuries	17.4	16.1	13.4	13.0	18.9
Pneumonia and Influenza	15.7	17.8	23.8	18.8	20.3
Kidney Diseases	15.2	15.1	16.5	9.7	8.6
Chronic Liver Disease and Cirrhosis	10.8	15.2	10.6	7.3	9.3
Septicemia	9.2	10.8	12.7	10.0	7.7
Homicide	4.4	4.2	6.8	2.2	3.2
Acquired Immune Deficiency Syndrome	1.5	0.9	1.8	0.0	1.6

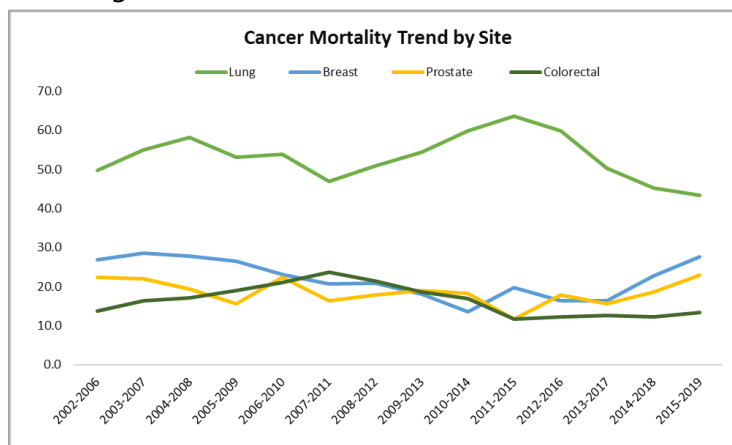
Rates based on fewer than 20 cases (indicated by N/A) are unstable and have been presented in bold.

Leading Causes of Death in Yancey County	% Difference from WNC Region 2015-2019	% Difference from NC 2015-2019	% Change since 2002-2006	% Change since 2012-2016
Diseases of Heart	+ 3%	+ 8%	- 13%	0%
Cancer	+ 4%	+ 4%	+ 2%	- 6%
Chronic Lower Respiratory Diseases	+ 9%	+ 33%	+ 1%	- 1%
Alzheimer's disease	+ 59%	+ 42%	+ 77%	- 6%
All Other Unintentional Injuries	- 21%	+ 2%	21%	- 15%
Cerebrovascular Disease	- 27%	- 32%	- 31%	- 11%
Diabetes Mellitus	- 3%	- 10%	- 26%	+ 22%
Suicide	+ 7%	+ 57%	+ 62%	+ 23%
Unintentional Motor Vehicle Injuries	+ 8%	+ 18%	+ 34%	- 8%
Pneumonia and Influenza	- 12%	- 6%	- 16%	- 23%
Kidney Diseases	0%	- 8%	+ 57%	+ 77%
Chronic Liver Disease and Cirrhosis	- 29%	+ 2%	+ 48%	+ 16%
Septicemia	- 15%	- 28%	- 8%	+ 19%
Homicide	+ 4%	- 35%	+ 100%	+ 38%
Acquired Immune Deficiency Syndrome	+ 62%	- 17%	+ 150%	- 6%

Cancer Mortality

In 2015-2019 Cancer was the second leading cause of death in Yancey County, with a mortality rate of 163.6 that surpassed both the WNC Region and NC.

Lung cancer was the leading cause of cancer-related deaths and in 2015-2019 the Yancey County mortality rate (43.3) was similar to the WNC Region (42.8) and NC (42.0). Over time, the lung cancer mortality rate has decreased: 13% since 2002-2006 (49.8) and 28% since 2012-2016 (59.9).



Breast cancer was the second leading cause of cancer deaths: in 2015-2019 the Yancey County breast cancer mortality rate (27.6) was approximately 33% higher than both the WNC Region (20.8) and NC (20.6). Since 2002-2006 (26.8) the county mortality rate increased 3%; since 2012-2016 (16.4) the mortality rate increased 68%.

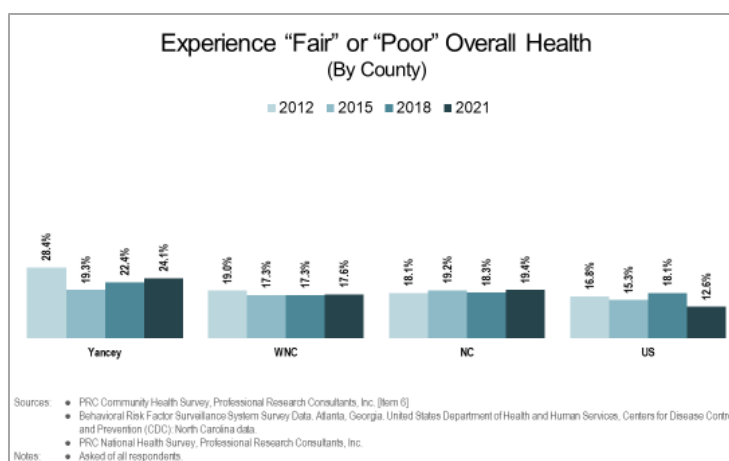
Prostate cancer was the third leading cause of cancer-related deaths in Yancey County. The 2015-2019 mortality rate in Yancey County (22.9) was 31% higher compared to the WNC Region (17.5) and 17% higher compared to NC (19.5). The county mortality rate has increased over time: 3% overall since 2002-2006 (22.3) and 28% since 2012-2016 (17.9).

Colorectal cancer was the fourth leading cause of cancer-related deaths for which trend data are available. The Yancey County colorectal cancer mortality rate in 2015-2019 (13.3) was 12% lower compared to WNC (15.1) and the same as NC (13.3). Since 2002-2006 (13.8) the mortality rate has declined by 3%; it increased 8% since 2012-2016 (12.3). (NC SCHS, Central Cancer Registry, 2021)

Cancer Mortality	Yancey County Mortality Rate in 2015-2019	% Difference from WNC Region 2015-2019	% Difference from NC Rate in 2015-2019	% Change since 2002-2006	% Change since 2012-2016
Total Cancer	163.6	+ 4%	+ 4%	+ 2%	- 6%
Lung Cancer	43.3	+ 1%	+ 3%	- 13%	- 28%
Breast Cancer	27.6	+ 33%	+ 34%	+ 3%	+ 68%
Prostate Cancer	22.9	+ 31%	+ 17%	+ 3%	+ 28%
Colorectal Cancer	13.3	- 12%	0%	- 4%	+ 8%

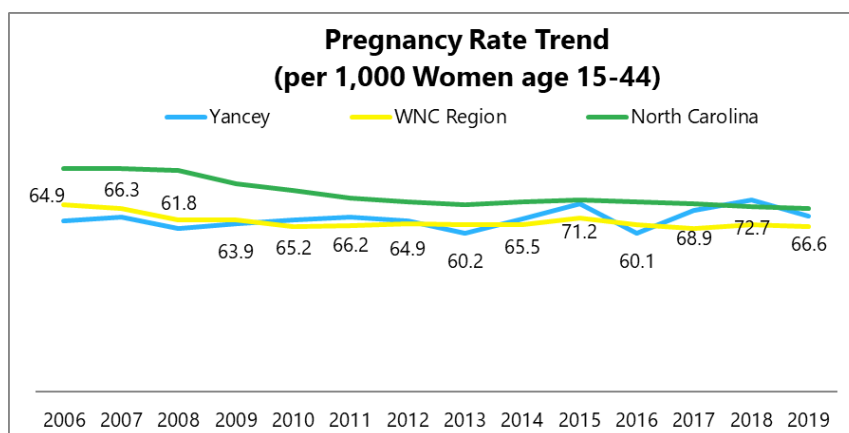
Health Status & Behaviors

The Community Health Survey administered across the WNC region asked respondents to rate their personal health from poor to excellent. Over the most recent three survey cycles analyzed, an increasing proportion of Yancey 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

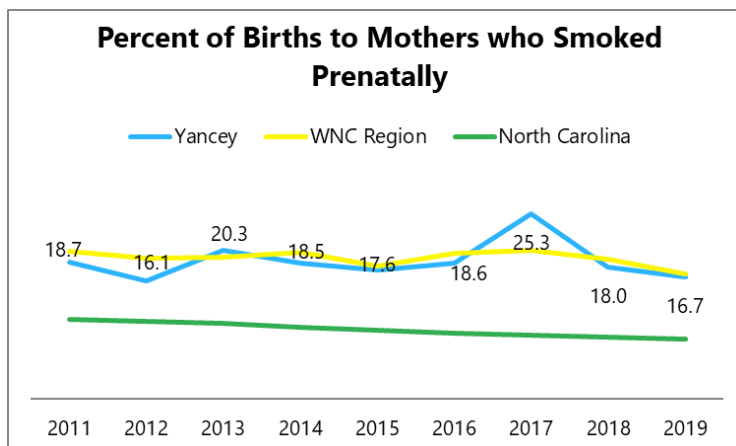
The pregnancy rate among Yancey County females of child-bearing age (15-44) has increased only slightly over time and was lower compared to the state rate over most of the period shown in the chart. There were too few pregnancies among women aged 15-19 (an average of 18 per year between 2013 and 2019) 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.



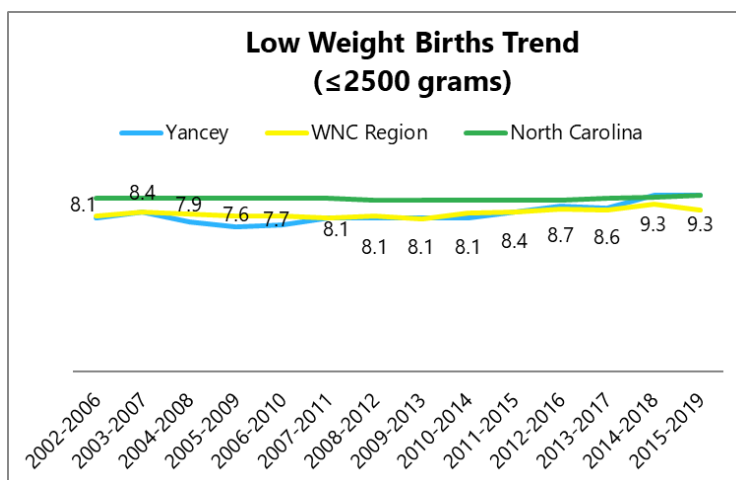
Compared to North Carolina in 2019, Yancey County pregnant women were more likely to have gestational diabetes and less likely to have a BMI in the overweight or obese range. Yancey County mothers were more likely to have smoked during pregnancy and more likely to have received prenatal care starting in the first trimester. And they 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)
Yancey County	9.8%	51.7%	16.7%	83.9%	11.5%
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 WNC, where rates have consistently surpassed the comparable state rates. Yancey County rates tend to be similar to the WNC Region.



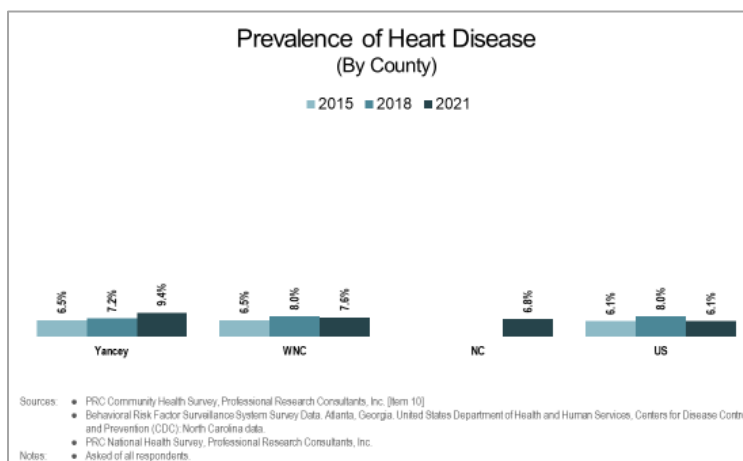
The percentage of births that are low weight (less than 5.5 pounds) has increased in Yancey County, from a low point of 9.1% in 2010-2014 to 9.3% in 2015-2019, higher compared to WNC (8.5%) and the same as NC (9.3%) (NC SCHS, County Health Databook, 2021).



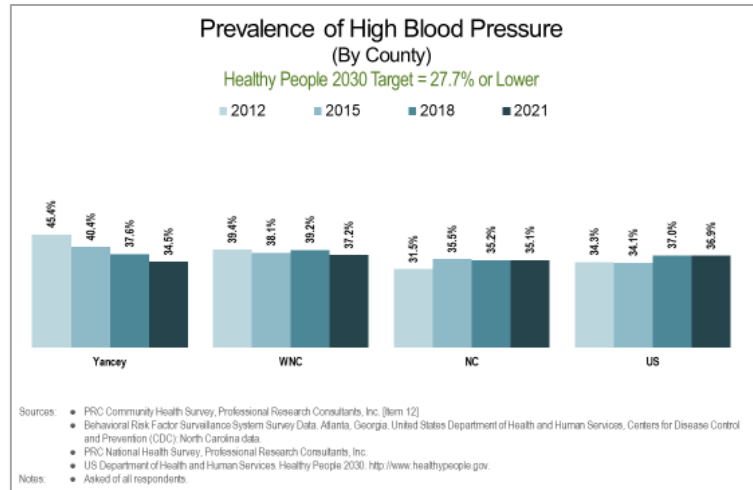
Historically there have been too few infant deaths in Yancey County (less than 10 per 5-year aggregate period) for stable infant mortality rate to be discussed in detail, but the Yancey County infant mortality rate has been lower compared to the WNC regional average and NC since 2012-2016 (NC SCHS, Infant Mortality, 2021).

Chronic Diseases

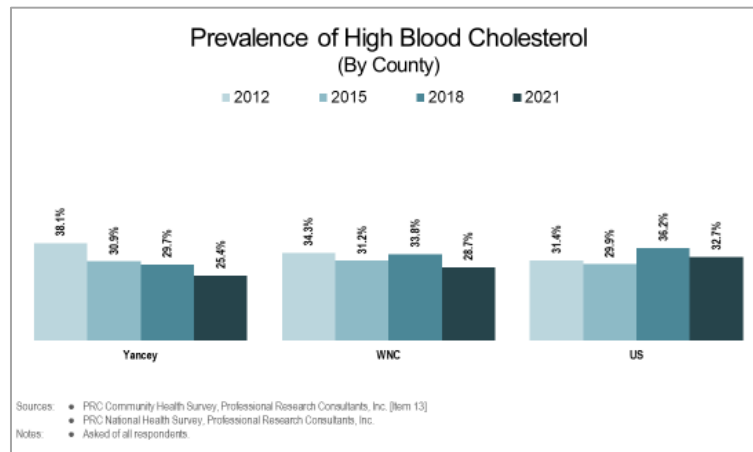
In 2021, approximately 9% of Yancey County Community Health Survey respondents reported being diagnosed with heart disease, an increase from 2015 and 2018 and higher compared to WNC, NC, and the US.



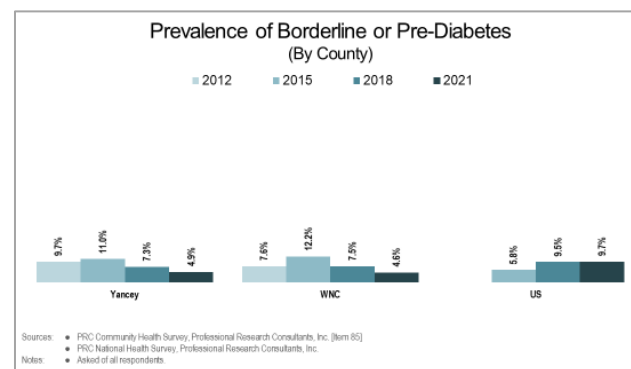
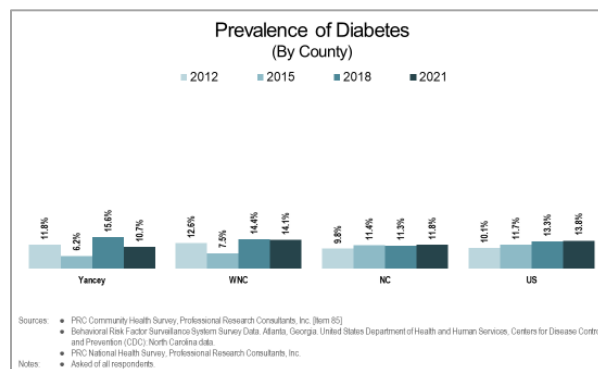
A decreasing proportion of Yancey County survey respondents reported having been diagnosed with high blood pressure by a medical professional. Compared to WNC, NC, and the US in 2021, a lower proportion of Yancey County respondents reported a high blood pressure diagnosis. All four locations presented would need to see significant improvement to meet the Health People 2030 target of 27.7% or lower.



Since 2012, the proportion of Yancey County survey respondents reporting a diagnosis of high cholesterol decreased with each survey sample and in 2021 Yancey County demonstrated a lower percentage of diagnosed high cholesterol (25.4%) compared to WNC (28.7%) and the US (32.7%).



In 2021, nearly 11% of Yancey County survey respondents reported a diabetes diagnosis, lower compared to WNC (14%), NC (12%) and the US (14%). Since 2015 the percentage of Yancey County survey respondents reporting a borderline or pre-diabetes diagnosis decreased each year. In 2021, 5% of respondents reported such a diagnosis, higher than WNC (4.6%) and lower compared to the US (9.7%) (WNC Health Network, 2021).



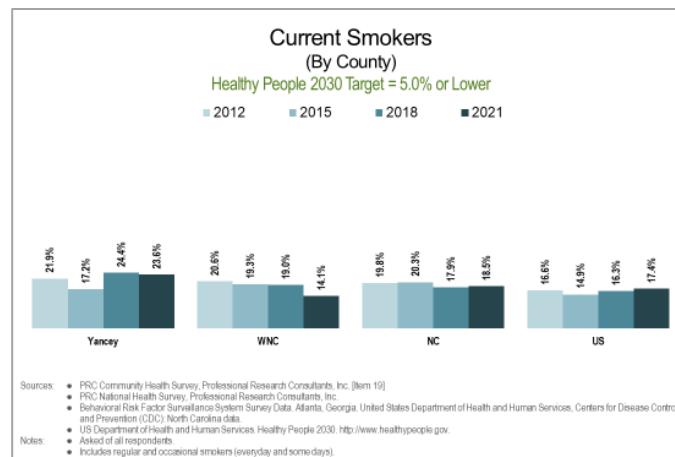
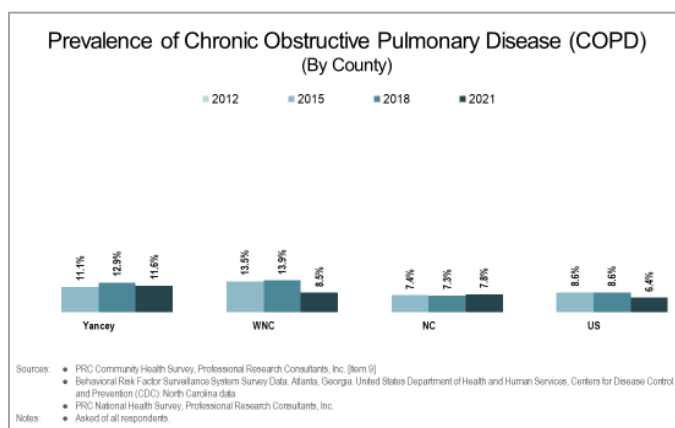
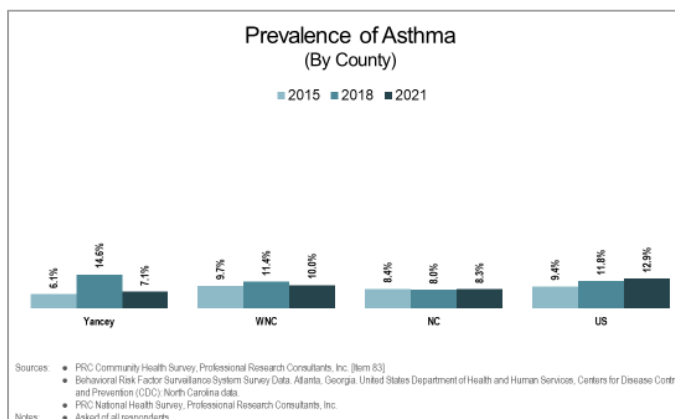
Respiratory Conditions

Among Yancey County respondents to the Community Health Survey, a lower proportion reported an asthma diagnosis in 2021 (7.1%) compared to 2015 (14.6%). Compared to WNC, NC and the US, a lower proportion of Yancey County respondents reported having asthma.

The percentage of Yancey County respondents who had been diagnosed with COPD did not change much between the three survey cycles presented. In the most recent survey sample, Yancey County demonstrated the highest rate of reported COPD among the four comparators.

One of the critical risk factors for COPD is tobacco use. In 2021, approximately 24% of Yancey County survey respondents reported smoking regularly or occasionally, higher compared to WNC, NC and the US.

Smokeless tobacco products appear more popular among Yancey County survey respondents compared to WNC, NC and the US. In 2021, 10% of respondents reported using smokeless tobacco. The use of vaping products declined only slightly between 2018 (8.8%) and 2021, when 7% of respondents reported current vape use (WNC Health Network, 2021).

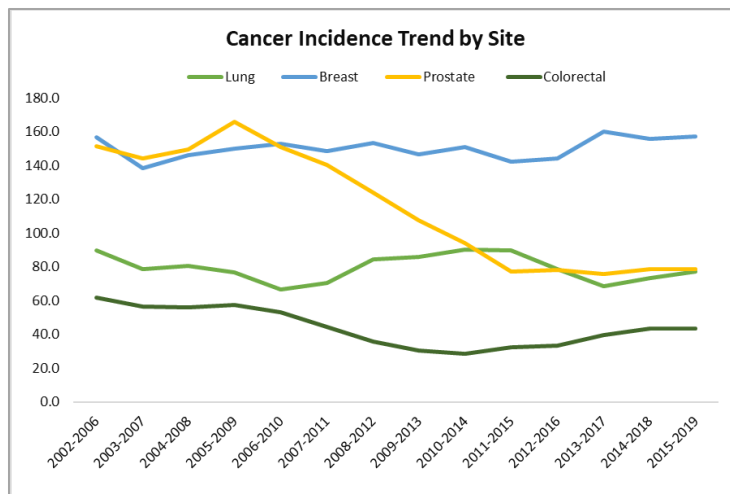


Cancer Incidence

The total cancer incidence rate in 2015-2019 was higher in Yancey County (483.5) compared to WNC (457.3) and NC (469.2); the incidence rate fell in the long term (6% decrease since 2002-2006) and rose in the short term (6% increase since 2012-2016).

The breast cancer incidence rate in Yancey County (157.1) was higher compared to the WNC Region (145.3) and lower compared to NC (163.4) in 2015-2019 and it increased 9% since 2012-2016 (144.2).

Prostate cancer incidence rates have fallen over time in Yancey County, decreasing 48% since 2002-2006 (151.5). The 2015-2019 Yancey County lung cancer incidence rate was 15% lower compared to WNC (92.5) and 33% lower compared to NC (116.9).



Lung cancer incidence rates have decreased over time in Yancey County, falling 14% since 2002-2006 (89.7) and 2% since 2012-2016 (78.7). However, in 2015-2019 the Yancey County lung cancer incidence rate (77.1) was higher compared to WNC (64.8) and NC (62.8).

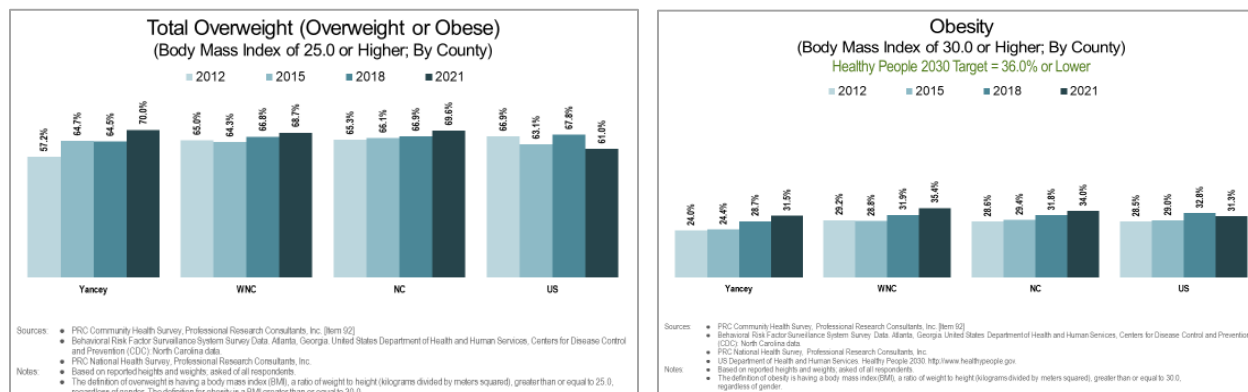
The colorectal cancer incidence rate in Yancey County (43.4) was higher compared to both the WNC Region (38.1) and NC (35.2). The incidence rate declined in Yancey County, by 30% since 2002-2006 (61.9) and increased 29% since 2012-2016 (33.6) (NC SCHS, Central Cancer Registry, 2021).

Cancer Incidence	Yancey 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	483.5	+ 6%	+ 3%	- 6%	+ 6%
Breast Cancer	157.1	+ 8%	- 4%	0%	+ 9%
Prostate Cancer	78.7	- 15%	- 33%	- 48%	+ 1%
Lung Cancer	77.1	+ 19%	+ 23%	- 14%	- 2%
Colorectal Cancer	43.4	+ 14%	+ 23%	- 30%	+ 29%

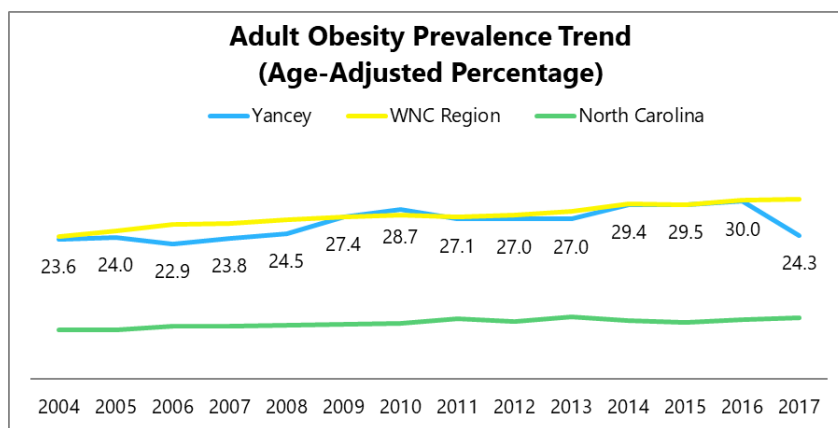
Overweight and Obesity

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 Yancey County respondents with a BMI in the overweight or obese range increased in between 2018 and 2021 and surpassed all locations provided for comparison. In 2021, 70% survey respondents in Yancey County had a BMI over 25.0, similar to the WNC Region (68.7%) and NC (69.6%) and higher compared to the US (61.0%).

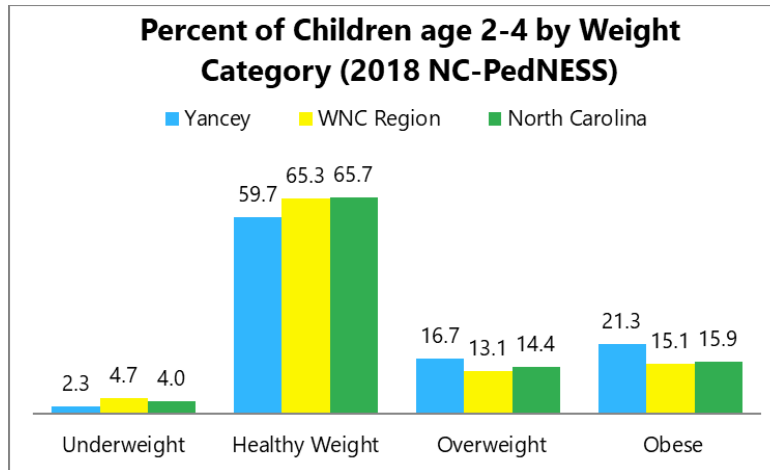
The proportion of Yancey County survey respondents with BMIs in the obese range increased each survey cycle, although the 2021 percentage of 31.5% was lower compared to the WNC Region (35%) and NC (34%) and similar to the US (31.3%) (WNC Health Network, 2021).



While data from the CDC pertaining to adult obesity is not especially current, it helps to illuminate the historical trend among Yancey County residents. The estimated prevalence of obesity among adults (age 20 and older) in Yancey County increased from a low of 22.9% to 30.0% in 2016 and decreased to 24.3% in 2017. 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).



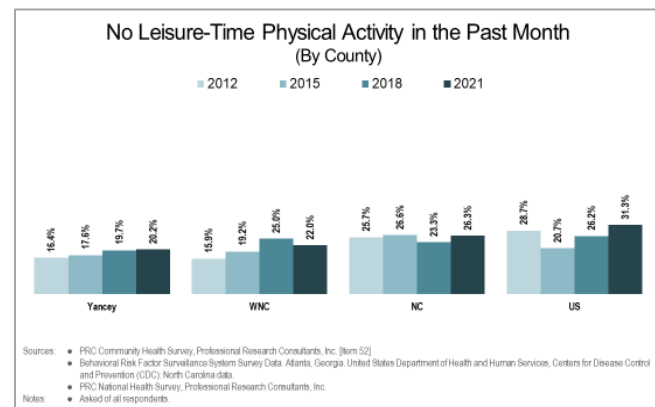
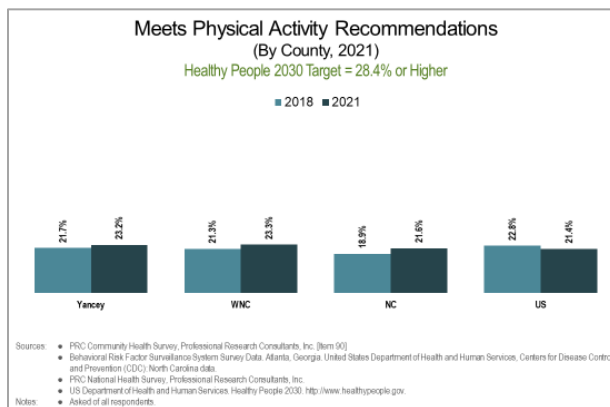
While weight-related data pertinent to children is not particularly recent, what is available demonstrates that in 2018, higher percentages of Yancey County 2- to 4-year-olds were overweight or obese compared to WNC and NC (Eat Smart Move More, 2021).



Physical Activity

In 2021, approximately 23% of Yancey County Community Health Survey respondents met the minimum guidelines 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, Yancey County respondents were similarly likely to meet the physical activity recommendations in 2015 and 2018.

The proportion of Yancey County survey respondents who report getting no physical activity during their leisure time increased over each of the four survey cycles presented. Twenty percent of Yancey County survey respondents in 2021 reported getting no physical activity, lower compared to WNC, NC, and the US (WNC Health Network, 2021).



Injury

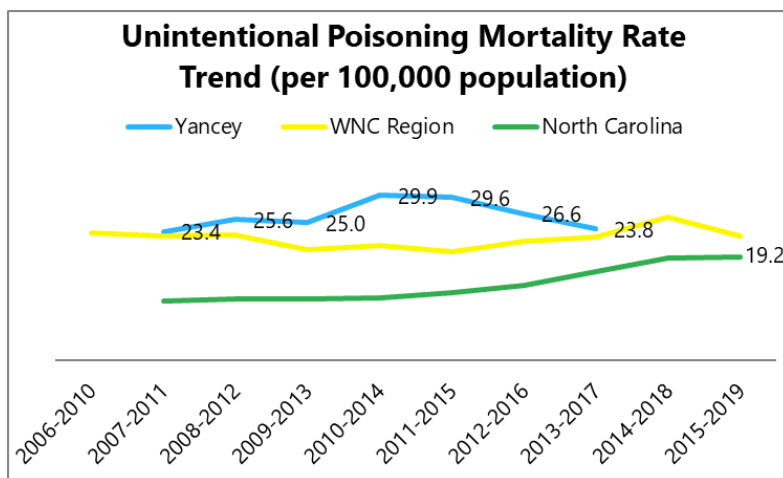
Given the aging nature of the Yancey County population, it is important to understand how accidental falls impact the community. In 2015-2019, there were 23 unintentional fall-related deaths among Yancey County residents, 19 of them (83%) occurred among individuals aged 65 and older. More than 40% (n=10) of fall-related deaths occurred among those over the age of 84 (NC SCHS, Detailed Mortality Statistics, 2021).

Between 2015 and 2019 there were 1,215 reportable motor vehicle crashes in Yancey County and 579 (48%) resulted in injuries. On average, there were 243 accidents and 116 injuries each year between 2015 and 2019. Alcohol was a factor in 5% (n=60) of all motor vehicle crashes in Yancey County 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 lower than usual, perhaps due to COVID-related lockdowns and quarantines (NC Department of Transportation, County Crash Profiles, 2021).

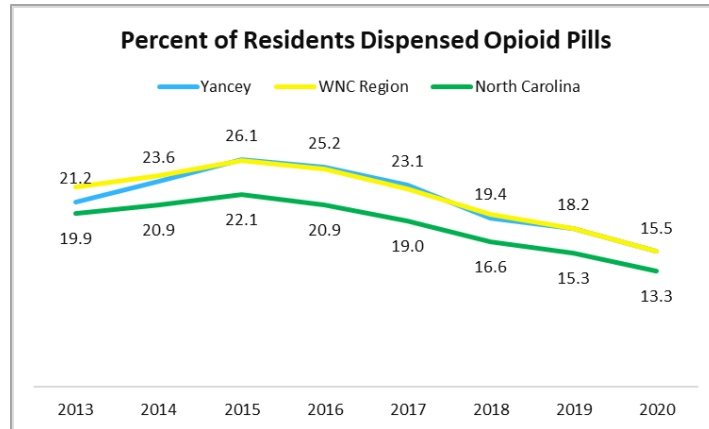
Substance Use

In 2021, 43% of Yancey County respondents to the Community Health Survey indicated that their life has been negatively affected by substance abuse, a decrease from 48% in 2018, a lower proportion compared to WNC (46.5%), and a higher percentage compared to the US (35.8%) (WNC Health Network, 2021).

Between 2006-2010 and 2015-2019, 211 deaths due to unintentional poisoning, which is where drug overdose deaths are categorized, occurred in Yancey County, an average of 21 deaths per 5-year period. While stable rates based are not published for all periods graphed, the mortality rates that are available exceed the comparable state and regional rates. In 2015-2019, the Yancey County unintentional poisoning mortality rate as 19.2, compared to 22.6 in WNC, and 18.8 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 Yancey County residents who were dispensed opioid pills has decreased steadily since 2015, but the Yancey County rate exceed the state rate over the entire period shown in the chart.

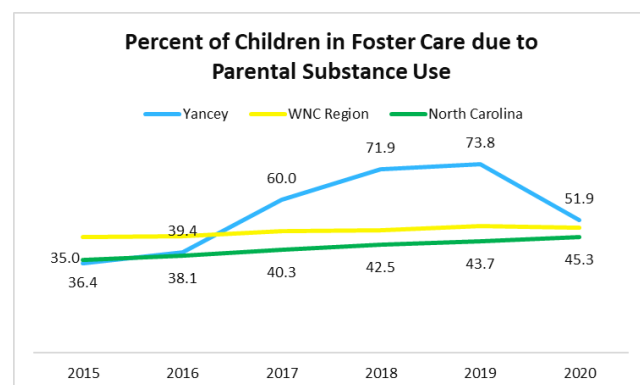


A different pattern was seen among respondents to the Community Health Survey: in Yancey County, a higher proportion reported using opioid (with or without a prescription) in 2021 (19.9%) compared to 2018 (11.8%). In 2021, a higher proportion of Yancey County respondents reported opioid use compared to WNC (12.5%) and NC (12.9%) (WNC Healthy Impact, 2021)

Between 2015 and 2020, there were a total of 48 emergency department visits with an opioid overdose diagnosis among Yancey County residents, an average of 8 per year. The exact number is variable on a yearly basis and the calculated rate demonstrates no clear pattern of decline. Community-administered naloxone reversals were rare in Yancey County, with a total of 6 being reported between 2013 and 2020. Law enforcement-administered reversals were variable and unpredictable over the same period.

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

After steadily increasing, the proportion of children in foster care are in custody due to parental substance use declined between 2019 and 2020. Compared to NC and the WNC Region, Yancey 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 Yancey County, the number of buprenorphine prescriptions dispensed has increased steadily each year, from 774 in 2011 to 3,037 in 2020, indicating expanded treatment access. The number of Medicaid beneficiaries and uninsured individuals served by opioid use disorder treatment programs increased from 53 in 2016 to 128 in 2020, averaging 84 individuals each year (NC DHHS, Opioid Action Plan, 2021).

The Centers for Medicare and Medicaid track the prescribing rates of physicians participating in the Medicare Part D plan. In 2018, there were 29 Part D prescribers in Yancey County (all of them in Burnsville) and 24 of them prescribed opioids. Those 24 providers filed 3,580 opioid claims and 345 long-acting opioid claims. When examined by rate, Yancey County demonstrated a lower opioid prescribing rate (5.06) compared to WNC (5.41), NC (5.26) and higher compared to the US (4.68). The long-acting opioid prescribing rate (9.64) was also lower compared to WNC (11.02), NC (12.60) and the nation (11.79). Since 2013, there were 1.4% fewer opioid claims and 3.2% fewer long-acting opioid claims filed in Yancey County.

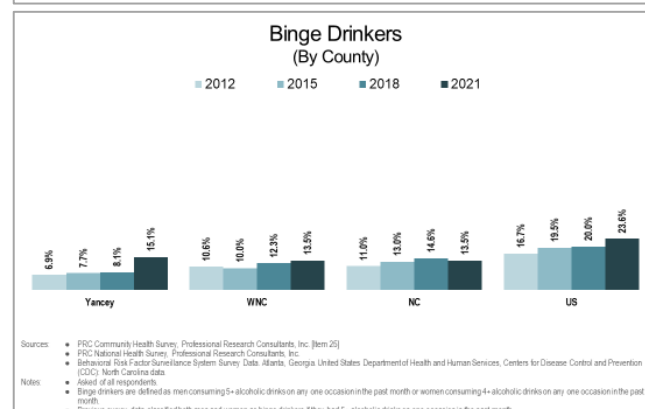
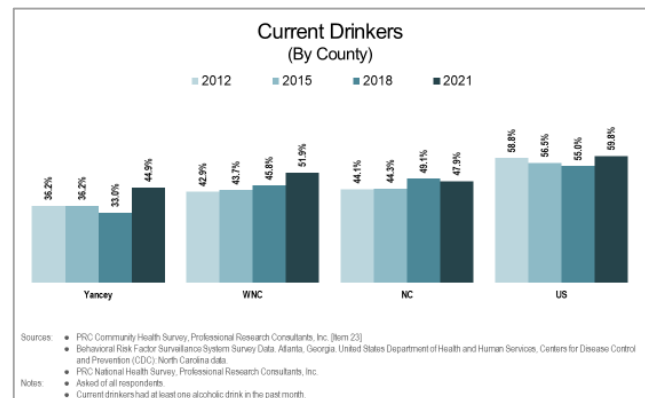
Data related to infant drug withdrawal diagnoses was provided to WNC Healthy Impact by special request from the NC State Center for Health Statistics. While there are only two periods available for comparison, in both 2014-2018 and 2015-2019 the rate of discharges with infant drug withdrawal diagnoses was higher in Yancey 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
Yancey County	42.1	41.9
WNC Region	40.2	35.2
North Carolina	10.8	10.9

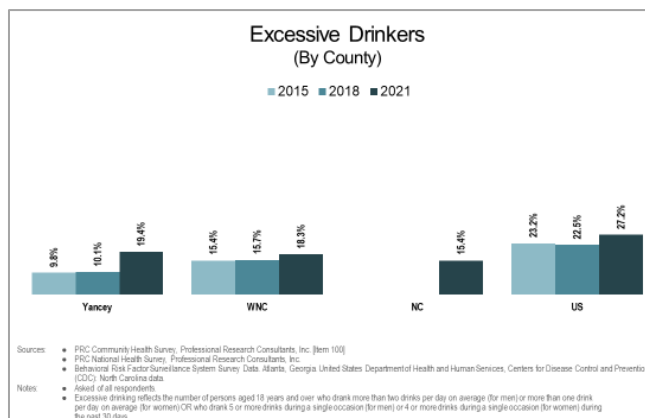
While much attention has focused on the opioid crisis in recent years, alcohol remains a substance that impacts our communities. The proportion of Yancey County Community Health Survey respondents reporting current consumption of alcohol increased from 33% in 2018 to 45% in 2021, though it remains lower compared to WNC and the US.

The percentage of respondents engaging in binge drinking increased over each of the four survey samples conducted, and the Yancey County percentage (15%) surpassed both the region (13.5%) and the state (13.5%).

Over the last three survey samples, an increasing proportion of Yancey County respondents were classified as excessive drinkers: persons aged 18 years and over who drank more than two drinks per day on

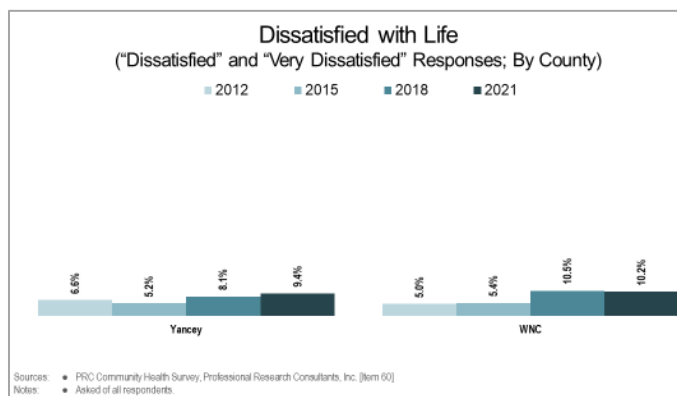


average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.
(WNC Health Network, 2021).

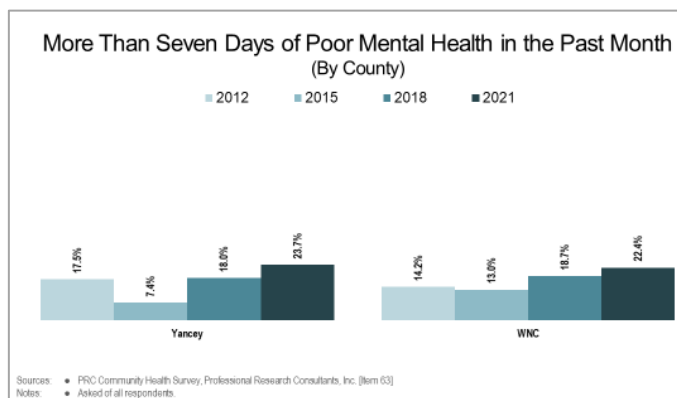


Mental Health

Since 2015 the proportion of Yancey County Community Health Survey respondents reporting that they are dissatisfied with life has increased with each survey sample. An increasing percentage of Yancey County community survey respondents report more than 7 days per month of poor mental health days.



While 14% of Yancey County respondents felt their typical day was extremely or very stressful, a large proportion of them (86%) felt confident in their ability to manage stress. Eighty-two percent agreed or strongly agreed that they were able to stay hopeful in difficult times, slightly lower compared to WNC (85%) (WNC Health Network, 2021).



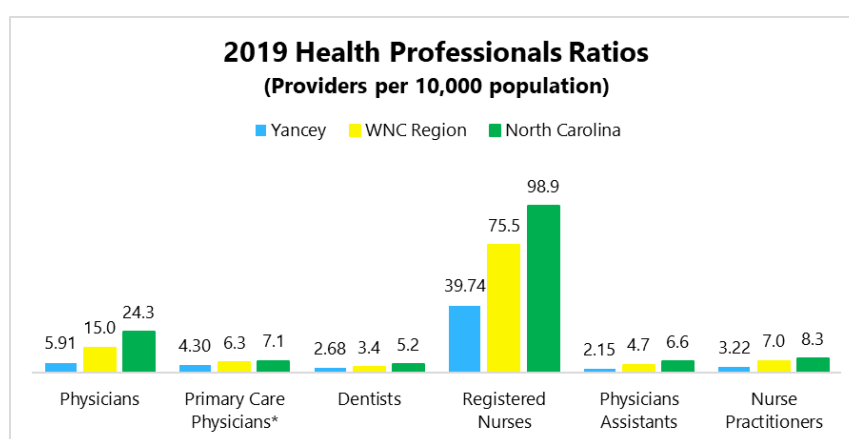
Approximately 11% of Yancey County respondents in 2021 reported having considered suicide in the past year, a higher percentage compared to WNC (7.8%) (WNC Health Network, 2021). Between 2015 and 2019 there were 19 deaths due to suicide; 15 occurred among individuals between the ages of 35 and 65 (NC 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 11 physicians (8 of them primary care physicians), 6 dentists, 67 registered nurses, 4 physician assistants, 7 pharmacists, and 8 nurse practitioners active in Yancey County in 2019. As of 2019, there were no pediatricians, psychiatrists, psychologists, podiatrists, ob-gyn specialists, certified nurse midwives, cardiologists, dermatologists, nephrologists, or urologist.

Compared to the WNC Region, Yancey County had lower ratios of physicians, dentists, nurses, and physician assistants in 2019, meaning that fewer 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, 36% of Yancey County's active physicians, 25% of primary care physicians, and 40% of dentists were over the age of 65 (Sheps Center, NC Health Workforce Data, 2021).

Healthcare Facilities

There is no hospital in Yancey County, but the Blue Ridge Regional Medical Center operates a medical campus in Burnsville, with space for primary care, pediatrics, internal medicine, and lab services. There is no additional ambulatory surgical facility in the county and no nursing pool available to provide temporary, supplementary nursing staff.

Given the aging nature of Yancey County, it will be important to ensure that resources specific to the needs of seniors exist. There are two adult care home located in Burnsville, with a maximum capacity of 99 beds; the one nursing home in Burnsville has 140 skilled nursing beds and 0 adult care home beds. There are no family care homes currently operating in Yancey

County. Two facilities or agencies in Yancey County provide home care and home health services and two facility facilities provide hospice services (NC DHHS, Licensed Facilities, 2021).

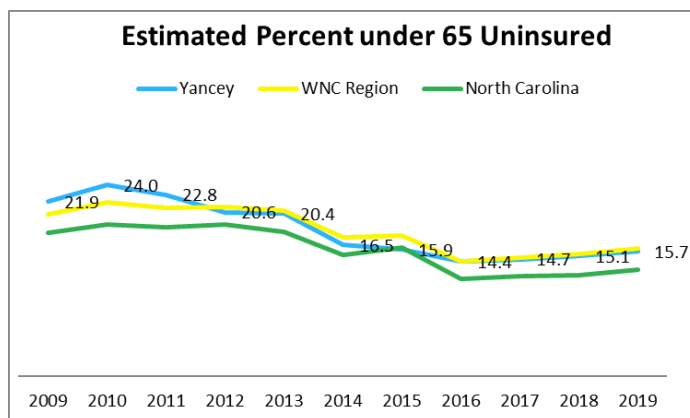
There is no dialysis facility in Yancey County. The closest dialysis facility is in Spruce Pine (Mitchell County) with 9 hemodialysis stations and no shifts offered after 5pm. (Medicare, Dialysis Facility Compare, 2021).

As of June 2021, there were 5 licensed facilities, all located in Burnsville, providing a variety of mental health-related services in Yancey County: supervised living for adults with developmental disabilities, vocational programs for adults with developmental disabilities, day activity for individuals of all disability groups, and one intensive outpatient substance abuse treatment program (NC DHHS, Licensed Facilities, 2021).

Uninsured Population

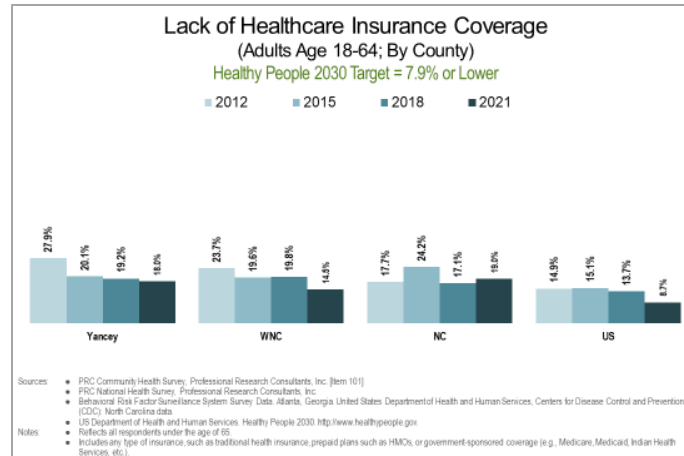
"The inability of the state to extend Medicaid is a problem for families and individuals. There needs to be more information distributed on who can help individuals work through the applications to ACA and Medicare/Medicaid insurance programs. Older adults are not necessarily able to get to someone who can help navigate through the complicated process of applying for yearly Medicare services and may not be able to hear well to do something over a phone." – Other Health Provider (Yancey County Key Informant Interview)

According to 2019 estimates, 15.7% of the Yancey County population under the age of 65, or 2,069 people, did not have health insurance. Over the period shown in the chart, Yancey 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).

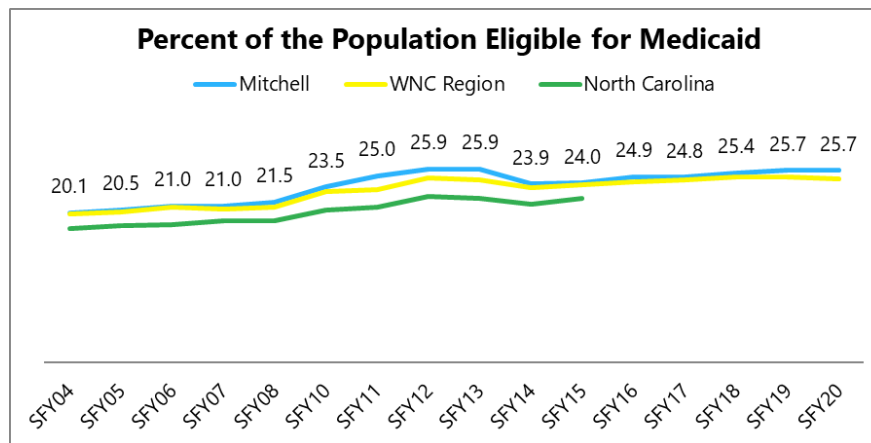


Among Yancey County minors in 2019, an estimated 7.5% were uninsured in 2019; approximately 52% were insured via Medicaid or other public coverage, such as CHIP. An estimated 30% of adults 19-34 did not have health insurance; 18% of adults aged 35-64 were uninsured. Among Yancey County seniors over the age of 65 in 2019, 33% relied on Medicare alone for insurance and 65% had two or more types of health insurance coverage, lower compared to WNC and NC (Census Bureau, ACS, 2021).

The percentage of Yancey County Community Health Survey respondents reporting a lack of health insurance coverage decreased over each of the four surveys presented. In 2021, 18% of respondents aged 18-64 did not have health insurance, higher compared to WNC and the US. Twelve percent of 2021 respondents reported losing health insurance coverage during the COVID pandemic (WNC Health Network, 2021).



In SFY20, 25% of the Yancey County population, nearly more than 4,700 individuals, was eligible for Medicaid. Compared to North Carolina, a higher percentage of Yancey County residents are eligible for Medicaid and the proportion has increased steadily since SFY2014.



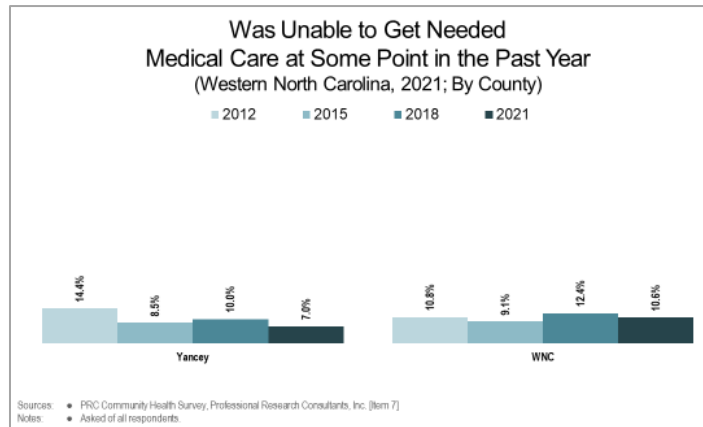
As of December 2020, Medicaid Aid to Families with Dependent Children (AFDC) was the largest program (1,243 eligibles) in Yancey County, followed by Infants and Children (870 eligibles), and Disabled (624 eligibles). A total of 573 children were eligible for MCHIP or CHIP (NC Medicaid Division of Health Benefits, Enrollment Reports, 2021).

Health Care Access

"Practitioners don't stay here very long so it's hard to build a relationship with patients. It's also very difficult to get answers from practice offices when problems or questions arise. Patients don't want to make another appointment to get a question answered." - Other Health Provider (Yancey County Key Informant Interview)

The proportion of Yancey County Community Health Survey respondents reporting a lack of needed medical care decreased from 10% in 2018 to 7% in 2021.

Approximately 32% of Yancey County respondents chose to go without needed health care at some point during the COVID pandemic, higher compared to WNC (30%). When asked how likely they were to use telemedicine for future routine healthcare, 42% of respondents indicated that they were extremely or very likely to do so, 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 Yancey 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 Yancey County residents served by the area mental health program (VAYA) decreased overall from a high of 1,065 in FY13-14 to 453 in FY19-20. In the decade between FY10-11 and FY19-20, an average of 645 individuals were served per year. Over that same decade, an average of 2 Yancey County residents per year were served in NC state psychiatric hospitals (Division of MH/SS/SAS, Annual Reports, 2021).

Twenty-eight percent of Yancey County survey respondents indicated that they were currently taking medication or receiving treatment for their mental health, a higher proportion compared to the WNC Region (25%) and the US (17%). In 2021, 19% of Yancey 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

Among Yancey County Community Health Survey respondents, 4% reported often or sometimes being treated unfairly when getting medical care because of their race or ethnicity (WNC Health Network, 2021).

Reliable data illuminating racial disparities is particularly lacking in Yancey 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 Yancey County fare worse compared to females. Mortality rates among males are higher for cancer, heart disease, lung cancer and unintentional injuries (NC SCHS, County Health Databook, 2021).

Mortality Rates by Gender 2015-2019	Yancey County Males	Yancey County Females	% Difference
Cancer	198.3	137.8	+ 44%
Heart Disease	194.8	147.9	+ 32%
Chronic Lower Respiratory Diseases	56.6	60.9	- 7%
Lung Cancer	52.8	35.3	+ 50%
Unintentional Injuries (non-motor vehicle)	46.2	32.1	+ 44%

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).

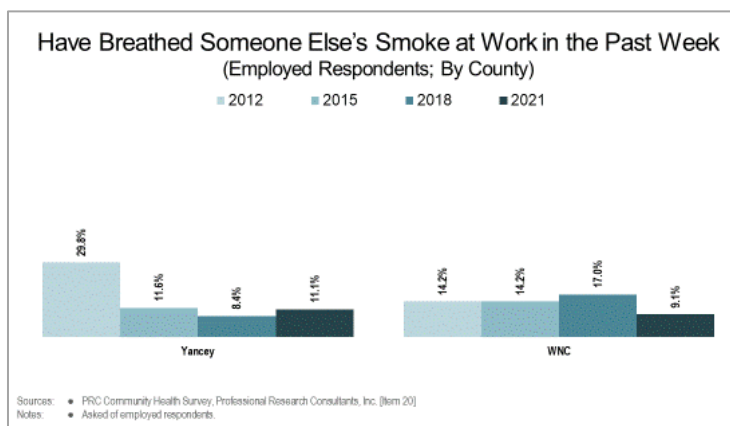
Air & Water Quality

"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 Yancey County. In 2019, out of the 244 days with measured air quality, Yancey County had 204 good days, 39 moderate days, and 1 day that was unhealthy for sensitive groups. The most common air pollutant, measurable on all 244 days, was ozone (O3). Ozone inhalation can damage the throat and airways and make it more difficult to breathe deeply; it can aggravate existing lung diseases such as asthma, emphysema, and chronic bronchitis. Ground-level ozone is the main ingredient in "smog" and is emitted from industrial facilities, electric utilities, gasoline vapors, and chemical solvents (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, Yancey County ranked 73rd in 2020, with 350 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 chromium and all of it was managed on-site by the releaser: Altec Industries in Burnsville (EPA, 2021). Chronic exposure to chromium occurs mainly in the metal and chemical manufacturing industries and may impact the respiratory system, leading to shortness of breath, coughing, decreased pulmonary function and pneumonia (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 decreasing from 30% in 2021 to 8% in 2018, the proportion of Yancey County Community Health Survey respondents who said they had



breathed someone else's smoke at work in the past week increased to 11% in 2021, higher 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 29% of the Yancey County population, around 5,100 residents, were served by community water systems. The town of Burnsville is the largest community water systems and has not had any health-based violations (a contaminant exceeded the safety standard or water was not treated properly) in the past 10 years (EPA, 2021).

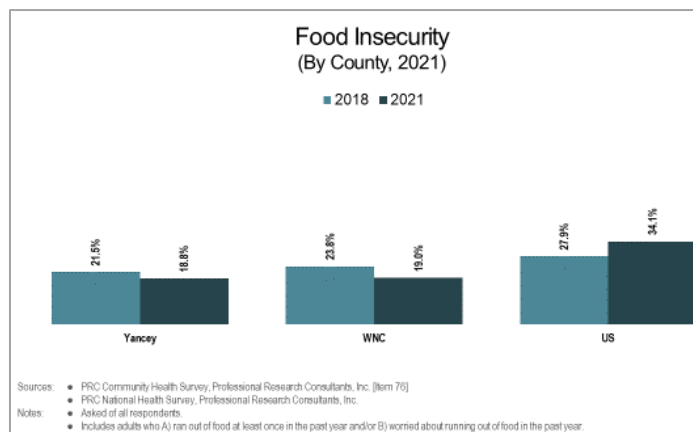
Access to Healthy Food & Places

"The people of Yancey County have several sources of access to nonperishable food and in the summer, fresh fruits and veggies through TRACTOR and Dig-in. There are food banks that are underutilized because people do not know about them." - Other Health Provider (Yancey County Key Informant Interview)

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, 16.4% of the Yancey County population was food insecure in 2019; 20% of children were food insecure. They project that in 2021, 17.6% of the population and 21.8% 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. Yancey County demonstrated lower percentages of food insecurity in both years compared to WNC and the US: nearly 22% in 2018 and 19% in 2021. (WNC Health Network, 2021).



"I work a lot with older adults so am most familiar with this group. Mobility is a significant problem and federal cutbacks to SNAP have severely impacted the

ability of seniors to access food.” - Other Health Provider (Yancey County Key Informant Interview)

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. Yancey County had 1 farmers market in 2018, the same as in 2013. The number of grocery stores decreased from 4 in 2011 to 3 in 2016: there is one large-chain grocery store in Yancey County (an Ingles in Bakersville). As of 2015, nearly 5% of Yancey County households had no car and low access (more than 1 mile distant) to a grocery store. In contrast to the grocery stores, fast food restaurants appear more abundant in Yancey County: there were 8 fast food establishments in 2011 and 7 in 2016. There was one recreational or fitness facility in Yancey County in 2011 and 2016 (USDA, 2021).

Chapter 6- Health Resources

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

While the 2-1-1 data for 2018-2021 does not demonstrate a high number of requests from Yancey County residents, housing, shelter, and utility related calls tend to be the most common, followed by food and healthcare related requests. Information on low-cost housing and rent assistance tend to be the most common housing and shelter related request, followed by referrals to shelters. Assistance with electric utilities was the most frequent request within the Utilities category, followed by heating fuel-related requests.

Within the Healthcare category, the requests are variable, with referrals to medical providers, dental and eye care providers, and assistance with medical expenses garnering a number of requests in 2018-2021 (2-1-1 Counts, 2021).

Top 2-1-1 Request Categories	2018	2019	2020	2021	Total
Housing & Shelter	17	17	69	37	140
<i>Shelters</i>	<i>4</i>	<i>4</i>	<i>9</i>	<i>8</i>	<i>25</i>

<i>Low-cost housing</i>	3	5	32	18	58
<i>Home repair/maintenance</i>	6	5	2	2	15
<i>Rent assistance</i>	3	3	23	8	37
<i>Mortgage assistance</i>	1	0	1	1	3
<i>Landlord/tenant issues</i>	0	0	2	0	2
Utilities	16	15	13	33	77
<i>Electric</i>	8	9	9	14	40
<i>Gas</i>	0	0	0	2	2
<i>Water</i>	0	1	2	3	6
<i>Heating Fuel</i>	3	4	1	3	11
<i>Phone/Internet</i>	3	1	1	0	5
<i>Other</i>	1	3	0	1	5
Healthcare (not including COVID)	19	28	47	5	99
<i>Health insurance</i>	2	2	2	1	7
<i>Medical expense assistance</i>	5	5	2	0	12
<i>Medical providers</i>	4	8	4	1	17
<i>Dental & eye care</i>	0	6	4	1	11
<i>Prescription medications</i>	5	3	2	0	10
<i>Nursing home & Adult Care</i>	1	3	2	1	7
<i>Public Health & Safety</i>	0	0	20	0	20
<i>Contact information</i>	0	0	1	1	2
<i>Other</i>	2	1	9	0	12
Food	7	72	45	11	135
<i>Help buying food</i>	1	3	8	0	12
<i>Food pantries</i>	6	54	36	11	107
<i>Soup kitchens & meals to-go</i>	0	1	0	0	1
<i>Feeding Children</i>	0	0	0	0	0
<i>Home-delivered meals</i>	0	14	1	0	15
Mental Health & Addictions	8	9	5	5	27
Employment & Income	5	10	25	2	42
Clothing & Household	2	26	5	2	35
Child Care & Parenting	1	0	0	0	1
Government & Legal	12	26	13	6	57
Transportation Assistance	5	6	3	2	16
Education	0	0	1	0	1
Disaster	1	0	15	0	16
Other	29	28	16	11	84
Total for top requests	122	237	257	104	720

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

Resource Gaps

Access to primary care is especially necessary in Yancey 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 18 primary care providers (8 primary

care physicians, 6 nurse practitioners, 4 physician assistants and 0 certified midwives), Yancey County had a ratio of 1 provider to 989 people (Sheps Center, NC Health Workforce Data, 2021).

However, Yancey County demonstrating a lower (better) ratio than the goal set by HNC 2030 does mean that providers are accessible. Compared to the WNC Region, Yancey County had lower ratios of physicians, dentists, registered nurses, physician assistants, and nurse practitioners. Which means that fewer providers are available to serve the population or that the providers who are there must serve a higher number of patients. As mentioned in an earlier chapter, 36% of physicians, 25% of primary care physicians, 17% of nurse practitioners were over the age of 65 in 2019. As of 2019, there were no pediatricians, psychiatrists, psychologists, cardiologists, podiatrists, certified nurse midwives, general surgeons, obstetrician-gynecologists, dermatologists, oncologists, endocrinologists, pulmonologists, gastroenterologists, ENT (Otolaryngology), radiologists, nephrologists, or urologists. There was only one psychological associate.

Dentists are a particular need in Yancey 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 Yancey County in 2020. Forty percent of active dentists were over the age of 65 in 2019, an indicator that unless new dentists are incentivized to work in Yancey County, the proportion of dentists will shrink as the providers retire.

"Lack of mental health providers, lack of family support, travel time to get care, and not understanding preventive care." - Community Leader (Yancey County)

"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)

"Physicians and providers that are not affiliated with Mission. Workload of Mission practitioners is too much which doesn't allow for the time it takes to help patients who don't read, write or have transportation. Patient costs for Mission care is too high also." - Other Health Provider (Yancey County)

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.

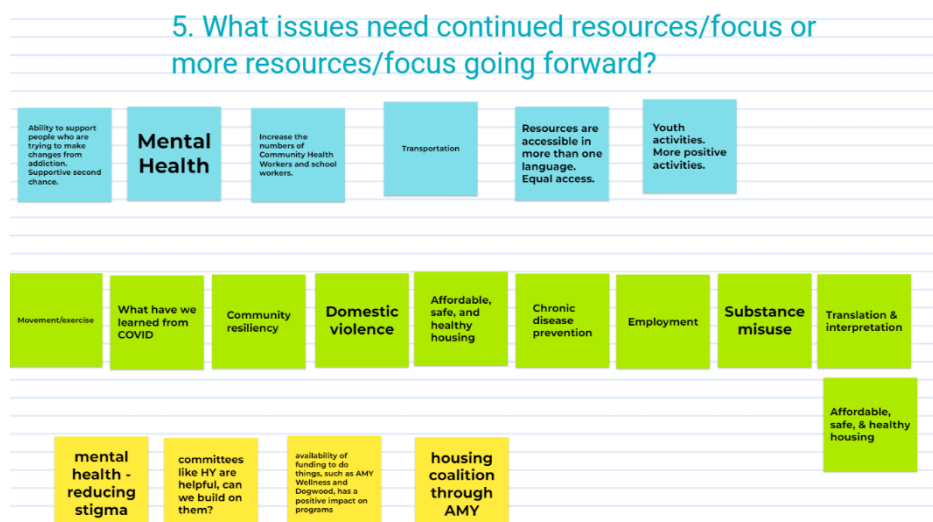
Beginning in January 2021, the Healthy Yancey team spent time understanding the data and uncovering what issues were affecting the most people in our community. We also interviewed community leaders to find out what they are most concerned about. To identify the significant health issues in our community, 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 elements 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 September 2, 2021, Jessica Farley and Emma Duncan from Toe River Health District facilitated the first of three prioritization meetings, via Zoom. The team shared highlights from the Yancey County WNC Healthy Impact presentation, summarizing the community health survey results and key informant interviews, and slides containing statistical data

pertaining to substance abuse, mental health, healthy lifestyles and COVID. Participants were prompted to ask questions and comment on what data that stood out to them, then used the JamBoard digital tool to rate the priorities.



At a follow-up meeting on October 7, the team reviewed highlights from the 2018 CHA and compared them to the 2021 results. As a result of that meeting, the Healthy Yancey Health Partnership identified the following 16 health issues:

- **Substance abuse/misuse/prevention.** Yancey County demonstrated a higher unintentional poisoning mortality rate and a higher opioid dispensing rate. The percentage of survey respondents reporting binge and excessive drinking had increased.
- **Mental Health.** The increasing proportion of Yancey County survey respondents who experienced a week or more of poor mental health days per month is just one indicator of the mental health status of our community. Although the mental health services are sparse in Yancey County, the rising suicide rate is a reminder that services need to be readily available and easy to access without stigma.
- **Food insecurity.** With an estimated 18% of adults and 22% of children projected to be food insecure in Yancey County in 2021, the lack of grocery stores and the continuing poverty rates only make it harder for our community to access fresh, healthy foods.
- **Transportation.** Transportation disadvantage was widely recognized as a barrier to health care access before the pandemic. COVID-19 introduced broad transportation system challenges, from reduced public transit service to lessened ability to rely on others for fear of contracting the virus. Public transit exists to help people with medical or physical limitations get to essential destination but in response to declining ridership and fiscal pressures, public transit agencies have reduced service in most regions. Changes in employment, transportation service, and health facility operations during the COVID-19 pandemic have broad and potentially long-lasting implications for transportation to health care settings, and our everyday lives.
- **Equity/Spanish Translation.** Language barriers affect the ability to communicate and if people cannot communicate, this leads to misunderstandings and misinterpretations between people. The inability to speak to the Hispanic populations in our area prevents individuals from being able to fully express their personality and form bonds with others. Language barriers can foment discrimination and separation of groups and isolation of individuals. It can also affect their healthcare, mental health, and education.
- **Chronic disease prevention/healthy lifestyles.** Mortality rates due to heart disease and CLRD were higher than the state of region; kidney and liver disease mortality rates are also higher and rising. An estimated 24% of the county is obese and 70% of community survey respondents were overweight or obese.
- **Community resilience.** The speed and magnitude of change and daily stressors of COVID-19 is forcing jurisdictions and communities to find new ways to cope with stress and build resilience – a challenge that represents immediate and long-term risks to our individual and societal health. Vulnerable and disadvantaged communities, like ours, are particularly at risk given their disparity in access to resources. In the case of

COVID-19, stressors are presenting as chronic, ubiquitous, and given the indefinite time frame of the pandemic, can lead to additional secondary stressors that will lead to greater morbidity and mortality in the mid-to-long term if not addressed.

- **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).
- **Housing.** Even though the cost of housing is lower in Yancey County compared to NC, 24% of homeowners and 21% of renters spend more than 30% of their monthly income (which is already lower than NC) on housing. As reflected in 2-1-1 calls, the cost of utilities and heating fuel continue to be an issue in our community.
- **Economic opportunities.** The Yancey County workforce tends to earn a lower hourly wage compared to WNC and NC, and the county median income measures are thousands of dollars lower than the state average. The impact of the COVID pandemic likely made an already difficult economic situation worse.
- **Aging/dementia/fall prevention.** Falls are a particular threat to the aging, a population that is expected to increase in Yancey County, with 83% of fall-related deaths in the county occurring among individuals aged 65 and older. The Alzheimer's disease mortality rate in Yancey County was higher compared to WNC and NC and has risen over time.
- **Adverse Childhood Experiences.** We have lots of children expressing hurt. We as a community health team need to be able to recognize signs and symptoms in children that might be linked to a traumatic event in their lives. Many of the health issues we have identified in this CHA process go hand and hand. With behavioral health, mental health, substance abuse, and domestic violence being on the rise, it is no surprise that children in these families are suffering too. A critical part of children's recovery is having a supportive caregiving system so that these children can recover from the traumatic events.
- **Social Determinants of Health.** Social aspects play a huge role in healthy citizens. Employment, poverty, education, income, and lack of resources are all issues in Yancey County that need improvement in order to positively impact the health of its citizens.
- **Oral health.** In addition to the reality that oral health is not a priority area of healthcare, there is a lack of dentists in Yancey County, with dentists retiring and some not accepting Medicaid. Access to dental care, particularly specialty care, often requires travel outside of the county.

- **Cancer.** Cancer mortality rates are higher compared to WNC and NC; breast and prostate cancer mortality rates are rising. Lung and colorectal cancer incidence rates have decreased over time but remain higher.
- **Birth outcomes/infant mortality.** Smoking during pregnancy continues to be an issue in Yancey County, with nearly 17% of mothers smoking while pregnant. Low weight births have increased slowly over time and the county also had higher rates of infant drug withdrawal diagnoses.

On November 4, 2021, the top sixteen health issues identified by the Community Health Assessment were presented, with the goal of having top three issues prioritized by the end of the meeting. Before breaking participants into two breakout groups, 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*)

She also encouraged groups to discuss the inclusion or exclusion of “social determinates of health” as a category since social determinates may underpin every other topic. There was agreement that equity (e.g., Spanish translation) and social determinants of health must be lenses that are applied to ALL work undertaken toward community health improvement and should influence everything that we do. Then a Wordle word cloud-voting technique was used to narrow to the top 3 priority health issues.



Identified Priorities

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

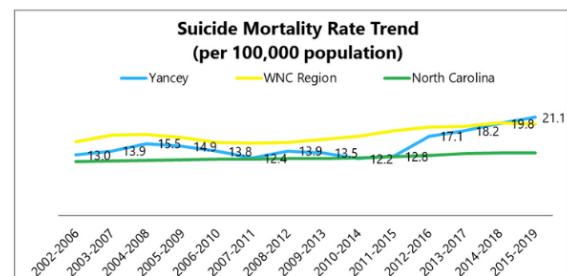
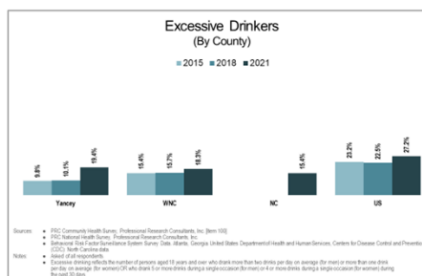
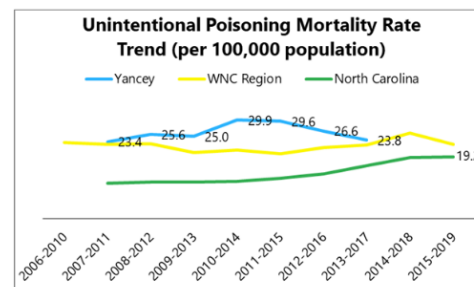
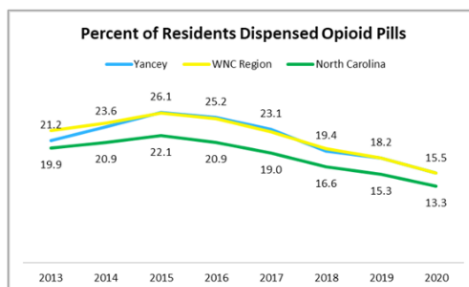
1. **Behavioral Health:** Mental health, substance abuse, Adverse Childhood Experiences, domestic violence, and community resiliency
2. **Healthy Living Across the Lifespan:** Chronic disease prevention and management, healthy lifestyles, oral health, cancer, aging, dementia, fall prevention, and birth outcomes/infant mortality
3. **Food Insecurity and Access to Food**

BEHAVIORAL HEALTH

Yancey County
CHA Priority 1

Poor mental health and 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 health issues and substance abuse can lead to increased intimate partner violence. All of the above accumulate in the lives of our citizens as Adverse Childhood Experiences, which can increase the risk of health issues over a lifetime. Mental illness, substance misuse, domestic violence, and ACEs atrophy a community's ability to respond, withstand, and recover from adversity.

THE NUMBERS



WHAT DOES THIS MEAN FOR YANCEY COUNTY?

- Although the rate has decreased over time, a higher percentage of Yancey County residents were dispensed opioids compared to NC.
- The unintentional poisoning mortality rate was higher than the state of the region.
- An increasing proportion of Yancey County survey respondents were excessive drinkers.
- Almost 24% of survey respondents reported 7+ days of poor mental health in the past month; 43% of survey respondents had been negatively affected by substance abuse.
- The county suicide mortality rate was 57% higher than NC and rose 23% since 2012-2016.
- The DV shelter in Yancey County served 148 clients in FY19-20 and the shelter was full on 200 days out of the year.

BEHAVIORAL HEALTH

WHAT'S HELPING?

- "Some agencies and organizations, such as Partners Aligned Toward Health, AMY Regional Library, and Blue Ridge Partnership for Children, are thinking about programming and initiatives that go more upstream and deeper to build resilience." - Community Leader (Yancey County Key Informant Interview)
- Coordinated responses across agencies (DJJ, DSS, mental health, police), interagency meetings
- Increased access to mental health management techniques in schools
- Increased use of mindfulness/meditation practices to deal with stress

WHAT'S HURTING?

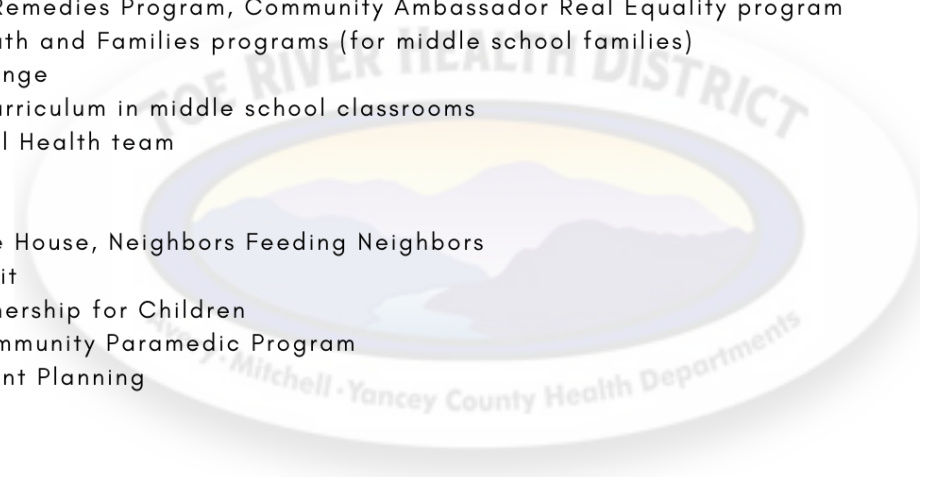
- "Serious lack of information and education and awareness of the deep impacts of trauma. Stigma. Programs that try to fix the issue without building resilience or addressing the underlying problems that lead to the issue." - Community Leader (Yancey County Key Informant Interview)
- Programs exist but they aren't being utilized
- Lack of community support, lack of local variety of options
- Inconsistent use of prescription medications, particularly antidepressants
- Inconsistent services at RHA, as well as limited hours and lack of transportation
- Territoriality amongst agencies, people working in silos, political divisions
- Lack of communication and follow-up with individuals and families

WHO'S MOST IMPACTED?

- Everyone. This issue cuts across the entire community.
- Children
- Middle and high school students
- Elderly
- Unemployed
- Anyone who has experienced trauma

CURRENT ACTION

- PATH (STOP grant, Drug Free Communities grant)
- MYSATF, Home Remedies Program, Community Ambassador Real Equality program
- Empowering Youth and Families programs (for middle school families)
- Mountain Challenge
- Health Rocks! curriculum in middle school classrooms
- MCHP Behavioral Health team
- Healthy Yancey
- Rec House
- SafePlace, Hope House, Neighbors Feeding Neighbors
- Mobile Crisis Unit
- Blue Ridge Partnership for Children
- New Yancey Community Paramedic Program
- Opioid Settlement Planning

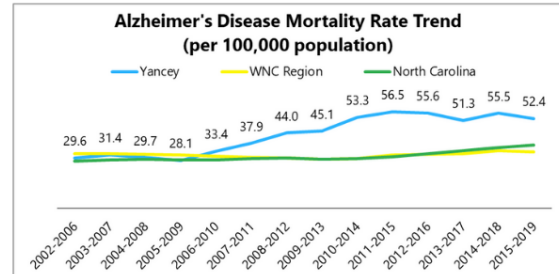
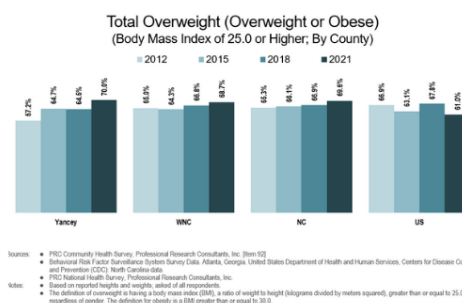
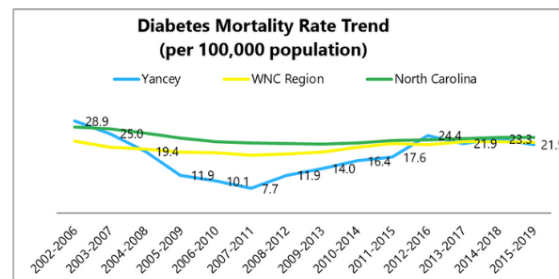
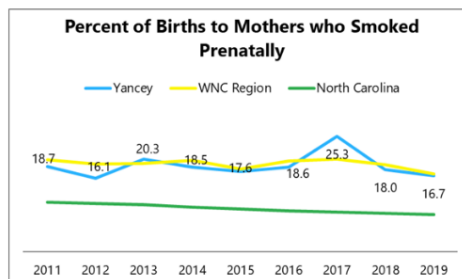


HEALTHY LIVING ACROSS THE LIFESPAN

Yancey County
CHA Priority 2

All residents of Yancey County deserve to live long, fulfilling lives. A healthy life begins with positive pregnancy & birth outcomes, is improved by healthy choices & activities, and is extended with the prevention & management of chronic diseases. Preventing falls, screening for cancer, encouraging oral health care, and caring for our memory-impaired elderly can improve the quality of life for all members of our community.

THE NUMBERS



WHAT DOES THIS MEAN FOR YANCEY COUNTY?

- Historically, Yancey County pregnant women are more likely to report smoking during pregnancy than NC mothers. A higher percentage of births were low weight compared to WNC.
- Diabetes mortality rates have risen in Yancey County, as have breast and prostate cancer mortality rates.
- Compared to WNC, NC and the US, a higher proportion of residents were overweight or obese and the percentage has risen over the past surveys; 20% of survey respondents reported no leisure-time physical activity.
- Alzheimer's disease was the fourth leading cause of death in 2015-2019 and mortality rates have increased and were more than 40% higher than NC and WNC.
- 83% of fall deaths between 2015 and 2019 occurred among those aged 65+; more than 40% occurred among those aged 85+.

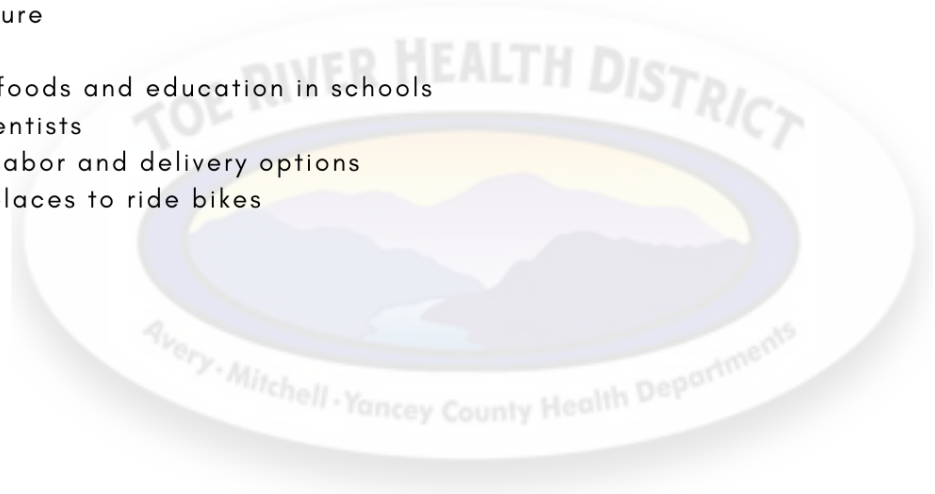
HEALTHY LIVING ACROSS THE LIFESPAN

WHAT'S HELPING?

- "Recent renovations of Cane River Park and Ray Cort Park. Free outdoor exercise equipment. Established, maintained, and marked walking paths and sidewalks." - Community Leader (Yancey County Key Informant Interview)
- Education and support from High Country Aging Agencies
- Project CARE
- Increased communication between an individuals health providers
- General trends toward promoting healthy lifestyle, increase awareness
- New position of community paramedic
- Construction of the YMCA
- Medical facilities are able to address some of these concerns
- Access to natural resources and many ways and places to be physically active

WHAT'S HURTING?

- "Lack of mental health providers, lack of family support, travel time to get care, and not understanding preventive care." - Community Leader (Yancey County Key Informant Interview)
- Lack of knowledge of dementia, in the community and in the medical field
- Pandemic
- Underutilization of the Senior Center
- Town Centers and Cross Street building could be more flexible with fees for programs that address chronic diseases and healthy diets. Larger spaces needed to attract larger audiences.
- Siloed efforts
- Lack of referrals to other organizations
- Lack of resources in the immediate community
- Fast food culture
- Food deserts
- Lack of fresh foods and education in schools
- Not enough dentists
- Lack of local labor and delivery options
- Lack of safe places to ride bikes



HEALTHY LIVING ACROSS THE LIFESPAN

WHO'S MOST IMPACTED?

- Everyone
- Infants
- Youth
- The elderly
- Those over age 40
- Those with chronic diseases, with a family history of chronic diseases
- Pregnant people, those hoping to become pregnant

CURRENT ACTION

- High Country Area Agency on Aging
- Project CARE
- Home Remedies program
- Family and Consumer Science Agent with Cooperative Extension (position needs to be filled)
- PATH
- BFF 5K, Sizzlin' Summer Series, Toe River Racqueteers Tennis Camp, Summer Food Program, Cougar Fit Club
- Summer Resource guide, MH/SA Resource Guide
- Senior Center
- MCHP
- Healthy Yancey
- Ray-Cort Park, Kid Mountain, Cane River Park, Walking Trails
- NC High Peaks Trail Association
- Yancey Youth League Sports
- Cosecha

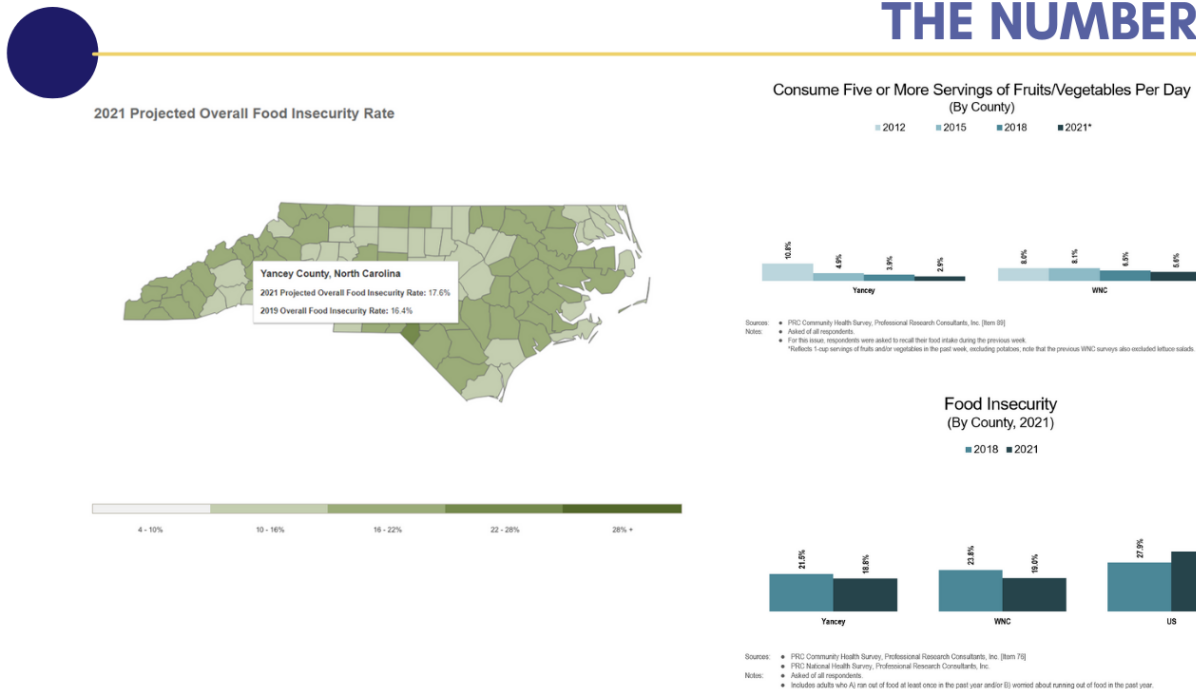


FOOD INSECURITY & ACCESS TO FOOD

Yancey County
CHA Priority 3

Reliable and sufficient nutrition is necessary order to have a healthy, active life. Many rural communities, including Yancey County, were already struggling with low grocery store access and availability and low wages and poverty. The inflating cost of food, supply chain disruptions, and employment impacts resulting from the COVID Pandemic have complicated the food environment in Yancey County.

THE NUMBERS



WHAT DOES THIS MEAN FOR YANCEY COUNTY?

- Feeding America projects that 17.6% of adults and 21.8% of children in Yancey County are food insecure in 2021.
- A decreasing proportion of Avery County survey respondents consume the recommended servings of fruits and vegetables daily.
- 19% of survey respondents reported running out of food at least once in the past year or worried about running out of food in the past year.
- The number of individuals receiving Food and Nutrition Services (food stamps) in Yancey County rose from 2,697 in Nov. 2020 to 3,143 in Nov. 2021, indicating an increasing need for food-related assistance.
- There is one large chain grocery store in Yancey County and several small discount grocery outlets; additional grocery shopping options require traveling out of the county. There are some convenience stores and small stores that might sell shelf-stable items.

Revised
Sept. 2021

Tool adapted by WNC
Health Network from
Buncombe County CHIP
data team

FOOD SECURITY & ACCESS TO FOOD

WHAT'S HELPING?

- "Food pantries that offer fresh produce, great place to have a garden, extension service that offers free help, classes on canning and preserving food." - Other Health Provider (Yancey County Key Informant Interview)
- Efforts to offer food freely and remove stigma around accepting food
- Removing travel barriers with delivery options
- Organizational collaboration
- Good climate for growing, local traditions of growing food

WHAT'S HURTING?

- Lack of transportation
- Low incomes
- Winter season hits hard
- Lack of access for the elderly and low income
- Offering expired foods contributes to a belief that those in need are not worth fresh foods
- Burden of qualifying for services/aid
- Lack of mobile market, smaller neighborhood markets
- Low wages for farmers
- Grant funding for programs means the programs can disappear

WHO'S MOST IMPACTED?

- Those without resources or transportation
- Low income, especially families
- Elderly
- Children

CURRENT ACTION

- | | |
|-------------------------------|-------------------------|
| • TRACTOR | • CSAs |
| • Reconciliation House | • Harvest Shares |
| • Neighbors Feeding Neighbors | • Summer Food Program |
| • PATH | • Yancey Food Council |
| • Dig In! Community Garden | • Cosecha |
| • Farmers Market | • Cooperative Extension |
| • Yancey Food Council | |

"There is not a database of available food banks in the county and thus, people think there are limited resources. Transportation to stores that carry fresh fruits and veggies is difficult to arrange or access if mobility is an issue. Food distribution is focused in Burnsville or very close proximity and does not reach the periphery of the county." - Other Health Provider (Yancey County Key Informant Interview)

Chapter 8 - Next Steps

Collaborative Planning

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 health concerns, starting with answering the questions to eliminate duplication of services and creating work that is not useful:

- What is currently going on regarding these top three health concerns?
- What would you like to see going on regarding the top three 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.

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.

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 Yancey County is the healthiest place to live, learn, work, and play.

Sharing Findings

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

- Present to the Toe River Health District Board of Health
- Present to the Yancey County Board of Commissioners
- Present to the Healthy Yancey
- Distribution to Yancey County School Administration
- Distribution to Yancey County Senior Center
- Post on local radio station website www.wkyk.com
- Conduct a Public Services Announcement with the local radio station
- Publish in the local newspaper website: www.yanceytimesjournal.com
- Make available on local agency websites and local libraries in Burnsville

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 Yancey County Health Department at (828) 682-6118.

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PHOTOGRAPHY CREDITS

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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 64.

About the Yancey County Sample

Size: The total regional sample size was 4,861 individuals aged 18 and older, with 264 from our county. PRC conducted all analysis of the final, raw dataset.

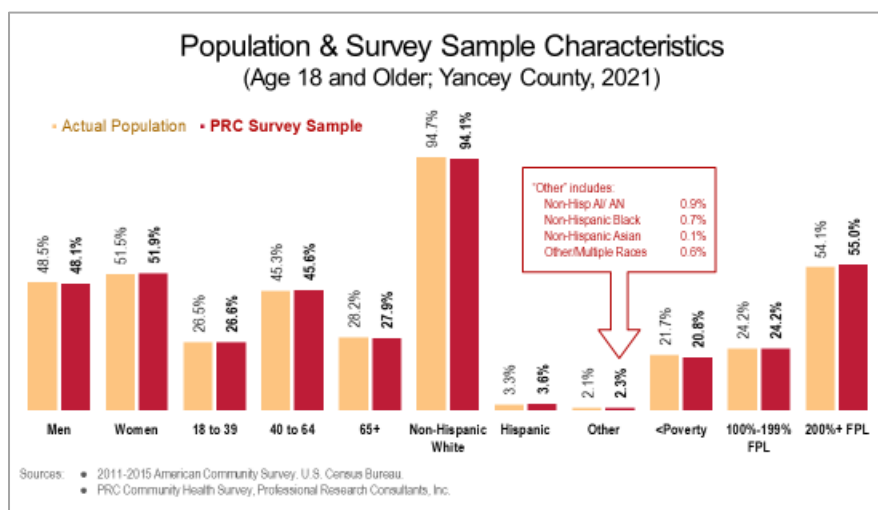
Sampling Error: For county-level findings, the maximum error rate at the 95% confidence level is approximately $\pm 4.0\%$ (Buncombe and Henderson counties), $\pm 4.6\%$ (Polk County), $\pm 5.1\%$ (Jackson and Madison counties), or $\pm 6.9\%$ (all other counties, including Yancey).

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 Yancey 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, 7 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	11	3
Other Health Provider	5	2
Physician	2	0
Public Health Representative	4	1
Social Services Provider	3	1

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?

- | | |
|--------------|-----------------------|
| | Yes |
| (SKIP to 16) | No |
| (SKIP to 16) | [Don't Know/Not Sure] |
| (SKIP to 16) | [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?

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

(SKIP to 18)

(SKIP to 18)

Yes

No

[Don't Know/Not Sure]

[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?

- (SKIP to 59)
- (SKIP to 59)
- (SKIP to 59)
- Yes
- No
- [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?

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

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

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

(SKIP to 68)

(SKIP to 68)
- Yes
 - No
 - [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) Yes
(SKIP to 75) No
(SKIP to 75) [Already Vaccinated]
(SKIP to 75) [Don't Know/Not Sure]
(SKIP to 75) [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)

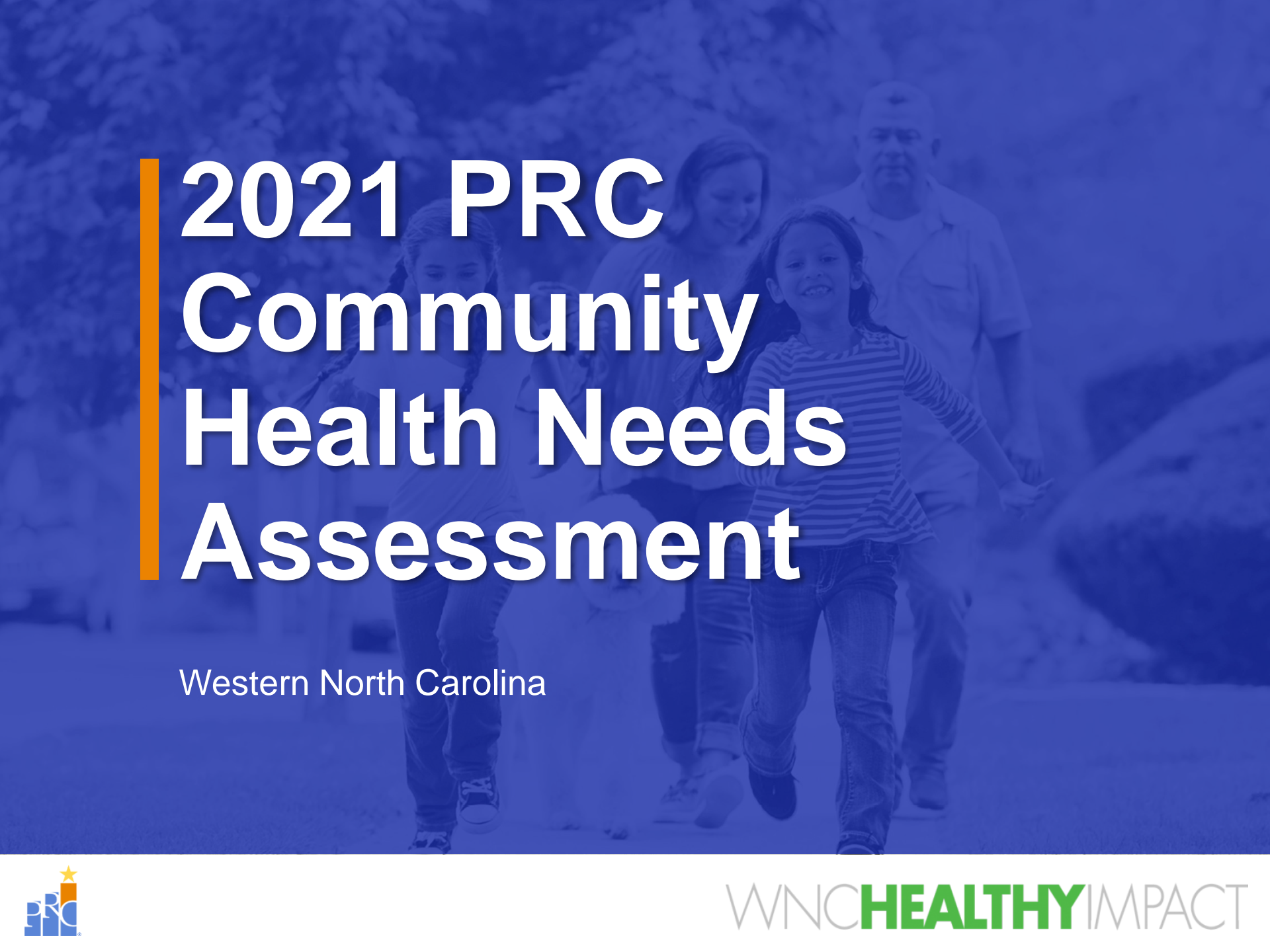
75. Total Family Household Income.

- 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]
- [Terminate Interview]

(SKIP to [GOODBYE](#))

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

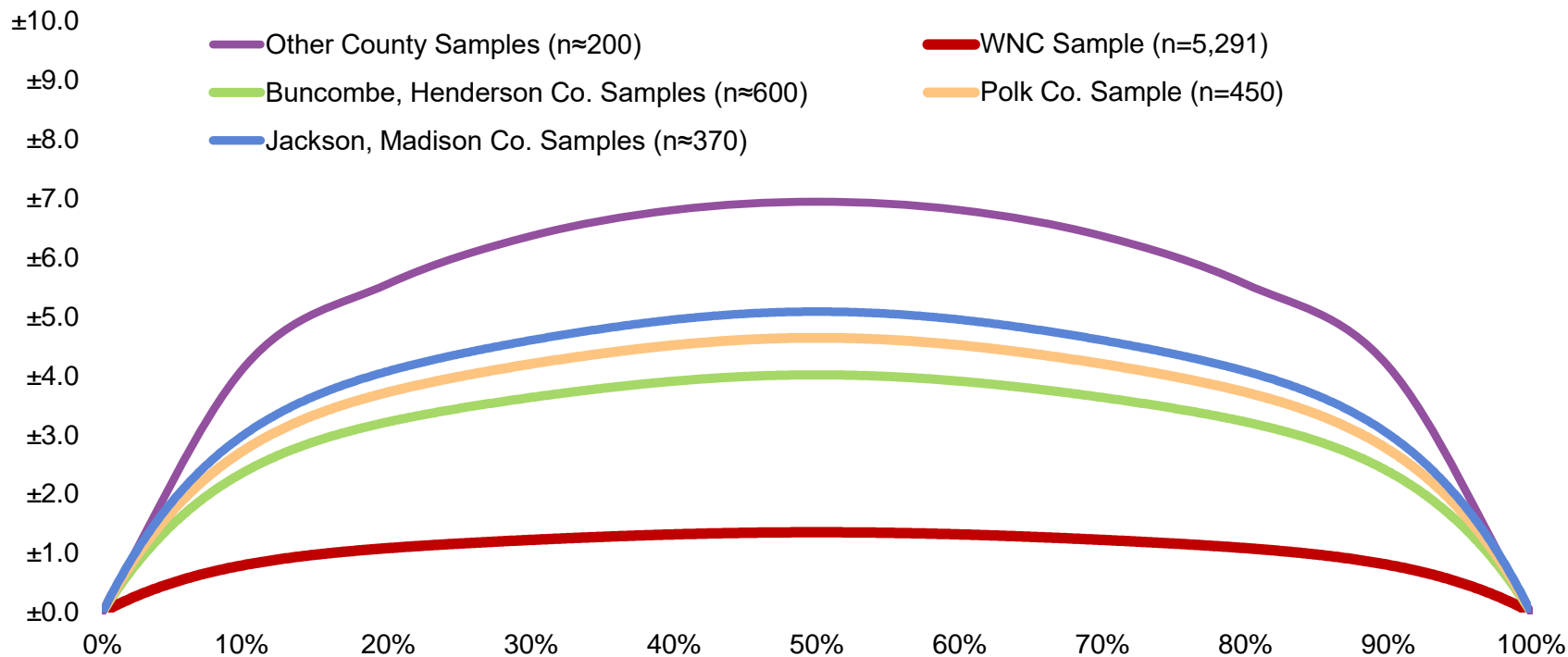
- Each county added three county-specific questions
- Approximately 15-minute interviews
- Questions determined by WNC Healthy Impact Data Workgroup and stakeholder input

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

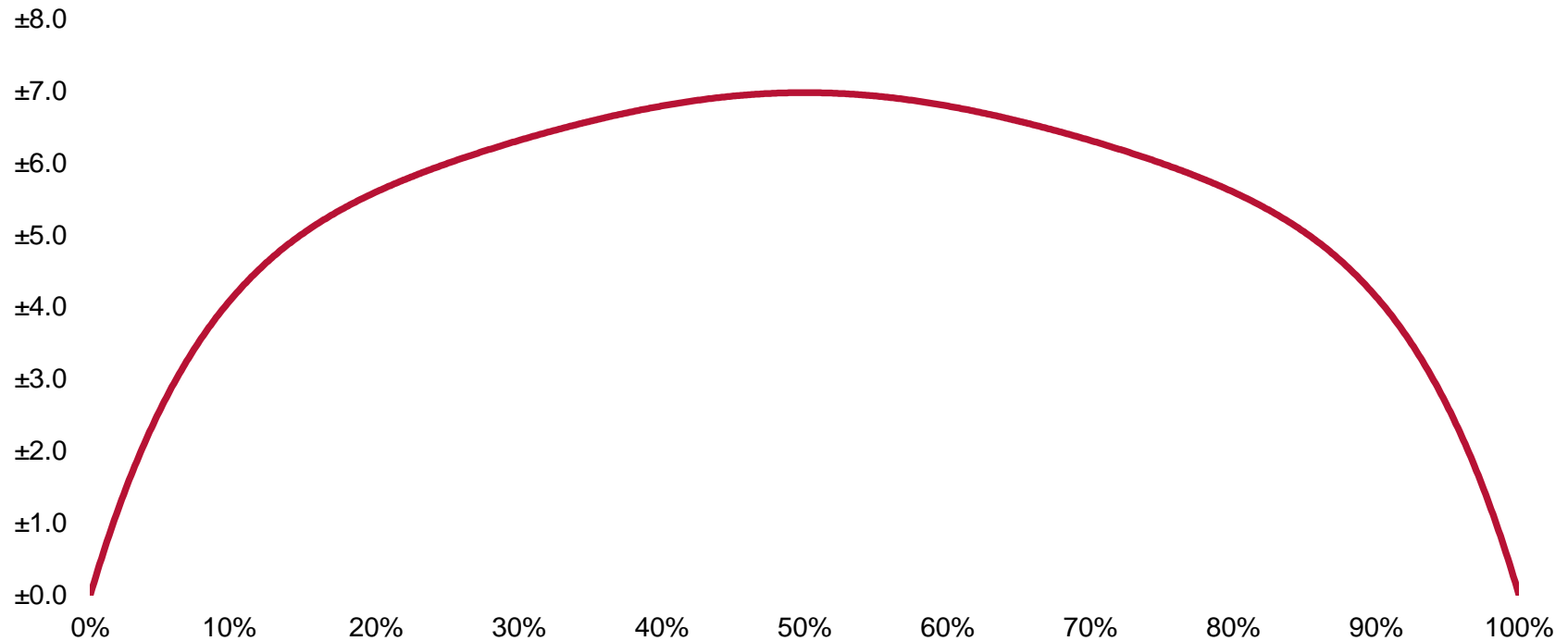
- Results for WNC regional data have maximum error rate of +1.3% at the 95% confidence level
- Results for Buncombe and Henderson counties have an approximate maximum error rate of +4.0% at the 95% confidence level
- Results for Polk County have an approximate maximum error rate of +4.6% at the 95% confidence 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 264 Respondents at the 95 Percent Level of Confidence

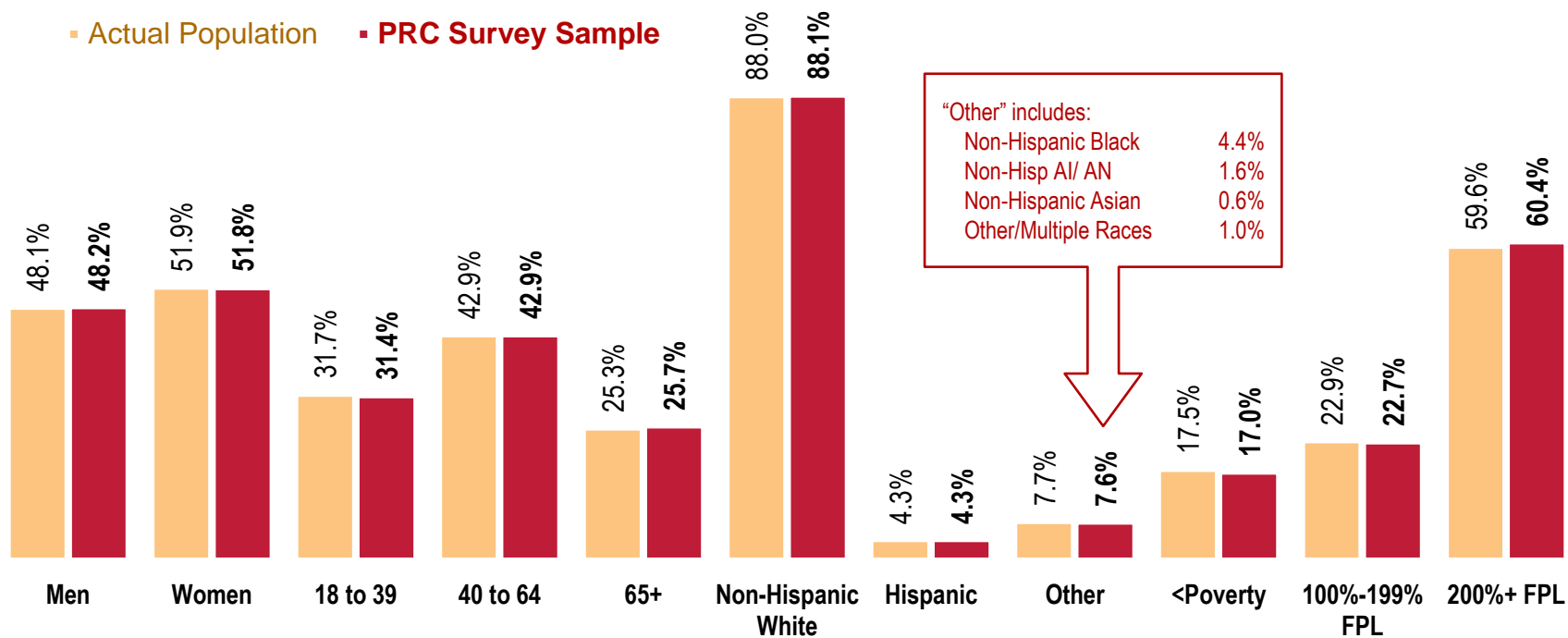


Note:

- 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)

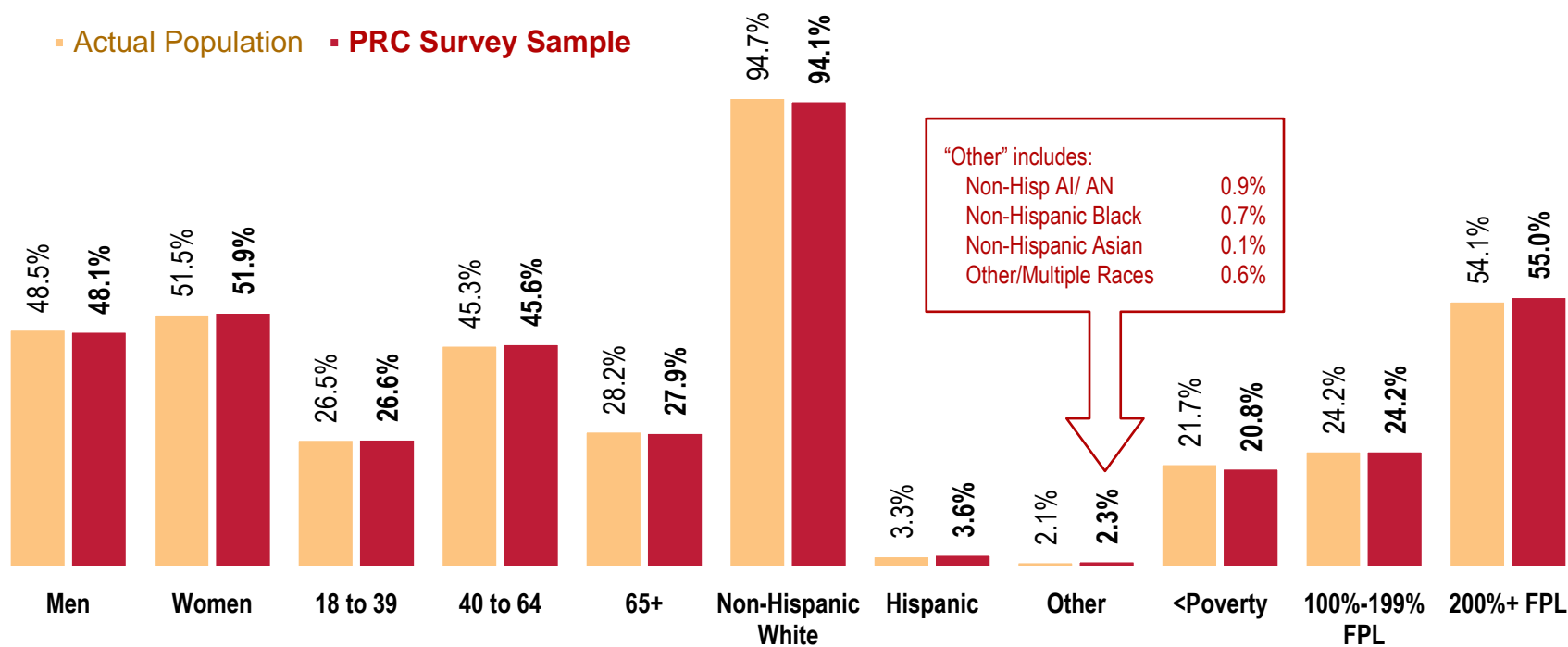


Sources:

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

Population & Survey Sample Characteristics

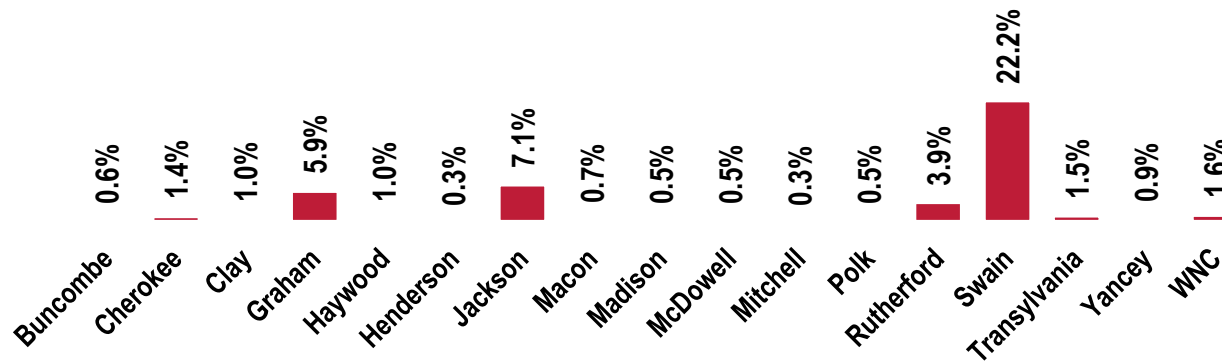
(Age 18 and Older; Yancey County, 2021)



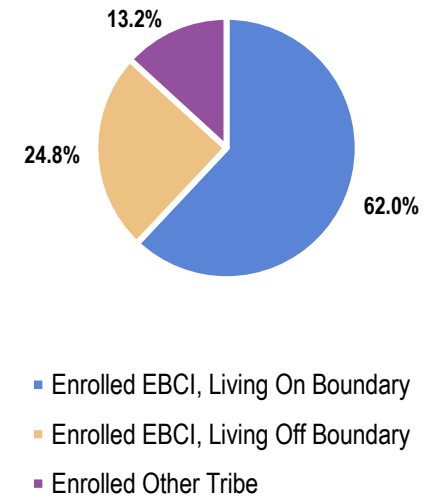
Sources:

- 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 American Native
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)

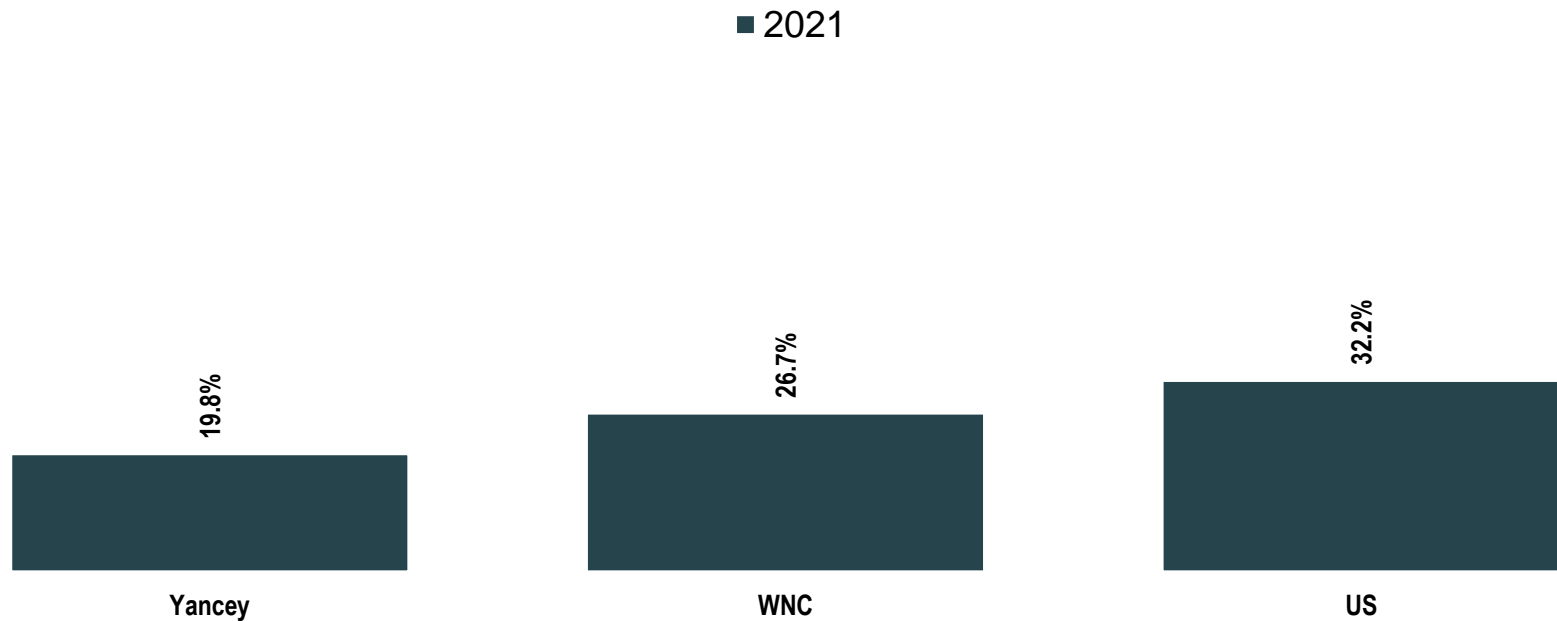
■ 2021



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:

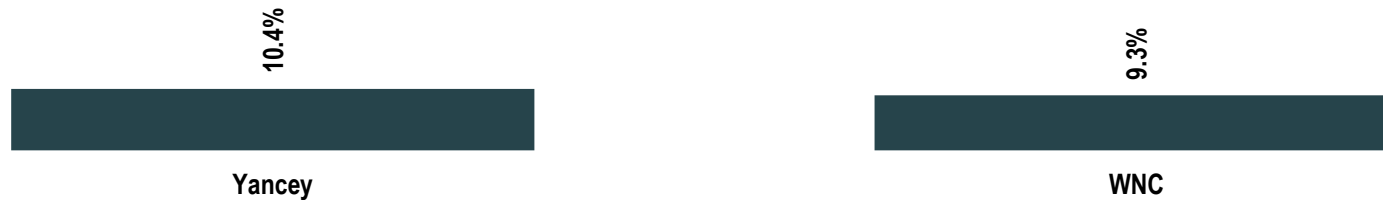
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
- PRC National Health Survey, Professional Research Consultants, Inc.

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

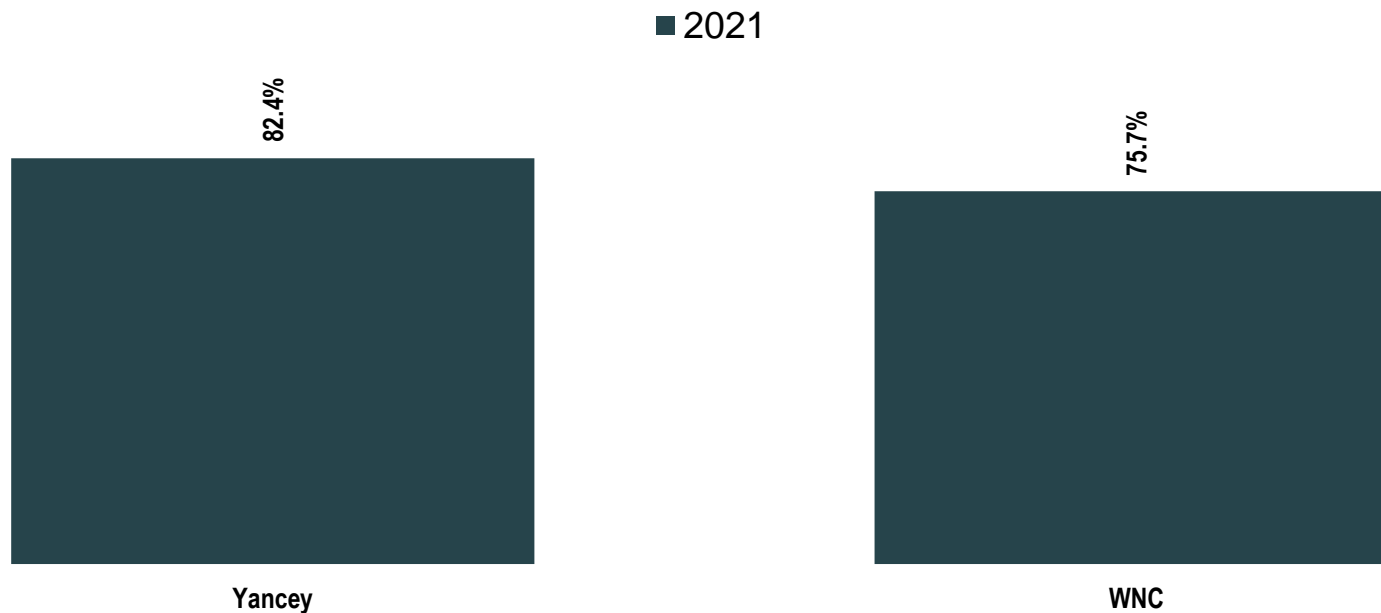
(Western North Carolina, 2021; By County)



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]

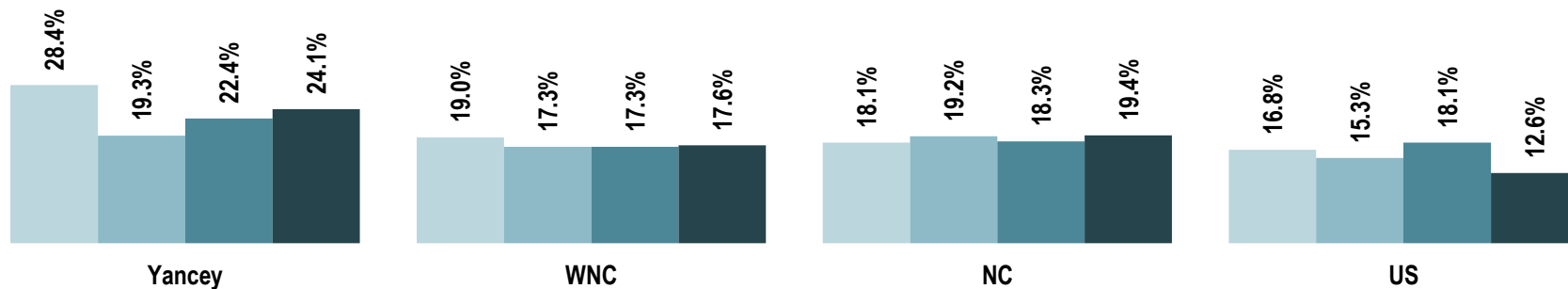
Notes: ● Includes "always" and "usually" responses.

SELF-REPORTED HEALTH STATUS

Overall Health

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

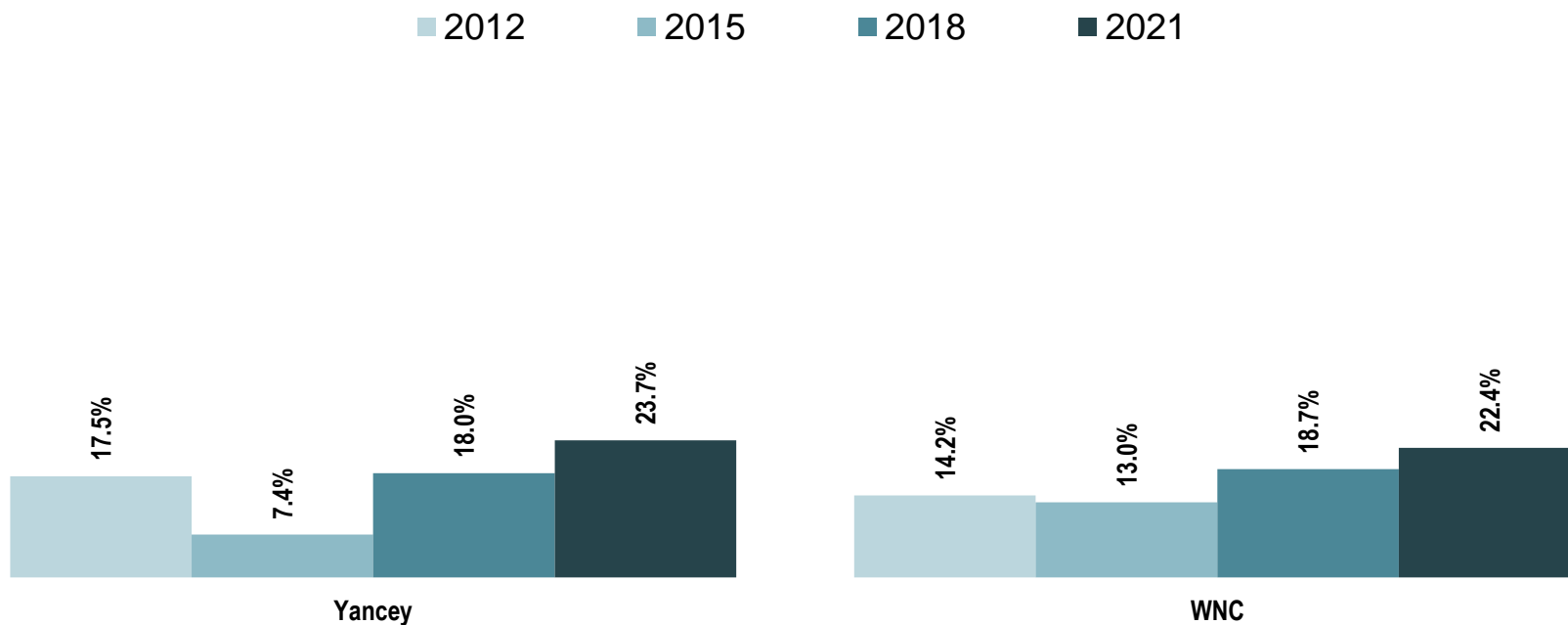
2012 2015 2018 2021



- 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.

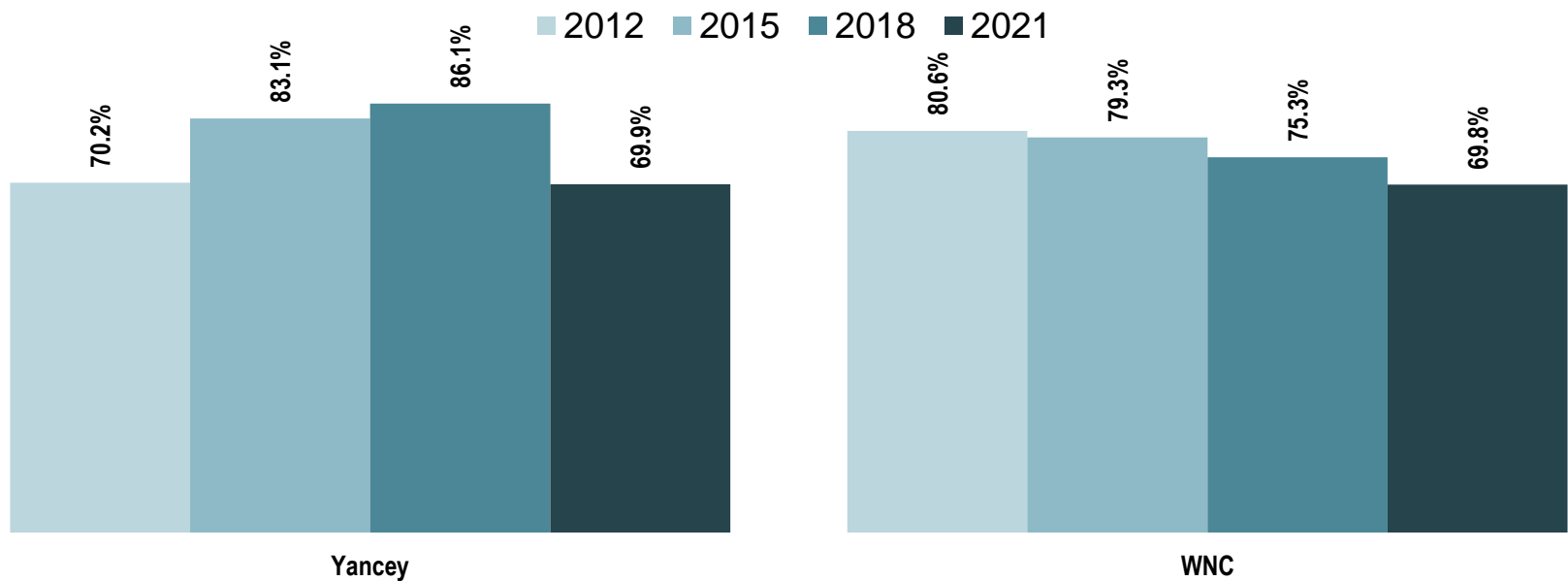
Have Considered Suicide in the Past Year

(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.

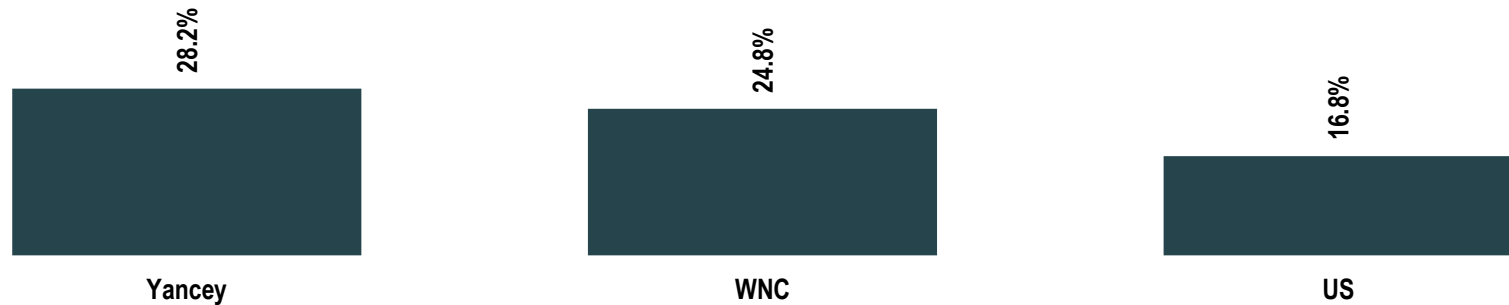
Able to Stay Hopeful in Difficult Times (By County, 2021)



- 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)



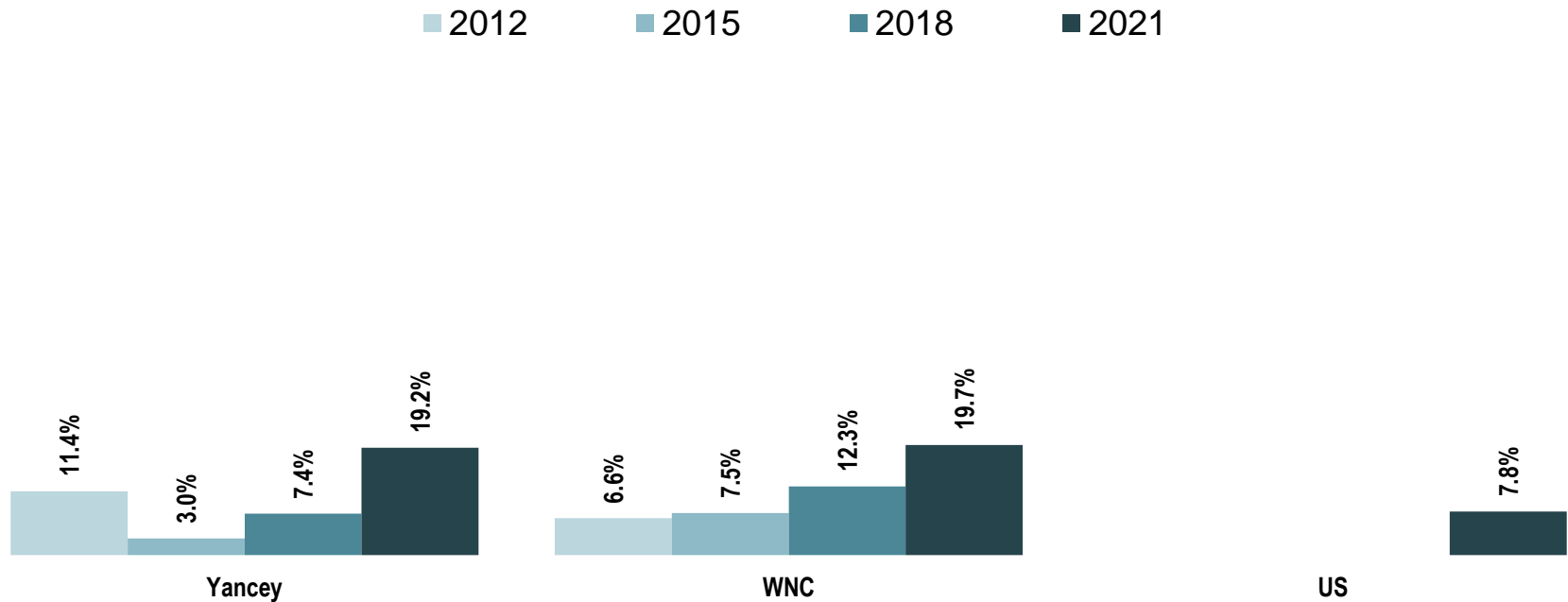
Sources:

- 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)



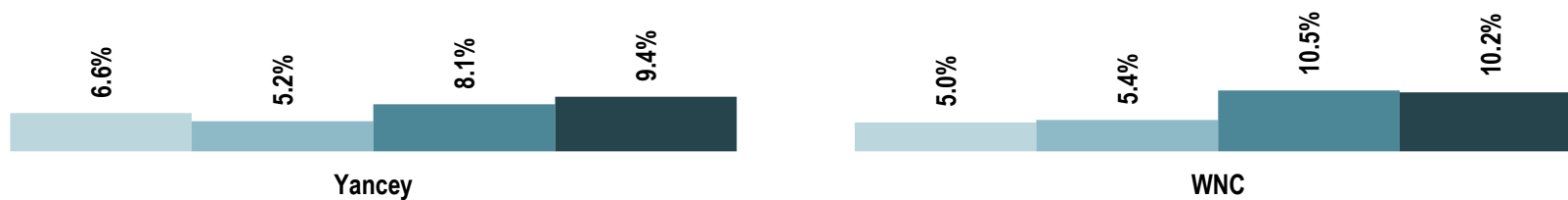
Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
● PRC National Health Survey, Professional Research Consultants, Inc.

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)

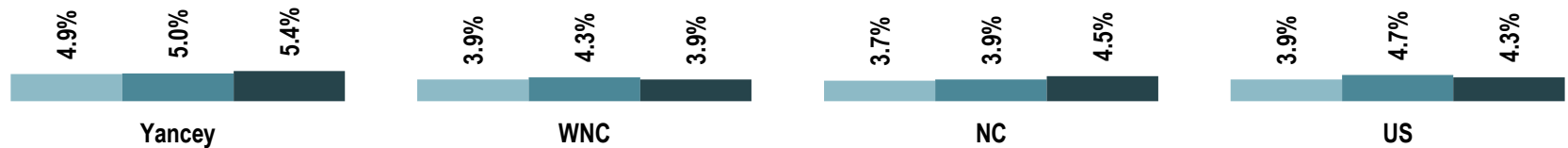
■ 2015 ■ 2018 ■ 2021



- 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

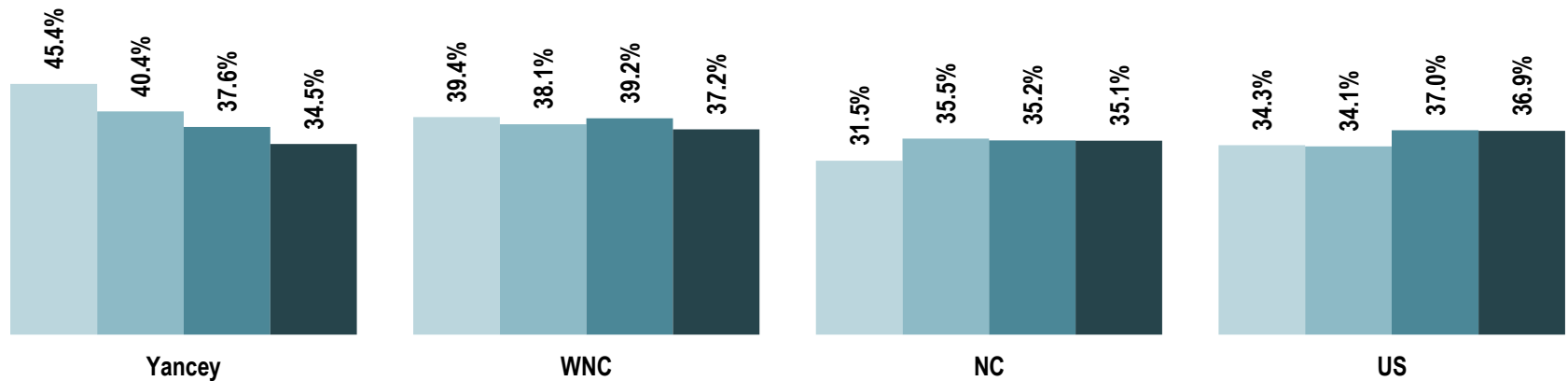


- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 11]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
 - PRC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

Prevalence of High Blood Pressure (By County)

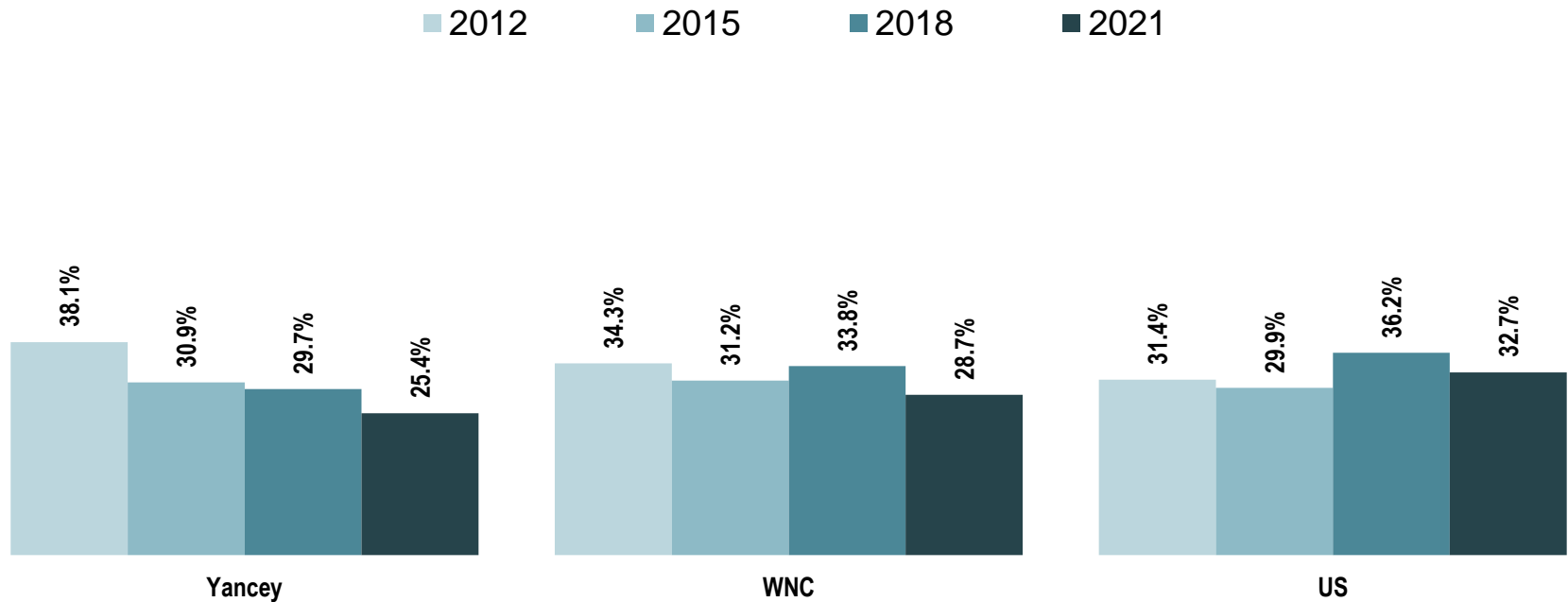
Healthy People 2030 Target = 27.7% or Lower

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)



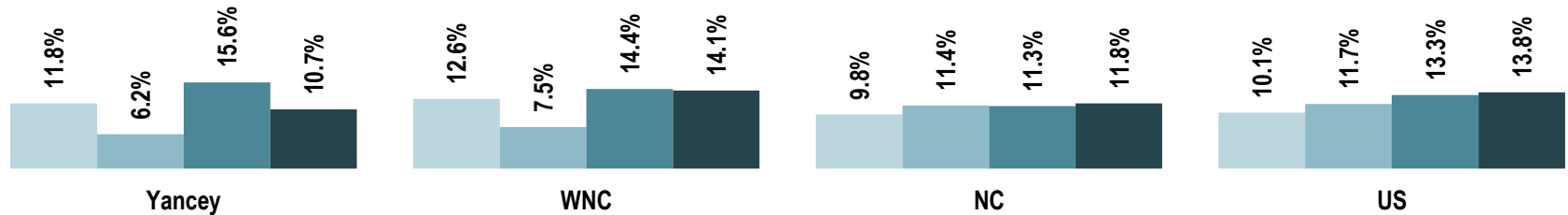
Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
● PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

Diabetes

Prevalence of Diabetes (By County)

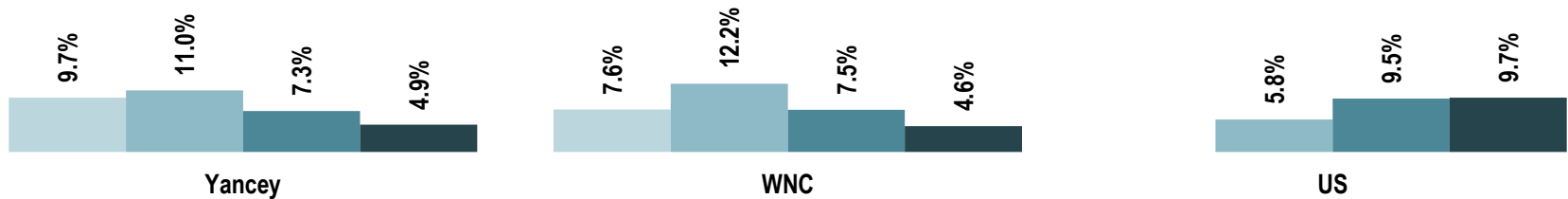
2012 2015 2018 2021



- 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

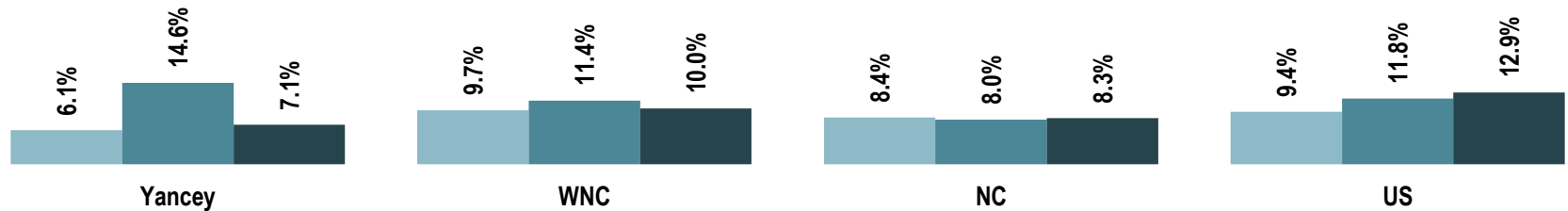


Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]
● PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Respiratory Conditions

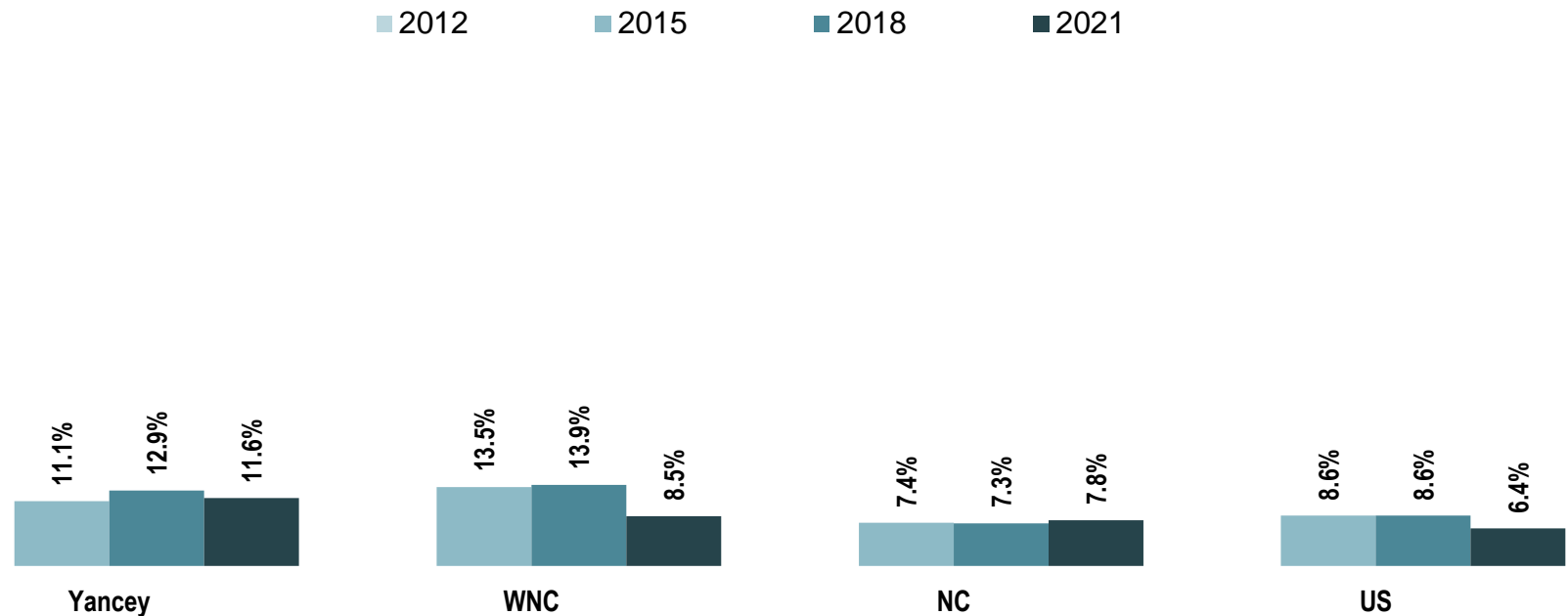
Prevalence of Asthma (By County)

■ 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)

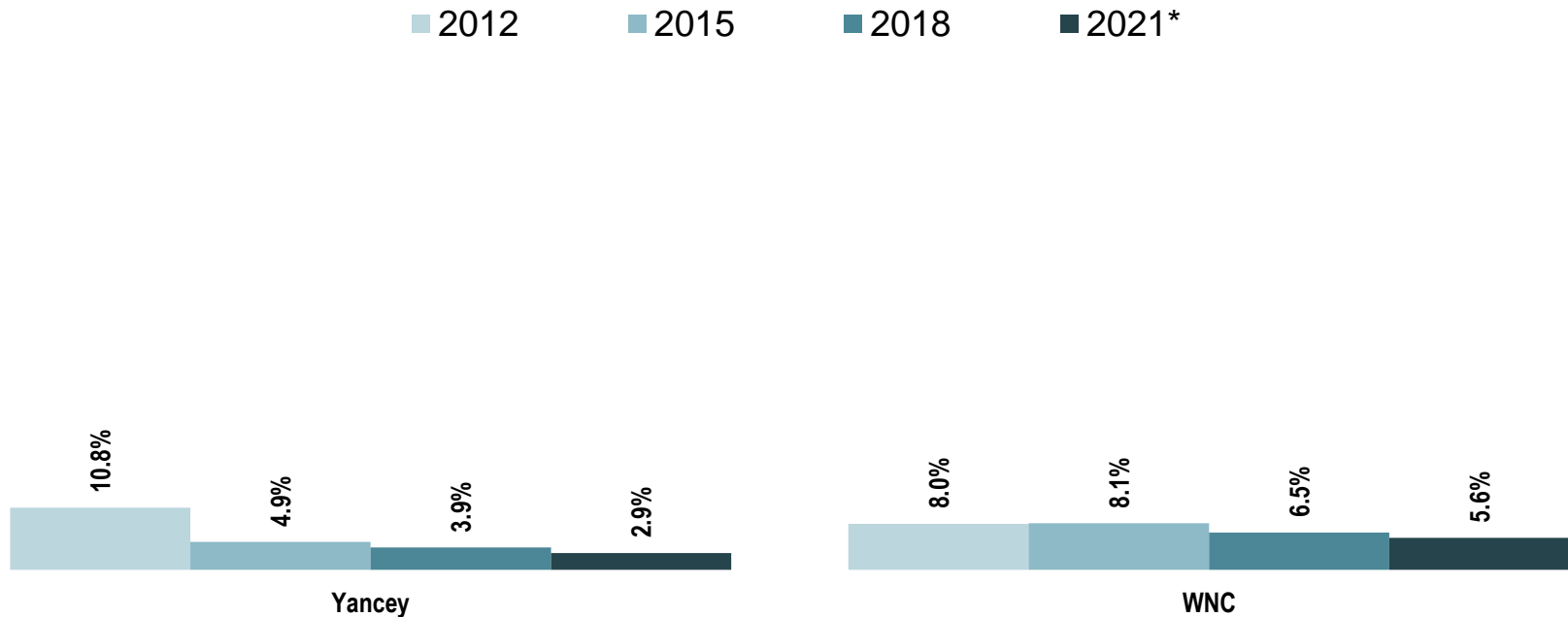


Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 73]
Notes: ● Asked of all respondents.

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]

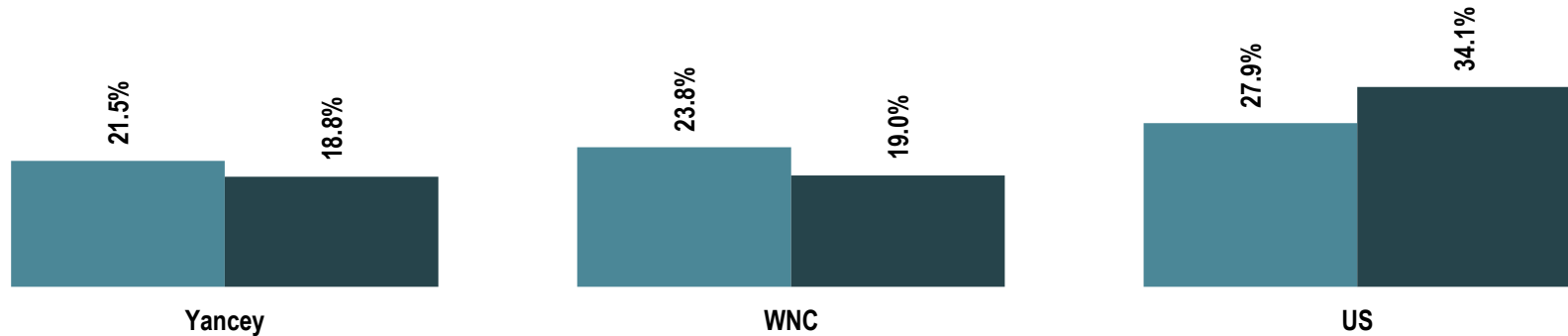
Notes: ● Asked of all respondents.

● 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:

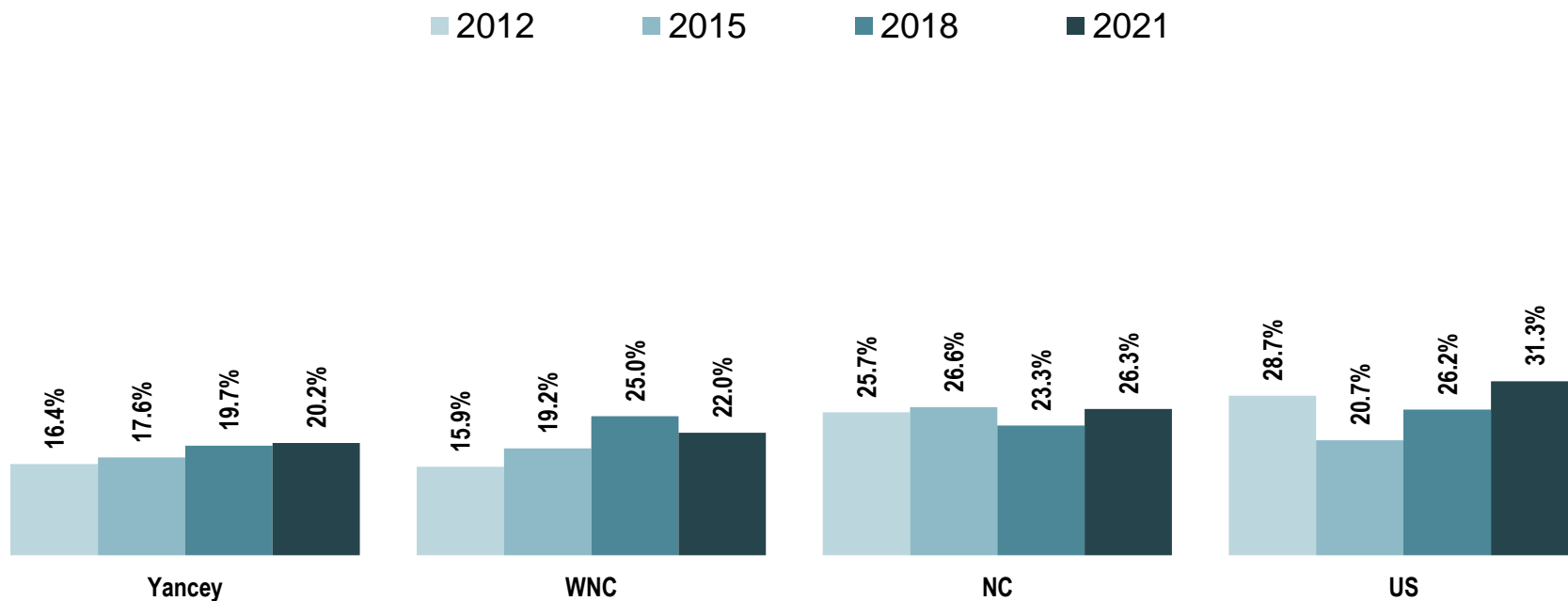
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 76]
- PRC National Health Survey, Professional Research Consultants, Inc.

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)

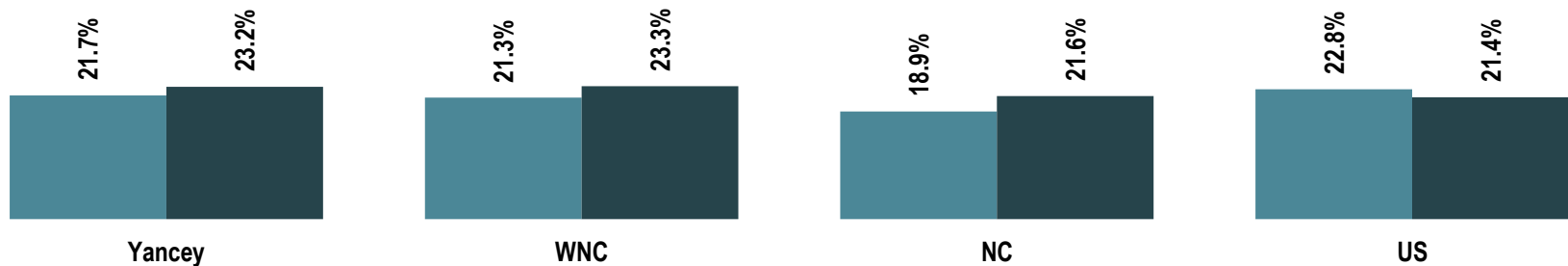


- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
 - PRC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

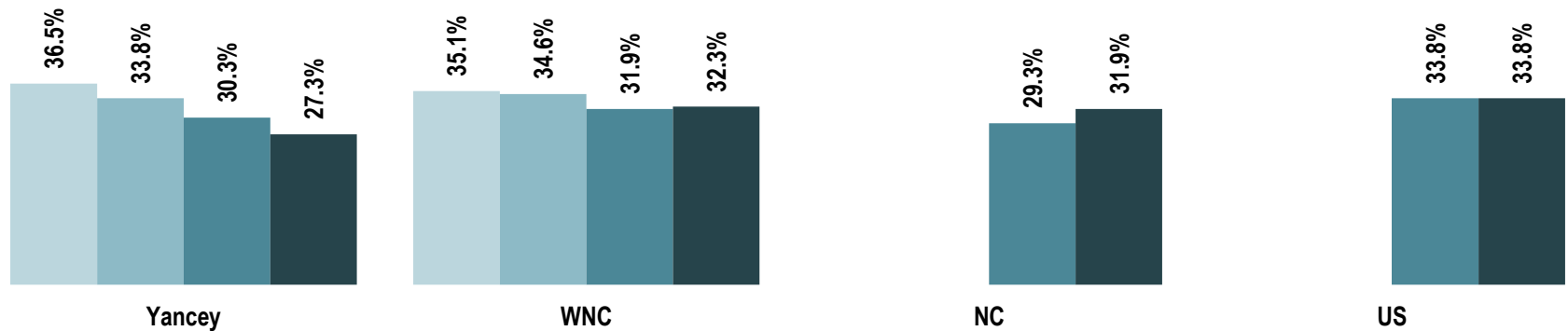
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
- PRC National Health 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



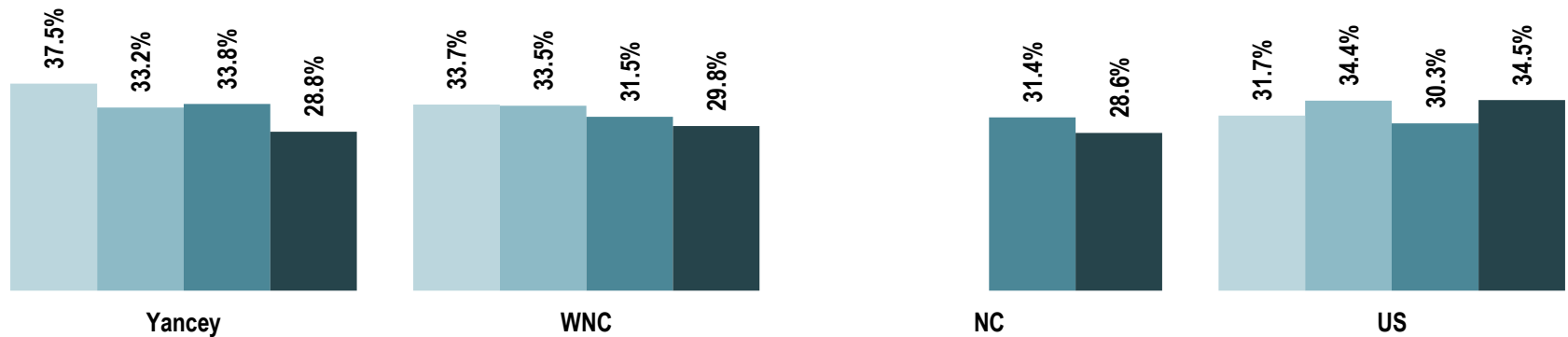
- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
 - PRC 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

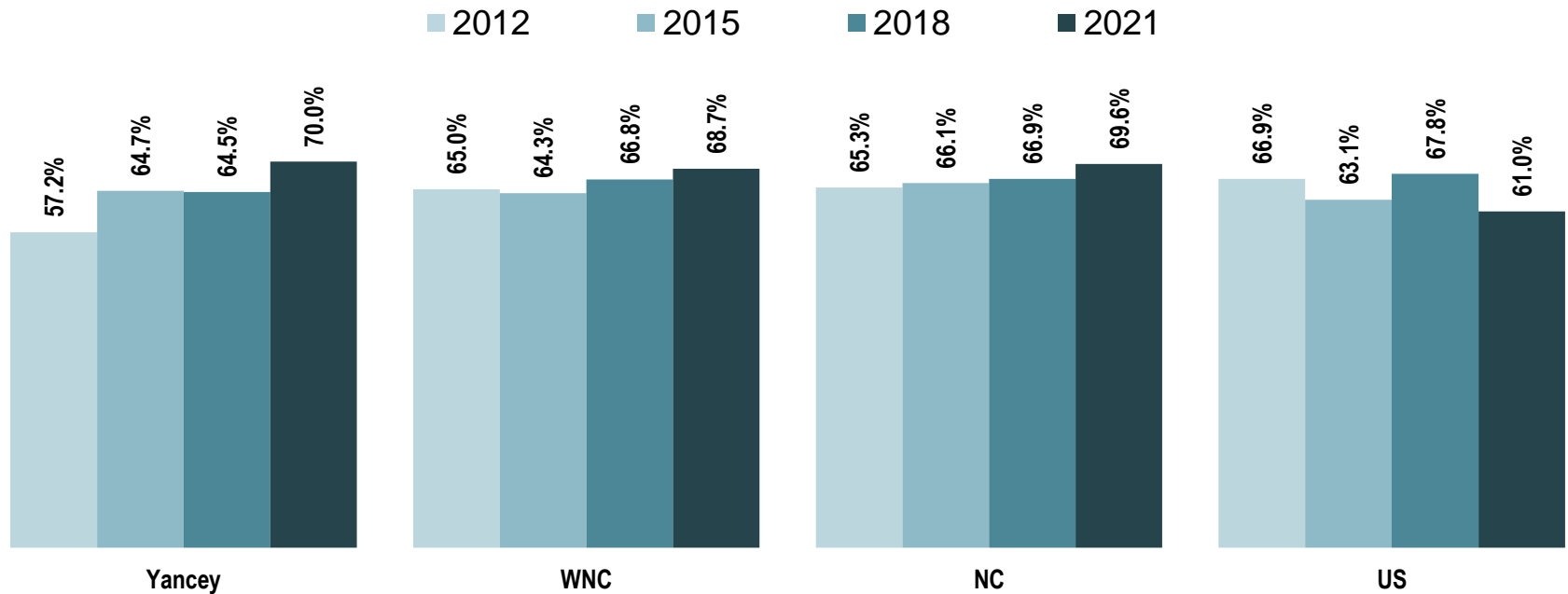
(Body Mass Index Between 18.5 and 24.9; By County)

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)

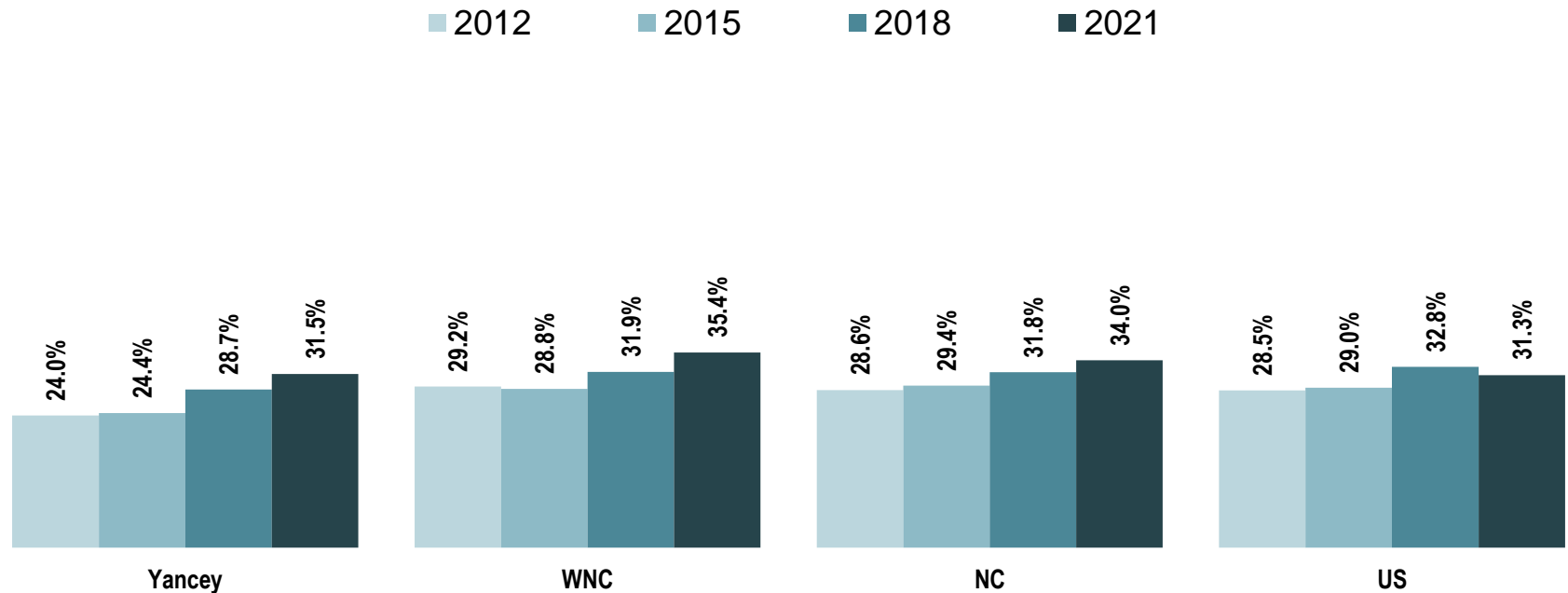


- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): North Carolina data.
 - PRC 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)

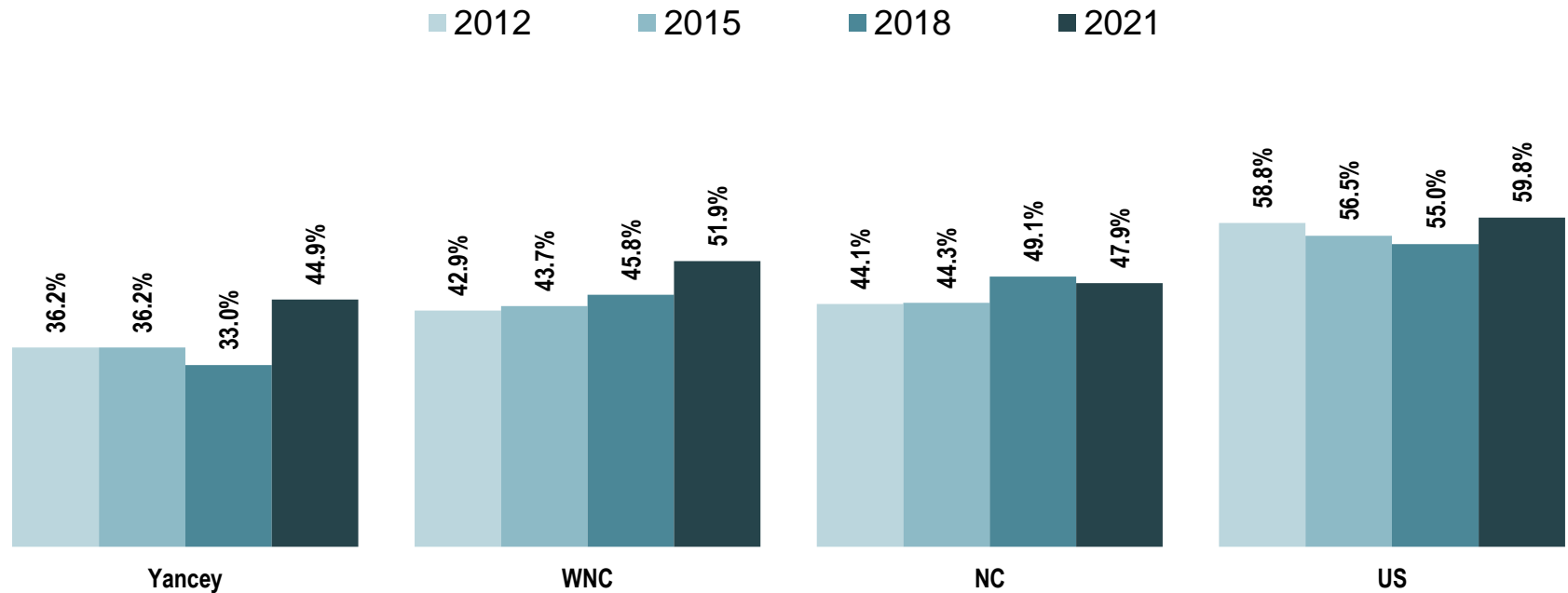
Healthy People 2030 Target = 36.0% or Lower



- 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

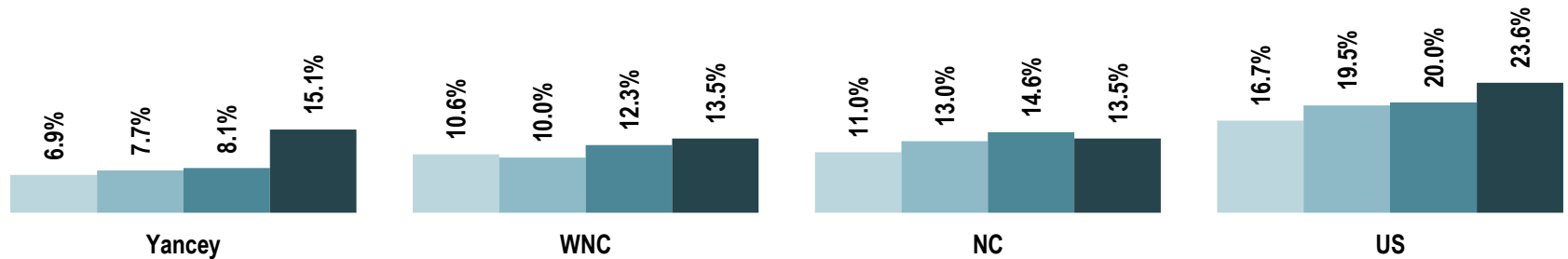
Current Drinkers (By County)



- 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)

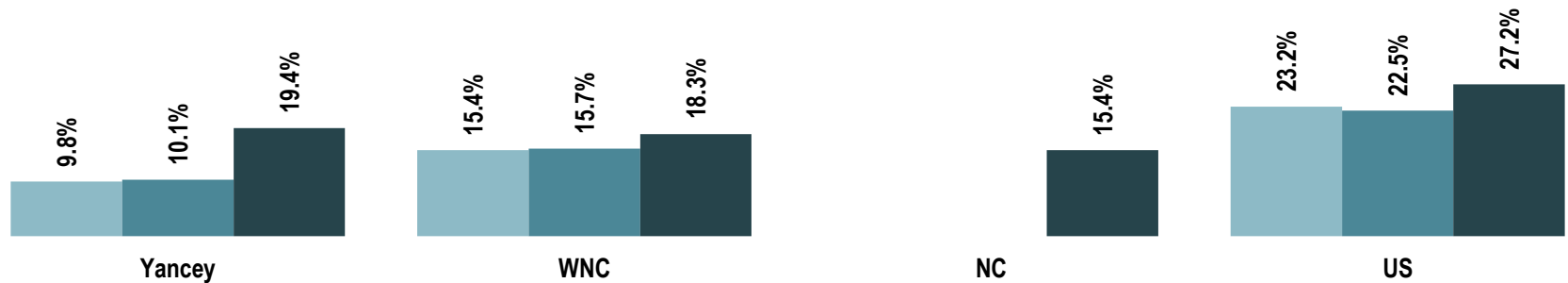
2012 2015 2018 2021



- 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)

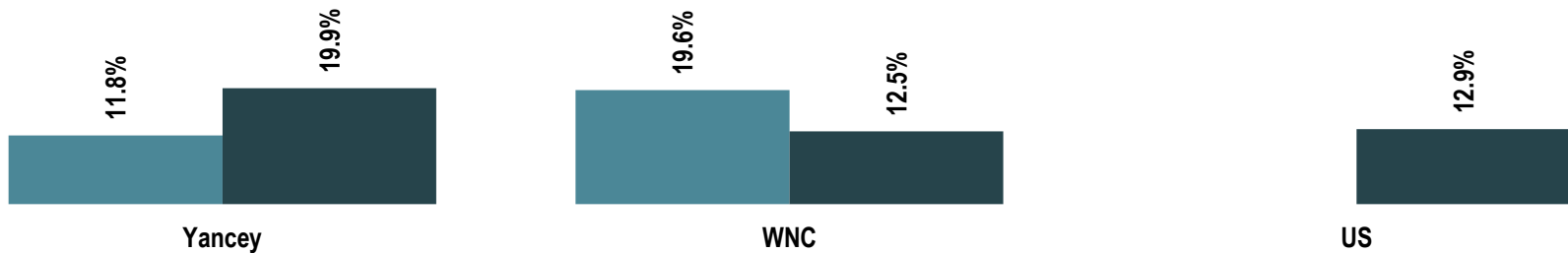
■ 2015 ■ 2018 ■ 2021



- 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

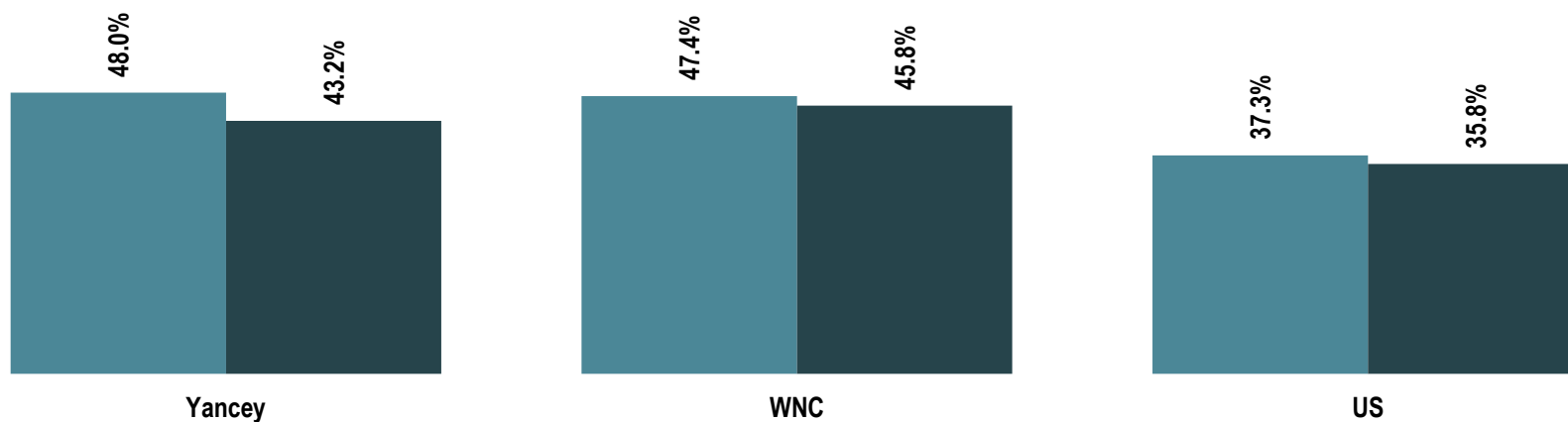


Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 26]
● PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

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

■ 2018 ■ 2021



Sources:

- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
- PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

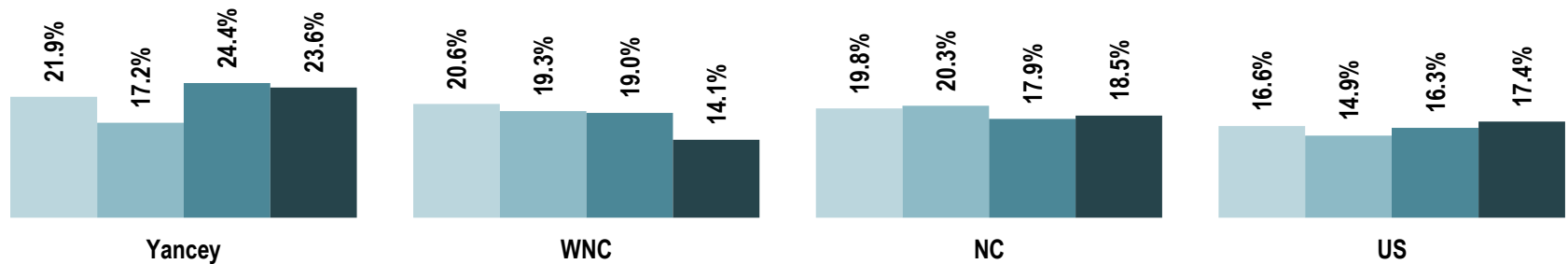
- Asked of all respondents.

Tobacco Use

Current Smokers (By County)

Healthy People 2030 Target = 5.0% or Lower

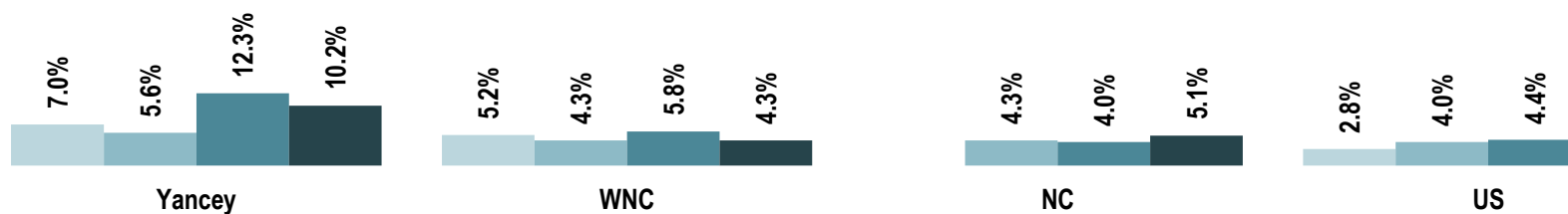
2012 2015 2018 2021



- 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.
 - US Department of Health and Human Services. Healthy People 2030. <http://www.healthypeople.gov>.
- Notes:
- 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:

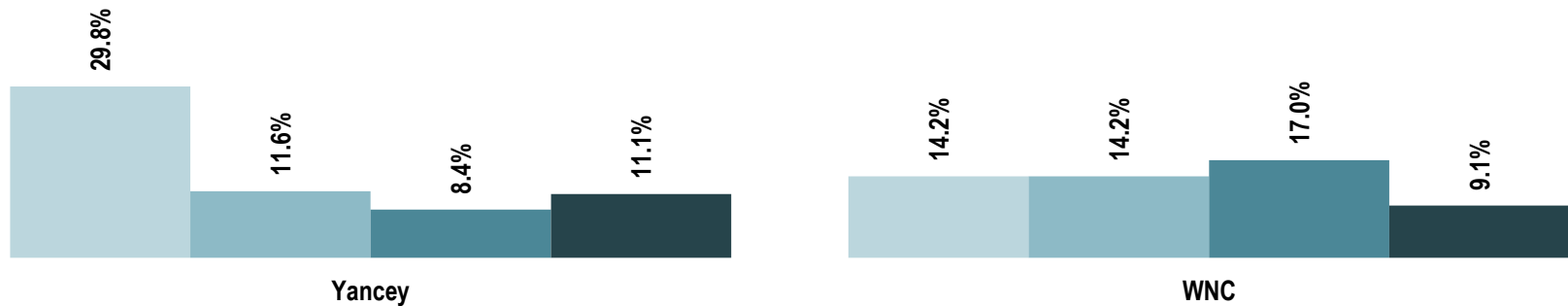
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
- PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease 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.

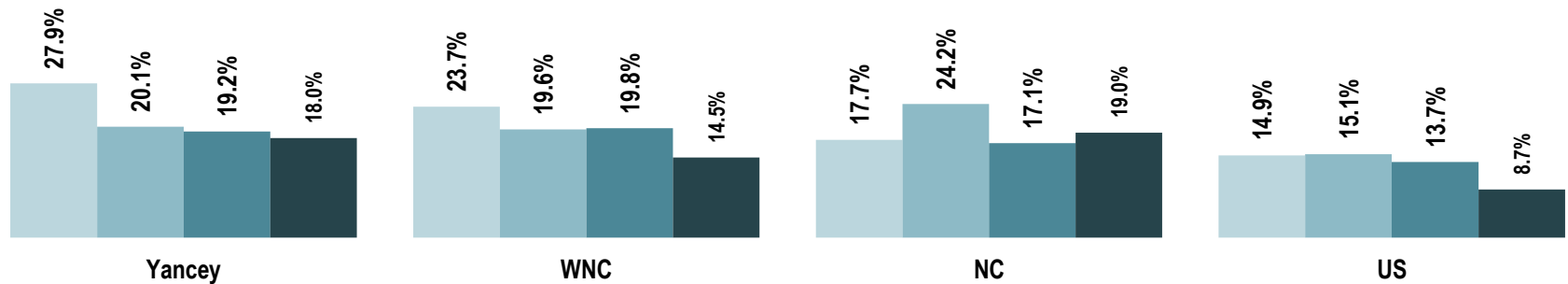
ACCESS TO HEALTH CARE

Health Insurance Coverage

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

Healthy People 2030 Target = 7.9% or Lower

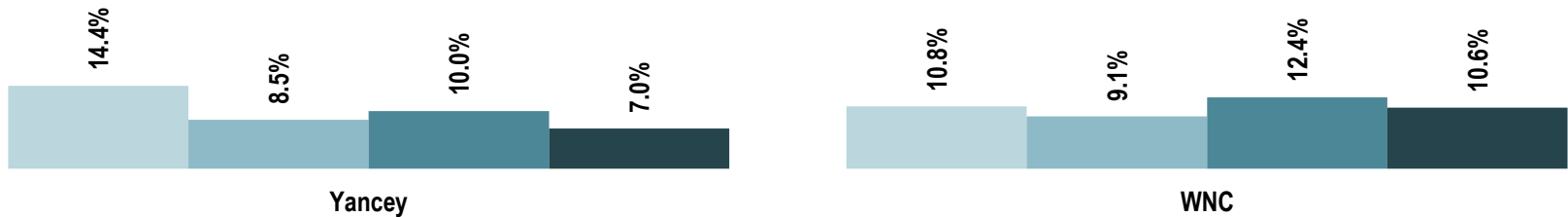
2012 2015 2018 2021



- 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

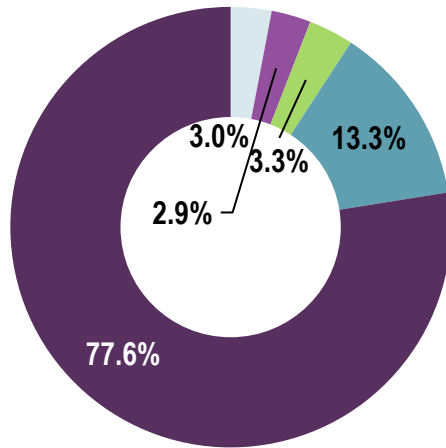
“Extremely/Very Likely” to Use Telemedicine for Future Routine Care (Western North Carolina, 2021; By County)



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

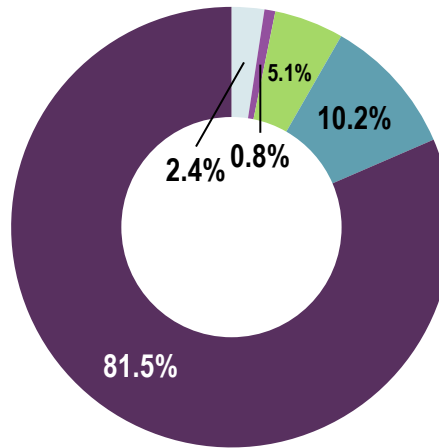
COUNTY-SPECIFIC QUESTIONS

Frequency of Difficulty Finding Transportation (By County, 2021)



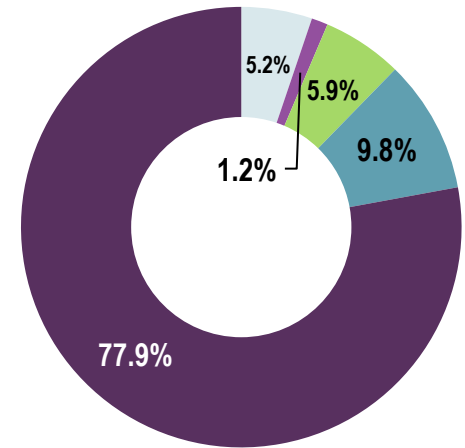
Always
Usually
Sometimes
Seldom
Never

Avery



Always
Usually
Sometimes
Seldom
Never

Mitchell



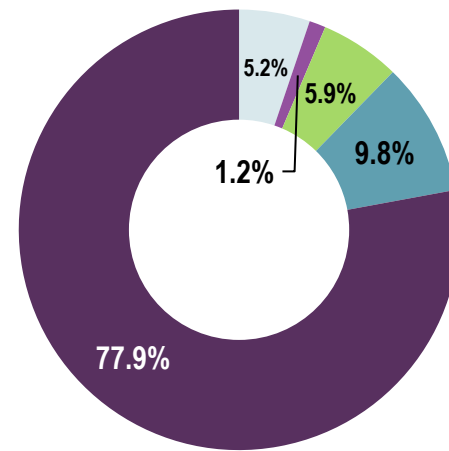
Always
Usually
Sometimes
Seldom
Never

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)



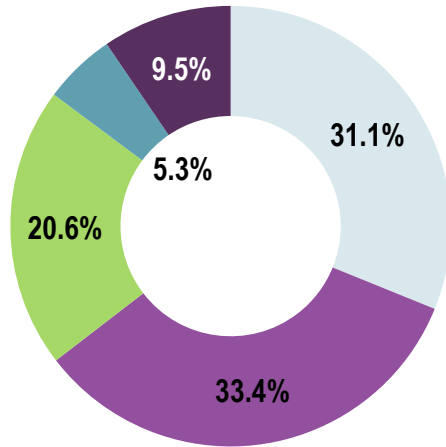
Always
Sometimes
Never
Usually
Seldom

Yancey

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

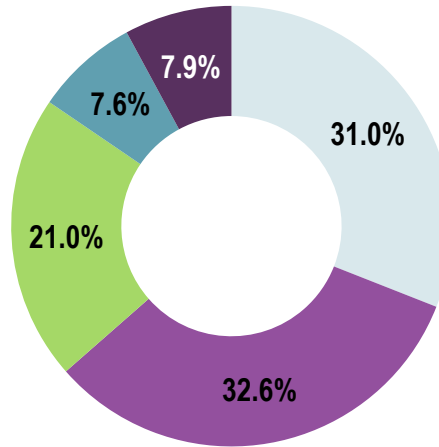
Notes: ● Asked of all respondents.

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



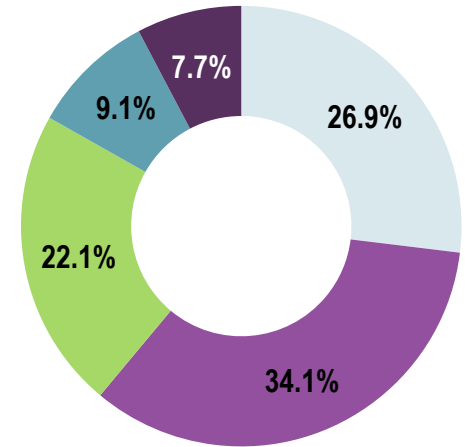
Extremely Strict Very Strict
Somewhat Strict Not Very Strict
Not At All

Avery



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

Mitchell



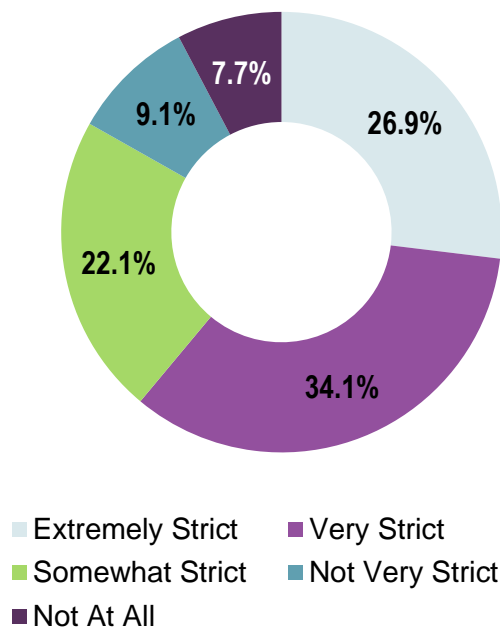
Extremely Strict Very Strict
Somewhat Strict Not Very Strict
Not At All

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)



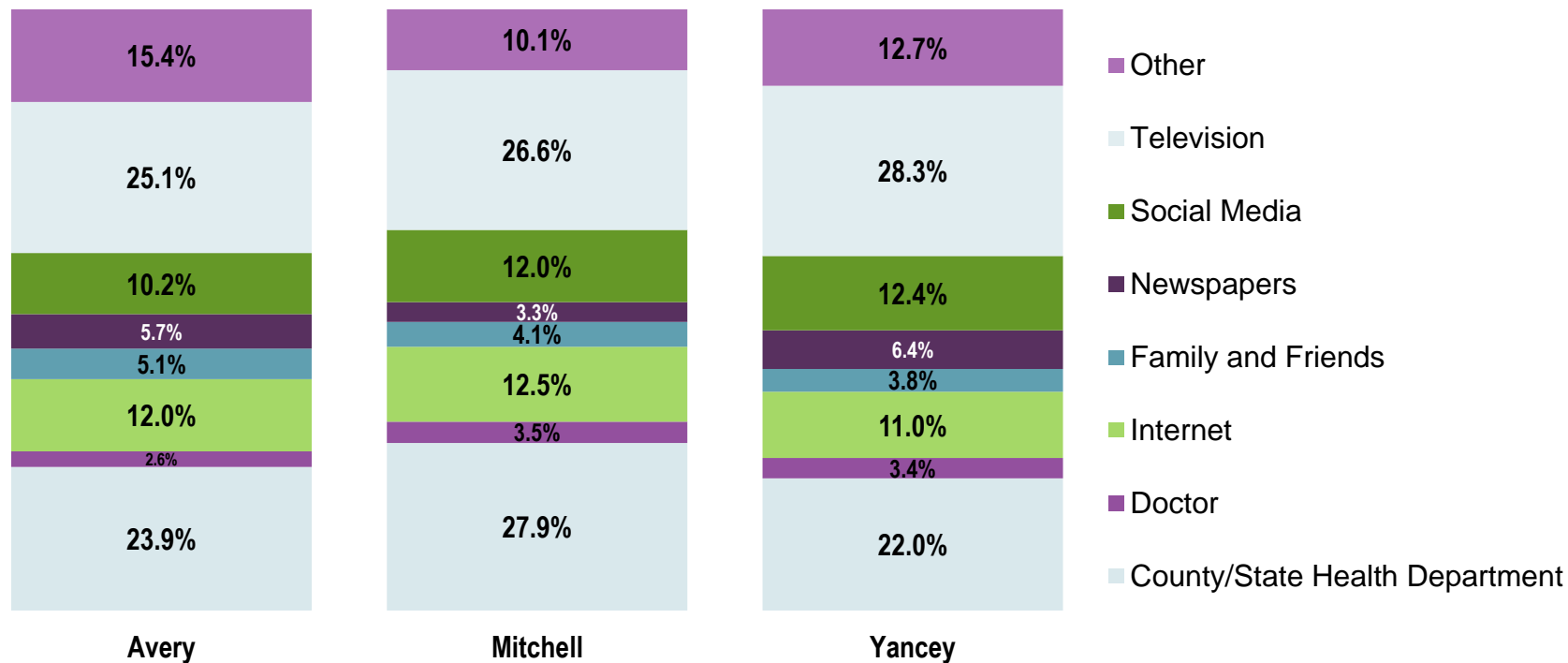
Yancey

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

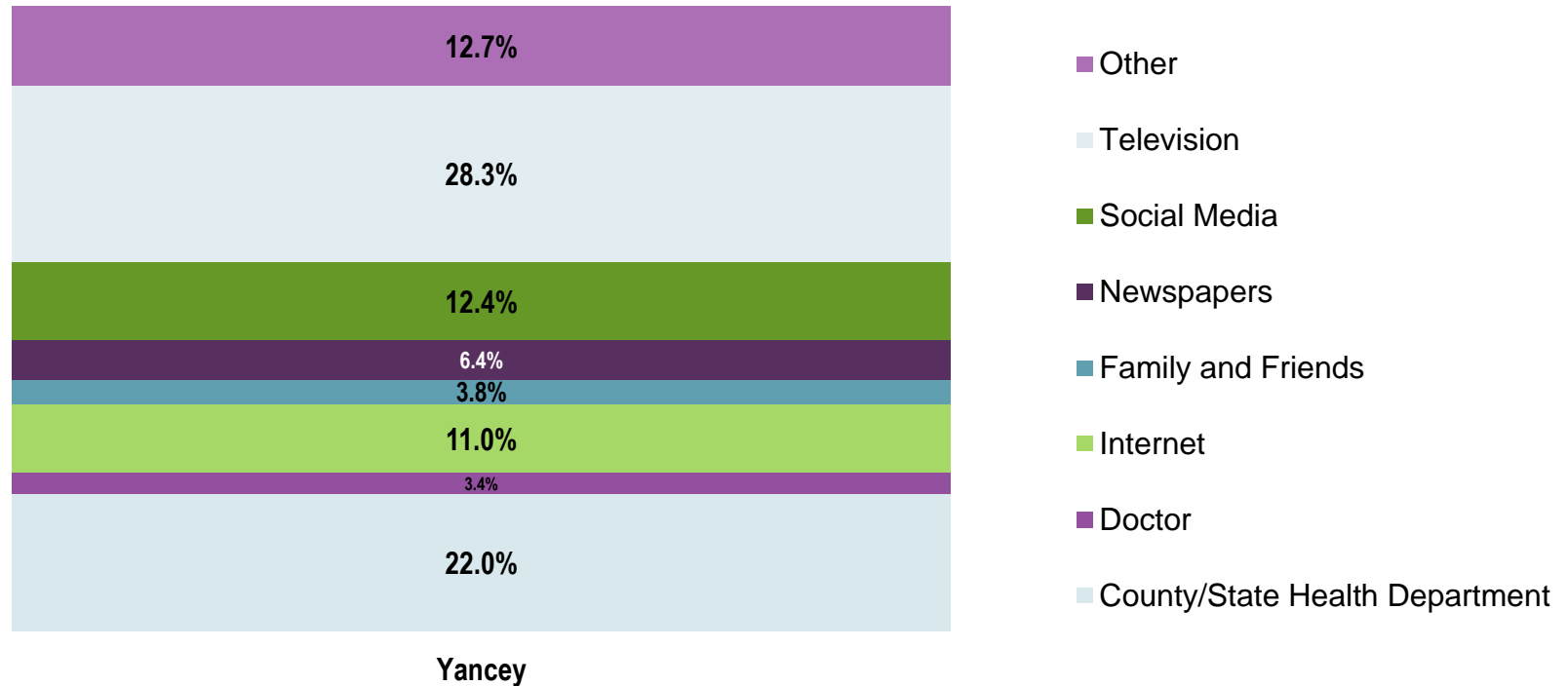
(By County; Western North Carolina, 2021)



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

Yancey County, North Carolina

Sponsored by
WNC Health Network for

WNC **HEALTHY** IMPACT

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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, 7 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Public Health Representatives	1
Other Health Providers	2
Social Services Providers	1
Other Community Leaders	3

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

- [Higgins Methodist Church](#)
- [Mayland Community College](#)

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.

COVID-19 Testing/Vaccination Efforts

Public health team and MCHP did an excellent job of responding to the COVID-19 outbreak by providing COVID-19 testing and immunizations. For the most part, the people of Yancey County followed CDC recommendations and reduced the COVID-19 outbreaks. – Other Health Provider (Yancey County)

Coming together to defeat COVID, by having a mass number of volunteers who wanted to do their part whether it be COVID drive through testing events or COVID vaccine clinics. It amazed me at the people who asked to help when things got rough, and it got rough quickly! – Public Health Representative (Yancey County)

Volunteers and professionals working together to help vaccinate our community against COVID. Neighbors helping neighbors when quarantines prevented people from getting out to get food and medicine. Teachers working hard to keep students connected to school and peers. – Other Health Provider (Yancey County)

Health Department Response to COVID-19 Pandemic

The tireless and often thankless work the Health Departments have provided. – Community Leader (Yancey County)

Action Groups/Collaboratives

New and stronger agency and organization partnerships as a result of the impacts of COVID-19. – Community Leader (Yancey 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

Healthcare resources. – Community Leader (Yancey County)

Consistency in providers and follow through of clients. – Community Leader (Yancey County)

Community Connections/Support

Close-knit community, help each other, encourage each other. – Other Health Provider (Yancey County)

Community buy in. – Social Services Provider (Yancey County)

People looking out for and taking actions that support/benefit/protect each other. – Community Leader (Yancey County)

Built Environment

Opportunities for physical activity (fitness centers, parks, playgrounds). – Public Health Representative (Yancey County)

Affordable Housing

Quality housing with adequate low-income housing for those individuals with lower incomes. – Other Health Provider (Yancey County)



SECOND MENTION

Access to Affordable Healthy Food

- Restaurants that offer healthy dining options/Community Gardens/ Affordable produce at Farmers Markets. – Public Health Representative (Yancey County)
- Easy access to fresh produce, whole foods, and opportunities for physical activity. – Community Leader (Yancey County)
- Accessible and affordable food including fresh fruits and vegetables. – Other Health Provider (Yancey County)

Built Environment

- Activities for families, spaces for sports both indoor and outdoor. – Other Health Provider (Yancey County)
- Active communities. – Community Leader (Yancey County)

Government

- Strong community leadership. – Social Services Provider (Yancey County)

Diversity

- Acceptance. You don't have to agree but you to have to respect the right to have different options (as long as they aren't hurting others). Race, religious beliefs, sexual choices, and cultural differences should be celebrated and embraced not divided and punished. – Community Leader (Yancey County)

THIRD MENTION

Employment & Opportunity

- Commitment of dollars to back health programming. – Social Services Provider (Yancey County)

Access to Affordable Healthy Food

- Access to healthy food choices. – Community Leader (Yancey County)

Diversity

- Healthcare that strives for optimal health of all residents. – Public Health Representative (Yancey County)

Built Environment

- Accessible and safe spaces where people can walk or do some form of moderate physical exercise. – Other Health Provider (Yancey County)

Health & Wellbeing of Residents

- Mental health supports, empathy, trauma-informed supports. – Community Leader (Yancey County)
- Motivation to be healthy/live healthy. – Other Health Provider (Yancey County)

Diversity

- Tolerance again you don't have to agree with the persons views, but you have to respect their right to those beliefs (as long as they aren't hurting other or spreading hate). – Community Leader (Yancey 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

Food pantries that offer fresh produce, great place to have a garden, extension service that offers free help, classes on canning and preserving food. - Other Health Provider (Yancey County)

Community Partners

The people of Yancey County have several sources of access to nonperishable food and in the summer, fresh fruits and veggies through TRACTOR and Dig-in. There are food banks that are underutilized because people do not know about them. - Other Health Provider (Yancey County)

Dig in Community Garden, Farmer's Market, Reconciliation House, Tractor Food and Farms, Yancey Cooperative Extension, Summer Food Program. Cultural tradition of growing food, good climate for growing. - Community Leader (Yancey County)

CHALLENGES

Access to Affordable Healthy Food

It's easier to get drive-thru food and grocery shop for frozen dinners, soda than it is to garden. - Other Health Provider (Yancey County)

There is not a database of available food banks in the county and thus, people think there are limited resources. Transportation to stores that carry fresh fruits and veggies is difficult to arrange or access if mobility is an issue. Food distribution is focused in Burnsville or very close proximity and does not reach the periphery of the county. - Other Health Provider (Yancey County)

Not enough affordable access to fresh produce and non-processed or whole foods. Terrible, unhealthy food served in schools. Lack of community education around shopping, preparing, and eating healthy, quick, and affordable. - Community Leader (Yancey County)

Older Adults

I work a lot with older adults so am most familiar with this group. Mobility is a significant problem and federal cutbacks to SNAP have severely impacted the ability of seniors to access food. - Other Health Provider (Yancey County)

All Populations

All segments. - Community Leader (Yancey County)

All population. - Other Health Provider (Yancey 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)
Some agencies and organizations, such as Partners Aligned Toward Health, AMY Regional Library, and Blue Ridge Partnership for Children, are thinking about programming and initiatives that go more upstream and deeper to build resilience. – Community Leader (Yancey County)

School System

Collaborative education efforts. – Social Services Provider (Yancey County)
School counselors and churches mostly. – Public Health Representative (Yancey County)

CHALLENGES

Awareness/Education

The community is unwilling to acknowledge and talk about ACES. – Social Services Provider (Yancey County)
Serious lack of information and education and awareness of the deep impacts of trauma. Stigma. Programs that try to fix the issue without building resilience or addressing the underlying problems that lead to the issue. – Community Leader (Yancey County)

Access to Care/Services

Lack of resources for referral. Lack of family supports and activities for children to be involved in. Lack of training on how to help children when ID. – Public Health Representative (Yancey County)

POPULATIONS IMPACTED

Children

Children. – Public Health Representative (Yancey County)

All Populations

Honestly, everyone. – Social Services Provider (Yancey County)
All segments. – Community Leader (Yancey County)

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

STRENGTHS

Local Providers

Physicians and providers that are not affiliated with Mission. Workload of Mission practitioners is too much which doesn't allow for the time it takes to help patients who don't read, write or have transportation. Patient costs for Mission care is too high also. – Other Health Provider (Yancey 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

Lack of Providers

Practitioners don't stay here very long so it's hard to build a relationship with patients. It's also very difficult to get answers from practice offices when problems or questions arise. Patients don't want to make another appointment to get a question answered - Other Health Provider (Yancey County)

Behavioral Health

Lack of mental health providers, lack of family support, travel time to get care, and not understanding preventive care. - Community Leader (Yancey County)

POPULATIONS IMPACTED

Elderly

Older adults, veterans because they usually cannot travel outside of the immediate area. - Other Health Provider (Yancey County)

Children

Children and elderly who no longer drive. - Community Leader (Yancey County)

Education

STRENGTHS

School System

Educational opportunities help people attain better careers and therefore better access to healthcare. – Community Leader (Yancey County)

Access to Care

Dentist that take Medicaid and the waiting list for appointment isn't months long. Mental health services especially for young child who have/ are experiencing trauma. Mental Health providers have a high turn over rate so people lose confidence or just stop asking for services – Community Leader (Yancey County)

CHALLENGES

Awareness/Education

Many people are not aware of all of the opportunities that exist. – Community Leader (Yancey County)
Educating on the need for preventive care. – Community Leader (Yancey County)

POPULATIONS IMPACTED

Children

Children, because they don't have a voice and without preventive care, they often have long-term problems. – Community Leader (Yancey County)

People of Color

Hispanic and the elderly. – Community Leader (Yancey County)



Income & Employment

STRENGTHS

Employment

Unemployment is at a low in the county, so therefore better access to insurance and healthcare. – Community Leader (Yancey County)

Community Partners

Charity care programs, health departments with primary care, healthcare reform with affordable insurance plans. – Public Health Representative (Yancey County)

CHALLENGES

Employment

People not willing to work, lack of motivation, lack of employment opportunities, low wages. – Public Health Representative (Yancey County)

Affordable Care/Services

Many lower income families that do not have access to adequate healthcare. – Community Leader (Yancey County)

POPULATIONS IMPACTED

Teens/Young Adults

Young adults, older adults, children. – Public Health Representative (Yancey County)

Children

Children. – Community Leader (Yancey County)

Intimate Partner Violence (IPV)

STRENGTHS

Lack of Resources

We have very few supports. – Social Services Provider (Yancey County)

CHALLENGES

Contributing Factors

Lack of funding, mismanagement of IPV agencies, community's unwillingness to address this issue. – Social Services Provider (Yancey County)

POPULATIONS IMPACTED

Children

Children. – Social Services Provider (Yancey County)



Opportunities for Physical Activity

STRENGTHS

Built Environment

Recent renovations of Cane River Park and Ray Cort Park. Free outdoor exercise equipment. Established, maintained, and marked walking paths and sidewalks. – Community Leader (Yancey County)

We have a lot of natural beauty in our area that encourages hiking and outdoor activities. – Community Leader (Yancey County)

Local Healthcare Providers

Medical providers try. Recreation league sports. – Community Leader (Yancey County)

CHALLENGES

Built Environment

Need more places to ride bikes, both beginner and advanced. Would be great to have a climbing wall. Need more places for group exercise, yoga and fitness classes that are not a gym, requiring paid membership, or a church. – Community Leader (Yancey County)

Places to go for physical activity. If a child isn't into recreation league sports, not many other options that are affordable. We need a YMCA. – Community Leader (Yancey County)

Youth

There isn't a lot of opportunities for youth in this county outside of school unless families are supportive of outdoor activities. – Community Leader (Yancey County)

POPULATIONS IMPACTED

Children

Children. – Community Leader (Yancey County)

All Populations

All segments. – Community Leader (Yancey County)

All are impacted. – Community Leader (Yancey County)

Public Transportation

STRENGTHS

Transportation Options

The Yancey County Transportation system is a great resource for members of the community. I send referrals to my neighbors a lot for individuals to have access to medical appointments or grocery shopping. – Other Health Provider (Yancey County)

CHALLENGES

Transportation Time/Location/Accessibility

Many of my older adult clients cannot get into the Yancey County transportation vans. The steps are too high off the ground. The requirement to book sometimes two weeks in advance for transportation is also a problem if the individual has an urgent medical appointment. – Other Health Provider (Yancey County)



POPULATIONS IMPACTED

Elderly

Older adults have significant challenges in getting access to and getting into Yancey County Transportation vans. People who have problems with hearing have challenges booking vans. – Other Health Provider (Yancey County)

Safe & Healthy Housing

STRENGTHS

Community Partners

We have some agencies with a desire to address this issue. – Social Services Provider (Yancey County)

CHALLENGES

Housing

There are little or few resources with a lot of weight to move forward with creating safe and healthy housing. – Social Services Provider (Yancey County)

POPULATIONS IMPACTED

Children

Children. – Social Services Provider (Yancey County)

Uninsured/Underinsured

STRENGTHS

Access to Care for Uninsured/Underinsured

Mission does have assistance for uninsured and underinsured. Mission practices do help patients apply for medication assistance programs. – Other Health Provider (Yancey County)

Access to Insurance

The increased ability of individuals to access the ACA insurance through August this year has provided more opportunities to people to get insurance. Having additional advocates, Pisgah Legal, has also helped individuals find insurance. – Other Health Provider (Yancey County)

Medicaid Coverage

State programs such as Medicaid, Medicare, Health Choice, Health Check, and charity programs when available. – Public Health Representative (Yancey County)

CHALLENGES

Insurance Issues

The inability of the state to extend Medicaid is a problem for families and individuals. There needs to be more information distributed on who can help individuals work through the applications to ACA and Medicare/Medicaid insurance programs. Older adults are not necessarily able to get to someone who can help navigate through the complicated process of applying for yearly Medicare services and may not be able to hear well to do something over a phone. – Other Health Provider (Yancey County)

Awareness/Education

People don't know how to access assistance. – Other Health Provider (Yancey County)



Income/Poverty

Income, residents fall in the gaps and cannot afford care, health care prices. To some it is not a priority based on other expenses and circumstances. – Public Health Representative (Yancey County)

POPULATIONS IMPACTED

Working Class

Adults under the age of 65, veterans. – Other Health Provider (Yancey County)

Elderly

Older adults. – Public Health Representative (Yancey County)

In thinking about Medicare, older adults need additional assistance in navigating through this process. – Other Health Provider (Yancey 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.

Yancey County Key Informants: Relative Position of Health Topics as Problems in the Community

