

Yancey County

Community Health Assessment



2024

PREPARED BY



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The Community Health Assessment is also available online at:

yanceycountyhd.org/healthdata&reports

Collaboration

This document was developed by Yancey County Health Department in partnership with WNC Healthy Network and the Healthy Yancey Partnership 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 2024 COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

COMMUNITY RESULTS STATEMENT

With strong partnerships and shared commitment to our people, we strive for a Yancey County where everyone can live a healthy, thriving life, within a flourishing community.

LEADERSHIP FOR THE COMMUNITY HEALTH ASSESSMENT PROCESS

The 2024 Community Health Assessment Process was led by a team of four local representatives of Yancey County with public health backgrounds. This team collaboratively reviewed and analyzed health assessment data to present to the Health Yancey Partnership the most pressing health concerns in our county. The responsibilities of the team included promoting survey participation, thoroughly reviewing data, designing and facilitation of the community health prioritization session, and distributing the key findings and data points to local partners.

Name	Agency	Title	Agency Website
Morgan Fox	<i>Yancey County Health Department</i>	<i>Public Health Educator</i>	www.yanceycountyhd.org
Niki Maness, MPH	<i>NC Cooperative Extension / UNC Gillings Public Health Student</i>	<i>Extension Agent, Family and consumer sciences</i>	https://yancey.ces.ncsu.edu/
Hannah Ray	<i>East Tennessee State University</i>	<i>ETSU Senior Intern</i>	
Savannah Weatherman	<i>East Tennessee State University</i>	<i>ETSU Senior Intern</i>	

PARTNERSHIPS

The Yancey County Health Department partnered with the Health Yancey Partnership (A Partner’s Aligned Towards Health effort) to collect valuable community insight into the health status and key issues facing our community. The Partnership allowed Yancey County Health Department to utilize regular partnership meetings to engage community partners and stakeholders in meaningful discussion about the local health trends and work together to identify priority areas for Yancey County. The Healthy Yancey partnership includes a diverse range of members, ensuring that multiple sectors of the community were represented and engaged throughout the process.

Name	Agency	Title	Agency Website
Schell McCall	<i>Partners Aligned Toward Health</i>	<i>Executive Director</i>	www.pathwnc.org

REGIONAL SUPPORT

Our county participates in [WNC Healthy Impact](#). This partnership brings together hospitals, public health agencies, and key regional partners in western North Carolina to improve community health. We work together locally and regionally to assess health needs, develop plans, take action, and evaluate our progress. This regional effort is coordinated by WNC Health Network, a non-profit that exists to support people and organizations to improve community health and well-being across western North Carolina. Learn more at www.WNCHN.org.

THEORETICAL FRAMEWORK/MODEL

WNC Health Network supports local hospitals and public health agencies working on complex community health issues. Community Health Assessment and Improvement processes include the use of Results-Based Accountability™ (RBA). RBA is a practical approach that focuses on achieving real improvements for people, agencies, and communities. The framework relies on both primary (story and number data) and secondary data to provide a comprehensive understanding of community health.

COLLABORATIVE PROCESS SUMMARY

Yancey's collaborative process is supported regionally by WNC Healthy Impact. Locally, the CHA team guides the assessment process. The team reviews the data and provides meaningful insight to the health issues that are concerning our county. Data summaries are put together by the leadership and data teams, incorporating key statistics and visual tools such as maps. These summaries are then shared with the community at large, where they serve as the decision makers for identifying and choosing priorities. Phase 1 officially began in January 2024 with collecting health data. See Chapter 1, Community Health Assessment Process, for details.

KEY FINDINGS

The 2024 Community Health Assessment revealed that Yancey County residents face significant challenges related to mental health, chronic disease, and access to care. Community members reported high rates of poor mental health days, limited access to behavioral health services, and difficulty affording or reaching care due to transportation and provider shortages.

Data shows elevated rates of obesity, diabetes, and heart disease. Resource analysis highlights strong partnerships and outreach efforts, but also reveals critical gaps, especially in behavioral health, transportation, and services for low-income and underinsured populations. These findings point to a need for targeted strategies that improve access, reduce health disparities, and strengthen support for overall community well-being.

HEALTH PRIORITIES

In April 2025, members of Healthy Yancey, the CHA data team, and other community participants came together for a prioritization session to identify the most pressing health concerns for the upcoming cycle. During the session, each participant completed a worksheet ranking the identified concerns. The results were then reviewed and discussed collaboratively. Based on this process, the top health priorities were selected to guide efforts over the next four year cycle. The final priorities are as follows:

- 1. Healthy Eating Active Living (HEAL)**- Chronic disease prevention and management, healthy lifestyle promotion, healthy aging, fall prevention
- 2. Access to Care**- accessible health services, program expansion, provider recruitment
- 3. Behavioral Health**- Community resilience, mental health, substance abuse, domestic violence, adverse childhood experiences

NEXT STEPS

CHA Leadership, along with the Health Yancey Partnerships will collaboratively work to form action teams for each priority issue identified. Each action team will engage community members and new and existing partners to understand the story behind these issues and identify root causes. We will engage our existing partners as well as new partners to work to do better for our community.

Our teams will work to research evidence-based strategies that are working to improve health outcomes, observe what is working for our neighboring communities, and engage our priority populations. Strategies will be developed from our findings as well as performance measures to ensure our county is improving.

The Community Health Improvement plan will be developed in an electronic scorecard and published for the public to be able to monitor progress made in our county. Additionally, full data sets can be requested from the public for review.

The Impact of Hurricane Helene on Western North Carolina

Hurricane Helene brought unexpected and lasting challenges to communities across Western North Carolina. Hurricane Helene, the third-deadliest hurricane of the modern era, caused over 200 deaths, with nearly half of them in North Carolina (National Centers for Environmental Information, 2024). Early estimates suggest the economic losses from Helene could exceed \$50 billion (North Carolina Office of State Budget and Management, 2024). A total of 25 counties in North Carolina were included in the federal disaster declaration following Hurricane Helene, 14 counties located within the WNC Healthy Impact Region (Buncombe, Clay, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Transylvania and Yancey.) The Eastern Band of Cherokee Indians (EBCI) was also included in the disaster declaration (North Carolina Department of Public Safety, 2024).

While this Community Health Assessment (CHA) is based on data collected before the hurricane, it is important to recognize how this disaster has affected and will continue to affect many aspects of health in the region. Natural disasters like hurricanes do not just cause immediate physical harm—they also impact long-term health, the environment, and the economy (North Carolina Office of State Budget and Management, 2024).

Storms disrupt access to healthcare, damage homes and infrastructure, and cause financial hardship for many families (Kaiser Family Foundation, 2024). Some communities faced greater challenges than others. People with lower incomes, older adults, individuals with disabilities, and those without stable housing were affected the most (U.S. Census Bureau, 2024). Many families lost wages due to business closures, and some small businesses struggled to recover. The stress of these losses can lead to mental health challenges, including anxiety and depression (North Carolina Department of Public Safety, 2024).

Environmental factors also changed due to the hurricane. Floodwaters can spread disease and pollutants, affecting drinking water and air quality (North Carolina State Climate Office, 2024). Mold in homes and buildings can make respiratory conditions worse. In some areas, roads and bridges were washed out, making it harder for people to reach doctors, pharmacies, and grocery stores (U.S. Census Bureau, 2024).

Morbidity and mortality rates have been significantly impacted by the storm, with some individuals dying from injuries sustained during the hurricane. Others have faced ongoing medical issues due to limited healthcare access, prolonged stress, and the challenging recovery environment (North Carolina Department of Insurance, 2024). Communities in WNC continue to work toward recovery, but the devastating effects of Hurricane Helene will be felt for years to come.

Yancey County-Specific Impact:

Hurricane Helene swept Yancey County with devastation and destruction, leaving a lasting impact on our community. The storm disrupted nearly every part of daily life and significantly shifted the health needs of our community. Although much of the data in this assessment was collected before the storm, it is important to recognize how Helene intensified our existing challenges and created new barriers to health and well-being for our community.

Our environment was majorly impacted. Rivers were contaminated, and many private wells and septic systems were damaged or totally destroyed, raising concerns about water safety and sanitation. The town of Burnsville's public water system sustained damages, resulting in water outages for many residential homes and businesses. Yancey county sustained widespread tree damage and numerous landslides that altered the landscape and limited access to some areas, particularly rural and mountainous portions of the county.

Healthcare services were strained or inoperable during the initial few days of the storm. Several medical facilities were inoperable for two or more, and our county completely lost the newly established Micaville health center, which was providing mental health services for our community. In response, a field hospital and a shelter clinic were established to meet urgent needs of the community. The community paramedics and EMS teams were instrumental in reaching residents and providing care during the most critical periods following the storm.

Housing stability became a major issue, as many homes and structures were either damaged or destroyed. Over 700 homes were damaged and over 150 homes were completely destroyed. Emergency sheltering was opened at Blue Ridge Elementary School providing temporary support for displaced families. The shelter housed over 200 individuals during the aftermath of the storm. Housing recovery has been a slow process for many residents, and some residents are still residing in temporary housing solutions such as donated campers. Over 100 kids from Yancey County Schools were identified as experiencing homelessness as a direct result of the storm. Our school systems were significantly affected, with one school permanently closing and our students missing 34 instructional days. Once power and internet were restored, education resumed through remote learning for an extended period of time. In the immediate aftermath of Hurricane Helene, the school system also served as a shelter and hosted multiple community resources, which contributed to delays in reopening schools.

The local economy suffered as businesses faced temporary or permanent closures, leading to job losses and financial strain. Households experienced added pressure from emergency

supply costs, home and damage repairs. Our region lost the Ingles warehouse, which disrupted the food distribution in our community, which is mainly provided by Ingles. Power outages and the loss of internet and cellphone service made it difficult for many residents to access support, apply for aid, or stay connected with loved ones. In some cases, the loss of important documents in the flood further delayed financial assistance for many.

Emotional and mental health needs increased greatly in the aftermath of the storm. The event created high levels of stress, especially for those who lost homes, jobs, businesses, or their sense of safety. For many, mental health was put aside and their focus was on meeting their basic needs. Vulnerable populations such as older adults and low-income families faced increasing challenges, including a rise in scam activity targeting those in crisis.

Hurricane Helene amplified our county's challenges and disparities that already existed. As the community continues to recover, it is essential to address these ongoing challenges and consider the storm's long term effects in future health planning, preparedness, and resource efforts.

CHAPTER 1

Community Health Assessment Process

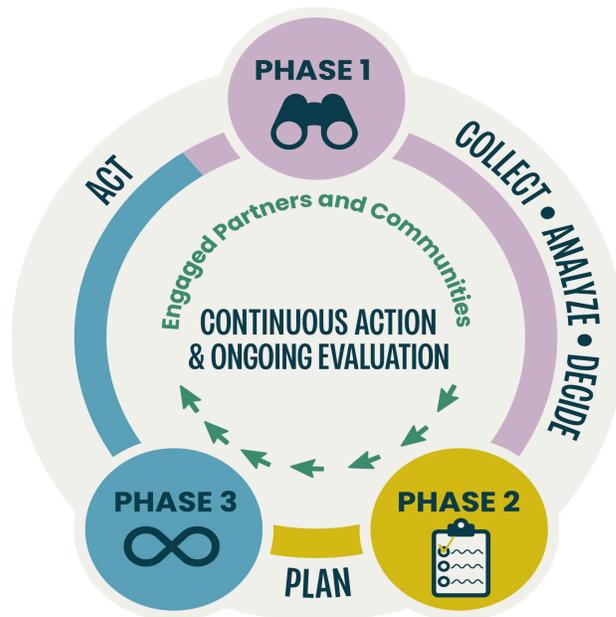


Photo by Trey Penland, Local Paramedic

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:



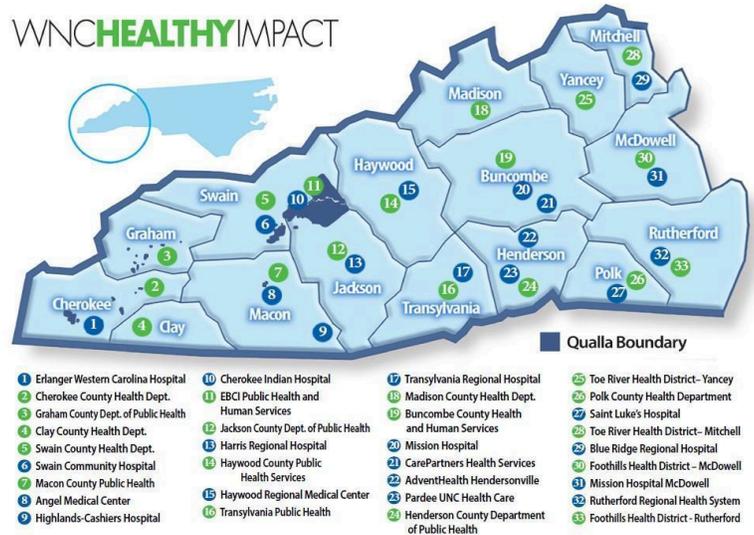
Definition of Community

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 working towards a vision of improved community health. The vision is achieved by developing collaborative plans, taking action, and evaluating progress and impact. More information is at

www.wnchn.org/wnchealthyimpact.



DATA COLLECTION

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

WNC Healthy Impact Dataset Collection

Much of the data in this CHA comes from the WNC Healthy Impact dataset. To ensure a comprehensive understanding, the dataset includes both secondary (existing) and primary (newly collected) data.

Reviewing secondary data is an essential first step in a community health assessment process because it provides a solid foundation and context. By analyzing existing data, we are able to identify gaps in knowledge and better understand current trends. This ensures that primary data collection is more targeted and relevant, addressing specific needs within the community.

The following dataset elements and collection are supported by WNC Healthy Impact Steering Committee, WNC Healthy Impact Data Workgroup, WNC Regional Data Team, Mountain Data Equity and Engagement (DEEP), a survey vendor, and additional partner data needs and input:

- A comprehensive set of publicly available secondary data indicators with our county compared to the 16-county WNC Healthy Impact region
- Set of maps using Census and American Community Survey (ACS) data
- 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.

Additional Community-Level Data

Additional Community-level data was gathered from several local sources. Our data team analyzed this information from the HHS emPOWER data set, the Yancey County WIC program, and the Youth Risk Behavior Survey conducted by Yancey County Schools to gain deeper insight into the challenges impacting our community.

Health Resources Inventory

We conducted an inventory of available resources of our community by reviewing a subset of existing resources as well as working with partners to include additional information. See **Chapter 7** 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
- By selecting county specific questions to be featured on the assessment
- Through primary data collection efforts (survey, key informant interviews, etc.)
- By reviewing and making sense of the data with community partners to better understand the story behind the numbers
- 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:

- Low-income individuals
- Individuals who are uninsured or underinsured
- Older adults (65+)
- Those living with chronic conditions
- Socially isolated individuals
- Ethnic minorities
- People suffering from mental health conditions
- Substance users and their families
- Youth and Adolescents
- Individuals with unstable housing

CHAPTER 2

Yancey County



Photo by Kristin Buchanan, Local Resident

LOCATION, GEOGRAPHY, AND HISTORY OF YANCEY

Yancey County is seated in the charming Blue Ridge Mountains of Western North Carolina. The county stretches across 313 square miles and offers some of the most beautiful scenery in our region. Yancey County also proudly boasts Mount Mitchell, the highest peak in the eastern U.S., towering over the county seat of Burnsville. Places like the Blue Ridge Parkway offer year-round recreation for our residents and visitors. The region's mountainous landscape and rural nature have a significant impact on how residents live, work, and connect.

The county's small population and tight-knit communities reflect the rural character of the county. Agriculture, forestry, and small-manufacturing account for most of the local economy, while Appalachian traditions such as music, arts, and storytelling remain central to community life. Several seasonal festivals and events help keep these traditions alive and create a strong sense of community and belonging among residents.

At the same time, Yancey County's rural setting, mountainous terrain, and geographic isolation creates challenges in accessing quality healthcare and positive health outcomes. The county has limited healthcare resources and transportation barriers that can delay care and contribute to high rates of chronic diseases for residents. The Yancey County Health Department works with community partners to promote preventative care, healthy eating, and physical activity. While the community's close connection supports emotional well-being, traditional ways of life can also make it more challenging to adopt new health practices, highlighting the importance of culturally aware health strategies.

POPULATION

Yancey County is home to approximately 18,993 residents (U.S. Census Bureau, 2024). The county has seen significant growth in recent years. Yancey county is a predominantly rural county and residents are housed among the 313 span of mountainous landscapes with Burnsville, the county seat, housing around 2,143 residents (Data USA, 2023). Yancey county's population is predominantly white (91.3%), with Hispanic or Latino individuals accounting for 5.4% of the area. The remaining population includes african american, asian, and native american and multiracial individuals (U.S. Census Bureau, 2024). The majority of households use English as their primary language at home. However, despite English being the dominant language,

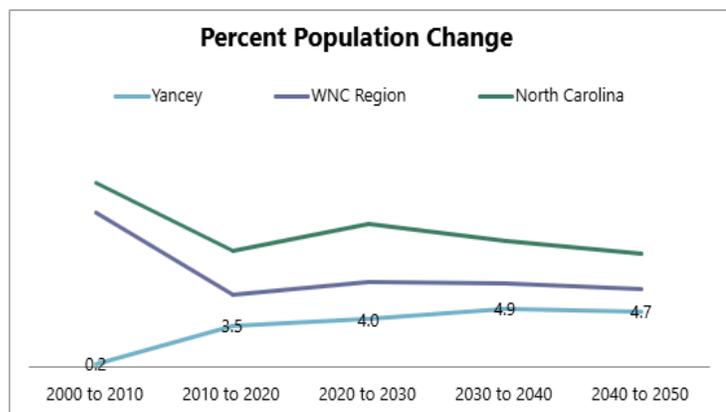


Figure 1: Percent Population Change
(U.S. Census Bureau, 2024)

many households are still multilingual, and language barriers may still be present. The median age of individuals in the county is approximately 48 years old, which is substantially higher than the North Carolina State average of 39.1 years old, highlighting an aging population and a need for services that support older adults (U.S. Census Bureau, 2024). It is expected that by 2030 the county's population will have grown 4% (Figure 1) and approximately 4,907 residents will be over age 65 and 3,518 residents will be under age 18 (U.S. Census Bureau, 2024).

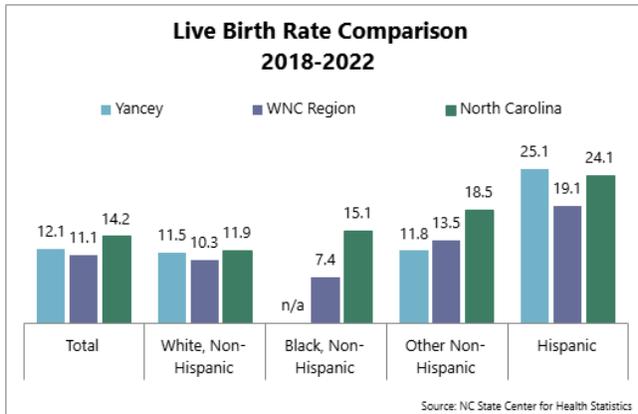


Figure 2: Live Birth Rate Comparison (NC SCHS, 2024)

The population is nearly evenly split by sex, with 49.6% identifying as male and 50.4% as female (U.S. Census Bureau, 2024). There are approximately 7,859 estimated households within Yancey County. These households have a family composition of older couples, small families, or individuals who live alone, including older adults. Approximately 60% of households are married couples and or families while 28.7% of households are individuals who are living alone (U.S. Census Bureau, 2024). The birth rate in Yancey County is 12.1 per 1,000 individuals (Figure 2).

Between 2018 and 2025, among the 13,849 county residents aged 25 and older, 24.5% graduated high school, 20.7% attended some college without earning a degree, and 22.4% obtained a bachelor's degree or higher. The remaining portion of the population did not receive a high school diploma. (U.S. Census Bureau, 2024). Between 2018 and 2022, an estimated 2.9% of Yancey County residents moved within the county, 3.2% relocated from another county in North Carolina, and 1.9% moved in from out of state (U.S. Census Bureau, 2024). Data on the unhoused population in Yancey County remains limited, though it is known that Hurricane Helene significantly disrupted housing stability in the area. The exact number of unhoused individuals is still undetermined.

Approximately 6.2% of Yancey County's population are military veterans (U.S. Census Bureau, 2024). While detailed information on voting trends is limited, the county leaned conservative in the 2024 election cycle. These demographic insights are critical for identifying and addressing health disparities in the county. They help inform planning and interventions for at-risk populations, including older adults, geographically isolated families, and individuals with limited education or access to health services.

CHAPTER 3

Social & Economic Factors



*Photo retrieved from Our state Article
about Yancey County*

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

“The relationship between income and health is well established. Households with incomes below the federal poverty level have high levels of illness and premature mortality. Individuals with lower incomes lack economic resources, resulting in social disadvantage, poor education, poor working conditions, housing insecurity, and residence in unsafe neighborhoods ” (CDC, 2023).

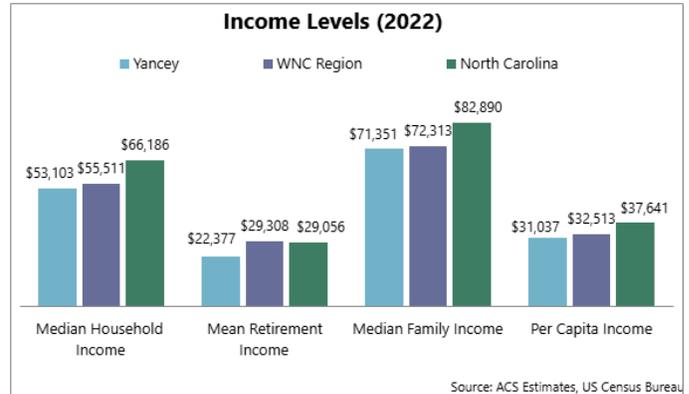


Figure 3: Income Levels
Source: U.S. Census Bureau, 2024

As of 2022, Yancey County’s median household income was \$53,103, which was significantly lower than the North Carolina median household income of \$66,186 (Figure 3).

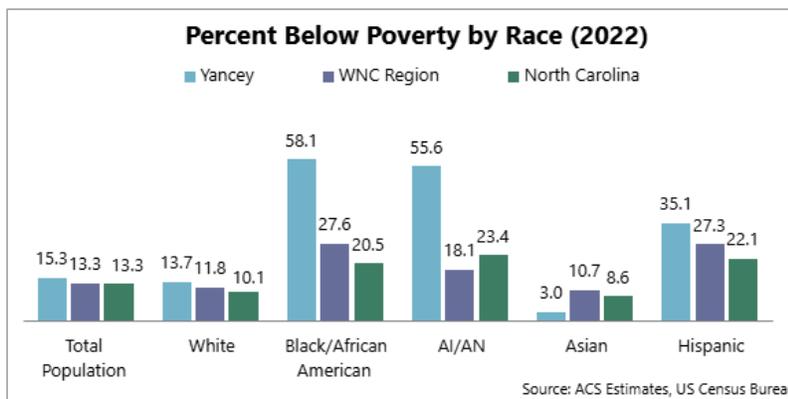


Figure 4: Percent Below Poverty by Race
Source: U.S. Census Bureau, 2024

Approximately 15.3% of individuals in Yancey County are living below the poverty level, with 24% of those individuals being under the age of 18 (Figure 4). This indicates a substantial amount of children and youth living in financially insecure households. As of January 2024, approximately 1,465 Yancey County households were receiving food and nutrition services (UNC-CH Jordan Institute for Families,

2024). Poverty rates in Yancey County also show a significant correlation with race, highlighting financial disparities among minority populations as illustrated in Figure 4.

Data from the living wage calculator illustrates the financial challenges many residents face. For a single adult with no children, the estimated living wage in Yancey County is \$19.25 per hour (Table 1). Wage requirements increase to \$49.56 for a single adult with three children or \$103,084.80 per year, based on a 40 hour work week paid bi-weekly (Table 1). This data highlights significant challenges financially for families in Yancey County based on the average household income. In all scenarios, the state minimum wage of \$7.25 falls far below both the living and poverty wage thresholds. From information from the living wage calculator and data from the median household income in Yancey county, we can assume that many families in Yancey County face financial hardships and burdens.

The data in the tables below was pulled from the living wage calculator in May of 2025 (Massachusetts Institute of Technology, 2025).

Table 1

SINGLE ADULT				
	0 Children	1 Child	2 Children	3 Children
Living Wage	\$19.25	\$33.85	\$40.96	\$49.56
Poverty Wage	\$7.52	\$10.17	\$12.81	\$15.46
Minimum Wage	\$7.25	\$7.25	\$7.25	\$7.25

Table 2

2 ADULTS BOTH WORKING				
	0 Children	1 Child	2 Children	3 Children
Living Wage	\$13.61	\$19.38	\$23.15	\$26.59
Poverty Wage	\$5.08	\$6.41	\$7.73	\$9.05
Minimum Wage	\$7.25	\$7.25	\$7.25	\$7.25

Additionally, as of 2024, it is estimated that 25.9% of Yancey County residents do not have enough cash on hand in or in savings accounts to cover a \$400 emergency expense, highlighting economic vulnerabilities (WNCHN, 2024).

Income and poverty levels are key social determinants of health that steer almost every aspect of an individual's well-being. Families faced with economic challenges often have

poorer outcomes due to the limited access to affordable healthcare, nutritious food, stable housing, transportation and other factors that impact health.

EMPLOYMENT

“Employment provides income and, often, benefits that can support healthy lifestyle choices. Unemployment and underemployment 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, 2024).

In 2023, approximately 4,366 individuals in Yancey County were employed. The highest number of individuals employed were among sectors like manufacturing (1,050), retail trade (657), healthcare and social services (434), educational services (402), public administration (408) and construction services (359). The average weekly wage earned was \$792, which was lower than the Western North Carolina region average of \$980 and the North Carolina average of \$1,407 (NC Department of Commerce, 2024). Due to the rural nature of Yancey County, career opportunities and employment sectors are limited. However, the county has maintained a relatively steady unemployment rate of around 3% in the past few years, showing a great improvement from previous unemployment history (Figure 5).

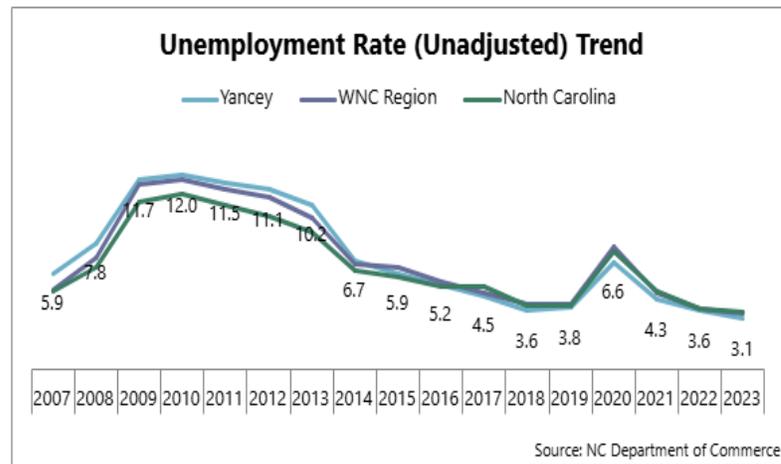


Figure 5: Unemployment Rate Trend
Source: NC Department of Commerce, 2024

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. More schooling is linked to higher incomes, better employment options, and increased social support that, together, support opportunities for healthier choices ” (County Health Rankings, 2024).

During the 2022–2023 school year, 637 students were enrolled in high school in Yancey County. Of those students, only 10 dropped out, resulting in a low dropout rate of 1.56% (NC

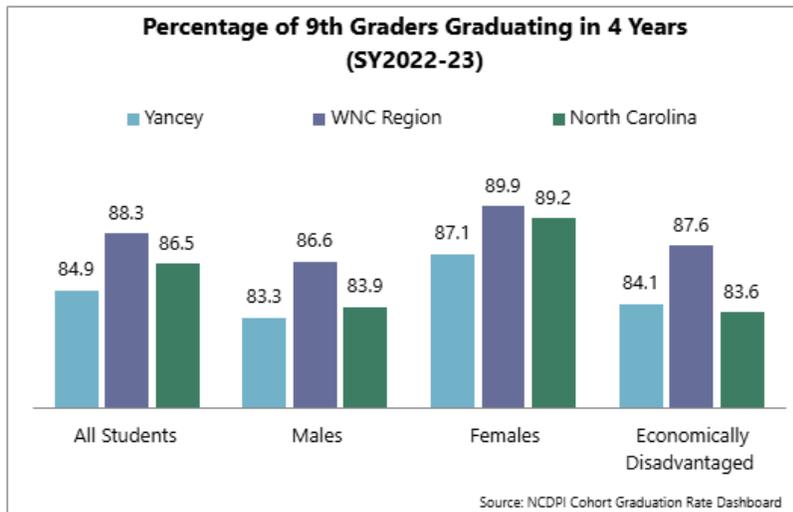


Figure 6: Percent of 9th Graders Graduating in 4 Years
Source: NCDPI, 2024

Department of Instruction, 2024). Additionally, 84.9% of students were on track to graduate within the next 4 years, reflecting a strong level of educational attainment among Yancey County’s youth (Figure 6).

Among Yancey County Residents aged 25 and older, 24.5% have earned a high school diploma or equivalent. Educational attainment among females at the high school level is slightly higher than that of males. Approximately 20.7%

of residents have completed some college coursework without earning a degree, while 22.% have obtained a bachelor’s degree or higher. College-level achievement rates are fairly consistent between males and females and educational achievement in Yancey County fairly strong (U.S. Census Bureau, 2024).

DISCRIMINATION

“Discrimination is a socially structured action that is unfair or unjustified and harms individuals and groups. Discrimination can be attributed to social interactions that occur to protect more powerful and privileged groups at the detriment of other groups. Stressful experiences related to discrimination can negatively impact health. Discrimination, especially racial discrimination, has also been known to cause symptoms of trauma” (Office of Disease Prevention and Health Promotion, 2022).

Racism

“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, 2024).

According to 2024 data, 18.9% of Yancey County residents reported that they do not view their community as a welcoming place for people of all races and ethnicities (WNCHN, 2024). Additionally, 3.7% of residents indicated they had experienced threats or harassment in their community –lower than the regional average of 7.6% across Western North Carolina (WNCHN, 2024). Furthermore, 3.4% of residents reported being treated unfairly when receiving healthcare services (WNCHN, 2024).

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, 2024).

Yancey County is considered a generally safe community with fairly low crime rates. Violent crimes per 100,000 individuals are 102.9 (Figure 7).

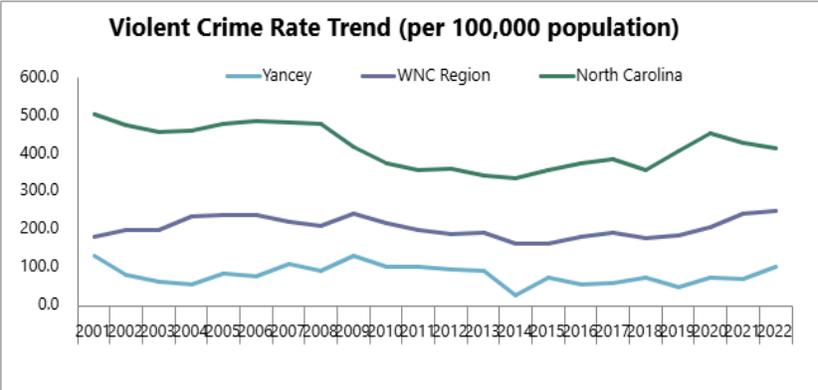


Figure 7: Violent Crime Rate Trend
Source: NC Department of Justice, 2023

Among Yancey County's crimes, they are typically drug-related charges. There is no data regarding sexual assault and domestic violence for Yancey County. Low rates of juveniles are in the justice system as of 2023. In the 2022–2023 school year there were only 8 total school violence related incidents, 5 of which were possession of alcoholic beverages (NC Department of Instruction, 2024).

HOUSING

"Housing instability encompasses a number of challenges, such as having trouble paying rent, overcrowding, moving frequently, or spending the bulk of household income on housing. These experiences may negatively affect physical health and make it harder to access health care." (Office of Disease Prevention and Health Promotion, 2022)

Yancey County continues to face increasing challenges related to housing affordability and availability. Over the years, housing has become more expensive, and long-term rentals have become increasingly difficult to find. In 2024, 35.5% of residents reported concerns about their ability to pay rent or mortgage within the past year (WNCHN, 2024), while 8.4% reported experiencing a housing emergency that required them to live temporarily with friends or family within the last three years (WNCHN, 2024).

According to 2018–2022 estimates, 26.2% of homeowners in Yancey County spend more than 30% of their income on mortgage payments, and 13.2% spend over 50%, placing them in a category of severe cost burden. Renters face similar pressures, with 27.3% spending more than 30% of their income on housing and 12.7% exceeding the 50% threshold. The average gross rent in the county is \$757 per month (U.S. Census Bureau).

Yancey County has approximately 7,618 occupied housing units. Of these, 17.9% were built in 1959 or earlier, indicating a significant presence of aging housing stock. Additionally, 21.1% of housing units are mobile homes or similar types of dwellings (U.S. Census Bureau, 2024). Prior to Hurricane Helene in 2024, 16% of residents reported living in housing conditions that negatively affected their health within the past year (WNCHN, 2024).

TRANSPORTATION

"Transportation decisions affect everyone, by influencing where they live, how they can get to work and school, whether they can easily access health and other essential services, how they socialize with family members and friends, and ultimately if they can thrive in a physical environment that supports healthy outcomes" (Atherton et al., 2021)

In Yancey County, transportation is often a barrier to accessing healthcare services. Due to the rural nature of our county, we are not considered a walkable place to live. Transportation methods are essential to accessing services in Yancey County. Many residents have long

commute times as the majority of the population resides in rural, remote areas. 39.9% of residents work outside of the county, making reliable transportation a non-negotiable (U.S. Census Bureau, 2024).

Yancey County has one transportation service available provided by the Yancey County Transportation Authority. The transportation authority provides accessible, non-emergent transportation services to the public for a low fee. The service runs Monday through Friday from 7:30 am until 4:30 pm and appointments are typically scheduled 24-28 hours ahead of time (Yancey County Transportation Authority, 2025). Although this is a wonderful service in the county, there are still barriers present to accessing health services in a timely manner. It is estimated that approximately 328 households do not have access to a vehicle and rely on public transportation (U.S. Census Bureau, 2024).

FOOD SECURITY

“Food insecurity is defined as a lack of consistent access to enough food for an active, healthy lifestyle” (USDA, 2023). It is caused most notably by poverty as well as other overlapping issues like affordable housing, social isolation, location and chronic health issues.

Food insecurity is an increasing issue in Yancey County. The amount of individuals who are considered food insecure in Yancey county rose from 18.8% in 2021 to 28.6% in 2024 (WNCHN, 2024). There are limited options for affordable healthy and nutritious foods. Yancey County has 1 seasonal farmers market that participates in the supplemental nutrition assistance program and the double bucks program offered through the Appalachian sustainable agriculture program. Yancey County has 3 main grocery store options including Ingles, Sav Mor, and Go Grocery. All of these locations accept SNAP, WIC and other governmental nutritional assistance programs.

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, 2024).

According to 2024 survey data, 64.7% of Yancey County residents reported having someone they could rely on for help with physical needs such as food, transportation, and childcare (WNCHN, 2024). Additionally, 71.5% indicated they receive the social and emotional support they need (WNCHN, 2024). These findings reflect a strong sense of connection and community support among residents of Yancey County.

CHAPTER 4

Health Data Findings



Photo by Morgan Fox, Local Resident

MORTALITY

In Yancey County, the top five leading causes of death are diseases of the heart, cancer, covid-19, chronic lower respiratory diseases, and Alzheimer's disease (NC SCHS, 2024). Overall life expectancy for individuals in Yancey County is around 76.1 years of age. Male and female life expectancy vary slightly with males expected to live 73.1 years and females 79.3 years. Life expectancy in Yancey County is comparable to the regional and state life expectancies (Figure 8).

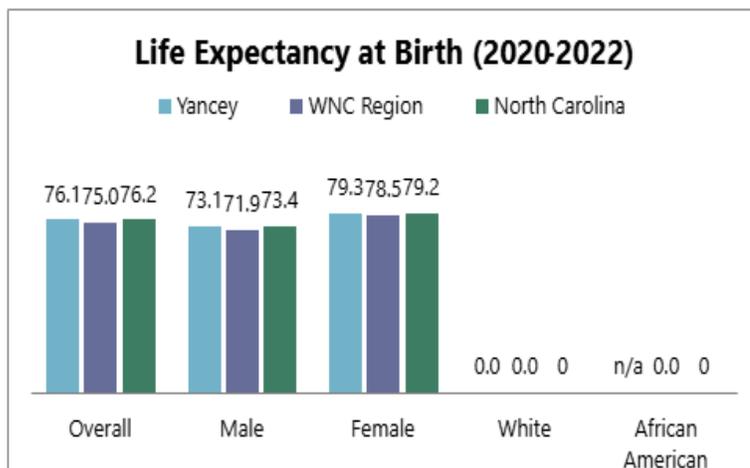


Figure 8: Life Expectancy at Birth
Source: NC State Center for Health Statistics

HEALTH STATUS & BEHAVIORS (INCLUDE MORBIDITY AND HEALTH BEHAVIOR DATA)

Overall, the health of Yancey County residents is improving. In 2024, 14.6% of people reported their physical health as fair or poor. This is a big improvement from 2021, when 24.1% reported fair or poor health, and it's also better than the North Carolina average of 18.5% (WNCHN, 2024). Still, many residents are living with chronic health conditions. Heart disease affects 5.7% of residents (WNCHN, 2024), and the heart disease death rate is 169.5 per 100,000 people (NC SCHS, 2024). High blood pressure is common, affecting 36.1% of residents, and 43.1% have high cholesterol—both of which are risk factors for heart disease and stroke (WNCHN, 2024). Cancer is another leading concern in our county. The overall cancer death rate is 163.5 per 100,000, with lung cancer being one of the most common types. Lung cancer deaths occur at a rate of 45.4 per 100,000 (NC SCHS, 2024), and smoking continues to be a major factor—14.9% of adults in Yancey County smoke cigarettes. Chronic lung disease, such as COPD, affects 13.7% of residents. Diabetes is also widespread, impacting 10.9% of people in our community (WNCHN, 2024). The diabetes-related death rate is 16.2 per 100,000 (NC SCHS, 2024).

Maternal and infant health in Yancey County shows both strengths and challenges. From 2018–2022, our infant mortality rate was low at 3.4 per 1,000 births, which is better than the state average. However, 9% of babies were born with low birth weight, which can lead to health concerns. In 2022, more than 60% of mothers were overweight or obese, and 12.7% had gestational diabetes—conditions that increase pregnancy risks. Smoking during pregnancy

was reported by 6.4% of mothers. On the positive side, 90.2% of women received prenatal care in the first trimester, though fewer Hispanic mothers did compared to white mothers (NC SCHS). These numbers show how health behaviors and access to care impact outcomes for moms and babies in our community.

Injuries and violence are also a concern in Yancey County, affecting people of all ages. From 2018 to 2022, unintentional injuries like car crashes, accidental poisonings, and falls led to many deaths. The death rate from all types of unintentional injuries was 42.5 per 100,000 people. In 2022, six people in our county died from fall-related injuries. Car accidents caused 15.4 deaths per 100,000 people, and accidental poisonings, often related to drug overdoses, caused 24 deaths per 100,000 (NC SCHS, 2024). Falls, especially among older adults, are also a safety concern. Suicide is another concern in our community. The suicide rate in Yancey County was 24.2 per 100,000 people, which is higher than the state average (NC SCHS, 2024). In 2024 it was reported that 10.6% of people had considered suicide within the last year (WNCHN, 2024). This highlights the need for stronger mental health support and suicide prevention resources.

Mental health remains a major concern in Yancey County. In 2024, 18.5% of residents said they were unable to get the mental health services they needed. Nearly one in five people (19.6%) reported having more than seven days of poor mental health in the past month, and 22.3% described their mental health as fair or poor. Despite these challenges, many residents are still finding ways to cope. A hopeful 87% said they are able to stay hopeful during difficult times, and 27.6% are currently receiving mental health treatment (WNCHN, 2024). This shows both the growing demand for services and the community's willingness to seek help.

Substance use continues to affect many lives in the county. In 2024, 10% of residents reported binge drinking in the past month, and 15.9% reported excessive drinking. Additionally, 16.5% said they had used a prescription opioid in the past year, with or without a prescription. Cigarette smoking remains common, with 14.9% of adults reporting current use. Overall, 62.7% of residents said their lives have been negatively affected by substance use—either their own or that of someone close to them (WNCHN, 2024).

CLINICAL CARE & ACCESS

Access to clinical care in Yancey County is significantly limited due to its rural setting. While there are approximately eight primary care offices serving residents, many providers are operating at or near full capacity, making it difficult for some individuals to obtain timely care. Additionally, the healthcare workforce in our area is aging. As of 2022, 23.1% of physicians and 9.1% of nurse practitioners were over the age of 65, suggesting potential future shortages in medical staffing (Cecil G. Sheps Center for Health Services Research, 2024).

Yancey County does not have a hospital, so residents must rely on neighboring facilities in Buncombe, Mitchell, and McDowell Counties for advanced and emergency services. Specialty

care is especially scarce—there are no specialty providers located within the county. As a result, 52.8% of residents report traveling outside the county to receive the care they need. In 2024, 16.5% of residents reported being unable to access necessary medical care at some point during the year, and 12.4% of residents are considered underinsured (WNCHN, 2024). A total of 5,118 individuals in the county were eligible for Medicaid, highlighting ongoing financial barriers to care (NCDHHS, 2024).

Access to long-term and aging-related services is also limited. Yancey County is home to two licensed adult care facilities with capacities of 140 and 70 residents, but only one of these facilities offers skilled nursing care. There is one local palliative and hospice organization, as well as two home health agencies serving the Burnsville area (NCDHHS, 2024). However, most long-term care and support services are located in surrounding counties, requiring residents to travel for care or face limited choices locally.

Mental health services are another area of concern. There are three licensed mental health facilities in the county, offering services such as day treatment, outpatient substance use counseling, supervised living for adults with developmental disabilities, and vocational support programs (NCDHHS). However, access to therapy and general mental health care remains limited, with few private providers available. Following the impacts of Hurricane Helene, mental health services at Mountain Community Health Partnership's Micaville Center were disrupted. These services have since been relocated to other MCHP locations. Additionally, there are no inpatient substance use treatment programs in Yancey County. Residents seeking such care must travel out of county, often encountering long wait times or limited availability in nearby areas.

HEALTH INEQUITIES

In Yancey County, not all residents experience the same level of health or access to care. Individuals with lower incomes, limited or no insurance, transportation barriers, and those from racial and ethnic minority groups often face greater challenges in getting the care they need. These inequities contribute to delayed treatment, higher rates of chronic disease, and overall poorer health outcomes.

Chronic conditions such as heart disease, diabetes, and COPD are harder to manage without consistent access to providers, medications, and support services. Mental health care and substance use treatment are also limited, especially for residents relying on insurance or living in more isolated areas. Cultural and language barriers may further limit access for some racial and ethnic groups.

While many people in our community are making efforts to stay healthy, not everyone has the same opportunities or resources to do so. Expanding access to affordable, high-quality care, including physical, mental, and preventive health services, is essential to reducing these disparities and improving health for all residents of Yancey County.

CHAPTER 5

Environmental Factors



Photo by Shannon Peterson, Local Resident

Environmental factors play a vital role in shaping our overall health and well-being. From the air we breathe to the water we drink, the quality of our surroundings directly impacts our physical and mental health. Clean, safe living environments promote healthy lifestyles, while exposure to pollution, unsafe housing, or poor sanitation can increase the risk of disease and other negative health outcomes. A healthy environment provides the foundation for long-term wellness and a higher quality of life.

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, 2024).

The Town of Burnsville, the county seat of Yancey County, is served by a single community water system that provides water to approximately 4,069 residents as of August 2024 (United States EPA, 2024). The primary source of this system is surface water drawn from local rivers. Notably, the system has had no reported health violations in the past 10 years, indicating a strong record of compliance and safety (United States EPA, 2024) .

Outside of Burnsville, the majority of Yancey County residents rely on private spring or well water. While spring water sources are not subject to regulatory oversight, private wells are regulated by the Yancey County Health Department. Water analyses are conducted on well sources to monitor for bacterial contamination and the presence of inorganic chemical compounds, ensuring public health standards are maintained.

ENVIRONMENTAL JUSTICE

Environmental Justice (EJ) is a broad term that refers to community-based organizing with the goal of creating and maintaining a healthy, safe environment for all life with special attention paid to how environmental hazards are distributed across communities. EJ was born in 1982 in Warren County, NC, when Black residents were told their neighborhood would become the site of a landfill for PCB, which is known to be hazardous to human health. This community banded together to fight the decision to locate the hazardous waste in a predominately Black community, and recognized that the vast majority of the burden of toxic waste in the US is carried by communities of color (Wells, 2018). The Environmental Justice movement has brought to the forefront the importance of monitoring how environmental contamination impacts the health of communities in disparate ways.

Western North Carolina (WNC) is naturally resilient compared to many other parts of the state. The altitude makes the region less vulnerable to heat waves than the Piedmont area, and floods in WNC are less threatening than those experienced in coastal counties.

Since the tuberculosis outbreak of the late 1700's, the air quality has drawn people to the mountains in hopes that it would provide a healing benefit (Cadmus, 2024). However, communities still need to be prepared for many health risks present in our environments. Wildfires, water quality, flooding, drought, and heat waves are all threats to human health. Smoke from fires damages air quality and leads to respiratory issues among other health issues, poor water quality can cause life-threatening diseases such as cancer and bacterial infection, flooding can increase exposure to water-borne illnesses, and drought increases the frequency and intensity of flooding. Changes in our climate will continue to make summers hotter and will increase communitywide susceptibility to heat related illness, especially in under-treed communities experiencing heat islands (Donellan, 2023).

CHAPTER 6

Climate & Health



Photo by Trey Penland, Local Paramedic

Changes in our climate are increasingly affecting the health of communities across Western North Carolina (WNC). Rising temperatures, shifts in precipitation patterns, and more frequent extreme weather events are contributing to significant public health challenges. Vulnerable populations, such as children, pregnant individuals, outdoor workers, and those with chronic health conditions, are especially at risk.

TEMPERATURE AND EXTREME HEAT

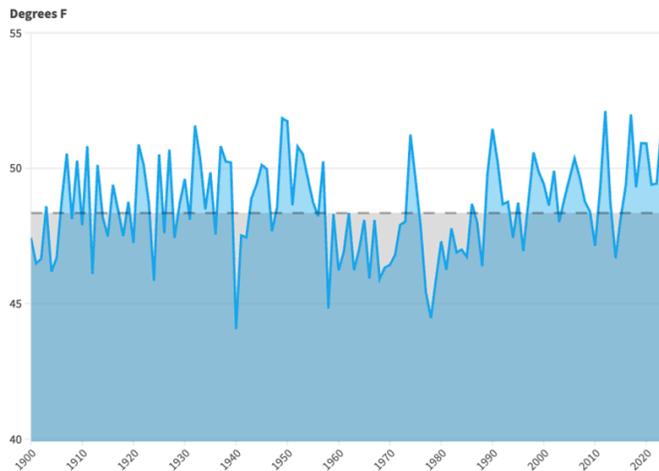


Figure 9. Observed average annual temperature for Western North Carolina from 1901 to 2024 and the temperature of record, 48 F (dashed grey line). Source: National Centers for Environmental Information *Climate at a Glance*. Data: COOP, ASOS, CRN.

Over the past century, average annual temperatures in WNC have steadily risen, with recent years consistently warmer than historical averages (Figure 9). This warming trend continued notably from 2021 to 2024, with multiple years setting or approaching record temperatures. For example, 2023 was the third-warmest year on record in nearby Asheville, underscoring a broader regional pattern of warming that includes Yancey County. Extreme heat events, such as heatwaves, have also become more frequent and intense.

Historically notable years, such as 2010 and 2016, experienced over 30 days of heatwave conditions (Figure 2). More recently, even higher-elevation mountain communities have experienced prolonged heat events, reflecting the region's growing vulnerability to rising temperatures.

Extreme heat directly threatens public health, contributing to conditions such as heat exhaustion, dehydration, and heat stroke. It also worsens existing chronic health problems like heart disease and respiratory illnesses (CDC, 2023). Each summer, North Carolina experiences approximately 4,000 heat-related emergency department visits statewide, with significant spikes during intense heatwaves. In the summer of 2023 alone, North Carolina recorded 3,925 heat-related illness cases in emergency departments, particularly affecting working-age adults, outdoor laborers, and older populations vulnerable to severe outcomes. Heat-related illnesses increased noticeably across the southeastern United States, demonstrating how prolonged heat waves pose growing public health risks, even in traditionally cooler mountain areas.

Given these trends, addressing heat-related health risks is becoming more urgent. Public health departments in WNC, including Yancey County, have increasingly focused on

preparedness, issuing frequent heat advisories and implementing community measures such as cooling centers and targeted outreach for vulnerable populations. Continued warming and more frequent heat extremes highlight the importance of strengthening local resilience through education, infrastructure improvements, and proactive public health interventions.

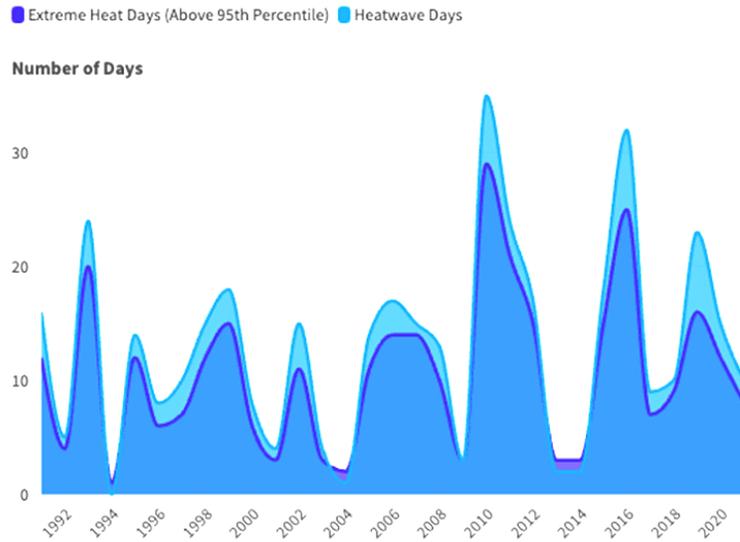


Figure 10. Annual number of Heatwave and Extreme Heat Days in the 18-counties of WNC, 1991 to 2023. **Heatwave** was defined as 3 or more consecutive days, during which the temperature reached the 90th percentile for those days. **Extreme Heat days** are defined as individual days when the temperature exceeds the 95th percentile. Source: PRISM Climate Group. Data: PRISM.

PRECIPITATION AND FLOODING

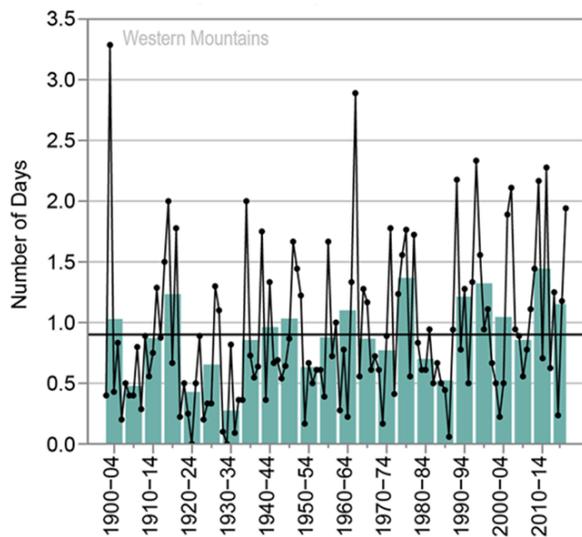


Figure 11 (above). Observed annual number of extreme precipitation events for the Western Mountains of North Carolina. **Extreme precipitation** is defined as 3 inches or more of precipitation within a 24-hour span. Sources: NCICS, NOAA NCEI, and the State Climate Office of North Carolina.

WNC’s climate is characterized by wet and humid conditions, with precipitation levels typically remaining consistent throughout the year (NCICS, 2024). However, extreme precipitation events, such as heavy rainfall leading to flash flooding, have become more frequent and intense. Recent notable examples include Tropical Storm Fred in August 2021, which brought unprecedented rainfall to the region. During this event, many locations received 6 to 10 inches of rain, with some areas recording even higher totals. Burnsville saw 4.26 inches in just one day, setting local rainfall records. Catastrophic flash flooding caused extensive damage, particularly in nearby Haywood County, where severe flooding resulted in six fatalities.

Even more devastating was the historic flooding associated with Tropical Storm Helene in September 2024. Within just three days, southern Yancey County and adjacent areas received rainfall totals exceeding 18 inches, with localized measurements in Busick, Yancey

County, exceeding 31 inches. Many nearby mountain communities experienced more than 20 inches of rainfall, surpassing a 1-in-1000-year flood event. The subsequent floods resulted in over 100 fatalities statewide, thousands of damaged homes, and significant long-term displacement and trauma among affected residents.

Since 2000, several years have experienced multiple extreme rainfall events, dramatically increasing the risk of flooding, property damage, injuries, and fatalities (Figure 3). Flood risk throughout WNC remains high (Figure 4), amplified by the region's steep slopes and narrow river valleys. Communities near rivers, streams, and low-lying areas are especially vulnerable, highlighting the critical importance of flood preparedness, robust emergency response plans, and ongoing community education on flood safety and recovery.

DROUGHT AND WILDFIRES

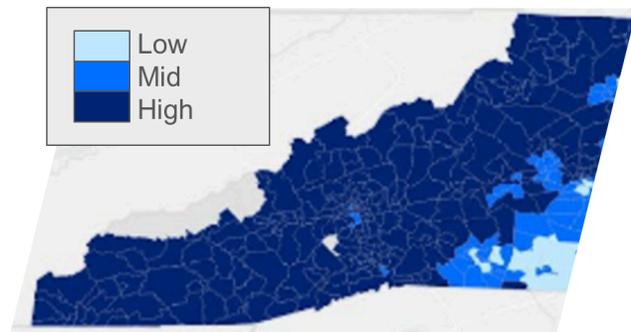


Figure 12: Flood Risk in NC at the ZCTA Level
Sources: First Street Foundation. Data: FIRMs, USGS DEMs, NOAA, NHD. We acknowledge Sarah Ulrich for her mapping expertise.

Despite WNC's typically humid climate, the region has periodically experienced severe drought, setting the stage for intense wildfire seasons. Notable drought events occurred from 2007 to 2009, significantly reducing streamflows, and again in 2016, resulting in wildfires that burned over 60,000 acres statewide (NCICS, 2024). More recently, drought conditions returned in 2022 and late 2023, resulting in widespread dry vegetation and increased wildfire activity. In 2022, the state experienced over 6,300 wildfires, the

highest annual total since 2007, which burned roughly 25,668 acres.

This upward trend continued into 2023, with severe fall drought conditions fueling more than 1,200 wildfires across Western North Carolina in November alone, including significant incidents like the Collett Ridge Fire, which burned over 5,000 acres (NC Forest Service, 2023). Wildfires pose serious health risks through direct exposure to flames and harmful smoke inhalation, worsening respiratory and cardiovascular conditions, and potentially causing premature death (CDC, 2023).

During these recent events, local air quality in Western North Carolina frequently deteriorated to hazardous levels, prompting public health alerts that urged residents,

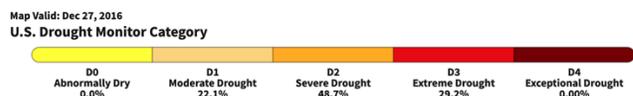
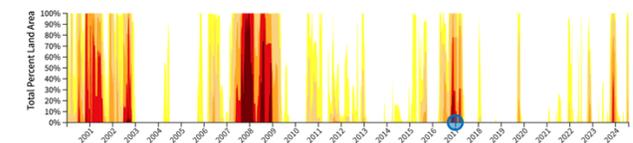
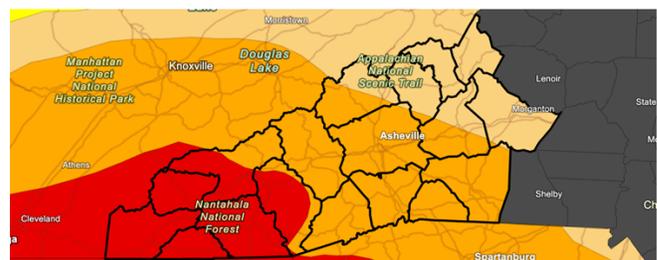


Figure 12: Historic Drought conditions from 2000 to 2024 with map highlight the drought conditions during the 2016 Drought season
Sources: NOAA, USDA, and National Drought Mitigation Center. Data: USDM, NOAA, NIDIS, USDA, NDMC.

especially children, older adults, and individuals with chronic health conditions, to minimize their outdoor activities. These recent drought-fueled wildfire events underscore the region's ongoing vulnerability to wildfire hazards, highlighting the continued need for proactive fire prevention measures, public education, and strengthened response strategies to mitigate associated health impacts.

HOW CLIMATE CHANGE IS AFFECTING COMMUNITY HEALTH IN WESTERN NORTH CAROLINA

Changing weather patterns are increasingly affecting the health of communities in WNC. Higher temperatures mean that more people face heat-related illnesses, such as heat exhaustion and dehydration, particularly among outdoor workers, athletes, and older adults. Each summer, emergency rooms across the state treat thousands of heat-related cases. Local health departments regularly provide heat advisories, cooling centers, and safety tips to protect residents from the effects of extreme heat.

Severe storms and flooding, such as those caused by Tropical Storms Fred (2021) and Helene (2024), have also had serious health impacts. These events caused injuries and tragic loss of life, damaged homes, contaminated drinking water, and increased respiratory issues from mold growth after flooding. Many people also experienced mental health struggles, including anxiety and stress, from losing homes or family members. Health officials provided immediate safety information, water-testing support, and mental health counseling to help communities recover.

Wildfires driven by drought have become more common, creating another health risk through poor air quality and smoke exposure. Smoke from recent wildfires has made the air unhealthy to breathe, especially for people with asthma or heart problems, young children, and seniors. Health departments responded by distributing face masks, issuing air quality alerts, and providing guidance to help people stay safe indoors.

Additionally, drought periods affect water supplies and air quality. Communities have occasionally needed water conservation measures during dry spells. Drought conditions also increase the risk of poor air quality, leading to public alerts about ozone and pollution.

To address these climate-related challenges, local and state health departments are working together to improve preparedness. This includes creating plans for extreme heat, floods, and wildfires, improving communication systems to alert residents quickly during emergencies, and training health workers to respond effectively. These efforts help protect communities and make them more resilient in the face of ongoing climate change.

CHAPTER 7

Identifications of Health Priorities



Photo by Chris Sigmon, County Planner

IDENTIFICATION OF COMMUNITY HEALTH ISSUES

Every three years we 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.

Data Review and Initial Shortlist

Beginning in January 2025, our team spent time understanding the data and uncovering what issues were affecting the most people in our community. We also interviewed community leaders to find out what they're most concerned about. Our key partners, listed in the Executive Summary, reviewed this data collectively, discussing the unique facts and circumstances impacting our community.

Using the WNC Healthy Impact Data Workbook and its prioritization tools, we applied several criteria to identify significant health issues:

- Data that has significantly changed since the 2021 Health Assessment
- Data that is related to emerging issues from the 2023 SOTCH
- Data is related to a topic identified as a major problem by Key Informants
- Data Varies from regional or state comparison data
- Data that is currently monitored in the Community Health Improvement Plan
- Emerging issues related to Hurricane Helene

Community Engagement and Prioritization

Once our team made sense of the data, we presented key health issues to a wide range of partners and community members. The participants used the information we presented to score each issue, and then vote for their top areas of concern. They considered the severity of the issue, the relevancy of the issue, and the feasibility in improving the issue.

This process, often called health issue prioritization, is an opportunity for various community stakeholders, such as members of the Healthy Yancey Partnership, to agree on which health issues and results we can all contribute to, which increases the likelihood that we'll make a difference in the lives of people in our community.

Identified Issues

During the above process, the CHA Data team identified the following health issues or indicators:

- **Access To Food:** *The ability to obtain safe, sufficient and nutritious foods for a healthy lifestyle. Food insecurity is prevalent in our county.*
- **Chronic Disease:** *Long-lasting health conditions that are influenced by modifiable lifestyle factors such as exercise, diet, tobacco use, etc.*

- **Access to care:** *The ability to receive timely health care services to achieve the best health outcome. This includes access to health insurance, availability of providers and services, affordability, and other barriers.*
- **Behavioral Health:** *This encompasses mental well-being as a whole. Treatment and management of mental health conditions and substance abuse disorders are included in these issues.*
- **Safe and Affordable Housing:** *Living conditions that are free from health hazards, affordable, accessible, and adequate for individuals.*

PRIORITY HEALTH ISSUE IDENTIFICATION

Process

The issues identified above were further reviewed using a set of criteria to finalize the health priorities for our community for the next three years. The criteria used were:

- **Relevance:** *How important is this issue? (Size of the problem; Severity of problem; Focus on equity; Aligned with HNC 2030; Urgency to solve problem; Linked to other important issues)*
- **Impact:** *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)*
- **Feasibility:** *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)*

Participants used a modified Hanlon method to rate the priorities using the criteria listed above. Then dot-voting techniques were used to narrow to the top 3 priority health issues. The group's original rank using the dot voting technique were:

- Safe and Affordable Housing
- Behavioral Health
- Access to Care

Open discussions were had among the group following the dot voting and many members were surprised by the rankings. Several group participants felt that access to food and chronic disease were issues that have been a part of our community health assessment for years, and that our county still needs our focus on this work. The group then voted to combine Access to food and chronic disease into a broad category encompassing all of this named "Healthy Eating Active Living". Following the grouping, a survey was sent out to community partners to re-vote on the new priority issues identified by the group.

Identified Priorities

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

- **Healthy Eating & Active Living**
- **Behavioral Health**
- **Access to Care**



ACCESS TO FOOD

Community Health Assessment–Priority Setting Data Summary

The Community Health Assessment (CHA) process examines various data sources, including the WNC Healthy Impact Community Health Survey, key informant survey responses, and publicly available secondary data. Through this analysis, access to food was identified as a significant concern across both primary and secondary data sources.

THE NUMBERS

■ Change in individuals who ran out of food and or worried about running out of food over the last 6 years.



- The percent of individuals who ran out of food at least once or worried about running out of food within the past year rose from 18.8% (2021) to 28.5% (2024). (see chart above)
- Only 7.4% of Yancey County residents are consuming 5 or more servings of fruit & vegetables per day.
- Key Informants expressed concerns about healthy food affordability.
- As of January 2024, the number of households utilizing food and nutrition services in Yancey County was 1,465 households.
- The average number of W.I.C. participants in 2024 was 366 individuals.

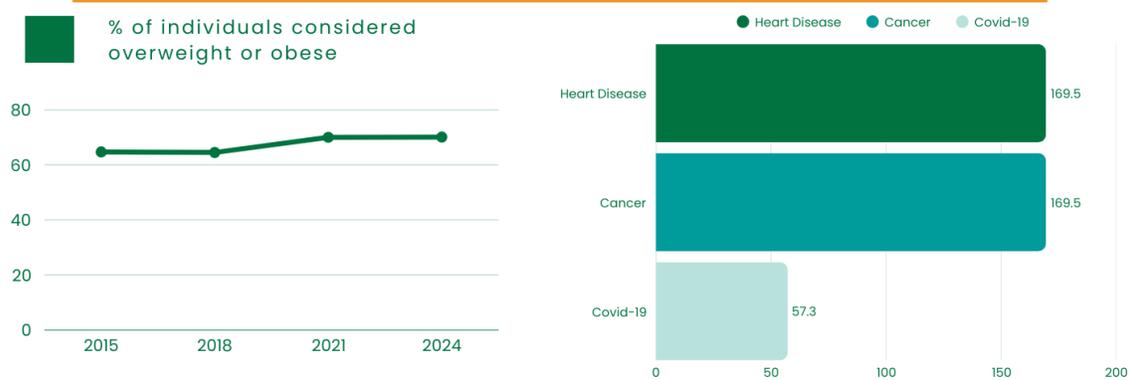


CHRONIC DISEASE

Community Health Assessment–Priority Setting Data Summary

The Community Health Assessment (CHA) process examines various data sources, including the WNC Healthy Impact Community Health Survey, key informant survey responses, and publicly available secondary data. Through this analysis, chronic disease risk factors were identified as a significant concern across both primary and secondary data sources.

THE NUMBERS



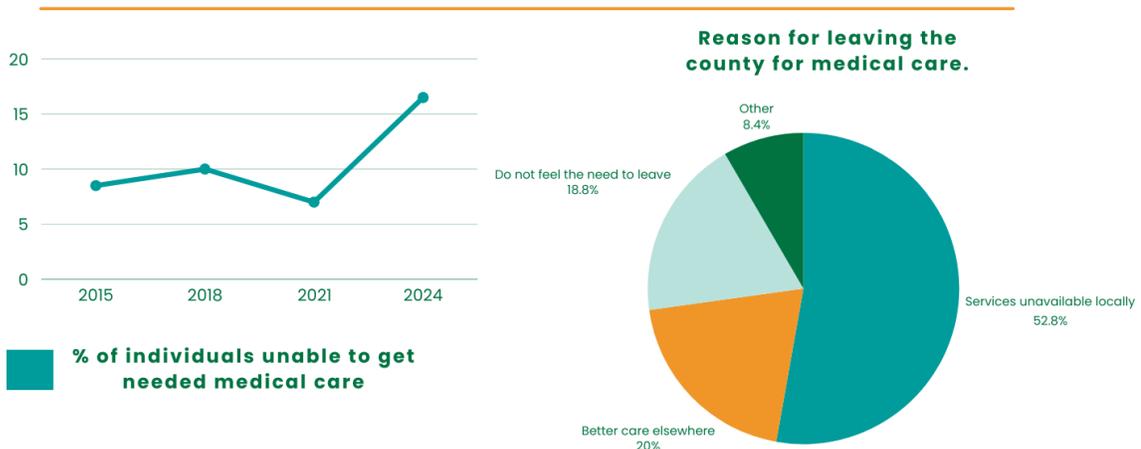
- In 2024, 70% of residents are considered overweight or obese, showing no change from 2021 data. (see chart on left)
- 16.9% of residents have been deemed “pre-diabetic” or borderline diabetic and 10.9% are diagnosed with diabetes
- 22.9% of residents reported having no leisure-time physical activity (2024)
- Only 24.50% of residents are meeting the recommended physical activity guidelines (2024).
- Only 7.4% of Yancey County residents are consuming 5 or more servings of fruit & vegetables per day (2024).
- The % of individuals with high blood pressure rose from 34.5% (2021) to 36.1% (2024).
- The % of individuals with high blood cholesterol rose from 25.4% (2021) to 43.1% (2024).
- 14.9% of residents report currently smoking cigarettes and 9.1% currently use vaping products.
- The leading causes of death in the county are diseases of the heart and cancer (see chart on right).

ACCESS TO CARE

Community Health Assessment–Priority Setting Data Summary

The Community Health Assessment (CHA) process examines various data sources, including the WNC Healthy Impact Community Health Survey, key informant survey responses, and publicly available secondary data. Through this analysis, access to care was identified as a significant concern across both primary and secondary data sources.

THE NUMBERS



- 16.5% of people reported being unable to get needed medical care within the past year (2024) which was a jump from 2021 (7%). *(see chart on left)*
- 52.8% of residents reported leaving the county for care because needed services were unavailable locally. *(see chart on right)*
- 20% of survey respondents left the county because they felt there were better care options outside of Yancey.
- In 2022, 23.1% of Yancey County’s physicians were over the age of 65.
- In 2023 31.1% of Yancey County individuals were eligible for Medicaid coverage
- Only 12.8% (2024) of survey respondents ages 18-64 reported having a source of health care coverage, which was a drop from 2021 data (18%).
- 16.1% of residents reported going without a needed prescription medication within the last year due to the cost. (2024)



BEHAVIORAL HEALTH

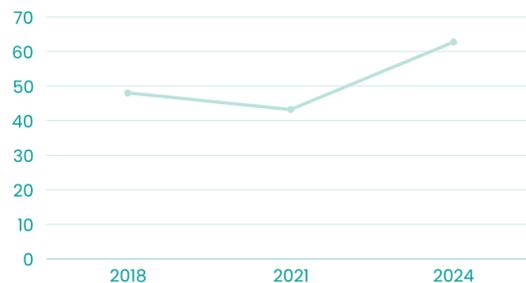
Community Health Assessment–Priority Setting Data Summary

The Community Health Assessment (CHA) process examines various data sources, including the WNC Healthy Impact Community Health Survey, key informant survey responses, and publicly available secondary data. Through this analysis, behavioral health was identified as a significant concern across both primary and secondary data sources.

THE NUMBERS



% of individuals unable to get mental health services when needed in past year



% of individuals negatively affected by substance use

- **22.3% of individuals experienced fair or poor mental health in 2024.**
- **In 2024, 16.2% of residents reported that a typical day was “extremely/very stressful” which was an increase from 2021 (13.6%).**
- **18.5% of residents were unable to get mental health services when needed in the past year, a slight decrease from 2021 (19.2%). (see chart on left)**
- **19.6% of individuals reported more than 7 days of poor mental health within the past month (2024) which decreased from 23.7% (2021).**
- **10.6% of survey respondents had considered suicide in the past year (2024) no significant change from 2021 (10.8%).**
- **An increase of those whose lives have been negatively impacted by substance use occurred from 2021 (43.2%) to 2024 (62.7%). (see chart on right)**

CHAPTER 8

Health Resources



Photo by Niki Maness, Local Resident

HEALTH RESOURCES

Process

As part of the 2024 Community Health Assessment process, our team conducted a comprehensive review of available health and social service resources in Yancey County to identify existing assets and gaps in care. This process began by examining key local documents, including the [Yancey County Health & Wellness Resource Guide](#), PATH's [Mental Health and Substance Use Resource Guide](#), and the [My Community Resources](#) list. In addition, recent Community Health Assessments (CHAs), State of the County Health (SOTCH) reports, and qualitative feedback from key informants and community meetings were reviewed to track progress and note emerging concerns.

This work aligned with the strategic priorities the Mitchell Yancey Prevention and Recovery Coalition (MYPRC) outlined during its 2024 planning process, using the Technology of Participation method to make sure all voices were heard. A subgroup formed from that process, Building Capacity, addressed community-wide access to information by compiling and centralizing health and wellness resources across agencies. To confirm the data was accurate, accessible, and community-informed, the group developed a digital collection tool that allowed local organizations to submit up-to-date information about their services, including eligibility, contact details, and service types. This form captured both quantitative and qualitative data and informed the development of a resource website serving both Yancey and Mitchell counties.

Additional resource validation and input were collected through:

- Key informant interviews and feedback sessions
- The Yancey County Health Department's Community Improvement Survey
- NC Cooperative Extension's local needs assessment
- Discussions with local providers and peer support specialists
- Public engagement through radio ads, community meetings, and provider networks

Representatives from agencies across Yancey County, including non-profit organizations, for-profit businesses, county government departments, and members of the general public, were actively involved in reviewing and compiling available health and social service resources. The most significant contributions came from the Yancey County Health Department, Healthy Yancey, the Mitchell Yancey Prevention and Recovery Coalition (MYPRC), and Partners Aligned Toward Health (PATH), whose members provided critical insight into current services, identified gaps, and helped guarantee that the resulting resource listings

reflected the most accurate and comprehensive information available. These key partners helped identify which services were active, which needed updates, and where gaps existed. Community members and providers can also submit additional resources directly through the resource website platform, which continues to serve as a living document for resource sharing and coordination.

Findings

The resource mapping process revealed several key strengths in Yancey County, including strong interagency collaboration, a growing network of mental and behavioral health providers, and an expanding focus on upstream prevention efforts. Community organizations consistently expressed a shared commitment to addressing the root causes of health inequities and supporting families impacted by substance use and mental health challenges.

Despite these strengths, several gaps remain. The most frequently identified areas of need include:

- Limited access to mental health care, particularly for youth
- Lack of local specialty care and pediatric providers
- Long referral wait times for behavioral health and substance use services
- Transportation barriers, especially in rural or outlying areas
- Inadequate coordination of referrals across providers

Partners also noted the need for more targeted outreach to increase awareness of available services, reduce stigma related to seeking behavioral health care, and improve interagency communication. These findings echo the priorities surfaced during the MYPRC strategic planning sessions, where participants emphasized the importance of public education, provider training, and collaborative problem-solving to address deeply rooted cycles of trauma, mental illness, and substance misuse.

In response to these findings, the newly developed community resource website provides a centralized, accessible platform for residents and providers to search for services in real time. Future updates to this platform will include a member portal to support provider networking, CEU tracking, and volunteer coordination. While the website is one tool among many, it is a tangible step toward improving access and aligning resources across sectors.

As the county continues its efforts to improve health outcomes, these findings will guide ongoing community engagement, resource development, and cross-agency collaboration, helping provide services that meet Yancey County residents' evolving needs.

Resource Gaps

Yancey County is home to a strong network of health-related services, including primary care providers, behavioral health agencies, social support networks, and faith-based assistance programs. Collaboration among organizations is common, and many partners are eager to improve access and outcomes. The community's strengths include a history of cross-agency cooperation, dedicated volunteerism, and shared commitment to addressing Social Determinants of Health (SDOH) in the area.

Still, significant gaps remain. Access to specialty care, dental offices accepting Medicaid, pediatric providers, and recovery options is limited, and wait times for referrals, particularly behavioral health services, remain a barrier. Transportation challenges, especially for residents outside the town center, further compound these issues. Feedback from prioritization meetings and informant surveys highlighted these areas as top concerns moving forward.

The new resource [website](#), born from the Building Capacity subgroup's vision, offers a flexible and responsive tool to address these challenges. Its design prioritizes accessibility, ease of use, and community ownership, with tools for ongoing updates and user submissions. As it continues to evolve, this platform holds promise as both a public resource and a professional networking tool, providing open access to services offered in Yancey County.

CHAPTER 9

Next Steps



Photo by Kristin Buchanan, Local Resident

COLLABORATIVE PLANNING

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

SHARING FINDINGS

Our findings will be shared with local partners, elected officials, and the broader community. The full Community Health Assessment (CHA) report will be published on the Yancey County Health Department website, with printed copies available at the local library. The report will also be formally presented to the Yancey County Board of Health and the Board of Commissioners. Community partners will receive email notifications with a direct link to the published report.

To ensure broad community awareness, the Health Department will issue media releases via social media, the local newspaper, and radio stations. Ongoing efforts related to the Community Health Assessment process can be continuously tracked by the public through the Clear Impact Scorecard, an online tool developed by the Yancey County Health Department to promote transparency and accountability.

WHERE TO ACCESS THIS REPORT

- WNC Health Network Website
- Yancey County Health Department Website
- Yancey County Public Library

FOR MORE INFORMATION AND TO GET INVOLVED

For more information or to join an action team working on Yancey County's health priorities, please contact:

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Your involvement makes a difference in building a healthier community!

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

APPENDICES

Appendix A – Data Collection Methods & Limitations

Appendix B – Data

- [Yancey 2024 Community Health Survey Slides - WNC Health Network](#)

Appendix C – County Maps

- [Yancey County Maps](#)

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, WNC Regional Data Team, and Mountain DEEP 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 Public Safety; NC Division of Health Benefits; NC Department of Transportation; and the Cecil B. Sheps Center for Health Services Research. The WNC Healthy Impact Regional Data Team made every effort to obtain the most current data available at the time the WNC Healthy Impact Dataset was prepared. It is not possible to continually update the data past a certain date; in most cases that end-point is August 2024. 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 Dataset 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, Injury and Violence Prevention branch of (DPH); Opioid and Substance Use Action Plan Data Dashboard (DPH); Developmental Disabilities and Substance Abuse Services; the Centers for Disease Control and Prevention; Nutrition Services Branch (DPH); and NC DETECT.

Environmental data were gathered from sources including: US Environmental Protection Agency; US Department of Agriculture; and Department of Environmental Quality.

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 Dataset 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.

Gaps in Available Information

Post-Hurricane Helene, some community health issues may be amplified and need to be re-evaluated. We lack up-to-date local data on key areas like mental health, housing, transportation, and how specific groups were impacted. These gaps limit how fully this Community Health Assessment can reflect the county's current needs.

WNC HEALTHY IMPACT COMMUNITY HEALTH SURVEY (PRIMARY DATA)

Survey Methodology

The in-text citation for 2024 WNC Healthy Impact Community Health Survey data is (WNCHN, 2024).

The 2024 WNC Healthy Impact Community Health Survey was conducted from March to June 2024. The purpose of the survey was to collect primary data to supplement the secondary 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, in-person events and other methods of communication. 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 the WNC Healthy Impact Data Workgroup, WNC Regional Data Team, and Mountain DEEP, 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 2024 survey were:

- 1) Please tell me your level of agreement or disagreement with the following statement: Considering cost, quality, and availability of services there is a good ability to access healthcare in my county
- 2) If there is any health care service for which you feel the need to leave Yancey County, what would you say is the main reason you feel the need to leave the local area to get care?
- 3) I would like to mention that some doctor's offices are beginning to offer telehealth visits. In a telehealth visit, a patient uses a computer or smartphone to communicate with a doctor in real time without being face to face. If it were available to you, how likely would you be to use this type of visit for health care?

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. PRC worked with a third-party provider to identify and invite potential respondents for an online survey for a small proportion 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. The final sample included 3,313 random sample surveys (PRC).

PRC also created a link to an online version of the survey, and WNC Health Network in collaboration with Mountain DEEP, Survey Ambassadors and local partners promoted this online survey link throughout the various communities in order to drive additional participation and bolster overall samples. This yielded 1,927 additional community outreach surveys for the region, and locally an additional 302.

About the Yancey County Sample

Size: The total regional sample size was 5,240 individuals age 18 and older, with 302 from our county. PRC conducted all analysis of the final, raw dataset.

Sampling Error: For statistical purposes, the maximum rate of error associated with the WNC regional sample is $\pm 1.3\%$ at the 95 percent confidence level. For county-level findings, the maximum error rate ranges from $\pm 3.3\%$ (Buncombe County) to $\pm 9.8\%$ (Graham County).

Expected error ranges for a sample of 302 respondents at the 95% confidence level in Yancey County is 5.7%.

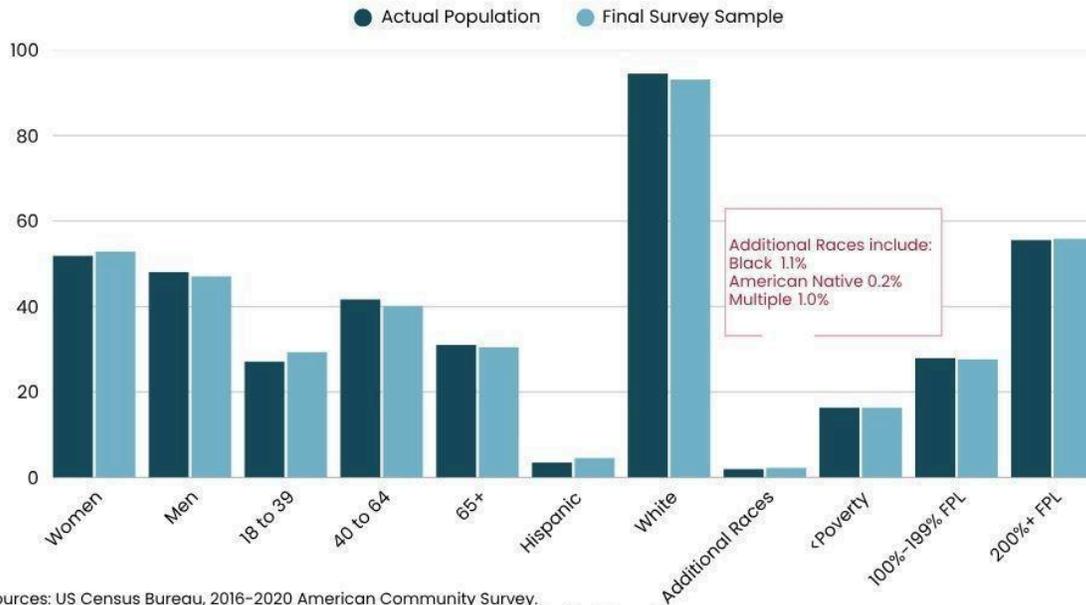
The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

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 by key demographic variables, compared to actual population characteristics from census data. Note that the sample consists solely of area residents age 18 and older.

Population & Survey Sample Characteristics (Yancey County, 2024)



Sources: US Census Bureau, 2016-2020 American Community Survey.

2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc.

Notes: All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Additional Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.



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 2024 PRC National Health Survey; the methodological approach for the national study is identical to that employed in this assessment, and this 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)

Survey Purpose and Administration

The 2024 Online Key Informant Survey was conducted in July 2024. 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, 22 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	14	8
Other Health Provider	14	10
Physician	4	1
Public Health Representative	2	2
Social Services Provider	5	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.