

TRANSYLVANIA COUNTY COMMUNITY HEALTH ASSESSMENT 2021



COLLABORATION

This document was developed by Transylvania Public Health in partnership with Transylvania Regional Hospital and other key partners as part of a local community health assessment process.

We would like to thank and acknowledge the following agencies and individuals for their contributions and support in conducting this health assessment:

Name	Agency	Role/ Contribution	Duration of Participation	Agency Website
April Pryor	Fresh Start Program @ Transylvania Regional Hospital	Prioritization Team	Winter 2021	missionhealth.org/services-treatments/mental-behavioral-health/therapy-programs
Beth Hyatt	Healthy Communities, Hunger Coalition of Transylvania County	Data Contribution, Prioritization Team	2021	hungerfreetc.org
Bryan Abernathy	Brevard High School	Prioritization Team	Winter 2021	bhs.tcsnc.org
Elaine Russell	Transylvania Public Health	CHA Leadership, Prioritization Team	2021	transylvaniahealth.org
Emily Lowery	The Haven	Prioritization Team	Winter 2021	havenoftc.org
Jennifer Silva	Veterans Administration	Prioritization Team	Winter 2021	va.gov/asheville-health-care
Phil Harris	City of Brevard	Prioritization Team	Winter 2021	cityofbrevard.com
Judith West	Sylvan Valley Counseling Center	Prioritization Team	Winter 2021	---
Kelly McBride	Transylvania County Library, TRAIN Roundtable	Prioritization Team	Winter 2021	library.transylvaniacounty.org
Kim Bailey	Transylvania County EMS	Data Contribution	2021	transylvaniacounty.org/departments/ems
Kristen Gentry	CARE Coalition	Data Contribution, Prioritization Team	2021	transylvaniacares.org
Lani Callison	Center for CounterBalance	Prioritization Team	Winter 2021	---
Mark Burrows	Blue Zones Brevard	Prioritization Team	Winter 2021	brevard.bluezonesproject.com
Mary Huggins	Transylvania Public Health	Prioritization Team	Winter 2021	transylvaniahealth.org
Rik Emaus	Transylvania Youth Collaborative, Pisgah Forest Rotary	Prioritization Team	Winter 2021	pisgahforestrotary.org
Sabrina Griffin	Transylvania Public Health	Prioritization Team	Winter 2021	transylvaniahealth.org
Sarah Hankey	Blue Zones Project	Prioritization Team	Winter 2021	brevard.bluezonesproject.com
Shelly Webb	Sharing House	Prioritization Team	Winter 2021	sharinghouse.org
Steve Pulliam	CARE Coalition, Brevard Rotary	Prioritization Team	Winter 2021	brevardrotary.org
Tara Rybka	Transylvania Public Health	CHA Leadership	2021	transylvaniahealth.org

TABLE OF CONTENTS

EXECUTIVE SUMMARY	i
CHAPTER 1 – COMMUNITY HEALTH ASSESSMENT PROCESS	1
Purpose	1
Community definition.....	1
Key phases of the Community Health Improvement Process.....	1
WNC Healthy Impact	2
Data Collection	2
Community Input & Engagement	3
At-Risk & Vulnerable Populations	3
CHAPTER 2 – TRANSYLVANIA COUNTY	5
Population Demographics	5
CHAPTER 3 –SOCIAL & ECONOMIC FACTORS.....	9
Income & Poverty	9
Employment	10
Education.....	11
Community Safety	13
Housing & Transportation	14
Family & Social Support.....	16
Racism & Discrimination.....	17
Adverse Childhood Experiences	17
CHAPTER 4 –HEALTH DATA FINDINGS SUMMARY.....	18
Mortality	18
Health Status & Behaviors	19
Clinical Care & Access	26
Health Inequities	29
CHAPTER 5 – PHYSICAL ENVIRONMENT	32
Air & Water Quality	32
Access to Healthy Food & Places.....	33
CHAPTER 6 – HEALTH RESOURCES.....	35
CHAPTER 7 – IDENTIFICATION OF HEALTH PRIORITIES	37
Process	37
Identified Priorities.....	39
CHAPTER 8 - NEXT STEPS.....	43
WORKS CITED.....	44
APPENDICES.....	48
APPENDIX A – DATA COLLECTION METHODS	
APPENDIX B – SECONDARY DATA	
APPENDIX C – COUNTY MAPS	
APPENDIX D – COMMUNITY HEALTH SURVEY	
APPENDIX E – KEY INFORMANT SURVEY	
APPENDIX F – DATA PRIORITIZATION	

2021 TRANSYLVANIA COUNTY COMMUNITY HEALTH ASSESSMENT

EXECUTIVE SUMMARY

Community Results Statement

The Community Health Assessment process will lead to partnerships and strategies that help Transylvania County become a vibrant, engaged community that supports the physical, emotional, and social well-being of all its residents.

Leadership for the Community Health Assessment Process

Transylvania County uses a traditional leadership model, in which Transylvania Public Health staff coordinate the effort with collaboration from representatives of Transylvania Regional Hospital and other stakeholders in the community.

Name	Agency	Title	Agency Website
Tara Rybka	Transylvania Public Health	Community Health Planner/Evaluator	transylvaniahealth.org

Partnerships

Representatives from 19 community partners, including healthcare systems, businesses, education, emergency services, elected officials, law enforcement, government agencies, and other civic and non-profit organizations, as well as healthcare and behavioral health providers and the general public participated in efforts to gather data and determine priorities to create this community health assessment.

Name	Agency	Role/ Contribution	Duration of Participation	Agency Website
April Pryor	Fresh Start Program @ Transylvania Regional Hospital	Prioritization Team	Winter 2021	missionhealth.org/services-treatments/mental-behavioral-health/therapy-programs
Beth Hyatt	Healthy Communities, Hunger Coalition of Transylvania County	Data Contribution, Prioritization Team	2021	hungerfreetc.org
Bryan Abernathy	Brevard High School	Prioritization Team	Winter 2021	bhs.tcsnc.org
Elaine Russell	Transylvania Public Health	CHA Leadership, Prioritization Team	2021	transylvaniahealth.org
Emily Lowery	The Haven	Prioritization Team	Winter 2021	havenoftc.org
Jennifer Silva	Veterans Administration	Prioritization Team	Winter 2021	va.gov/asheville-health-care
Phil Harris	City of Brevard	Prioritization Team	Winter 2021	cityofbrevard.com
Judith West	Sylvan Valley Counseling Center	Prioritization Team	Winter 2021	---
Kelly McBride	Transylvania County Library, TRAIN Roundtable	Prioritization Team	Winter 2021	library.transylvaniacounty.org

Kim Bailey	Transylvania County EMS	Data Contribution	2021	transylvaniacounty.org/departments/ems
Kristen Gentry	CARE Coalition	Data Contribution, Prioritization Team	2021	transylvaniacares.org
Lani Callison	Center for CounterBalance	Prioritization Team	Winter 2021	---
Mark Burrows	Blue Zones Brevard	Prioritization Team	Winter 2021	brevard.bluezonesproject.com
Mary Huggins	Transylvania Public Health	Prioritization Team	Winter 2021	transylvaniahealth.org
Rik Emaus	Transylvania Youth Collaborative, Pisgah Forest Rotary	Prioritization Team	Winter 2021	pisgahforestrotary.org
Sabrina Griffin	Transylvania Public Health	Prioritization Team	Winter 2021	transylvaniahealth.org
Sarah Hankey	Blue Zones Project	Prioritization Team	Winter 2021	brevard.bluezonesproject.com
Shelly Webb	Sharing House	Prioritization Team	Winter 2021	sharinghouse.org
Steve Pulliam	CARE Coalition, Brevard Rotary	Prioritization Team	Winter 2021	brevardrotary.org

Regional/Contracted Services

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

Theoretical Framework/Model

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

Collaborative Process Summary

Transylvania County's collaborative process is supported on a regional level by WNC Healthy Impact. This process began in January 2021 with the collection of community health data (see **Chapter 1** for more details).

Locally, our process includes gathering additional local data based on specific community questions and working with community members to discuss health-related concerns and identify the top health priorities on which to focus for this CHA cycle.

Key Findings

Primary and secondary data from multiple sources were collected on demographics, social and economic factors that affect health, health outcomes including morbidity and mortality, health-related behaviors, clinical care, health inequities, and the physical environment.

Then, the 5-7 most important health issues were identified based on the number of residents affected and the severity of the conditions; trends over time; comparisons to regional, state, and national data and norms; disparities based on age, gender, race, etc.; community concerns;

connections to health behaviors and social/economic factors; alignment with Healthy NC 2030 indicators; and past CHA priorities.

These top health concerns included cancer, diabetes, heart disease and stroke, mental health, overweight/obesity, respiratory disease, and substance use.

Health Priorities

Community members examined data related to these health concerns and prioritized the following health issues as being most important to address for the 2021-2023 CHA cycle:

Mental Health

Mental health is connected to issues that include suicide deaths, substance use, depression, anxiety, physical activity, and employment. However, residents have limited options for treatment and counseling options, especially for those who have lower incomes, no insurance, or transportation issues. Interest in youth mental health is growing, but there is still much work to be done in this area.

Substance Use

Substance use is connected to mental health concerns, overdose deaths, adverse childhood experiences, depression, anxiety, liver disease, alcohol-related motor vehicle crashes, lung cancer, COPD, and employment. However, residents have limited options for treatment and counseling options, especially for those who have lower incomes, no insurance, or transportation issues. Despite promising community efforts to address substance use, there is still much work to be done in this area.

Obesity

Obesity is a main chronic health condition of concern in Transylvania County. Our top two causes of death and many of our morbidity statistics including type 2 diabetes, high blood pressure, heart disease, certain cancers, and stroke are directly affected by nutrition and physical activity. Residents report having trouble accessing healthy food and getting the recommended amount of physical activity.

Next Steps

This CHA document will be shared with stakeholders via email and presentations to selected groups and agencies. It will also be made available for public access at the Transylvania Public Health office (106 E Morgan St, Brevard, NC) and website (transylvaniahealth.org), on the WNC Health Network website (wnchn.org), and in the reference section of Transylvania County Library.

Next steps include continued collaboration with interested stakeholders to develop a Community Health Improvement Plan (CHIP) that will address the identified priorities and improve health for Transylvania County residents. This process involves learning more about these conditions and their root causes, selecting evidence-based strategies and promising practices, and creating performance measures that can help gauge if the strategies are working to improve health outcomes. The CHIP will be published using an electronic Scorecard on Transylvania Public Health website (transylvaniahealth.org) where it can be accessed by any community members.

CHAPTER 1 – COMMUNITY HEALTH ASSESSMENT PROCESS

Purpose

Community health assessment (CHA) is an important part of improving and promoting the health of community members. A community health assessment is a process resulting in a public report that describes the current health indicators and status of the community, what has changed, and what still needs to change to reach a community's desired health-related results.

Community definition

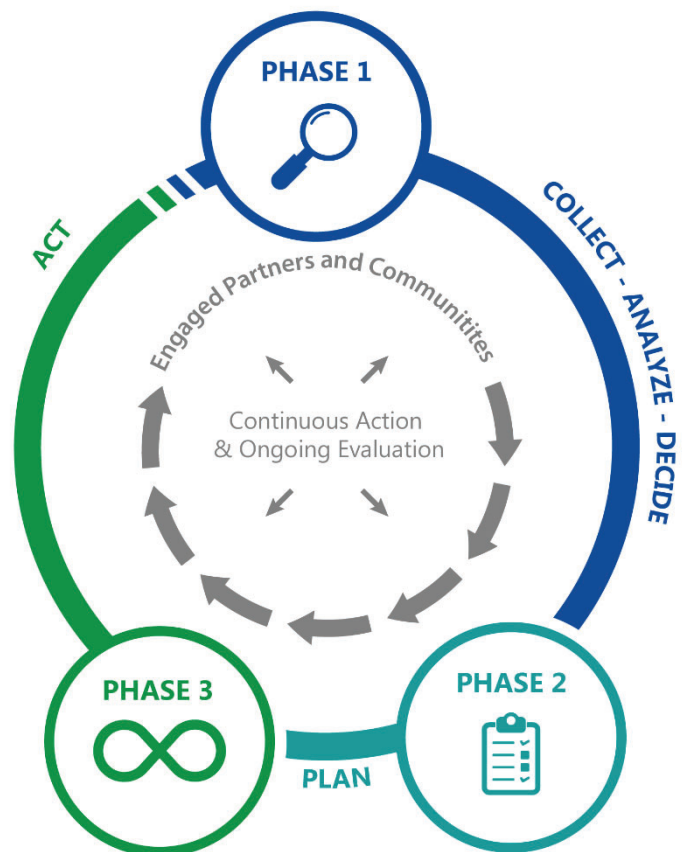
Community is defined as "county" for the purposes of the North Carolina Community Health Assessment Process. Transylvania County is included in the Transylvania Regional Hospital community for the purposes of community health improvement, and as such they were key partners in this local level assessment.

Key phases of the Community Health Improvement Process

In the first phase of the cycle, process leaders for the CHA collect and analyze community data, deciding what data they need and making sense of it. They work with community members to decide what is most important to act on by clarifying the desired conditions of wellbeing for their population and determining local health priorities.

The second phase of the cycle is community health strategic planning. In this phase, process leaders work with partners to understand the root causes of the identified health priorities: both what's helping and what's hurting. Together, they make a plan about what works to do better, form workgroups around each strategic area, clarify customers, and determine how they will know people are better off because of their efforts.

In the third phase of the cycle, process leaders for the CHA take action and evaluate health improvement efforts. They plan how to achieve customer results and then put the plan into action. Workgroups continue to meet and monitor customer results and make changes to the plan as needed. This phase is vital to helping work groups understand the contribution their efforts are making toward their desired community results.

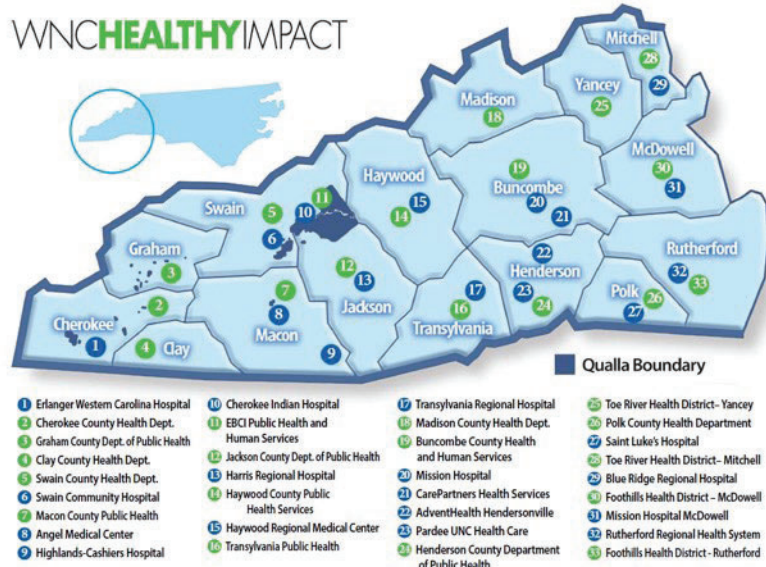


WNC Healthy Impact

WNC Healthy Impact is a partnership among local and regional hospitals, public health agencies, and key regional partners in western North Carolina, working towards a vision of improved community health.

The vision is achieved by developing collaborative plans, taking action, and evaluating progress.

More information is available at wnchn.org/wnchealthymap.



Data Collection

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

Core Dataset Collection

WNC Healthy Impact compiled a comprehensive set of regional and local data, supported by their data consulting team, a survey vendor, and input from community partners.

Containing data from both secondary (existing) and primary (newly collected) sources, this core dataset includes:

- A comprehensive set of publicly available secondary data metrics with Transylvania County compared to the 16-county WNC region, as well as the state and nation (where available)
- A set of maps using Census and American Community Survey (ACS) data
- Responses from a random sample of adults in the county, collected through the WNC Healthy Impact Community Health Survey from including cell phone, landline, and internet responses
- Responses from an online survey of key community informants

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

Additional Community-Level Data

In addition to these regionally available data sources, Transylvania County also collected data based on specific community concerns, including emergency department visits from NC DETECT, emergency calls and transports from Transylvania County EMS, and responses from youth collected by the CARE Coalition of Transylvania County. In addition, we reviewed reports from local task forces on senior adults, youth, and young children.

Health Resources Inventory

An inventory of available resources of our community was collected by reviewing a subset of existing resources currently listed in the 2-1-1 database for our county as well as working with partners to include additional information. See **Chapter 6** for more details related to this process.

Community Input & Engagement

Including input from the community is a critical element of the community health assessment process.

Our county included community input and engagement in the following ways:

- Partnership with Transylvania Regional Hospital in conducting the health assessment
- Primary data collection efforts including feedback from 252 community members who participated in the community survey and online key informant survey
- Working with members of community collaborations such as CARE Coalition (substance misuse and underage drinking), TC STRONG (youth mental health), and TRAIN (non-profit, government, and other community agencies) to better understand the story behind the data and identify top concerns
- Participation by 18 community members in identifying and prioritizing health issues

Community engagement is an ongoing focus for our community and our 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.

Though there are not universally accepted definitions of the three groups, here are some basic definitions from the Health Department Accreditation Self-Assessment Instrument (in some cases definitions have been slightly altered to better represent our region):

Underserved populations are those who do not access health care either because of a lack of services or providers available or because of limitations such as income, literacy/language barriers or understanding on how to access services, cultural competency of clinicians, trust, transportation, or other barriers.

At-risk populations are the members of a particular group who are likely to, or have the potential to, get a specified health condition. This could be from engaging in behavior (such as pregnant women who smoke) that could cause a specified health condition, having an indicator or precursor (high blood pressure) that could lead to a specified health condition, or having a high ACE score (traumatic experiences), which is correlated with increased risk of specified health conditions.

A vulnerable population is one that may be more susceptible than the general population to risk factors that lead to poor health outcomes. Vulnerable populations, a type of at-risk population, can be classified by such factors as discrimination/ prejudice based on race/ethnicity, socio-economic status, gender, cultural factors and age groups.

The underserved, at-risk, and vulnerable populations identified for this CHA include:

Underserved Populations

- People without reliable transportation
- People who live in rural areas of the county
- People without health insurance
- Medicaid recipients (especially for dental services)
- People who do not speak English

At-Risk Populations

- People who are overweight/obese
- People who use tobacco, take prescription drugs, or drink excess alcohol
- People who do not eat the recommended daily allowance of fruits and vegetables
- People who are not physically active
- People who have limitations on physical activity
- People who have diabetes or pre-diabetes
- People who have high blood cholesterol
- People who have high blood pressure
- Pregnant women who smoke, drink alcohol, or use opiates or other drugs
- Men (for lung cancer, prostate cancer, liver disease, suicide deaths)
- Women (for stroke, breast cancer, domestic violence, sexual assault)
- Youth – especially females and those who identify as LGBTQ (for mental health concerns)

Vulnerable Populations

- Older adults
- Young children
- Adolescents
- Military veterans
- People who are homeless or live in sub-standard housing
- People living in poverty (especially children)
- People without reliable transportation
- Racial minorities
- People who identify as LGBTQ
- People who do not speak English
- People living with chronic stress
- People who have high ACE (adverse childhood experience) scores

CHAPTER 2 – TRANSYLVANIA COUNTY

Transylvania County is located in the Appalachian Mountains of western North Carolina, approximately 30 miles southwest of Asheville, NC and 60 miles north of Greenville, SC. The county has a total area of 381 square miles and is home to two municipalities: the City of Brevard (the county seat, population 7,600) and the Town of Rosman (population 576).

With elevations reaching from 1,265 to 6,045 feet above sea level, Transylvania County is known for its natural beauty and features 250 natural waterfalls including the highest water cascade east of the Rocky Mountains. Over half of the county's geographical area (100,000 acres) is protected forestland in Pisgah National Forest, Gorges State Park, and Dupont State Forest.

Outdoor activities like walking, hiking, camping, rock climbing, canoeing, tubing, fishing, and hunting are popular with residents and with the many tourists who visit year-round. Brevard is becoming more and more popular as a destination for mountain biking and road biking.

The county first became a popular destination among tourists and nature enthusiasts in the late 1800s and summer camps began developing in the first half of the 20th century. Transylvania County is currently home to the state's second-highest concentration of summer camps.

Transylvania County is also known for its cultural influences, with art galleries, pottery studios, live music, and performing arts opportunities including internationally renowned Brevard Music Center, the Banff Outdoor Film Festival, and the Mountain Song music festival. Downtown Brevard hosts several outdoor festivals (such as the White Squirrel Festival and Halloweenfest) each year with live music and activities for all ages.

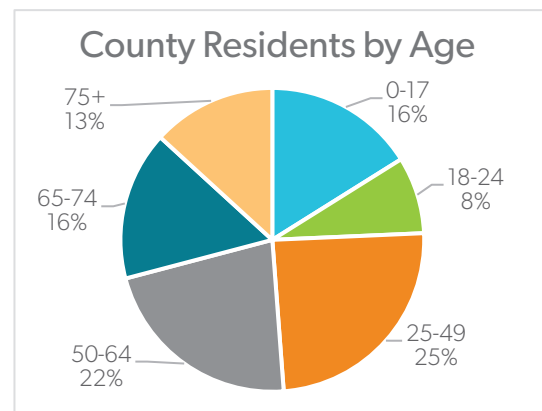
Manufacturing first came to county in the late 1800s based on timber and other products harvested from Pisgah Forest. The nation's first cigarette paper mill opened in Transylvania County in 1939, and other large manufacturing facilities opened in 1959 and 1965, providing jobs with good pay to hundreds of local residents and creating sense of a community for its employees. However, all three of these county's facilities closed in 2002-2003, resulting in the loss of 700 jobs (10% of the county's employment). While the county does have several smaller manufacturers, the county's largest employers are currently its hospital, county government, and the school system and much of the county's employment is based on healthcare and seasonal tourism.

Education has long been important in the county; one of the county's first actions was to provide funding for schools. Brevard College was formed in 1934 and now enrolls approximately 700 students on its 120-acre campus. Blue Ridge Community College, based in neighboring Henderson County, also has a campus in Brevard.

Population Demographics

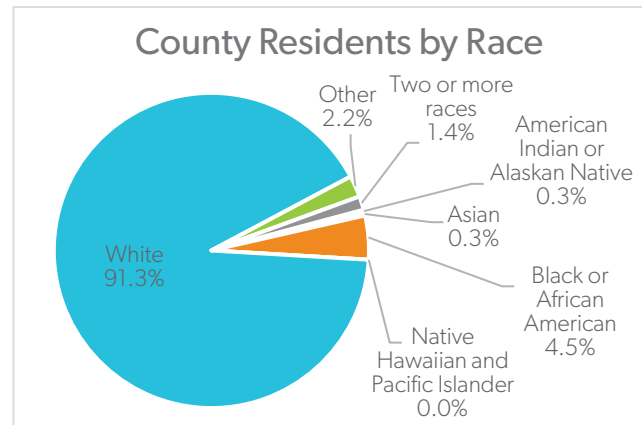
Transylvania County was home to an estimated 33,775 residents in 2019. About 52% are females, which is similar to regional and state percentages. (US Census Bureau 2021)

However, Transylvania County's median age is 51.1, which is older than the regional average of 46.8 and several years older than the state average of 38.7 (US Census Bureau 2021). Approximately 16% of county residents are under age 18, compared to 22% of state residents; around 32% of county residents are ages 65 or older, compared to around 17% of state residents. (NC Office of State Budget and Management, 2021)



Transylvania County has a higher proportion of whites (91.6%) than the region (90.0%) or state (68.7%) and lower proportions of all racial and ethnic minority groups. An estimated 3.3% of county residents are Hispanic or Latino. (US Census Bureau 2021)

Because the small number of minority residents in Transylvania County, racial and ethnic disparities are very difficult to accurately measure; we often cannot calculate rates for these populations because the results are statistically unstable.



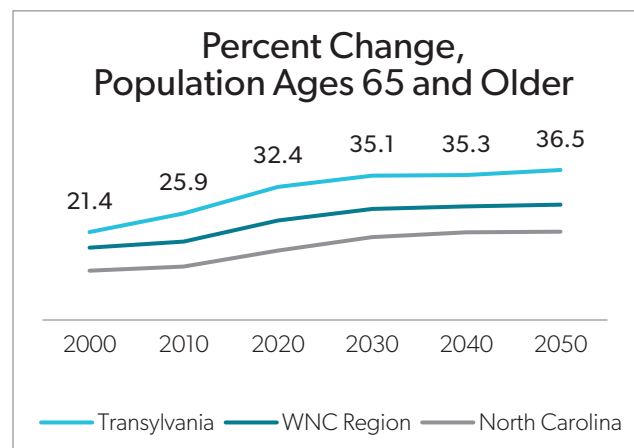
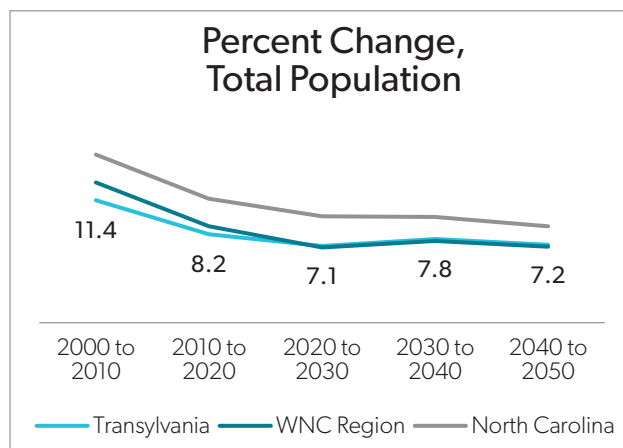
2019 ACS Estimates																	
	Total Population (2019)	White		Black or African American		American Indian, Alaskan Native		Asian		Native Hawaiian, Pacific Islander		Some Other Race		Two or More Races		Hispanic or Latino (of any race)	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Transylvania	33,775	30,933	91.6	1,612	4.8	99	0.3	47	0.1	17	0.1	608	1.8	459	1.4	1,124	3.3
WNC Region	792,708	713,618	90.0	33,996	4.3	11,874	1.5	7,163	0.9	430	0.1	11,242	1.4	15,295	1.9	48,373	6.1
Statewide	10,264,876	7,049,919	68.7	2,200,761	21.4	123,952	1.2	292,992	2.9	7,213	0.1	316,763	3.1	273,276	2.7	962,665	9.4

Population Change

Based on projections created in 2019, the population in Transylvania County was estimated to be 35,806 by 2020, 38,352 by 2030, 41,331 by 2040, and 44,310 by 2050. The rate of population growth by decade is expected to slow through 2030 and then level, remaining similar to the region and lower than estimated state population growth rates. (US Census Bureau 2021; NC Office of State Budget and Management 2021)

The population of county residents under 18 years of age was expected to shrink from 5,837 in 2010 to 5,575 in 2020 but then grow to 5,854 by 2030 and 6,268 by 2040. (NC Office of State Budget and Management 2021)

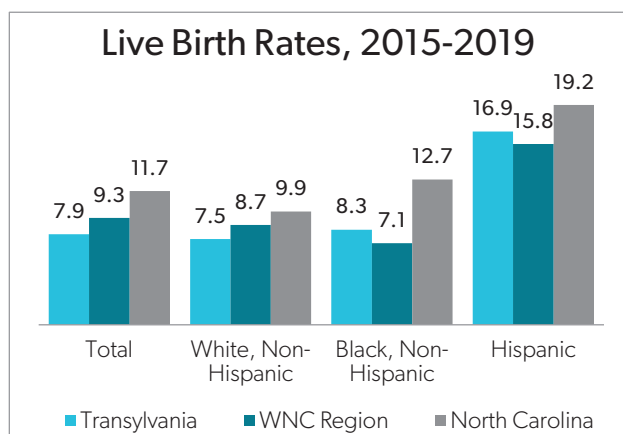
The population ages 65 and older was projected to grow from 8,575 in 2010 and 11,500 in 2020 to 13,470 in 2030 and 14,588 in 2040. (NC Office of State Budget and Management 2021)



Birth Rate

The total birth rate for 2015-2019 was 7.9 live births per 1,000 Transylvania County residents, which has remained steady over time but is lower than the regional mean of 9.3 and the state rate of 11.7. (NC SCHS 2021)

The birth rate among Hispanic women is much higher than for any other group but is still lower in Transylvania County and the region compared to the state. (NC SCHS 2021)



Family Composition

Transylvania County had an estimated 14,567 households in 2015-2019. An estimated 2,297 (15.8%) were individuals living alone; 1,547 of these were individuals ages 65 and older. Of the 2,560 family households with children under 18 years of age, 1,634 were headed by a married couple, 201 were headed by a cohabitating couple, 131 were headed by a male with no spouse or partner, and 594 were headed by a female with no spouse or partner. (US Census Bureau 2021)

For the years 2015-2019, an estimated 834 grandparents were living in a household with their own grandchildren under age 18; the grandparents were responsible for their grandchildren under age 18 in almost 65% of those households, and the child's parents were not present in about 49% of those households. These numbers have grown significantly from the estimates reported for 2012-2016 of 571 grandparents living with their grandchildren, 45% responsible for their care, and 36% of parents not present. Households in which grandparents are living with their grandchildren are proportionally more likely to be Black (25% compared to 5% of the population) and Hispanic or Latino (9% compared to 3% of the population). Over 36% of the grandparents who were responsible for their grandchildren were below the poverty level, almost 8% had any disability, and about 3% did not speak English well. (US Census Bureau 2021)

Urban-Rural Population

Urban areas are those with high population density representing densely developed residential, commercial, and other nonresidential urban land uses; rural areas include all territory, population, and housing units located outside these urban areas. For the 2010 Census, the Census Bureau defines an urbanized area as densely developed territory that contains 50,000 or more people, and an urban cluster as densely developed territory that has at least 2,500 people but fewer than 50,000 people.

Based on the 2010 Census, 235 people lived in urbanized areas and 13,121 people lived in urban clusters in Transylvania County, while 19,734 people lived in rural areas. (US Census Bureau 2015)

Geographic Mobility

Among the total population of Transylvania County age 1 year or older, an estimated 8.0 had moved within the county during 2015-2019, compared to 5.2 for the region and 7.8 for the state. In addition, 2.9 residents had moved from within the state, 3.1 had moved from another state, and 0.6 had moved from outside the United States. (US Census Bureau 2021)

An estimated 981 people born outside the United States lived in Transylvania County in 2015-2020; 433 were naturalized U.S. citizens and 548 were not U.S. citizens at the time of the census. Of these, 33 had entered the United States in 2010 or later and 806 entered before 2010. The most common world regions of birth for those born outside the United States were Europe (392) and Latin America (389). (US Census Bureau 2021)

Household Language

An estimated 95% of Transylvania County households spoke only English in 2015-2019. (US Census Bureau 2021)

Around 4.5% of Transylvania County households were estimated to have limited English language skills. This includes 152 of 358 households that spoke Spanish and 50 of 279 households that spoke other European languages. None of the 25 households that spoke Asian and Pacific Island languages reported limited English language proficiency. (US Census Bureau 2021)

Educational Attainment

Transylvania County's educational attainment is higher than the region and somewhat higher than the state. Of the total county population ages 25 and older, 26.8% have earned a high school diploma (or equivalent), 21.0% attended some college but did not earn a degree, and 32.6% earned a bachelor's or higher degree. (US Census Bureau 2021)

Military Veterans

An estimated 3,379 military veterans were Transylvania County residents in 2015-2019. Around 94% of those veterans were male. Nearly 2/3 of these veterans were ages 65 or older and less than 3% were ages 18-34. (US Census Bureau 2021)

People with Disabilities

Nearly 16% of county residents have a reported disability, including 1,898 who have hearing difficulties, 883 who have vision difficulties, 1,284 who have cognitive difficulties, 2,697 who have ambulatory difficulties, 1,246 who have self-care difficulties, and 1,555 who have independent living difficulties. (US Census Bureau 2021)

Voting Trends

In 2020, there were 26,696 registered voters living in Transylvania County, including 11,408 unaffiliated, 8,763 registered Republicans, 6,352 registered Democrats, 152 registered Libertarians, and 21 registered Green or Constitution party. Of these, 20,449 (77%) voted in the 2020 general election. There were slightly higher proportions of white voters (97.6% compared to 91.6% of the population) and lower proportions of Black or African American voters (3.1% compared to 4.8% of the population) and Hispanic voters (0.8% compared to 3.3% of the population). (North Carolina State Board of Elections 2021)

CHAPTER 3 – SOCIAL & ECONOMIC FACTORS

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. As described by [Healthy People 2030](#), five important domains of social determinants of health are economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social community and context. (US DHHS Office of Disease Prevention and Health Promotion 2020)

These factors are strongly correlated with individual health. People with higher incomes, more years of education, and a healthy and safe environment have better health outcomes and generally have longer life expectancies. Although these factors affect health independently, they also have interactive effects on each other and thus on health.

The 2021 County Health Rankings ranked Transylvania County 16th among the 100 North Carolina counties for health factors, which include health behaviors, clinical care, social and economic factors, and physical environment. (County Health Rankings 2021)

INCOME & POVERTY

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

Income

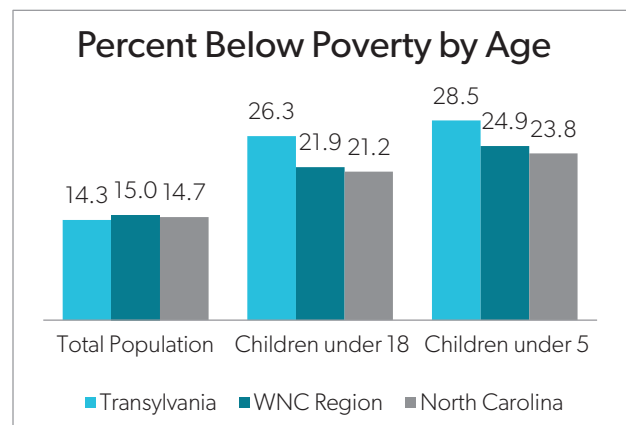
The median household income in Transylvania County for 2015-2019 was \$50,212, higher than the regional mean of \$45,911, but lower than the statewide median of \$54,602. In the western North Carolina region, only Buncombe, Henderson, and Haywood counties had higher median household incomes. Among family households, the median income was \$61,739 in Transylvania County, also higher than the region and lower than the state. The per capita income for the county was \$29,549. (US Census Bureau 2021)

Poverty

About 14% of Transylvania County residents had incomes below the poverty level in 2015-2019. However, 26% of children under age 18 and 29% of children under age 5 were living in poverty. While childhood poverty rates have improved a bit for the region and state, they have worsened for the county's youngest children from 25% in 2012-2016.

Approximately 30% of Black residents and 38% of Hispanic residents had incomes below the poverty level, compared to 13% of white residents.

Nearly 37% of county residents had incomes below 200% of the poverty level. (US Census Bureau 2021)



Food Assistance

In January 2021, 3,489 people in Transylvania County received Food and Nutrition Services (often referred to as food stamps). This number includes 1,498 children under age 18 and 386 adults ages 65 and older. Despite higher rates of poverty compared to white residents, only about 8% (292 recipients) were Black and 3% (117 recipients) were Hispanic. The total number of FNS recipients in Transylvania County has been decreasing since 2015 (UNC-Chapel Hill Jordan Institute for Families 2021)

For the school year 2019-2020, 51% of students in Transylvania County Schools (1,743 of 3,404 total students) qualified to receive free and reduced lunch. (NC Department of Public Instruction 2021)

EMPLOYMENT

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

As of 2020, Transylvania County has an estimated labor force of 14,146 individuals. (NC Department of Commerce 2021)

In 2015-2019, an estimated 8% of county residents worked from home, 25% worked outside Transylvania County, and 4% worked outside North Carolina. (US Census Bureau 2021)

The most common sectors for employment include health care and social assistance (1,454 workers in 79 establishments), retail trade (1,443 workers in 110 establishments), accommodation and food services (1,056 workers in 94 establishments) and educational services (1,021 workers in 22 establishments). (NC Department of Commerce 2021)

Economic Development

Transylvania County is designated as a Tier Three County* for economic development. (NC Department of Commerce 2021) For fiscal year 2019-2020, the county had \$18,947,084 in gross collections and \$397,557,985 in taxable sales, which have both increased around 45% over the past 5 years. (NC Department of Revenue 2021)

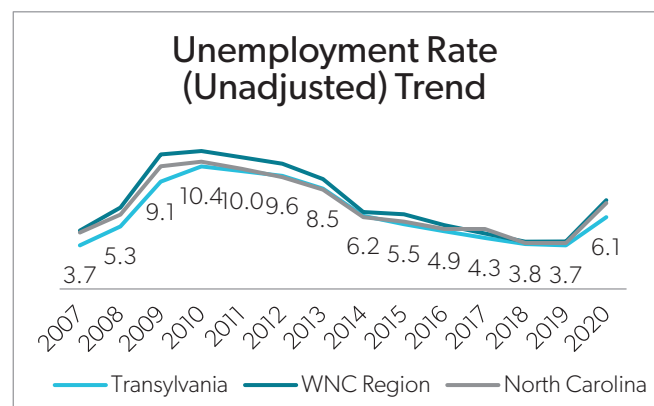
**Tier designations determine a variety of state funding opportunities to assist in economic development. Each county is assigned a designation of Tier One (most distressed), Tier Two, or Tier Three (least distressed). The Department of Commerce changed how it calculates tier designation in 2019. The designations are now based on four factors: average unemployment rate, median household income, percentage growth in population, and adjusted property tax base per capita.*

Unemployment

Transylvania County's unemployment rate has followed similar trends to the region, state, and nation. In 2020, the county unemployment rate of 6.1 was lower than the regional (7.5), state (7.4), and national (8.1) rates. (NC Department of Commerce 2021)

** Note that unemployment data does not include people who are not actively seeking employment.*

Nearly 10% of Transylvania County residents reported losing a job during the COVID-19 pandemic that began in March 2020; across the western North Carolina region, over 15% of residents reported losing a job during the pandemic. (WNC Health Network 2021)



Wages

The 8,776 people employed in Transylvania County in 2020 earned an average weekly wage of \$835, which has increased from \$692 in 2017 and is now higher than the average wage for the region (\$798). However, this average wage is less than 70% of the state average of \$1,209. (NC Department of Commerce 2021)

Transylvania County workers employed in health care and social assistance earned an average wage of \$766 per week, which is \$40 lower than the regional average and over \$300 lower than the state average for this sector. County workers employed in retail trade earned average wages of \$584 per week, which was around \$40 higher than the region, but nearly \$40 lower than the state average. Those employed in accommodation and food services earned average wages of \$428 per week, which is about \$55-60 higher than both the state and regional averages but has decreased since 2017. Workers employed in educational services earned an average wage of \$769 per week, which is about \$25 lower than the region and over \$200 lower than the state average. (NC Department of Commerce 2021)

Almost 16% of Transylvania County residents reported keeping their job but losing hours or wages during the COVID-19 pandemic; across the western North Carolina region, 26% of residents reported lost hours or wages. (WNC Health Network 2021)

EDUCATION

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

Educational Facilities

Transylvania County has one public school system, with four elementary schools, two middle schools, two high schools, and one alternative school. It has one charter school and three private schools (one Montessori-based and two Christian schools). The county is also home to Brevard College, a private four-year institute, and a campus of Blue Ridge Community College, based in Henderson County.

Transylvania County Schools enrolled 3,448 students for the 2019-2020 school year and Brevard Academy (a charter school serving grades K-8) enrolled 430 students in 2019-2020. (NC Department of Public Instruction 2021)

Early Childhood Education

As of May 2021, Transylvania County had 11 licensed child care centers; 7 of these facilities had earned 5-star* ratings. (NC DHHS Division of Child Development and Early Education 2021) In August 2018, NC Pre-K was offered at six locations in Transylvania County to 4-year-olds whose family income is at or below 75% of the state median income.

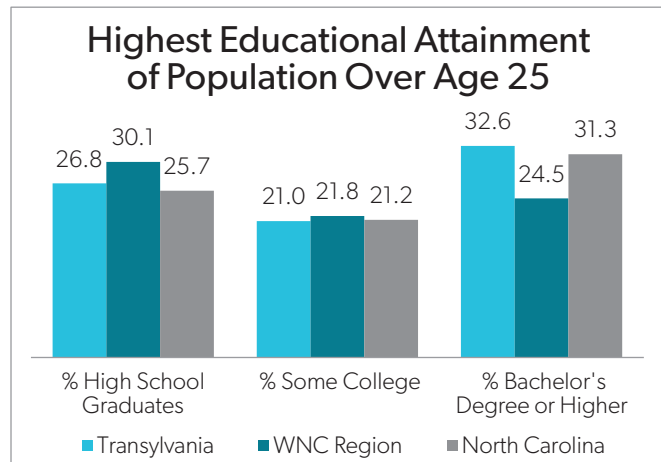
*Programs that meet North Carolina's minimum licensing standards, including a 75% compliance history, earn a 1-star rating. Programs may voluntarily apply for additional stars, which are based on staff education, experience, and training or credentialing, as well as sufficient space, a variety of play materials, staff to child ratios, and interactions between adults and children. Programs with more stars have earned more points.

A total of 274 children were enrolled in licensed child care centers or preschools and 255 children were enrolled in non-regulated centers in 2015. (Transylvania County Preschool Task Force 2015) In 2015, 38% of rising kindergarteners in Transylvania County Schools had not attended any child care or preschool program. At the beginning of the 2015-2016 school year, 78% of students entering kindergarten tested below or far below readiness for entering school. This rate improved 12% for the 2016-2017 school year. (Transylvania County Early Childhood Initiative 2016)

Educational Attainment

Nearly 33% of Transylvania County residents had earned a bachelor's degree or higher in 2015-2019, which is higher than the regional average and the state. Like the region and state, the proportion of county residents earning a bachelor's degree or higher has increased over time, from 27% in 2006-2010. (US Census Bureau 2021)

About 27% of Transylvania County residents completed high school or its equivalency, which is slightly lower than the region but higher than the state. The proportion of county residents who completed some college but had not earned a degree (21%) was similar to the state and region. (US Census Bureau 2021)



High School Graduation & Drop-Out Rates

About 83% of Transylvania County 9th graders in 2016-2017 graduated from high school within four years. This rate is lower than the state and regional rates (89% and 85%) and has decreased slightly over time. Like the state and regional rates, female students were more likely to graduate within four years (88%) than male students (79%). Less than 76% of economically disadvantaged students and less than 65% of students with disabilities graduated within four years, while more than 95% of academically gifted students graduated. Graduation rates are higher among Hispanic students (95%) and students who are two or more races (90%) compared to White students (82%). (Public Schools of North Carolina 2021)

A total of 15 students dropped out of high school in the 2019-2020 school year, resulting in a dropout rate of 1.35, higher than the regional average of 1.24 but lower than the state average of 1.53. (NC Department of Public Instruction 2021)

Educational Achievement

Based on end-of-grade test results, 65% of Transylvania County students were proficient in grade level skills for the 2018-2019 school year. Among 3rd graders, 58% were proficient in reading and 64% were proficient in math (a decrease from 66% in reading and 72% in math for 2016-2017). Among 8th graders, 66% were proficient in reading and 58% were proficient in math (an increase from 53% in reading and 39% in math for 2016-2017). (NC Department of Public Instruction 2021)

Only 15% of American Indian students were grade level proficient on end-of-grade tests. The proportions of Black (46%) and Hispanic (53%) students who earned proficient scores are increasing but remain lower than White (68%) and Asian (71%) students; similar trends are seen in the region and state. (NC Department of Public Instruction 2021)

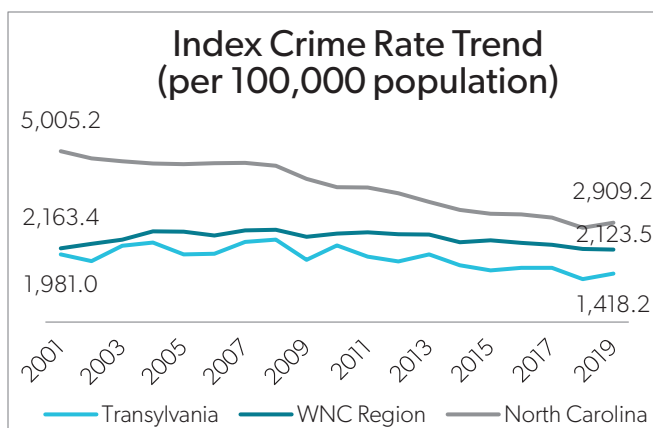
COMMUNITY SAFETY

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

Index Crime

The index crime rate* in Transylvania County was 1,418 per 100,000 residents in 2019, which is much lower than the rates for the region (2,124) and state (2,909). The county rate has remained low and has slightly decreased over time. This rate includes 157 violent crimes and 1,262 property crimes per 100,000 residents. (NC Department of Justice 2021)

A total of 543 criminal offenses were reported in Transylvania County in 2017, including 1 murder, 7 rapes, 8 robberies, 37 aggravated assaults, 124 burglaries, 338 larcenies, and 28 motor vehicle thefts. (NC Department of Justice 2019)



A total of 144 arrests in 2017 were related to the sale, manufacture, or possession of drugs; nearly half of these arrests were for marijuana possession and only 15 arrests were for the sale or manufacture of drugs. (NC Department of Justice 2019)

**Index crime includes violent crimes (murder, rape, robbery, and aggravated assault) and property crimes (burglary, larceny, and motor vehicle theft).*

Domestic Violence and Sexual Assault

A total of 947 services were provided to 409 county residents for domestic violence in the 2019-2020 fiscal year. In the past 10 years, a total of 4 domestic violence-related homicides were reported in 2014 (1), 2015 (2), and 2018 (1). (NC State Bureau of Investigation 2021)

During the 2019-2020 fiscal year, 44 people in Transylvania County experienced a sexual assault, including 5 rapes, 6 child sexual offenses, 22 adult survivors of child sexual assault, 1 case of incest, 3 reports of human trafficking, and 7 other assaults during fiscal year 2019-2020. Only 3 assaults were committed by a stranger; 11 were committed by a relative, 2 by an acquaintance, 2 by a spouse and 23 by a boyfriend, girlfriend, or partner. (NC Department of Administration 2021)

Juvenile Justice

Authorities received 61 total complaints related to juvenile justice in Transylvania County for 2020, including 10 reports of undisciplined* minors and 51 reports of delinquent* minors. The county rate for undisciplined minors (2.54 per 1,000 youth ages 6 to 17) is nearly half the regional rate of 4.49 but more than 2.5 times the state rate of 0.97. The county rate for delinquent minors of 12.97 is lower than the region (15.54) and the state (18.08). In 2020, 1 youth was placed in a detention center and 76 were served in community programs supported by Juvenile Crime Prevention Councils. (NC Department of Public Safety 2021)

**Undisciplined minors have committed offenses that would not be crimes if committed by adults, such as truancy, running away from home, ungovernable (regularly disobedient and beyond disciplinary control of parent/guardian), or is regularly found where it is unlawful for juveniles to be. A delinquent minor is any juvenile ages 6 to 15 who commits an offense that would be a crime under state or local law if committed by an adult.*

Child Abuse and Neglect

Reports of abuse and neglect were investigated for 199 Transylvania County children in fiscal year 2019-2020. Of those, 29 (15%) were found to be unsubstantiated and 1 was found to be a substantiated case of neglect. (UNC-Chapel Hill Jordan Institute for Families 2021)

Of the 27 Transylvania County children who entered Child Welfare custody in fiscal year 2020-2021, 59% were placed with relatives (compared to 34% of children statewide), 30% were placed in a foster home, 7% were placed in a hospital, and 4% were placed in a court-approved location. All children were in custody or placements for 180 days and 45% were still in custody or placements after 540 days; 41% experienced 2 placements during that time and 11% experienced 3 or more placements. (UNC-Chapel Hill Jordan Institute for Families 2021)

**Substantiated abuse is defined as a situation in which a child's parent, guardian, custodian or caretaker inflicts or allows to be inflicted, creates or allows to be created a substantial risk of serious physical injury by other than accidental means; or uses or allows to be used upon the child cruel or grossly inappropriate procedures or cruel or grossly inappropriate devices to modify behavior; or commits, permits, or encourages the commission of any sexual offense by, with or upon the child in violation of the law; promotes the prostitution of the child; or creates or allows to be created serious emotional damage to the child; or encourages, directs or approves of delinquent acts involving moral turpitude committed by the child. Substantiated neglect is defined as a situation in which a child does not receive proper care, supervision or discipline from the child's parent, guardian, custodian or caretaker; or who has been abandoned; or who is not provided necessary medical care; or who is not provided necessary remedial care; or who lives in an environment injurious to the child's welfare; or who has been placed for care or adoption in violation of the law. (UNC-Chapel Hill Jordan Institute for Families, 2017)*

School Safety

Students in Transylvania County schools were given 203 short-term suspensions (up to 10 days) in the 2019-2020 school year; no students were given long-term suspensions (11 or more days) or expelled. High school students accounted for about one-third of the short-term suspensions, with a rate of 6.07 suspensions per 100 students. (NC Department of Public Instruction 2020)

During the 2019-2020 school year, there were 12 reportable acts* among Transylvania County high school students, for a rate of 11.20 acts per 1,000 students. This rate is much higher than the region (5.95) and the state (8.08), and has fluctuated widely in the past 8 years, from a low of 10.43 in 2015-2016 to a high of 33.04 in 2014-2015. Among all grade levels, there were 16 reportable acts in Transylvania County School for 2019-2020, for a rate of 4.83 per 1,000 students, which is lower than both regional and state rates. These acts included 3 possessions of a weapon and 13 possessions of controlled substance. (NC Department of Public Instruction 2021)

** NC General Statute requires local education agencies to report specified acts of crime and violence to the State Board of Education. These include 9 dangerous and violent acts (homicide, assault resulting in serious bodily injury, assault involving the use of a weapon, rape, sexual offense, sexual assault, kidnapping, robbery with a dangerous weapon, and taking indecent liberties with a minor) and 7 other acts (assault on school personnel, bomb threat, burning of a school building, possession of alcoholic beverage, possession of a controlled substance in violation of law, possession of a firearm or powerful explosive, and possession of a weapon). The most frequently reported reportable crimes in high school were possession of a controlled substance, possession of a weapon, assault on school personnel, and possession of an alcoholic beverage. (NC Department of Public Instruction, 2021)*

HOUSING & TRANSPORTATION

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

Housing Units

Transylvania County had an estimated 14,567 total occupied housing units in 2015-2019, including 11,072 owner-occupied units and 3,495 renter-occupied units. An estimated 5,264 owners paid a mortgage. (US Census Bureau 2021)

The total number of vacant housing units has grown from 4,639 in 2005-2009 to 5,643 in 2011-2015. Of the total number of vacant housing units in Transylvania County in 2011-2015, 3,755 were vacant for seasonal, recreational, or occasional use. (US Census Bureau 2016)

Housing Costs

The median monthly housing costs for a homeowner with a mortgage in Transylvania County was estimated at \$1,224 for 2015-2019. This cost is about \$235 higher than the regional average but about \$90 lower than the state average. (US Census Bureau 2021)

The estimated median gross rent in Transylvania County was \$756 per month in 2015-2019, which is slightly higher than the regional average of \$721 but much lower than the state average of \$907. The median rent has steadily increased since a low of \$647 in 2010-2014. (US Census Bureau 2021)

Almost 27% of Transylvania County homeowners and 42% of tenants spent more than the recommended 30% of household income on housing costs; 11% of homeowners and 18% of tenants spent more than 50% of their household income on housing. (US Census Bureau 2021)

In 2021, about 18% of county residents said they were always, usually, or sometimes worried or stressed about having enough money to pay their rent or mortgage in the past 12 months. This has decreased since 2018, when 24% of county residents reported being concerned about having enough money to pay their rent or mortgage. (WNC Health Network 2021)

Housing Adequacy

Of the occupied housing units in Transylvania County, about 2,491 were mobile homes or some “other” type of housing (including boats, RVs, vehicles, etc.). Nearly 60% of the 271 housing units in Gloucester township and almost 30% of the units in Boyd, Catheys Creek, and Eastatoe were mobile homes. About 17% of housing units throughout the county and 61% of the housing units in Brevard township were built in 1959 or earlier. (US Census Bureau 2021)

An estimated 146 occupied housing units lacked complete plumbing facilities, 146 lacked complete kitchen facilities, 117 had no telephone service, and 73 had no heating fuel. Over 2,000 housing units were heated with fuel oil, kerosene, coal, coke, or other fuels, including 77% of units in Gloucester township. (US Census Bureau 2021)

Over 15% of county residents reported that there was a time in the past year when their home did not have electricity, heating, or running water. (WNC Health Network 2021)

About 10% of county households did not have a computer and 19% did not have an internet subscription. (US Census Bureau 2021)

Homelessness & Housing Emergencies

Based on the point-in-time count conducted by the North Carolina Coalition to End Homelessness in January 2020, 56 county residents were homeless, including 33 adults and 13 children from 7 families. A total of 7 people (including 2 people in families with children) were identified as “chronically homeless,” which is defined as having a disability and having been homeless for at least 1 year or having had 4 episodes of homelessness in 3 years. At the time of the count, 38 individuals were living in an emergency shelter and 18 were unsheltered. (NC Coalition to End Homelessness 2021)

A total of 8.4% of county residents reported needing to live with a friend or relative because of a housing emergency in the past 3 years. (WNC Health Network 2021)

About 2.3% of county residents reported living on the street, in a car, or in a temporary shelter in the past 3 years. (WNC Health Network 2021)

Transportation & Household Vehicle Access

Of the 13,556 workers ages 16 and over in Transylvania County in 2015-2019, an estimated 81.6% drove alone to work, 6.5% carpooled, 2.6% walked, 1.1% bicycled, 0.2% took public transportation, and 0.3% used a taxi, motorcycle, or other means of transportation. About 1.6% of workers did not have a vehicle available. (US Census Bureau 2021)

A total of 234 owner-occupied households and 314 renter-occupied households did not have access to a vehicle for transportation in 2015-2019. (US Census Bureau 2021)

FAMILY & SOCIAL SUPPORT

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

In 2021, more than 82% of Transylvania County residents reported always or usually having someone they could rely on to help with things like food, transportation, childcare, or other support if needed. (WNC Health Network 2021)

About 79% of Transylvania County residents said they “always” or “usually” get the social and emotional support they need, compared to about 70% for the region. (WNC Health Network 2021) Transylvania County had about 16.7 social membership associations per 100,000 people in 2018, compared to 11.5 for the state and 18.2 for the top 90th percentile of counties nationwide. (US Census Bureau 2020) Belonging to voluntary organizations enhances social trust which is correlated with good health status. The presence of these types of organizations in a community is correlated with reduced social isolation and strong social support networks.

Based on the U.S. Census Bureau’s Community Resiliency Estimates as of June 2021, Transylvania County is less able to absorb, endure, and recover from the impacts of a disaster compared to the region and state: 34% of county residents had 3 or more risk factors that decrease resilience compared to 30% of regional residents and 24% of state residents; 44% of county residents had 1 or 2 risk factors compared to 45% for the region and 48% for the state; and 23% of county residents had no risk factors compared to 25% for the region and 28% for the state.

** Community resilience is the capacity of individuals and households within a community to absorb, endure, and recover from the impacts of a disaster. The Community Resilience Estimates (CRE) are experimental estimates produced using information on individuals and households from the 2018 American Community Survey (ACS), the Census Bureau’s Population Estimates Program (PEP), as well as publicly available health condition rates from the National Health Interview Survey (NHIS). Risk factors for individuals and households include income to poverty ratio, single or zero caregiver households, crowded housing, communication barriers defined as linguistic isolation or lack of high school diploma, unemployed households, people with a disability, no health insurance coverage, age over 65 years, and serious health conditions (heart condition, diabetes, or emphysema or current asthma).*

RACISM & DISCRIMINATION

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

Based on a survey of Transylvania County residents in 2021, 86.9% reported that the community is a welcoming place for people of all races and ethnicities.

When asked about experiences over their lifetime, 5.6% of county residents reported being “often” or “sometimes” threatened or harassed due to their race or ethnicity, 2.3% reported being “often” or “sometimes” treated unfairly due to their race or ethnicity when getting medical care, and 6.4% reported being “often” or “sometimes” treated unfairly due to their race or ethnicity at school. In addition, 38.8% of county residents reported that they had been “often” or “sometimes” criticized for their accent or the way they speak. (WNC Health Network 2021)

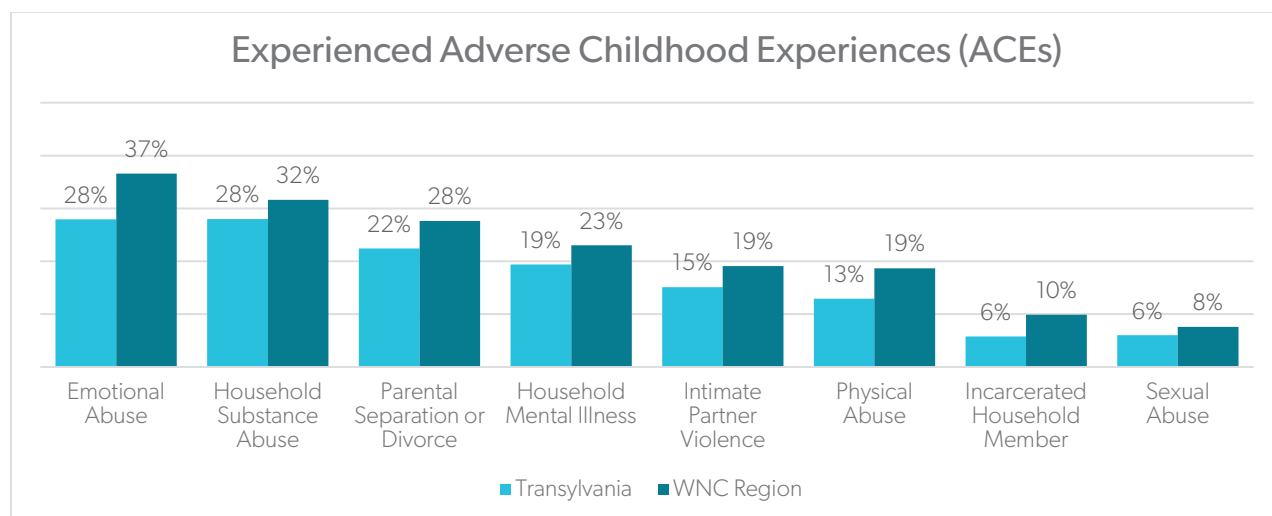
ADVERSE CHILDHOOD EXPERIENCES

“Trauma associated with common adverse childhood experiences (ACEs) contributes to mental and behavioral health issues for many youth as well as negative adult outcomes. Fortunately, at least some ACEs can be prevented and their effects improved.” (US DHHS Office of Disease Prevention and Health Promotion 2018)

Almost 11% of Transylvania County adults reported having experienced 4 or more ACEs* before age 18; this rate is lower than the region at 16%, the state at 13.4% in 2012, and the nation at 14.3% in 2010. (WNC Health Network 2018; Austin AE and Herrick HWB 2014; CDC 2015).

The most common ACEs among Transylvania County residents were household substance abuse (28%), emotional abuse (28%) and parental separation or divorce (23%). (WNC Health Network 2018)

**Adverse childhood experiences (ACEs) are traumatic events that happen before 18 years of age. ACEs include three categories of negative childhood experiences: abuse (emotional, physical, or sexual), neglect (emotional or physical), and family/household challenges (including violence toward the child’s mother, household substance abuse, mental illness in the house, parental separation or divorce, or a household member who spent time in prison). More recent research is expanding to include community trauma, or adverse community experiences, such as neighborhood violence, racism, bullying, etc. Adults who experienced more ACEs are more likely to have risky health behaviors and associated poor health outcomes, but people with high ACEs who avoid risky behaviors are still more likely to have poor health outcomes. (WNC Health Network 2018)*



CHAPTER 4 – HEALTH DATA FINDINGS SUMMARY

MORTALITY

The leading causes of death in Transylvania County are cancer and heart disease, but both of these rates are decreasing over time and remain lower than statewide rates. Alzheimer's disease was the only cause of death in which the mortality rate increased between 2012-2016 and 2015-2019. (NC SCHS 2020; NC SCHS 2018)

For ages 0-19 years, cancer and perinatal conditions are the leading causes of death. For ages 20-39 years, the leading cause of death is suicide, followed by other unintentional injuries. For ages 40-64 years and 65-84 years, the leading cause of death is cancer, followed by heart disease. For ages 85 years and older, the leading cause of death is heart disease. (NC SCHS 2020)

Compared to statewide mortality rates, people in Transylvania County have lower age-adjusted mortality rates for 9 of the 12 leading causes of death. The only causes of death for which mortality rates are higher in the county than in North Carolina are unintentional non-motor vehicle injuries (e.g. falls, poisonings, animal bites), suicide, and liver disease, which are shaded orange in the table below. The death rate for all other intentional injuries has been improving over time. Although this rate remains slightly higher than the state mortality rate, this discrepancy is shrinking, from 67 points higher in 2009-2013 to 13 points higher in 2012-2016 to only 1.6 points higher in 2015-2019. While mortality rates for suicide and liver disease are also higher than state rates, they have stopped increasing and have been stable since 2012-2016. (NC SCHS 2020, NC SCHS 2018)

Age-Adjusted Mortality Rates per 100,000 population (2015-2019)	Transylvania # of Deaths	Transylvania Mortality Rate	Difference from NC Rate	Change Over Time
Cancer	463	133.9	-24.1	▼
Diseases of Heart	424	117.5	-39.8	▼▼
All Other Unintentional Injuries	102	40.9	+1.6	▼▼
Chronic Lower Respiratory Diseases	137	37.1	-6.9	---
Cerebrovascular Disease	111	30.7	-12.0	---
Alzheimer's Disease	106	25.6	-11.3	▲
Suicide	40	23.8	+10.4	---
Pneumonia and Influenza	51	13.9	-2.8	---
Chronic Liver Disease and Cirrhosis	33	13.6	+3.0	---
Diabetes Mellitus	44	12.9	-10.9	▼
Nephritis, Nephrotic Syndrome, Nephrosis	40	11.8	-4.7	▼
Unintentional Motor Vehicle Injuries	23	9.8	-4.9	---

Source: North Carolina State Center for Health Statistics

Green numbers indicate that current Transylvania County rates are "better" than the state rate, while red numbers indicate that Transylvania County is "worse." Green arrows indicate that the rates in 2015-2019 are "better" than in previous years (one arrow signifies a decrease over one 3-year cycle and two arrows signify a decrease over multiple cycles), while red arrows indicate that the rates are "worse" than in previous years.

HEALTH STATUS & BEHAVIORS

Overall Health Status

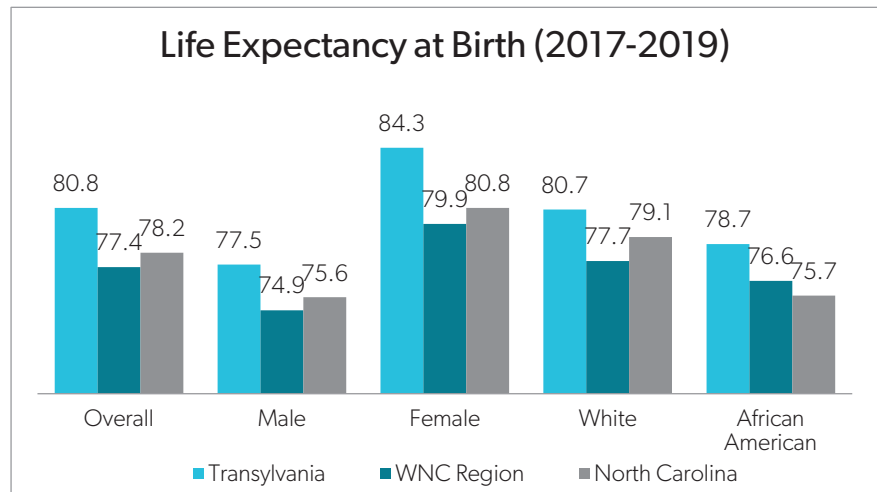
The 2021 County Health Rankings ranked Transylvania County in the top quartile of the healthiest counties in North Carolina for both health outcomes and health factors. The health outcomes score is based on premature death, poor or fair health, poor physical health days, poor mental health days, and low birthweight. Additional health outcomes not included in the overall ranking include life expectancy, premature age-adjusted mortality, infant and child mortality, frequent physical or mental distress, diabetes prevalence, and HIV prevalence. (County Health Rankings 2021)

Among Transylvania County residents, 17% reported being in “fair” or “poor” physical health. (WNC Health Network, 2021) Based on responses to the Behavioral Risk Factor Surveillance System survey, Transylvania County residents reported an average of 3.9 physically unhealthy days over the past month in 2018; the county score is a bit higher than the state score of 3.6. (County Health Rankings 2021)

Life Expectancy

For people born in 2017-2019, the life expectancy at birth for people in Transylvania County is nearly 81 years, which is higher than any other county in western North Carolina and years higher than the regional and state life expectancy.

Life expectancy is higher for females compared to males and for White residents compared to African American residents. (NC SCHS 2021)

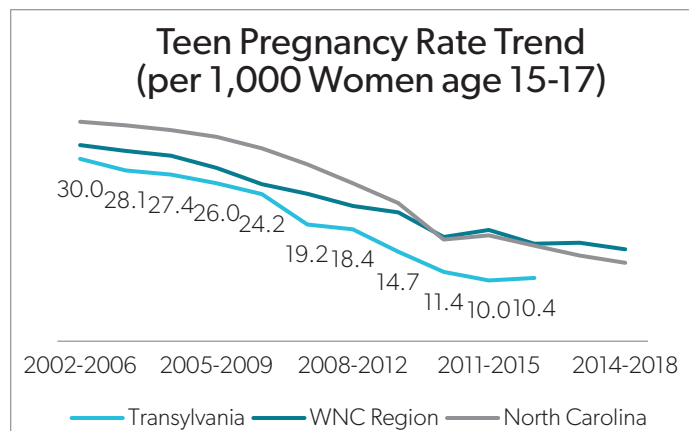


Pregnancy & Births

There were 222 babies were born to Transylvania County residents in 2020 (Transylvania Public Health Vital Records Births Summary, 2021). The county’s total pregnancy rate is one of the lowest in the region at 57 pregnancies per 1,000 women ages 15-44 in 2019. (NC SCHS 2021)

A total of 18 pregnancies occurred among ages 15-17 in 2014-2018; the State Center for Health Statistics does not calculate rates for counties with less than 20 pregnancies, but this is lower than the state and regional rates and has been steadily falling over time. (NC SCHS 2020).

In 2019, there were 25 abortions among Transylvania County residents, for a rate of 5.0 per 1,000 women ages 15-44. This rate has decreased over the past decade; it is higher than the regional average (3.0) but less than half of the state rate (11.4). (NC SCHS 2021)



There were 8 infant deaths in Transylvania County in 2015-2019, for a rate of 6.0 deaths per 1,000 live births which is lower than the region (6.4) and the state (7.0). (NC SCHS, 2021). However, the infant mortality rate in North Carolina is the 11th highest in the nation. While the national rate in 2017 was 5.8, the infant mortality rate in North Carolina was 7.1 deaths per 1,000 live births (CDC/ National Center for Health Statistics 2017).

About 9% of babies born to Transylvania County residents in 2014-2018 had a low birth weight (under 2500 grams), and 1.3% had a very low birth weight (under 1500 grams), both of which are strong indicator of infant mortality. Babies born to Hispanic women were more likely to have low birth weight (13%) or very low birth weight (4%). (NC SCHS 2021)

For 2014-2018, 11% of babies were premature (born before 37 weeks), which is similar to state and regional percentages (NC SCHS 2020).

About 82% of pregnant women who gave birth in 2019 received prenatal care in the first trimester. This was higher than the region (77%) and state (68%), but these data all seem to be decreasing slightly over time. Only 73% of Hispanic women received early prenatal care, compared to 83% of White women and 92% of African American women. (NC SCHS BABYBOOK 2021) Prenatal care in the county is available at Transylvania Regional Hospital and Brevard Health Center, but the hospital closed its birthing center in 2015 so pregnant women must travel out of the county to give birth.

In 2018, 7% of pregnant women had gestational diabetes, 22% had an overweight BMI (between 25.0 and 29.9), and 23% had an obese BMI (30.0 or higher). (NC SCHS County Health Data Book 2020)

The WNC region has very high percentages of births to women who smoked during pregnancy (around 17% in the region compared to around 8% statewide for 2019), but both regional and state rates seem to be decreasing slightly over time. Among Transylvania County residents, nearly 19% of births were to women who smoked while pregnant in 2019. (NC SCHS 2021).

Chronic Disease

Cancer

Transylvania County cancer mortality rates have decreased slightly over the past 10 years, from 162 per 100,000 for 2002-2016 to 133.9 for 2015-2019. County rates continue to stay lower than regional and state rates. However, cancer mortality is much higher for men (164.4 per 100,000) than for women (108.7). (NC SCHS 2021)

Transylvania County residents had lower rates of breast cancer mortality (14.6 per 100,000) compared to the state and region. Increased awareness or availability of screening for breast cancer may contribute to the increased incidence of breast cancer. However, only 72% of women ages 50-74 reported receiving a mammogram in the past year in 2018, which is lower than the rate for the region and fails to meet the Healthy People 2020 Target of 81.1% or higher. (WNC Health Network 2021; US DHHS Office of Disease Prevention and Health Promotion 2018)

Although the lung cancer mortality rate (33.1 per 100,000) is lower than the region (42.5) and state (42.0) for 2015-2019, rates among men (39.5) were higher than the rates for women (27.3). Mortality rates for county residents are also lower than the state and region for prostate and colon/rectal cancers. (NC SCHS 2021)

Cancer incidence for Transylvania County is 418.2 cases per 100,000 population for 2015-2019; this rate has remained fairly level over the past 15 years and is lower than state and regional rates. The site with the highest incidence is female breast, followed by lung/bronchus, prostate, melanoma, and cervix uteri. (NC SCHS 2021)

An estimated 337 new cases of cancer and 131 cancer deaths were projected for 2021. (NC SCHS 2021)

Diabetes

The CDC's Diabetes Surveillance System estimated that 3,591 residents had diabetes in 2017. (CDC 2021) About 13% of Transylvania County residents reported being diagnosed with diabetes, and almost 3% reported being diagnosed with borderline or pre-diabetes in 2021 (WNC Health Network 2021). The mortality rate for diabetes has improved over time; it was 12.9 per 100,000 in Transylvania County for 2015-2019, compared to 21.6 for the region and 23.8 for the state (NC SCHS 2021).

Heart Disease and Stroke

The mortality rate for cerebrovascular disease (stroke) is lower among Transylvania County residents (30.7 per 100,000) compared to the region (39.6) and state (42.7) for 2015-2019, and all rates are decreasing over time. However, significantly more women (68) died from stroke compared to men (43) over this 5-year period (NC SCHS 2021). In 2018, 3.6% of Transylvania County residents reported ever having had a stroke, compared to the regional mean of 4.3% (WNC Health Network 2018).

Heart disease mortality is also decreasing over time. In 2015-2019, the mortality rate for Transylvania County residents was 117.5 per 100,000, compared to 164.0 for the region and 157.3 for the state. However, the rate for men was 152.2 compared to 88.7 for women. (NC SCHS 2021) About 9% of county residents reported having been diagnosed with a heart attack or myocardial infarction, angina, or coronary heart disease, which was higher than the region (7.6%), the state (6.8%) and the nation (6.1%). (WNC Health Network 2021).

Almost 29.8% of county residents reported having high blood pressure in 2021; this is lower than the region (37.2%), state (35.1%), and nation (36.9%) but still exceeds the Healthy People 2020 Target of 26.9% or lower. In 2018, 93% of people with high blood pressure reported taking measures to control it. (WNC Health Network 2021).

About 25.1% of residents said they had been diagnosed with high blood cholesterol in 2021, which is lower than the region (28.7%) and state (32.7%) but exceeds the Healthy People 2020 Target of 13.5% or lower. In 2018, about 95% of people with high blood cholesterol reported taking actions to control it. (WNC Health Network 2021).

Obesity

Based on a 2021 survey, nearly 71% of adult residents in Transylvania County were overweight or obese; almost 30% were obese. (WNC Health Network 2021)

Among children ages 2-4 years who were seen in public health-sponsored programs like WIC, nearly one-third were overweight or obese. This proportion is higher than the region at 28% and the state at 30%. For older children ages 5-11 years, 87% were overweight or obese, compared to 41% in the region and 28% in the state. For all children ages 2-18, 47% were overweight or obese, compared to 29% for the region and state. (Eat Smart Move More 2020)

Respiratory Disease

Mortality rates from chronic lower respiratory disease in Transylvania County at 37.1 per 100,000 were lower than the region (53.5) and state (44.0) for 2015-2019; these rates have been stable over time. (NC SCHS, 2021) A total of 51 county residents died from pneumonia and influenza in 2015-2019, for a mortality rate of 13.9 per 100,000; this rate has increased slightly over time but remain lower than the region and state. (NC SCHS 2021)

Almost 11% of county residents reported having chronic obstructive pulmonary disease (COPD) in 2021, compared to 9% for the region. Nearly 11% of county residents reported having asthma. (WNC Health Network 2021)

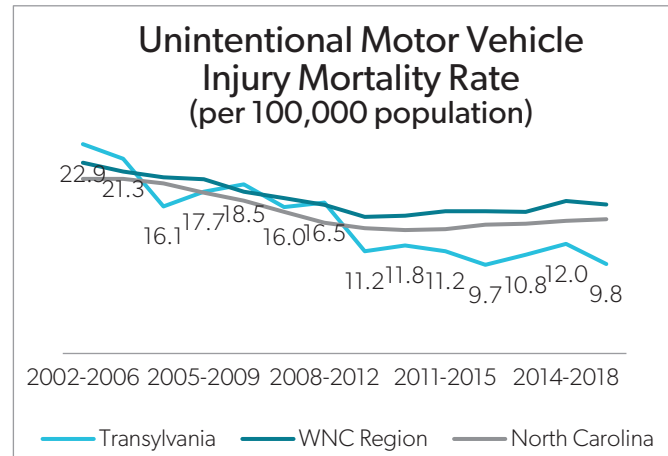
Injury & Violence

Motor Vehicle Injury

The overall motor vehicle crash rate for Transylvania County was 288 for 2018-2020, compared to 219 for the region and 295 for the state. The rate of fatal crashes (1.28) and the percent of alcohol-related crashes (4.8%) were both higher than the region, but the rate of crash injuries per 1,000 people (6.4) was lower than the region. (NC Department of Transportation 2021)

Transylvania County residents experienced 206 injuries from 556 reportable motor vehicle crashes in 2020; 4 crashes involved a pedestrian injury, 2 involved a bicycle, and 19 involved a motorcycle. In addition, 41 crashes and 28 injuries were related to alcohol. (NC Department of Transportation 2021)

The mortality rate due to unintentional motor vehicle injury in Transylvania County has decreased significantly over time, dropping from 22.9 in 2002-2006 to 9.8 in 2015-2019. Although state and regional rates are also decreasing over time, the county rate remains lower than both the region (16.3) and state (14.7) for 2015-2019. (NC SCHS 2021)



Falls

There were 16 deaths from unintentional falls among Transylvania County residents ages 65 and older during 2015-2019; 75% of these deaths occurred in adults ages 85 and older. (NC SCHS 2021)

In 2015, nearly one-third of residents ages 65 and older reported having fallen in the past year (WNC Health Network 2018).

Violence

Transylvania County's mortality rate from homicide is too low to be calculated. There were 6 homicides over the 5-year period 2015-2019. (NC SCHS 2021)

Nutrition

Only 6% of Transylvania County residents reported consuming 5 or more servings of fruit and vegetables per day over the past week, which reflects a decrease from 14% in 2018. (WNC Health Network 2021)

Physical Activity

About one in five county residents reported participating in no physical activities or exercises outside of their regular job, such as running calisthenics, golf, gardening, or walking for exercise. This number has steadily increased since 2012 but remains lower than the region (22%), the state (26%), and the nation (31%). (WNC Health Network 2021)

Just over 23% of county residents reported weekly physical activity meeting the guidelines recommended by the US Department of Health and Human Services: 150 to 300 minutes of moderate-intensity activity, 75 to 150 minutes of vigorous aerobic activity, or an equivalent combination of activities to achieve substantial health benefits for most adults. (WNC Health Network 2021; US DHHS 2018)

Nearly 34% of residents reported participating in physical activities or exercises to strengthen their muscles 2 or more times each week. This includes both activities using their own body weight like yoga, sit-ups, or push-ups, as well as those using weight machines, free weights, or elastic bands. Although this number has declined slightly since 2012, the county remains higher than the region and state and is comparable to the nation. (WNC Health Network 2021)

In 2018, 27% of Transylvania County residents reported having limited activities because of a physical, mental, or emotional problem. This number has declined from 37% reported in 2012 and is now lower than the regional average of 31%. (WNC Health Network 2021)

Substance Use

When surveyed in 2021, 41% of Transylvania County residents said their lives had been negatively affected by their own or someone else's substance abuse. (WNC Health Network 2021)

The mortality rate for unintentional injuries other than motor vehicle crashes among Transylvania County residents (40.9) is lower than the region (50.7) but similar to the state (39.3) for 2015-2019. While the rate of other unintentional injury deaths among men has been declining in recent years (from 66.2 in 2009-2013 to 47.1), the rate for women has increased slightly (from a low of 23.0 in 2004-2008 to 34.5). (NC SCHS 2021)

A total of 27 Transylvania County residents died from unintentional poisoning in 2015-2019, for a mortality rate of 18.8 per 100,000; this rate is now very similar to the state rate but is lower than the regional rate of 22.6. While the regional rate has been steady and the state rate has continued to increase over time, the county mortality rate has decreased. (NC SCHS 2021) Most of these deaths (28) were due to medication or drug overdose, 91% of those who died were White and 52% were ages 45-64. (NC DHHS Injury and Violence Prevention Branch 2017)

In 2019, there were 21 emergency department visits for an opioid overdose and 5 deaths caused by unintentional opioid-related overdose; 4 of these deaths involved illicit opioids. (NC Opioid Action Plan Dashboard 2021)

The mortality rate for liver disease was 13.6 per 100,000 in Transylvania County for 2015-2019, which is lower than the region (15.8) and higher than the state (10.6); however, all rates have increased slightly over the past decade. (NC SCHS 2021) In 2020, 68 Transylvania County deaths were related to tobacco, 6 were related to drugs, and 3 were related to alcohol. (Transylvania Public Health Vital Records 2021)

For the years 2015-2019, 45 babies per 1,000 live births to Transylvania County residents were hospitalized due to drug withdrawal symptoms, compared to 35 per 1,000 in the region and 11 per 1,000 statewide. (North Carolina Healthcare Association 2021) In 2020, 7 newborns (2.6% of all babies) were affected by substance use with a plan of safe care referral. (NC Opioid Action Plan Dashboard 2021)

Nearly 5,000 patients were dispensed opioid pills in 2020, which is 14% of the county population. (NC Opioid Action Plan Dashboard 2021) Nearly 14% of Transylvania County residents reported that they had used prescription opiates in the past year, whether or not they were prescribed by a doctor. (WNC Health Network 2021)

In 2018, there were 71 Medicaid Part D opiate prescribers in Transylvania County and the opiate prescribing rate for the county was 5.20. The county prescribing rate decreased 0.33 points from 2013 to 2018 but the regional, state, and national rates have decreased more so the county rate remains slightly lower than the region and state but higher than the nation. (Centers for Medicare and Medicaid Services 2021)

A total of 7,768 buprenorphine prescriptions were dispensed in 2018, and 96 county residents with Medicaid or no health insurance were served by treatment programs for opioid use disorder. (NC Opioid Action Plan Dashboard 2021)

Just under half of Transylvania County residents reported consuming alcohol in the past 30 days. Only 5% of residents reported binge drinking, defined as 5 or more drinks for men or 4 or more drinks for women in a single occasion in the past month; 10% of residents reported excessive drinking, defined as drinking two or more drinks per day for men and one or more drinks per day for women or binge drinking in the past month. This rate is lower than the region (14% and 16%), the state (14% and 15%) and the nation (24% and 27%); it is also lower than the Healthy North Carolina 2030 target of 12.0%. (WNC Health Network 2021).

Almost 14% of Transylvania County adult residents said they currently smoked cigarettes in 2021, which is similar to the region and lower than the state (19%) and the nation (17%). About 5% said they used smokeless tobacco including chewing tobacco, dip, snuff, and snus, which is similar to the region and state. Only 2% said they used e-cigarettes or vapes, compared to 5% for the region and the state. Although the number of smokers is down from nearly 23% in 2015 and the number of vape users is down from over 8% in 2015, the total number of tobacco users exceeds the Healthy North Carolina target of 15%. (WNC Health Network 2021) Among high school students in western North Carolina, nearly 20% reported using e-cigarettes or vapes in 2019. (NC Youth Tobacco Survey, 2019)

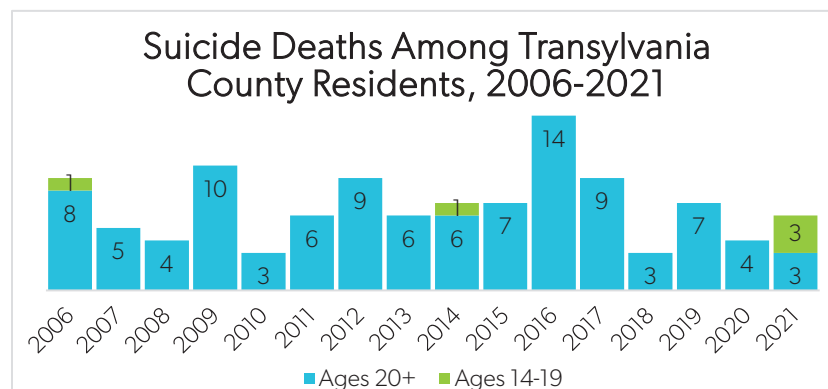
Mental Health

Nearly 10% of Transylvania County residents said that most days are extremely or very stressful, which is lower than the region (13%) and the nation (16%). However, 94% of county residents reported feeling confident in their ability to manage stress and work through life's difficulties; this was the second-highest rate in the region (Clay County reported 95%) and is higher than the regional average of 87%. (WNC Health Network 2021)

In addition, 87% of residents said they were able to stay hopeful even in difficult times and less than 10% reported being "dissatisfied" with life. (WNC Health Network 2021)

One-fifth of county residents reported having 7 or more days of poor mental health in the past month, which is slightly lower than the regional average of 22%. About 6% of residents said that they had considered suicide in the past year. (WNC Health Network 2021)

Mental health concerns are even higher among young people. About 37% of high school students in North Carolina reported persistent feelings of sadness or hopelessness in the past year, up from 26% in 2009. About 1 in 5 high schoolers reported that they seriously considered suicide in the past year, and youth suicide attempts nearly quadrupled from 2.4 per 100 in 2017 to 8.9 per 100 in 2019. (CDC Youth Risk Behavior Survey 2019)



During 2015-2019, there were 40 suicide deaths among Transylvania County residents, for a rate of 24 per 100,000; this rate is higher than the regional rate of 20 and the state rate of 13. (NC SCHS, 2021) In 2021, there were 6 deaths from suicide among county residents, including 3 deaths among teenagers. (Transylvania Public Health Vital Records 2021)

Oral Health

In NCDHHS Public Health Region 1, approximately 36% of pregnant women and 13% of kindergarten children have untreated tooth decay. (NCDHHS Oral Health Section 2021)

Just over 70% of Transylvania County residents reported visiting a dentist within the past year, compared to 62% of regional residents. (WNC Health Network, 2018). Less than half of Medicaid-eligible children and teens ages 1-20 years received any preventative dental services and over 16% of adults last visited a dentist 5 or more years ago. (NCDHHS Oral Health Section, 2021) About 59% of children enrolled in Medicaid and 66% of children enrolled in Health Choice under age 21 had received any dental services in the past year for 2016-2019; these rates have increased since 2012. (NC Child Oral Health Dashboard 2021)

There were 8 dentists in Transylvania County who provided services to Medicaid recipients; they performed 5,037 services during the 2020 state fiscal year. (NCDHHS Medicaid Division of Health Benefits 2021)

Infectious Disease

Airborne Disease

Transylvania County had 1 case of Haemophilus influenza and no influenza deaths reported in 2021. Public health employees investigated 1 case of pertussis, which did not meet case definition. No flu deaths or pertussis outbreaks in schools or daycares were reported in 2021. Staff were notified of 1 case of latent tuberculosis in 2021; treatment was delayed due to travel and is planned for August 2022. (TPH Communicable Disease Report 2021)

Foodborne Disease

Foodborne illnesses increased somewhat in 2021 compared to 2020. Staff investigated 3 confirmed and 13 probable cases of Campylobacter, 9 confirmed and 3 probable cases of Salmonella, 1 confirmed and 1 probable case of Cryptosporidiosis, 1 confirmed case of Cyclosporiasis, and 1 confirmed case of Shiga toxin-producing E. coli. 2. (TPH Communicable Disease Report 2021)

Hepatitis

Fewer cases of hepatitis were reported in 2021 compared to previous years. Staff investigated 2 confirmed cases of acute hepatitis A, 2 cases of acute hepatitis B (which did not meet case definition), 1 case of chronic hepatitis B, and 1 case of acute hepatitis C. Only 1 case of chronic hepatitis C was reported in 2021. (TPH Communicable Disease Report 2021)

A spike in newly reported cases of chronic hepatitis C among county residents (from 29.9 cases per 100,000 in 2016 to 263.6 cases per 100,000 in 2017) was due to increased emphasis on testing among “baby-boomers” and new reporting guidelines, but not all of the cases reported in 2017-2019 were *diagnosed* in those years. These numbers likely represent years of medical data exported into the communicable disease database through the North Carolina State Laboratory of Public Health. Similar trends are seen in state rates. (NCDHHS HIV/STD Surveillance Report 2021)

Sexually Transmitted Infections

A total of 93 cases of sexually transmitted diseases were reported for Transylvania County in 2021, down from a high of 150 in 2019. New cases include 3 new cases of HIV, 1 new case of syphilis, 71 cases of chlamydia and 18 cases of gonorrhea. An additional 3 people received treatment for syphilis in 2021. (TPH Communicable Disease Report 2021)

Rates of all sexually transmitted diseases per 100,000 residents in 2019 were much lower for Transylvania County compared to North Carolina: 270.5 vs. 679.8 for chlamydia; 133.8 vs. 254.0 for gonorrhea; and 8.7 vs. 18.4 for syphilis. A total of 37 county residents were living with HIV in

2019 and 1 death from AIDS was reported in the five-year period 2015-2019. (NCDHHS HIV/STD Surveillance Report 2021)

Rabies

Public health initiated 99 rabies investigations in 2021, with dogs as the source for most exposures. No animals tested positive for rabies. Post-exposure prophylaxis (PEP) was indicated in 10 rabies cases. Of these, PEP was started for 3 cases due to unknown status of the animal or an uncaptured animal, PEP was declined or refused for 1 cases, and PEP status is unknown for 6 cases. In addition, 1 person completed PEP started in 2020. (TPH Communicable Disease Report 2021)

Cases of rabies were identified in Transylvania County in 2018, 2016, 2014, and 2013. The most recent rabies host in the county was a bat; the most common host statewide was a raccoon. (NCDPH Epidemiology Section 2019)

Vector-Borne Diseases

In 2021, 5 total cases of Ehrlichiosis were investigated: 1 probable, 1 suspect, and 3 that did not meet case investigation. In addition, there was 1 probable case of Lyme Disease and 1 case of Rocky Mountain Spotted Fever that did not meet case definition. No cases of encephalitis were reported. (TPH Communicable Disease Report 2021)

Other Infectious Diseases

A total of 3 cases of Legionellosis and 2 probable cases of Varicella were reported in Transylvania County in 2021. In addition, 2 cases of Strep A invasive were investigated: 1 was confirmed and 1 did not meet case investigation. (TPH Communicable Disease Report 2021)

COVID-19 Pandemic

A total of 4,477 cases of COVID-19, 110 hospitalizations, and 54 deaths were reported among Transylvania County residents through December 2021. Of these, 342 cases and 20 deaths were associated with 18 outbreaks at skilled nursing and assisted living facilities and congregate living settings. (Transylvania Public Health 2021)

Through December 2021, a total of 19,223 county residents (56%) had received at least one dose of any COVID-19 vaccine and 18,527 residents (54%) had been fully vaccinated. These vaccination rates were lower than the state (62%) and nation (73%). (Transylvania Public Health 2021)

CLINICAL CARE & ACCESS

The 2021 County Health Rankings ranked Transylvania County 21st among the 100 North Carolina counties for clinical care, based on the percentage of uninsured residents, ratios of healthcare providers, the number of preventable hospital stays, mammography screenings, and flu vaccinations. (County Health Rankings 2021)

Healthcare Access

About 80% of Transylvania County adults reported having a specific source of ongoing healthcare, sometimes known as a “medical home,” and 71% had received a routine checkup within the past year. (WNC Health Network 2018)

Transylvania Community Hospital is a critical access hospital owned by HCA Healthcare; it has 40 staffed beds with an average daily census of 31 in 2020. The hospital admitted a total of 1,970 patients and had 70,880 outpatient visits in 2020. (American Hospital Association 2020) For

pregnancy care, there is one OB/GYN provider within the county, but pregnant women must travel outside Transylvania County to give birth as the hospital does not have a labor and delivery unit.

Over 8% of county residents reported being unable to access needed medical care within the past year, which was lower than the regional rate of 11%. During the COVID-19 pandemic, 28.1% of county residents reported choosing to avoid receiving medical care or attending a scheduled medical appointment due to concerns about coronavirus. (WNC Health Network 2021)

When Transylvania County residents were asked how likely they would be to use telemedicine instead of office visits for routine medical care such as a check-up, if they got sick or hurt, or needed advice about a medical problem, 41% of residents responded that they would be “extremely likely” or “very likely” to use telemedicine for future care. (WNC Health Network 2021)

Health Professionals

In 2019, Transylvania County was served by 13 physicians, 8 primary care physicians, 2 physicians assistants, 3 nurse practitioners, 64 registered nurses, and 4 dentists per 10,000 residents. The regional rates are significantly higher for all of these professions except primary care physicians and dentists; however, the county and regional rates are much lower than the state rates except for primary care physicians. (UNC-Chapel Hill Sheps Center 2021)

Active health professionals in Transylvania County and the western North Carolina region were more likely to be older than age 65 when compared to health professionals throughout the state. (UNC-Chapel Hill Sheps Center 2021)

Active Health Professionals Over Age 65					
	Physicians	Dentists	Physicians Assistants	Nurse Practitioners	Registered Nurses
Transylvania	30.4%	21.4%	12.5%	9.1%	7.1%
Regional Mean	23.1%	25.3%	8.4%	9.3%	9.1%
State Total	12.5%	15.4%	4.1%	4.2%	5.9%

Mental Health Services

There are 8 licensed mental health facilities located in Transylvania County. These facilities provide supervised living services for adults, supervised alternative family living facility, partial hospitalization and supervised living, and a residential therapeutic camp, with a total capacity of 109 beds. In addition, the county has an adult developmental vocational program and facilities offering day treatment services for children. (NCDHHS Division of Health Services Regulation 2020)

In 2020, Transylvania County has a ratio of 370 residents to each mental health provider, which is slightly better than the state average of 390:1 but much higher than the 270:1 ratio seen in the top 90th percentile of counties in the nation. (CMS National Provider Identification 2020)

About 20% of Transylvania County residents reported that they were currently taking medication or receiving treatment, therapy, or counseling from a health professional for any type of mental or emotional health need. However, over 14% of residents said they were unable to obtain needed mental health services in the past year. (WNC Health Network 2021)

A total of 1,156 people from Transylvania County were served in area mental health programs but none were served in a state psychiatric hospital in fiscal year 2019-2020. (NCDHHS Division of MH/DD/SAS 2021)

Licensed Facilities

As of June 2021, Transylvania County had 8 licensed adult nursing facilities (2 adult care homes/homes for the aged, 2 nursing homes/homes for the aged, and 4 family care homes) with a total maximum capacity of 411 beds. The county was served by 5 facilities that provide home care and home care with hospice, and 1 facility that also provides hospice. (NCDHHS Division of Health Services Regulation 2020)

Health Insurance

Approximately 84% of Transylvania County residents under 65 years of age were covered by health insurance in 2019. Among children under age 19, 42.5% were covered with Medicaid or means-tested public coverage only, 35.1% were covered with employer-based health insurance only, and 9.9% were covered with direct-purchase health insurance only. For adults ages 19-34, 41.0% were covered with employer-based health insurance only, 12.6% were covered with direct-purchase health insurance only, and 10.4% were covered with Medicaid or means-tested public coverage only. For adults ages 35-64, 44.2% were covered with employer-based health insurance only, 16.4% were covered with direct-purchase health insurance only, and 6.0% were covered with Medicaid or means-tested public coverage only. (US Census Bureau 2021)

Among individuals ages 65 and older, 26.3% were covered with Medicare only, 0.2% were covered with employer-based health insurance only, 0.4% were covered with direct-purchase health insurance only, and 72.7% were covered with two or more types of health insurance coverage; only 0.3% had no health insurance. (US Census Bureau 2021)

Health insurance coverage has been negatively affected by COVID-19; 8.4% of county residents reported that they lost health insurance coverage during the pandemic. (WNC Health Network 2021)

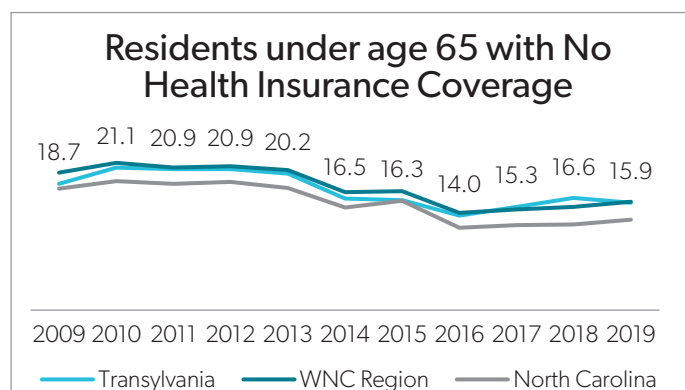
Medicaid

A total of 6,849 people in Transylvania County (19% of the population) were eligible for Medicaid services in state fiscal year 2020. This number has remained fairly stable over time. As of December 2020, the largest groups of recipients were 2,066 people receiving for aid to families with dependent children, 1,307 infants and children, 881 people with disabilities, 724 family planning clients, and 611 receiving coverage under the NC Child Health Insurance Program. The average expenditure per eligible person in 2020 was \$6,276. (NCDHHS Division of Medical Assistance 2017)

Uninsured

An estimated 15.9% of county residents were not covered by any form of health insurance in 2019, including 7.4% of children under age 19 and 18.4% of adults ages 18-64. These rates are similar to regional percentages but higher than the state rates (5.8% of children and 16.3% of adults); they have decreased since 2013 but remain much higher than the Healthy North Carolina 2030 target of 8%. (US Census Bureau 2021)

Based on a survey conducted in 2021, 14% of county residents ages 18-64 reported not having any kind of healthcare coverage. Western North Carolina had a similar proportion of uninsured residents (14.5%), but 19% of North Carolina residents were uninsured. These data are much higher than the national average at 8.7%. (WNC Health Network 2021)



HEALTH INEQUITIES

Certain populations are more likely to experience health inequities because of barriers to care, social and economic situations, or demographic characteristics that put them at higher risk of poor health outcomes.

Older Adults

Almost one-third of Transylvania County's population is over age 65 (US Census Bureau 2021). Older adults are more likely to have low immunity and multiple medical conditions and are more likely to experience falls.

Pregnant Women & Infants

Maternal mortality disproportionately affects Black and American Indian/Alaska Native women compared to Asian, White, and Hispanic women. Hispanic women in Transylvania County experience higher rates of gestational diabetes and Black women experience higher rates of overweight BMI during pregnancy compared to the state and region. (NC SCHS 2021) Women ages 40 and older are significantly more likely to die compared to younger mothers.

Women in rural areas have higher maternal mortality compared to those in urban areas due to limited access to prenatal care. Access to prenatal care can help reduce the risk of pregnancy complications and adverse birth outcomes. Only 82% of women who live in Transylvania County received prenatal care during the first trimester, but this rate is still higher than the region and state. (US Census Bureau 2021).

Almost 19% of pregnant women smoked cigarettes in 2019. (US Census Bureau 2021) Exposures to substances such as air pollution, alcohol, tobacco, and other drugs during pregnancy can have long-lasting effects on developing babies.

Young Children

About 1,335 children under age 5 live in Transylvania County (US Census Bureau 2021). Young children have developing organs, lower immunity, spend more time outdoors, and breathe more air and drink more water per body weight than adults. Concerns about children from birth to age 5 led the county manager to form a task force that issued a report on the "State of the Young Child in Transylvania County" in late 2015. Since then, several county agencies have partnered to create the Get Set Transylvania collaborative to address early childhood education and development. Sesame Street in Communities selected Transylvania County as its first rural setting to implement resources for parents and other caregivers.

Youth

Just under 5,000 school-aged youth live in Transylvania County. (US Census Bureau 2021) Young people across the nation are experiencing worsening mental health, exacerbated by the COVID-19 pandemic. In December 2021, the U.S. Surgeon General issued an Advisory on Protecting Youth Mental Health, which noted that the negative impacts of the COVID-19 pandemic had a disproportionate impact on vulnerable youth and widened existing disparities. The report cited groups at higher risk of mental health challenges including youth with intellectual and developmental disabilities, racial and ethnic minority youth, youth who identify as LGBTQ+, youth from low-income households, youth living in rural areas, youth from immigrant households, and special youth populations including those involved with juvenile justice or child welfare systems, runaway youth, and youth experiencing homelessness. (Office of the Surgeon General 2021)

Individuals with Low Incomes

An estimated 4,679 people in Transylvania County live in poverty, including 1,404 children under age 18. (US Census Bureau 2021) People living in poverty are less likely to access healthcare, more likely to engage in risky health behaviors, and less likely to have affordable housing.

Individuals without Stable, Adequate, and Affordable Housing

Families who have difficulties paying rent and utilities are also more likely to report barriers to accessing health care, higher use of the emergency department, and more hospitalizations. Many households at multiple income levels spent more than the recommended 30% of their income on housing costs, which creates stress on a household's finances. (US Census Bureau 2021) More than 18% of Transylvania County residents worried about having enough money to pay the rent or mortgage in the past year. (WNC Healthy Impact 2021)

More than 8% of county residents experienced a housing emergency in the past 3 years and more than 2% had to seek temporary shelter. (WNC Healthy Impact 2021) Homelessness is further linked to negative health outcomes from contracting Hepatitis A to having trouble managing diabetes.

In addition, some housing is very old or lacks basic amenities such as electricity, plumbing, kitchen facilities, heat, or running water in the past year, which can expose residents to a variety of potential health and sanitation issues.

Individuals without Reliable Transportation

A lack to transportation is linked to reduced access to health care, healthy foods, and other supportive services. Transylvania County has limited public transit, so individuals without a car can have trouble getting to places. An estimated 554 households in Transylvania County had no vehicles available for the occupants' use in 2015-2019; over 11% of households in Hogback township and 9% of households in Gloucester township did not have at least one vehicle available and these townships are least served by public transit. (US Census Bureau 2021)

Individuals without Health Insurance

An estimated 3,625 people in Transylvania County under age 65 do not have health insurance. (US Census Bureau 2021) Health insurance is important in accessing needed medical care and financial security. Uninsured people are less likely to receive preventive care, more likely to be hospitalized for conditions that could have been prevented, and more likely to die in the hospital than those with insurance. Even minor problems with no insurance can quickly result in insurmountable levels of debt from medical bills. (CDC 2017).

Racial Minorities

The biggest impacts on health from race come from disparities in access to care, but racial bias and toxic stress also contribute to poorer health outcomes among minority populations. Transylvania County's population is over 90% white. (US Census Bureau, 2021) Because the numbers of racial minorities are small, it is not possible to calculate stable rates and identify discrepancies in health behaviors and outcomes. However, we can make inferences from state and national data. Compared to White people, Black people have higher rates of obesity, diabetes, high blood pressure, heart disease, and asthma; they are more likely to smoke and less likely to survive a cancer diagnosis. Hispanic or Latino people have higher rates of obesity, diabetes, and cervical cancer, but have higher birth rates and lower rates of infant mortality. American Indians have higher rates of obesity, diabetes, and infant mortality; they are more likely to smoke and less likely to get early prenatal care. Asian people are more likely to get certain types of cancer but less likely to be overweight or obese. (Robert Wood Johnson Foundation 2018)

Individuals who Speak Limited English

More than 650 people living in Transylvania County do not speak English (US Census Bureau 2021). Language barriers can limit access to care, create misunderstandings between patient and provider, compromise quality of care, and lead to poorer health outcomes.

Individuals with High ACE Scores

When compared to those with no ACEs, people with 4+ ACEs have:

- 2x the levels of liver disease
- 2.5x the levels of heart disease
- 3x the levels of lung disease
- 4x the likelihood of beginning to have sex by age 15
- 4.5x the likelihood of developing depression
- 11x the level of IV drug use
- 14x the number of suicide attempts

Almost 11% of Transylvania County residents reported 4 or more Adverse Childhood Experiences, which are linked to an increased risk of many negative health behaviors (such as substance use and suicide) and negative health outcomes (such as heart disease and cancer, which are the county's top two causes of death). (WNC Health Network 2018)

CHAPTER 5 – PHYSICAL ENVIRONMENT

The 2021 County Health Rankings ranked Transylvania County 16th among the 100 North Carolina counties for physical environment, based on particulate matter air pollution, drinking water violations, severe housing problems, driving alone to work, and a long commute. Additional physical environment measures not included in the overall ranking include traffic volume, homeownership, severe housing cost burden, and broadband access (County Health Rankings 2021)

AIR & WATER QUALITY

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

Air Quality

In 2017, the air quality for western North Carolina was unhealthy on 5 days and unhealthy for sensitive groups on 15 days; the most common pollutants were ozone and fine particulates. (US Environmental Protection Agency, 2017) The average daily density of fine particulate matter (PM2.5) for Transylvania County in 2016 was 8.4 micrograms per cubic meter, which is similar to the state average; the top 10th percentile among all counties nationwide measured 5.2 micrograms per cubic meter. (County Health Rankings 2021)

Radon

The average indoor radon level in Transylvania County was 6.1 pCi/L in 2020 (which is more than 4 times the average national indoor level of 1.3) but the highest recorded indoor radon level in Transylvania County was 305.7 pci/L. Of the buildings in Transylvania County tested for radon, 31% had acceptable results under 2 pci/L; 26% had results between 2 and 3.9 pci/L and 43% had results of 4 pci/L and above. (NC Radon Information 2021)

Tobacco Smoke

Just over 8% of Transylvania County residents reported breathing someone else's tobacco smoke at work in the past week, compared to 9% throughout the region. This is an improvement over previous years: in 2018, 22% of county residents and 17% of regional residents reported breathing someone else's tobacco smoke at work. (WNC Health Network 2021)

Toxic Releases

For 2019, the EPA reported 0 pounds of hazardous materials being disposed of (on-site or off-site) or released in Transylvania County. Of 85 counties reporting total releases, Transylvania County ranks 83rd. (US EPA TRI Explorer 2021)

Community Water Systems

Nearly 53% of Transylvania County residents are served by permitted community water systems as of April 2020 (US EPA 2021)

Wastewater Treatment Systems

As of 2021, Transylvania County has 21 permitted wastewater discharge systems that process over 4 million gallons of effluent: this includes 1 major municipal system, 1 minor municipal system, 2 minor industrial process and commercial systems, 1 water treatment plant, 1 groundwater remediation system, and 15 minor domestic systems. The Brevard Waste Water Treatment Plant has a flow rate of 2.5 million gallons per day. (NC Division of Water Resources 2021).

Solid Waste Disposal

Transylvania County disposed of 23,284 tons of municipal solid waste and construction and demolition waste in 2019-2020. The per capita rate for the county is 0.66 tons per county resident, compared to 0.87 tons for the region and 1.32 tons for the state. (NC DENR 2021)

The Transylvania County landfill was opened on 6/13/1990 and has a permitted volume of just under 1.4 million tons. As of fiscal year 2019-2020, this landfill had approximately 155,000 overall volume remaining, which is about 6.7 fiscal years of total tonnage. (NC DENR 2021)

ACCESS TO HEALTHY FOOD & PLACES

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

Access to Food

County Health Rankings scored Transylvania County's food environment as a 7.9 out of 10, compared to 6.8 for the state; this score is based on only 2% of the population having limited access to healthy foods and 14% of the population with food insecurity. (County Health Rankings 2021)

Transylvania County has 7 grocery stores and 1 farmer's market. However, 494 households were identified as having no car and low access to a store. (US Department of Agriculture Economic Research Service, 2021) One-third of county residents said they found it "very" or "somewhat" difficult to buy fresh produce in 2015. (WNC Health Network 2018)

The county had 19 fast food restaurants in 2016, or around 5.7 establishments per 1,000 population; additional facilities have since been opened. Residents spent an average of \$645 per person on fast food and \$643 per person at full-service restaurants in the county in 2012. (US Department of Agriculture Economic Research Service 2021)

There are 15 food pantry locations throughout the county supported by churches and non-profit groups. Some locations set appointments or offer "points" for shopping, which others do not require any documentation or income requirements; some locations provide emergency food supplies. Free fresh produce is available 5-7 days each month through a partnership with MANNNA Foodbank. (Hunger Coalition of Transylvania County 2022)

Almost 14% of Transylvania County residents were identified as being food insecure: 18% said they "often" or "sometimes" worried about whether their food would run out before they got money to buy more and 16% said it was "often" or "sometimes" true that the food they bought did not last and they did not have money to buy more. (WNC Health Network 2021)

Access to Places

According to County Health Rankings, 90% of Transylvania County's residents have access to exercise opportunities, based on the number of residents who live within a half-mile of a park, or within 1 mile of a recreational facility for urban census blocks, or within 3 miles of a recreational facility for rural census blocks. (County Health Rankings 2021)

Nearly 10% of Transylvania County residents reported having trouble finding transportation to places they would like to go in 2018 and 95% said that easier access to activity spaces was important to them in 2015 (WNC Health Network 2018)

Transylvania County Transportation recently launched a new fixed route bus service known as Transylvania in Motion that provides additional transportation options for county residents. The route connects primary shopping, education, employment, and recreation facilities; the North Route through Brevard and Pisgah Forest runs hourly starting at 7am while the South Route to Rosman runs three times a day. Transportation also continues to offer general public transportation by appointment, senior adult transportation to nutrition sites each weekday, and in-county medical transportation for people ages 60 and older (and those who meet eligibility requirements) to scheduled health-related appointments. (Transylvania County Transportation 2021)

CHAPTER 6 – HEALTH RESOURCES

Process

NC 2-1-1 is an information and referral service that links people to community health and human services and maintains a database of community resources to support this service. NC 2-1-1 is free, confidential, and available 24/7 to speakers of all languages. Resources are available through phone, web, and iPhone app.

Because the NC 2-1-1 database is available to residents in multiple ways and is promoted in Transylvania County by multiple partners, the CHA team chose to enhance existing assets while promoting efficiency and consistency by accessing and updating health resource information via this resource instead of creating and maintaining a similar inventory independent of NC 2-1-1.

WNC Healthy Impact provided a list of health resources available to residents of Transylvania County (including resources located in another county) based on resources listed in the NC 2-1-1 database. The listing for each health resource contains the agency name, types, description, contact information, any eligibility to receive services from this organization, any fees for services, hours of operation, website, and physical address. CHA team members reviewed the county 2-1-1 resource list and worked to identify any gaps in services.

The NC 2-1-1 directory can be found online at <https://www.nc211.org> or by phone at 2-1-1 or 1-888-892-1162. In addition, quick links to some of the most commonly requested resources, including NC 2-1-1, were posted on the Transylvania Public Health website at <http://transylvaniahealth.org/resources>.

Findings

As might be expected in a rural community, many resources available to Transylvania County residents are located in other counties. For some, access to these resources (via transportation or phone) may be a barrier to receiving services.

Some services that do exist in the county are not listed in the directory, and others have out-of-date information or are not described in a way that makes it easy to understand the services available and how to access them.

However, in many cases, many services exist and are listed, but there is a public perception that those types of services are not available in the community. Additional education or promotion may be needed to make people more aware of existing services.

Resource Gaps

Based on local review of available services, input from key informants, and collaborative discussions around availability of resources in the community, the following resources were identified as being needed in Transylvania County:

- Affordable, adequate housing for both ownership and rental
- Transportation to most rural and remote areas
- Resources for social support and mental health needs, including counseling and treatment (without a lengthy wait), especially for youth and those who have Medicaid
- Inpatient substance use treatment
- Access to affordable healthy foods
- Additional options for physical activity
- Assistance for justice-involved individuals in preparation for release
- Case management services for at-risk populations
- Access to affordable, quality child care (along with afterschool care and options for after 5 pm), including vouchers and additional capacity
- Activities for youth and children
- Assistance with job training and employment
- Access to COVID-19 vaccinations
- Dental care, especially for children and Medicaid recipients

CHAPTER 7 – IDENTIFICATION OF HEALTH PRIORITIES

HEALTH ISSUE IDENTIFICATION

Process

Every three years we take a fresh look at county-level data for a wide variety of health issues. We use this information to help us assess how well we're doing, reevaluate our top priorities, and determine what actions we need to take moving forward.

Beginning in August 2021, our local CHA team began reviewing data from multiple sources to better understand the current state of health for our community.

We used the following criteria to narrow all health issues to the top 5-7 areas of concern:

- Size and severity of population affected
- Concerning trends over time
- Comparisons to the region, state, or a benchmark
- Disparities based on age, gender, race, etc.
- High community concern
- Connections to health behaviors and social/economic factors
- Alignment with Healthy NC 2030 indicators
- Past CHA priorities

Identified Issues

Based on the criteria above, our CHA team identified the following areas as the most significant health issues affecting Transylvania County residents:

Cancer

Cancer was the leading cause of death in Transylvania County, but the rate is lower than the region and the state and is decreasing over time. It was named as a problem in our community by a majority of key informants. Breast cancer is the most common cancer diagnosis, but lung/bronchus cancer (which disproportionately affects males) has the highest mortality. Projected cancer incidence for 2021 estimates 337 new cancer diagnoses and 131 new cancer deaths. Incidence can be related to ACEs, behaviors like alcohol and tobacco use, and environmental causes like radon. Breast and colorectal cancer screenings are somewhat underused.

Diabetes

Diabetes rates in Transylvania County are increasing and are now similar to the region, state, and nation. Pre-diabetes numbers have been decreasing since 2015 and are lower than the region and the nation. Diabetes is related to obesity, physical activity, and nutrition. It was named as a problem for our community by most key informants.

Heart Disease & Stroke

Heart disease is the second leading cause of death among Transylvania County residents, but the rate is lower than for the region and the state and is decreasing over time. It was named as a problem in our community by a majority of key informants. A larger proportion of Transylvania County residents reported having heart disease compared to the region, state, and nation, but most of the individuals who reported having high blood pressure or high cholesterol are taking action to control these conditions. Cardiovascular disease is a leading cause of hospitalization. Females are

disproportionately affected by stroke but heart disease mortality is higher among men. Incidence is related to nutrition, physical activity, obesity, and tobacco use.

Mental Health

Mental health was a priority health issue in 2015 and 2018. It was identified as a major or minor problem for county residents by all key informants. Nearly 1 in 5 Transylvania County residents reported 7+ poor mental health days in the past month. Some said they were unable to get the care they need. The suicide mortality rate continues to be higher than the state rate. Residents are being treated for mental health symptoms through emergency department visits and hospitalization. Mental health concerns are linked to substance use, social and economic factors, ACEs, and multiple health outcomes.

Obesity

Most county adults and many children are overweight or obese, which is connected to multiple poor health outcomes including diabetes, heart disease, and other health concerns. Few residents are meeting recommendations for nutrition and physical activity, and many residents experience regular stress and other barriers, all of which contribute to obesity. It was identified as a major problem by most key informants and was selected as a top health priority in 2015 and 2018.

Respiratory Disease

Chronic lower respiratory disease is the fourth leading cause of death for county residents, but rates are lower than the state and region. There was an increase in rates of asthma and deaths from pneumonia/influenza. Symptoms are exacerbated by smoking and air pollution. Some key informants said residents had difficulty adhering to medication for conditions like COPD.

Substance Use

Substance use is related to overdose deaths, liver disease mortality, and motor vehicle crashes. Smoking rates among pregnant women and breathing someone else's cigarette smoke at work are concerns. Substance use is connected to mental health and ACEs. Many residents reported their lives being affected by substance use. It was identified as a major or minor problem for our community by all key informants and was selected as a top priority health issue in 2015 and 2018.

HEALTH ISSUE PRIORITIZATION

Process

In December 2021, community members were invited to participate in a Health Priority Workshop to determine the areas of focus for our community over the next three years. Due to levels of community transmission of COVID-19 at the time, this event was held virtually using the Zoom meeting platform.

During this group process, participants were presented with an overview of key indicators and related factors for each health issue listed above and given an opportunity to discuss each issue.

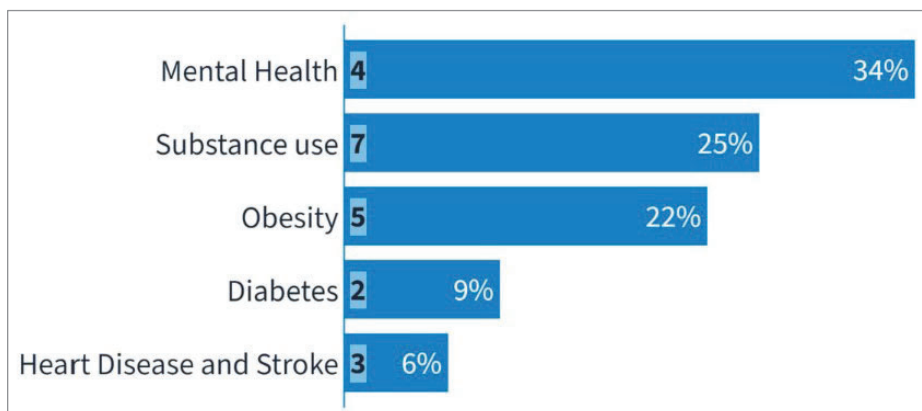
They were then asked to consider each health issue using the following criteria:

- **Criteria 1 – Relevance:** How important is this issue? Urgency to solve problem; community concern; focus on equity; links to other important issues.
- **Criteria 2 – 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.

- **Criteria 3 – 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; social and cultural appropriateness; can identify easy, short-term wins.

Participants used a modified Hanlon method to individually rate each health issue for relevance, impact, and feasibility using a 4-point scale (1=low, 4=high) and then add these ratings to create an overall score for each issue.

Participants were then asked to determine the health issues receiving their 3 highest overall scores and vote for these issues using the PollEverywhere online platform. This platform displayed participants' votes in real time to show the group's overall selections within the Zoom platform.



Identified Priorities

The following health issues were selected as the top community priorities for our county:

Priority 1: Mental Health

Mental health is connected to issues that include suicide deaths, substance use, depression, anxiety, physical activity, and employment. However, residents have limited options for treatment and counseling options, especially for those who have lower incomes, no insurance, or transportation issues. Interest in youth mental health is growing, but there is still much work to be done in this area.

Priority 2: Substance Use

Substance use is connected to mental health concerns, overdose deaths, adverse childhood experiences, depression, anxiety, liver disease, alcohol-related motor vehicle crashes, lung cancer, COPD, and employment. However, residents have limited options for treatment and counseling options, especially for those who have lower incomes, no insurance, or transportation issues. Despite promising community efforts to address substance use, there is still much work to be done in this area.

Priority 3: Obesity

Obesity is a main chronic health condition of concern in Transylvania County. Our top two causes of death and many of our morbidity statistics including type 2 diabetes, high blood pressure, heart disease, certain cancers, and stroke are directly affected by nutrition and physical activity. Residents report having trouble accessing healthy food and getting the recommended amount of physical activity.

PRIORITY 1: MENTAL HEALTH

Mental health is connected to issues that include suicide deaths, substance use, depression, anxiety, physical activity, and employment. However, residents have limited options for treatment and counseling options, especially for those who have lower incomes, no insurance, or transportation issues. Interest in youth mental health is growing, but there is still much work to be done in this area.

<p>RELEVANT HEALTH INDICATORS:</p> <ul style="list-style-type: none"> • 10% of county residents reported that their typical day is extremely or very stressful¹ • 19% of county residents reported 7+ days of poor mental health in past month¹ • 20% of county residents reported currently taking medication or receiving treatment for mental health¹ • 14% of county residents reported that they did not get needed mental care or counseling in the past year¹ • 6% of county residents reported that they had considered suicide in the past year¹ • 23.8/100,000 suicide mortality rate² • 3 high school students died by suicide in 2021³ <p>¹ WNC Health Network 2021 ² CDC 2019 ³ TPH Vital Records 2021</p>	<p>POTENTIAL PARTNERS:</p> <ul style="list-style-type: none"> • NAMI Transylvania • Meridian & Blue Ridge Health • Transylvania Regional Hospital & Mission Health Partners • Mountain Counseling • VAYA • Transylvania Youth Support Collaborative • School nurses • Hendersonville Pediatrics • CARE Coalition • Potential funding sources (e.g. Pisgah Health Foundation & Dogwood Health Trust) • Faith community • Sports coaches & extracurricular leaders • Businesses (especially salons) • Social service organizations • Blue Zones Project • Law enforcement • EMS and first responders • VA • RHA
<p>WHAT IS ALREADY HAPPENING TO ADDRESS THIS ISSUE?</p> <ul style="list-style-type: none"> • NAMI family to family sessions • Family Place parent chats, social-emotional learning, Circle of Security • Transylvania County Schools efforts, including trainings and risk assessments • Peer support groups for ACEs and adult children of alcoholics and dysfunctional families • Fresh Start outpatient program at TRH • Youth Support Collaborative efforts 	<p>WHAT ELSE DO WE NEED TO KNOW ABOUT THIS ISSUE?</p> <ul style="list-style-type: none"> • Access to mental health services? How to get appts? Gaps? • Barriers/willingness to access care? What prevented people from accessing care? • How to get to next steps? Warm handoffs? • Insight from Transylvania County Schools assessments?

PRIORITY 2: SUBSTANCE USE

Substance use is connected to mental health concerns, overdose deaths, adverse childhood experiences, depression, anxiety, liver disease, alcohol-related motor vehicle crashes, lung cancer, COPD, and employment. However, residents have limited options for treatment and counseling options, especially for those who have lower incomes, no insurance, or transportation issues. Despite promising community efforts to address substance use, there is still much work to be done in this area.

<p>RELEVANT HEALTH INDICATORS:</p> <ul style="list-style-type: none"> • 10% of county residents reported excessive drinking¹ • 14% of county residents reported using opiates in the past year (with or without Rx)¹ • 14% of county residents reported being current smokers (decrease from 23% in 2018)¹ • 41% of county residents reported that their life was negatively affected by own or someone else's substance use¹ • 69% of children in foster care were placed due to parental substance use² • 19% of babies were born to moms who smoked while pregnant¹ <p>¹ WNC Health Network 2021 ² NC Opioid Action Plan Dashboard 2021</p>	<p>POTENTIAL PARTNERS:</p> <ul style="list-style-type: none"> • CARE Coalition • Meridian • Vaya • CMARC/CMHRP-case management • Land of Sky (transportation to AA mtgs) • Blue Ridge Health • Blue Zones Project • Jail re-entry programs • ABC Board • SAFE Inc. • Businesses • Healthy Communities • Law enforcement • MAHEC • People who use substances • People in recovery • WNC Health Network
<p>WHAT IS ALREADY HAPPENING TO ADDRESS THIS ISSUE?</p> <ul style="list-style-type: none"> • Healthy Communities tobacco strategies • Blue Zones tobacco policies • Vape Education for Transylvania County Schools, Boys & Girls Club, Brevard College • CARE Coalition Opioid Response Team – working to improve treatment and reduce stigma (regional communications collaboration) • Trainings • Social supports and warm handoffs from Sharing House • Naloxone access for LEO and first responders • Support for grandparents raising grandchildren at FUMC • Developing infrastructure to use opioid settlement funding • Foster care 	<p>WHAT ELSE DO WE NEED TO KNOW ABOUT THIS ISSUE?</p> <ul style="list-style-type: none"> • Use for opioid settlement funding? • Breakdown of use by substances?

PRIORITY 3: OBESITY

Obesity is a main chronic health condition of concern in Transylvania County. Our top two causes of death and many of our morbidity statistics including type 2 diabetes, high blood pressure, heart disease, certain cancers, and stroke are directly affected by nutrition and physical activity. Residents report having trouble accessing healthy food and getting the recommended amount of physical activity.

<p>RELEVANT HEALTH INDICATORS:</p> <ul style="list-style-type: none"> • 70.6% of county residents are overweight or obese¹ • 29.5% of county residents are obese¹ • 32.2% of children ages 2-4 are overweight or obese² • 20% of county residents reported no leisure-time physical activity¹ • 23% of county residents met physical activity recommendations¹ • 6% of county residents reported consuming 5+ servings of fruit and vegetables per day (down from 14% in 2018)¹ <p>¹ WNC Health Network 2021 ² Eat Smart Move More 2018</p>	<p>POTENTIAL PARTNERS:</p> <ul style="list-style-type: none"> • Hendersonville Pediatrics • Local physicians • Transylvania Regional Hospital: cardiac rehab, congregate meal program • Local gyms • Grocery stores • Boys & Girls Club • Schools • Large employers • Hunger Coalition • Sharing House • Restaurants • Blue Zones Project • MANNA • City of Brevard • Transylvania County Parks and Recreation • Transylvania County Library • Bread of Life
<p>WHAT IS ALREADY HAPPENING TO ADDRESS THIS ISSUE?</p> <ul style="list-style-type: none"> • Blue Zones strategies • County policy around fast food and dollar stores • Playgrounds and trails • Biking • Community gardens • Library activities • Meal kits from Hunger Coalition and Bread of Life • Fresh produce at food pantries and mobile markets • Local physicians promoting healthy lifestyles/diets • Physical activity and gardening at Boys & Girls Club, El Centro, Rise and Shine 	<p>WHAT ELSE DO WE NEED TO KNOW ABOUT THIS ISSUE?</p> <ul style="list-style-type: none"> • Community-wide childhood data? • Linkages with cardiovascular disease and cancer? • Sugar-sweetened beverage consumption?

CHAPTER 8 - NEXT STEPS

Collaborative Planning

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

Next steps include:

- Working with community members to better understand the story and root causes behind these priority issues;
- Identifying potential strategies that work to improve priority issues, including evidence-based strategies, what is working in other communities, and ideas generated by people who are most affected by the issues;
- Facilitating workshops to select strategies that address these priorities in a way that is consistent with community resources and values;
- Engaging with existing and new partners to help implement the selected strategies;
- Creating performance measures to help us know if people are better off because of the implementation efforts;
- Evaluating ongoing implementation efforts and making changes when needed; and
- Publishing these strategies, measures, and results on an electronic Scorecard that anyone can access to monitor progress.

Sharing Findings

This document was made available to the public as of March 7, 2021. It was distributed via email to the CHA Team, those who participated in the Health Priority Workshop, the Transylvania County Board of Health, and other interested groups and agencies.

A summary of the findings will be presented to the Transylvania County Board of Health, the Transylvania County Board of Commissioners, the TRAIN Roundtable, and other interested community groups upon request.

Where to Access this Report

The document can be accessed at the following locations:

- Transylvania Public Health offices at 106 E Morgan St, Brevard NC
- Transylvania County Library reference section
- Online at the Transylvania Public Health website (transylvaniahealth.org)
- Online at the WNC Health Network website (wnchn.org)
- To any interested organizations or individual community members upon request

For More Information and to Get Involved

If you have questions about this community health assessment or its data, or if you would like to be involved in the community health improvement process, please contact Community Health Planner/Evaluator, Tara Rybka, at 828-884-1730 or tara.rybka@transylvaniacounty.org.

WORKS CITED

American Hospital Association. (2020). AHA Annual Survey Database. [Interactive website]. Available at aha.org/statistics/fast-facts-us-hospitals.

Austin AE and Herrick HWB. (2014). *The Effect of Adverse Childhood Experiences on Adult Health: 2012 North Carolina Behavioral Risk Factor Surveillance System Survey*. Retrieved from https://schs.dph.ncdhhs.gov/schs/pdf/SCHS_Study_167_FIN_20140505.pdf.

Cecil G. Sheps Center for Health Services Research. (2021). *North Carolina Health Professions Data System*. [Data tables]. Available from <https://nchealthworkforce.unc.edu/supply/>.

Centers for Disease Control and Prevention. (2015). *Behavioral Risk Factor Surveillance System Survey ACE Module Data, 2010*. Retrieved from www.cdc.gov/violenceprevention/acestudy.

Centers for Disease Control and Prevention. (2019). *Youth Risk Behavior Survey Data Summary & Trends Report*. Available at <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBSDataSummaryTrendsReport2019-508.pdf>

Centers for Disease Control and Prevention. (2021). *National Diabetes Surveillance System*. [Data tables]. Available from <http://www.cdc.gov/diabetes/data/index.html>

Centers for Medicare and Medicaid Services. (2021). *Medicare Part D Opioid Prescribing Mapping Tool*. [Data tables]. Available from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/OpioidMap.html>.

County Health Rankings & Roadmaps. (2021). [Interactive website]. Available at <http://www.countyhealthrankings.org/>.

Eat Smart Move More. (2020). *Data on Children and Youth: NC-PedNESS*. [Data tables]. Available at <https://www.eatsmartmovemorenc.com/facts/#facts-dataChildren>.

Hunger Coalition of Transylvania County. (2022). *Transylvania County Food Pantry Locations: Map and Monthly Schedule*. Last updated February 2022.

NC Child Oral Health Data Dashboard. (2021). [Interactive website]. Available at: <https://ncchild.org/what-we-do/insights/data/2021-oral-health/>.

NC Coalition to End Homelessness. (2021). *Point-in-time Count: North Carolina Balance of State by County*. [Data tables]. Available from <https://www.ncceh.org/datacenter/pitdata/>.

NC Department of Administration. (2021). *County Statistics - Sexual Assault: Statewide Statistics by Year*. [Data tables]. Available from <https://ncadmin.nc.gov/about-doa/divisions/council-for-women>.

NC Department of Commerce. (2021). *D4 Demand Driven Data Delivery*. [Data tables]. Available from <https://d4.nccommerce.com/>.

NC Department of Commerce. (2021). *2021 County Distress Rankings*. [Data tables]. Available from <https://www.nccommerce.com/grants-incentives/county-distress-rankings-tiers>.

NC Department of Environment and Natural Resources. (2021). *County Per Capita Report*. [Data tables]. Available from <https://deq.nc.gov/about/divisions/waste-management/sw/data/annual-reports>.

NC Department of Health and Human Services, Division of Child Development and Early Education. (2021). *Child Care Facility Search Site*. [Interactive website]. Available at <https://ncchildcaresearch.dhhs.state.nc.us/search.asp>.

NC Department of Health and Human Services, Division of Health Services Regulation. (2020). *Licensed Facilities*. [Data tables]. Available from <https://info.ncdhhs.gov/dhsr/reports.htm>.

NC Department of Health and Human Services, Division of MH/DD/SAS (2021). *Annual Statistical Reports*. [Data tables]. Available from https://www.ncdhhs.gov/divisions/mhddsas/reports/annual_statistical_reports.

NC Department of Health and Human Services, Division of Public Health. (2021). *North Carolina HIV/STD Surveillance Report*. [Data tables]. Available from <https://epi.dph.ncdhhs.gov/cd/stds/annualrpts.html>

NC Department of Health and Human Services, Division of Public Health, Epidemiology Section, Communicable Disease Branch. (2019) *Rabies Facts and Figures: Rabies/County Tables by Year, 1990 to Present*. Available at: <http://epi.publichealth.nc.gov/cd/rabies/figures.html>

NC Department of Health and Human Services, Division of Public Health, Epidemiology Section, Communicable Disease Branch. (2021) *HIV/STD Surveillance Report 2021*. Available at <https://epi.dph.ncdhhs.gov/cd/stds/annualrpts.html>.

NC Department of Health and Human Services, Injury and Violence Prevention Branch (2021). *Unintentional Medication and Drug Poisoning Deaths by County*. Available from <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>.

NC Department of Health and Human Services, NC Medicaid Division of Health Benefits. (2021). *Annual Report: N.C. Medicaid Eligibility and Program Expenditures for Which the County is Responsible for Its Computable Share*. [Data tables]. Available from <https://dma.ncdhhs.gov/reports/annual-reports-and-tables>.

NC Department of Health and Human Services, NC Medicaid Division of Health Benefits. (2021). *Monthly Enrollment Counts by County and Budget Groups*. [Data tables]. Available from <https://dma.ncdhhs.gov/documents/reports/enrollment-reports/medicaid-and-health-choice-enrollment-reports>.

NC Department of Health and Human Services, NC Medicaid Division of Health Benefits. (2021). *Reports: Payments to Providers Dashboard*. [Data tables]. Available from <https://dma.ncdhhs.gov/reports/dashboards>.

NC Department of Health and Human Services, Oral Health Section. (2021). *2020-2025 North Carolina Oral Health Improvement Plan*. Available at: <https://www.dph.ncdhhs.gov/oralhealth/>

NC Department of Justice. (2019). *State Bureau of Investigation: Arrests and Clearance - County Arrests by Offense by Age, 2017. 2017 Annual Summary*. Available from <http://crimereporting.ncsbi.gov/>.

NC Department of Justice. (2021). *State Bureau of Investigation: Crime Trends - Offenses and Rates per 100,000*. [Data tables]. Available from <http://crimereporting.ncsbi.gov/>.

NC Department of Public Instruction. (2020). *Annual Reports - Consolidated Data Reports*. [Data tables]. Available from <https://www.dpi.nc.gov/data-reports/dropout-and-discipline-data/discipline-alp-and-dropout-annual-reports>

NC Department of Public Instruction. (2020). *NC School Report Cards: District Profile*. [Data tables]. Available from <http://www.ncpublicschools.org/src/>.

NC Department of Public Instruction. (2021). *Child Nutrition Division: Free and Reduced Student Data by Site*. [Data tables]. Available from <https://childnutrition.ncpublicschools.gov/information-resources/eligibility/data-reports/data-reports>.

NC Department of Public Instruction. (2021). *NC Statistical Profile Online: Final Pupils by Year and Grade*. [Data tables]. <https://www.dpi.nc.gov/districts-schools/district-operations/financial-and-business-services/demographics-and-finances/statistical-profile>.

NC Department of Public Safety. (2021). *County Databook: Juvenile Justice*. [Data tables]. Available from <https://www.ncdps.gov/Juvenile-Justice/Community-Programs/Juvenile-Crime-Prevention-Councils/JCPC-Planning-Process/County-Databooks>.

NC Department of Revenue. (2021). *State Sales and Use Tax Statistics*. [Data tables]. Available from <https://www.ncdor.gov/reports-and-statistics/state-sales-and-use-tax-reports-fiscal-year>.

NC Department of Transportation. (2021). *Crash Data and Maps: County Crash Profiles*. [Data tables]. Available from <https://connect.ncdot.gov/resources/safety/Pages/Crash-Data.aspx>.

NC Division of Water Resources. (2021). *List of Active and Expired Individual Permits*. [Data tables]. Available from <https://deq.nc.gov/about/divisions/water-resources/water-resources-permits/wastewater-branch/npdes-wastewater/permitting-process>.

NC Office of State Budget and Management. (2021). *County/State Population Projections*. [Data tables]. Available from <https://www.osbm.nc.gov/demog/county-projections>.

NC Office of State Budget and Management. (2018). *Persons Served in NC Alcohol and Drug Treatment Centers*. [Data tables]. Available from http://data.osbm.state.nc.us/pls/linc/dyn_linc_main.show.

NC Opioid Action Plan Dashboard. (2021). *Metrics*. [Data charts]. Available from <https://www.ncdhhs.gov/about/departments-initiatives/opioid-epidemic/opioid-action-plan-data-dashboard>.

NC Radon Information. (2021). *North Carolina Counties with Detailed Radon Information*. Retrieved from http://nc-radon.info/NC_counties.html.

NC State Bureau of Investigation. (2021). *Domestic Violence Report: Domestic Violence Homicide Report*. [Data tables]. Available from <http://www.ncsbi.gov/Services/SBI-Statistics/Domestic-Violence-Report>.

North Carolina State Board of Elections. (2021). *Voter Registration Statistics*. Available from NC SBOE <https://vt.ncsbe.gov/RegStat/>.

North Carolina State Center for Health Statistics (NC SCHS). (2021). *Cancer*. [Data tables]. Available from <https://schs.dph.ncdhhs.gov/data/cancer.cfm>

North Carolina State Center for Health Statistics (NC SCHS). (2020). *County Health Data Book*. [Data tables]. Available from <https://schs.dph.ncdhhs.gov/data/databook/>.

North Carolina State Center for Health Statistics (NC SCHS). (2021). *North Carolina Vital Statistics*. [Data tables]. Available from <https://schs.dph.ncdhhs.gov/data/vital.cfm>

US Office of the Surgeon General (2021). *Protecting Youth Mental Health: The U.S. Surgeon General's Advisory*. Available at: <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

Public Schools of North Carolina. (2021). *4-Year Cohort Graduation Rate Report*. [Data tables]. Available from <http://www.ncpublicschools.org/accountability/reporting/cohortgradrate>.

Robert Wood Johnson Foundation. (2018). *Race, Racism and Health*. Retrieved from <https://www.rwjf.org/en/library/collections/racism-and-health.html>.

Transylvania County Early Childhood Initiative. (2016). *Early Childhood Initiative Makes Progress*. Available from <https://www.transylvaniacounty.org/departments/administration>.

Transylvania County Preschool Task Force. (2015). *State of the Young Child in Transylvania County*. Available from <https://www.transylvaniacounty.org/departments/administration>.

Transylvania County Transportation. (2022) [Website] Available at: <https://www.transylvaniacounty.org/departments/transportation>

Transylvania Public Health. (2022) *2021 Annual Communicable Disease Report*.

Transylvania Public Health. (2022). *Vital Records: Births Summary*. [Unpublished data].

Transylvania Public Health. (2022). *Vital Records: Death Certificate Summary*. [Unpublished data].

Transylvania Public Health. (2021). *Weekly COVID-19 Update*. [Email]. December 29, 2021.

UNC-CH Jordan Institute for Families Management Assistance for Child Welfare, Work First and Food & Nutrition Services in North Carolina. (2021). *Abuse and Neglect: Longitudinal Data*. [Data tables]. Available from <http://ssw.unc.edu/ma/>.

US Census Bureau. (2015). *Urban and Rural: Census Summary*. [Data tables]. Available from <http://factfinder2.census.gov>.

US Census Bureau. (2020). *County Business Patterns: 2018* [Data tables]. Available from <http://census.data.gov>

US Census Bureau. (2021). *2019 ACS 5-Year Estimates*. [Data tables]. Available from <https://data.census.gov/>.

US Census Bureau (2021). *Community Resiliency Estimates*. [Data tables]. Available from <https://uscensus.maps.arcgis.com/apps/dashboards/f8fc348e4c99498baf18af09d4401553>

US Census Bureau. (2021). *General Demographic Characteristics, 2000 and 2010 Census*. [Data tables]. Available from <http://factfinder2.census.gov>.

US Census Bureau. (2021). *Small Area Health Insurance Estimates*. [Data tables]. Available from <https://www.census.gov/data-tools/demo/sahie/#/>.

US Department of Agriculture Economic Research Service. (2021). *Food Environment Atlas*. [Data tables]. Available from <http://ers.usda.gov/FoodAtlas/>.

US Department of Health and Human Services. (2018) *Physical Activity Guidelines for Americans, 2nd edition*. Available at: <https://health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines>.

US Department of Health and Human Services, Centers for Medicare and Medicaid Services. (2020). *CMS National Provider Identification*. Available at: https://download.cms.gov/nppes/NPI_Files.html

US Department of Health and Human Services, Office of Disease Prevention and Health Promotion (2018). *Healthy People 2020*. Retrieved from www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/early-childhood-0.

US Environmental Protection Agency. (2021). *Safe Drinking Water Search for the State of North Carolina*. [Data tables]. Available from <https://www.epa.gov/enviro/sdwis-search>.

US Environmental Protection Agency TRI Explorer. (2021). *TRI Release Reports: Chemical Reports*. [Data tables]. Available from https://enviro.epa.gov/triexplorer/tri_release.chemical.

WNC Health Network (2018). *ACEs Handout*. Available from www.wnchn.org/partner-resources/.

WNC Health Network (2021). *WNC Healthy Impact Community Health Survey: Data Workbook*. [Data set]. Available from www.wnchn.org/partner-resources/.

APPENDICES

APPENDIX A – DATA COLLECTION METHODS

APPENDIX B – SECONDARY DATA

- Secondary dataset prepared by NC DHHS
- Healthy NC 2030 report prepared by NC DHHS

APPENDIX C – COUNTY MAPS

APPENDIX D – COMMUNITY HEALTH SURVEY

- WNC Healthy Impact Survey Instrument
- Community Health Survey Results

APPENDIX E – KEY INFORMANT SURVEY

- Key Informant Survey Results

APPENDIX F – DATA PRIORITIZATION METHODS

- Health Priority Workshop Presentation Slides
- Key Health Issues Prioritization Worksheet

APPENDIX A – DATA COLLECTION METHODS

REGIONAL CORE DATASET (SECONDARY DATA)

Methodology

To learn about the specific factors affecting the health and quality of life of residents of WNC, the WNC Healthy Impact data workgroup and data consulting team identified and tapped numerous secondary data sources accessible in the public domain.

For data on the demographic, economic and social characteristics of the region, sources included: the US Census Bureau; NC Department of Health and Human Services; NC Office of State Budget and Management; NC Department of Commerce; UNC-CH Jordan Institute for Families; NC Department of Public Instruction; NC Department of Justice; NC Division of Health Benefits; NC Department of Transportation; and the Cecil B. Sheps Center for Health Services Research.

The principal source of secondary health data for the WNC Healthy Impact Data Workbook is the North Carolina 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: North Carolina Division of Public Health (DPH) Epidemiology Section; North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services; the Centers for Disease Control and Prevention; National Center for Health Statistics; NC DPH Nutrition Services Branch; and NC DETECT.

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

Throughout this report, county data is compared to the 16-county region and the state of North Carolina as a whole. In any CHA, it is instructive to relate local data to similar data in other jurisdictions. The WNC regional comparison is used as “peer” for the purposes of this assessment.

Where appropriate and available, trend data has been used to show changes in indicators over time.

The WNC Healthy Impact data consultant team made every effort to obtain the most current data available at the time the WNC Healthy Impact Data Workbook was prepared. It is not possible to continually update the data past a certain date; in most cases that end-point is September 2021. Secondary data is updated every summer in between Community Health Assessment (CHA) years.

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

WNC HEALTHY IMPACT COMMUNITY SURVEY (PRIMARY DATA)

Survey Methodology

The 2021 WNC Healthy Impact Community Health Survey was conducted from March to June 2021. The purpose of the survey was to collect primary data to supplement the secondary core dataset, and allow individual counties in the region to collect data on specific issues of concern.

The survey was conducted throughout the entire WNC Healthy Impact region, which includes the following 16 counties: Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, and Yancey.

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

Survey Instrument

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

Each county was given the opportunity to include three additional questions of particular interest to their county, which were asked only of their county's residents. The three additional county questions for Transylvania County residents in the 2021 survey were:

- 1) Do you have a usual place to go when you are sick or in need of health advice?
- 2) Are you currently taking medication or receiving treatment for substance use?
- 3) Among those who reported that they did not get needed mental health care in the past year: what was your main reason that you did not get the mental health care that you needed?

Sampling Approach & Design

PRC designed the survey methodology to minimize sample bias and maximize representativeness by using best practice random-selection sampling techniques. They also used specific data analysis techniques, including poststratification, to further decrease sample bias and account for underrepresented groups or nonresponses in the population. Poststratification involves selecting demographic variables of interest within the population (here, gender, age, race, ethnicity, and poverty status) and then applying "weights" to the data to produce a sample which more closely matches the actual regional population for these characteristics. This technique preserves the integrity of each individual's responses while improving overall representativeness.

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

Survey Administration

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

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

PRC also created a link to an online version of the survey, and WNC Health Network and its local partners promoted this online survey link throughout the various communities in order to drive additional participation and bolster overall samples. This yielded an additional 1,717 responses with 28 from Transylvania County.

About the Transylvania County Sample

Size:

The total regional sample size was 4,861 individuals age 18 and older, with 223 responses from Transylvania County. PRC conducted all analysis of the final, raw dataset.

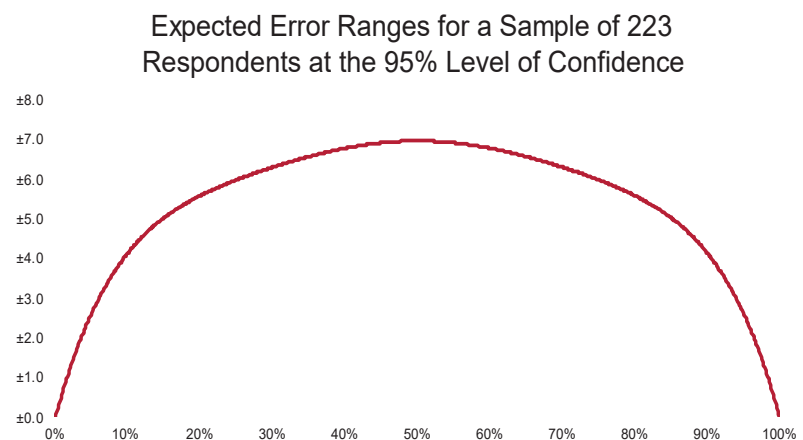
Sampling Error:

For county-level findings, the maximum error rate at the 95% confidence level is approximately $\pm 6.9\%$ for Transylvania County's sample size of 223 respondents.

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

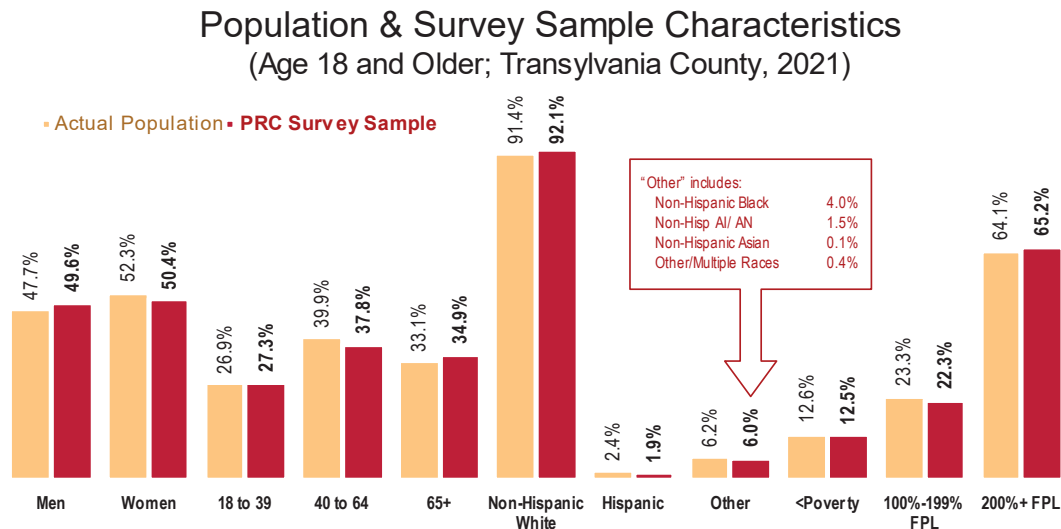
For example:

- If 10% of a sample of 200 respondents answered "yes" to a certain question, between 6.0% and 14.0% ($10\% \pm 4.0\%$) of the total population would offer this response.
- If 50% of 200 respondents said "yes," one could be certain with a 95% 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 Transylvania County 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.



Benchmark Data

North Carolina Risk Factor Data

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

Nationwide Risk Factor Data

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

Healthy People 2030

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

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

Survey Limitations and Information Gaps

Limitations

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

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

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

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

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

Information Gaps

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

ONLINE KEY INFORMANT SURVEY (PRIMARY DATA)

Online Survey Methodology

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

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

Survey Instrument

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

Participation

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

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

Key Informant Type	Number Invited	Number Participating
Community Leader	16	9
Other Health Provider	9	6
Physician	3	3
Public Health Representative	2	2
Social Services Provider	12	10

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.

APPENDIX B – SECONDARY DATA

Secondary datasets prepared by NC DHHS

Healthy NC 2030 reports prepared by NC DHHS

Secondary Dataset Prepared by NCDHHS

Table 1. Population Estimate, Transylvania County, North Carolina, and United States (2019) ..	4
Table 2. Age Distribution, Transylvania County and North Carolina (2019)	4
Table 3. Age Distribution by Age Group, Transylvania County (2019)	4
Table 4. Population Distribution by Gender, Transylvania County and North Carolina (2019)....	5
Table 5. Veterans, Transylvania County (2019).....	5
Table 6. Race/Ethnicity, Transylvania County and North Carolina (2019)	5
Table 7. Hispanic or Latino Origin and Race, Transylvania County and North Carolina (2019)..	6
Table 8. Limited English-Speaking Households, Transylvania County (2019)	6
Table 9. Educational Attainment Population 25+ Years, Transylvania County and North Carolina (2019).....	6
Table 10. SAT Scores for Transylvania County Public Schools with State and National Scores (2016-2019).....	7
Table 11. ACT Scores for Transylvania County Public Schools and North Carolina (2016-2019)7	
Table 12. Income per Household in the Past 12 Months (in 2019 Inflation-Adjusted Dollars), Transylvania County and North Carolina (2019)	7
Table 13. Poverty Status in the Past 12 Months Disaggregated by Age, Transylvania County and North Carolina (2019).....	8
Table 14. Means of Transportation by Age and Sex, Transylvania County (2019)	8
Table 15. Percent Owner-Occupied Units With a Mortgage, Transylvania County and North Carolina (2019)	9
Table 16. Financial Characteristics for Housing Units Without a Mortgage, Transylvania County and North Carolina (2019).....	9
Table 17. Live Births, Transylvania County and North Carolina (2018)	9
Table 18. Live Births by Sex, Transylvania County (2014-2018).....	10
Table 19. Low Birth Weight, Transylvania County and North Carolina (2018).....	10
Table 20. Pregnancy Rates of Residents Ages 15-19 Years Old, Transylvania County and North Carolina (2014-2018).....	10
Table 21. Fertility Rate for Females 15-19, Transylvania County and North Carolina (2014-2018)	10
Table 22. Infant Deaths Per 1,000 Live Births by Race/Ethnicity, Transylvania County and North Carolina (2014-2018).....	11
Table 23. N.C. Resident Fetal Death Rates Per 1,000 Deliveries, Transylvania County and North Carolina (2014-2018).....	11

Table 24. N.C. Resident Neonatal (<28 Days) Death Rates Per 1000 Live Births, Transylvania County and North Carolina (2014-2018).....	11
Table 25. Race-Sex-Specific Age-Adjusted Death Rates By County, Transylvania County (2014-2018).....	12
Table 26. Cancer Incidence Rates per 100,000 for Transylvania County and North Carolina (2012-2016).....	13
Table 27. Age-Adjusted Other Unintentional Injuries Death Rates per 100,000 Residents, Transylvania County and North Carolina, (2019) and (2015-2019).....	13
Table 28. Age-Adjusted Unintentional Motor Vehicle Injury Death Rates per 100,000 Residents, Transylvania County and North Carolina (2019) and (2015-2019).....	13
Table 29. Crime Rate Per 100,000 Persons, Transylvania County and North Carolina (2018) ...	13
Table 30. N.C. Resident Mortality Statistics: Suicide Rates, Transylvania County and North Carolina (2019).....	14
Table 31. N.C. Resident Deaths: Poisoning Mortality Rates per 100,000 Residents, Transylvania County and North Carolina (2015-2019).....	14
Table 32. Poisoning Mortality Rates per 100,000 Residents by Sex, N.C. Resident Deaths (2019).....	14
Table 33. Poisoning Mortality Rates per 100,000 Residents by Race/Ethnicity, N.C. Resident Deaths (2019).....	14
Image 1. North Carolina Newly Diagnosed Chlamydia, Gonorrhea, and Early Syphilis (Primary, Secondary and Early Latent) infections by County of Residence at Time of Diagnosis, Transylvania County (2018-2019).....	15
Image 2. 2019 BRFSS Survey Results: North Carolina Regions Hypertension Screening	15
Image 3. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: Myocardial Infarction	16
Image 4. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: Angina or Coronary Heart Disease	17
Image 5. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: History of Any Cardiovascular Disease.....	18
Image 6. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: Asthma	19
Image 7. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: Depressive Disorder.....	20
Image 8. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions Lung Diseases.....	21
Image 9. All Ages: Leading causes of Injury Death, Hospitalization, and Emergency Visits by County, Transylvania County (2010-2013)	22
Image 10. Ages 0-18: Leading Causes of Injury Death, Hospitalization and ED Visits by County, Transylvania County (2010-2013).....	22

Image 11. Ages 19-34: Leading Causes of Injury Death, Hospitalization and ED Visits by County, Transylvania County (2010-2013)	23
Image 12. Ages 35-64: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Transylvania County (2010-2013).....	23
Image 13. Ages 65+: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visit by County, Transylvania County (2010-2013).	24
References	25

Table 1. Population Estimate, Transylvania County, North Carolina, and United States (2019)

Transylvania County		North Carolina		United States	
34,385		10,488,084		328,239,523	
Estimated Percent Change April 1, 2010 to July 1, 2019	3.9%	Estimated Percent Change April 1, 2010 to July 1, 2019	10.0%	Estimated Percent Change April 1, 2010 to July 1, 2019	6.3%

Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate
<https://www.census.gov/quickfacts/fact/table/transylvaniacountynorthcarolina/PST045219>

Table 2. Age Distribution, Transylvania County and North Carolina (2019)

Age Group	Transylvania County (%)	North Carolina (%)
Persons under 5 years	4.0%	5.8%
Persons under 18 years	15.4%	21.9%
Persons 65 years and over	31.4%	16.7%

Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate
<https://www.census.gov/quickfacts/fact/table/transylvaniacountynorthcarolina/PST045219>

Table 3. Age Distribution by Age Group, Transylvania County (2019)

Age Group	Estimate	Percent
Total population	33,775	
Under 5 years	1,335	4.0%
5 to 9 years	1,635	4.8%
10 to 14 years	1,475	4.4%
15 to 19 years	1,866	5.5%
20 to 24 years	1,827	5.4%
25 to 34 years	3,215	9.5%
35 to 44 years	3,212	9.5%
45 to 54 years	3,917	11.6%
55 to 59 years	2,482	7.3%
60 to 64 years	2,699	8.0%
65 to 74 years	5,533	16.4%
75 to 84 years	3,178	9.4%
85 years and over	1,401	4.1%
Median age (years)	51.1	(X)

Source: American Community Survey (ACS) 5-Year Estimates and Data Profiles.
Table ID: DP05
<https://data.census.gov/cedsci/table?q=transylvania%20county%20north%20carolina%20housing%20and%20demographics&g=0400000US37&tid=ACSDP5Y2019.DP05&hidePreview=false>

Table 4. Population Distribution by Gender, Transylvania County and North Carolina (2019)

Gender	Transylvania (Percent)	North Carolina (Percent)
Female	51.8%	51.4%
Male	48.2%	48.6%

Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate. Sex estimates of the population are produced for the United States, states, and counties, as well as for the Commonwealth of Puerto Rico and its municipios (county-equivalents for Puerto Rico). Sex is based on the biological attributes of men and women (chromosomes, anatomy, and hormones).

<https://www.census.gov/quickfacts/fact/table/transylvaniacountynorthcarolina/PST045219>

Table 5. Veterans, Transylvania County (2019)

	Number	Percent of population 18 years and older
Veterans	3,379	11.9%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimate

Table ID: S2101

<https://data.census.gov/cedsci/table?text=veteran%20status&g=0500000US37175&tid=ACSS T5Y2019.S2101&moe=false&hidePreview=true>

Table 6. Race/Ethnicity, Transylvania County and North Carolina (2019)

Race	Transylvania County		North Carolina	
	Number	Percent	Number	Percent
White	30,933	91.6%	7,049,919	68.7%
Black or African American	1,612	4.8%	2,200,761	21.4%
American Indian and Alaska Native	99	0.3%	123,952	1.2%
Asian	47	0.1%	292,992	2.9%
Native Hawaiian and Other Pacific Islander	17	0.1%	7,213	0.1%
Hispanic or Latino (of any race)	1,124	3.3%	962,665	9.4%
Some other race	608	1.8%	316,763	3.1%
Two or more races	459	1.4%	273,276	2.7%
Total	33,775		10,264,876	

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimate

Table ID: DP05

<https://data.census.gov/cedsci/table?q=transylvania%20county%20north%20carolina%20demographics%20and%20housing&tid=ACSDP5Y2019.DP05&hidePreview=false>

Table 7. Hispanic or Latino Origin and Race, Transylvania County and North Carolina (2019)

County/State	Race and Hispanic or Latino Origin in the past 12 months						
	White alone	Black or African American	American Indian and Alaska Native	Asian alone	Native Hawaiian and other Islander alone	Some Other race alone	Two or more races
Transylvania	90.4%	4.6%	0.3%	0.1%	0.1%	0.0%	1.2%
North Carolina	63.1%	21.1%	1.1%	2.8%	0.1%	0.2%	2.2%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimate

Table ID: DP05

<https://data.census.gov/cedsci/table?q=transylvania%20county%20north%20carolina%20housing%20and%20demographics&g=0400000US37&tid=ACSDP5Y2019.DP05&hidePreview=false>

Table 8. Limited English-Speaking Households, Transylvania County (2019)

All households	14,567	100%
Limited English-speaking households	202 ± 106	1.4%
Households Speaking:	Number	Percent
Spanish	358 (± 106)	2.5%
Other Indo-European languages	279 (± 118)	1.9%
Asian and Pacific Island languages	25 (± 20)	0.2%
Other languages	0 (± 26)	0.0%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimate.

Table ID: S1602

<https://data.census.gov/cedsci/table?q=S1602&g=0500000US37175&tid=ACSST5Y2019.S1602&hidePreview=true>

Table 9. Educational Attainment Population 25+ Years, Transylvania County and North Carolina (2019)

	Transylvania County	North Carolina
High School Graduate or Higher	89.0%	87.8%
Less than 9 th Grade	3.8%	4.5%
High School, No Diploma	7.2%	7.7%
High School Graduate or Equivalency	26.8%	25.7%
Some College, No Degree	21.0%	21.2%
Associate Degree	8.7%	9.7%
Bachelor's Degree	19.5%	20.0%
Graduate or Professional Degree	13.1%	11.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimate

Table ID: S1501

<https://data.census.gov/cedsci/table?q=transylvania%20county%20north%20carolina%20educational%20attainment&g=0400000US37&tid=ACSST5Y2019.S1501&hidePreview=false>

Table 10. SAT Scores for Transylvania County Public Schools with State and National Scores (2016-2019)

	SAT Scores			
	2019	2018	2017	2016
Transylvania County	1,111	1,109	1,106	1,041
North Carolina	1,091	1,090	1,074	997
United States	1,039	1,049	NR	NR

Source: North Carolina School Report Cards
<https://ncreports.ondemand.sas.com/src/?county=Transylvania>

Table 11. ACT Scores for Transylvania County Public Schools and North Carolina (2016-2019)

	ACT Proficiency			
	2019	2018	2017	2016
Transylvania County	60.2%	60.1%	65.4%	63.3%
North Carolina	55.8%	57.9%	58.8%	59.9%

Source: North Carolina School Report Cards
<https://ncreports.ondemand.sas.com/src/?county=Transylvania>

Table 12. Income per Household in the Past 12 Months (in 2019 Inflation-Adjusted Dollars), Transylvania County and North Carolina (2019)

Income Level	Transylvania County	North Carolina
Below \$10,000	5.8%	6.4%
\$10,000-\$14,999	5.4%	5.0%
\$15,000-24,999	9.9%	10.3%
\$25,000-34,999	13.7%	10.3%
\$35,000-\$49,999	15.1%	13.9%
\$50,000-74,999	18.9%	18.0%
\$75,000-99,999	13.6%	12.4%
\$100,000-149,999	10.8%	13.1%
\$150,000-199,999	3.0%	5.1%
\$200,000 or more	3.8%	5.4%
Median household income	\$50,212	\$54,602

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimate
 Table ID: S1901

<https://data.census.gov/cedsci/table?q=transylvania%20county%20north%20carolina%20income%20&g=0500000US37175&tid=ACSST5Y2019.S1901&hidePreview=true&moe=false>

Table 13. Poverty Status in the Past 12 Months Disaggregated by Age, Transylvania County and North Carolina (2019)

County/State	Age Group					
	Under 5 years	5-17 years	18-34 years	35-64 years	60 years and over	65 years and over
Transylvania County	28.5%	25.6%	25.1%	11.1%	7.1	6.0%
North Carolina	23.8%	20.2%	18.3%	11.3%	9.8%	9.1%
Source: ACS 5-Year Estimates Subject Tables Table ID: S1701 ata.census.gov/cedsci/table?q=Transylvania%20county%20north%20carolina%20poverty&g=0US37175&tid=ACSST5Y2019.S1701&hidePreview=true						

Table 14. Means of Transportation by Age and Sex, Transylvania County (2019)

Age group	Means of Transportation		
	Drove alone	Carpooled	Public Transportation (excluding taxicab)
16-19 years	3.6%	3.8%	0.0%
20-24 years	8.2%	9.0%	0.0%
25-44 years	35.7%	37.5%	5.6%
45-54 years	23.3%	22.7%	94.4%
55-59 years	10.7%	18.2%	0.0%
60 years and over	18.5%	8.9%	0.0%
Median age (years)	46.9	44.0	-
Male	50.1%	43.1%	94.4%
Female	49.9%	56.9%	5.6%
Source: ACS 5-Year Estimates Subject Tables Table ID: S0802 https://data.census.gov/cedsci/table?text=S0802&g=0500000US37175&tid=ACSST5Y2019.S0802&hidePreview=true			

Table 15. Percent Owner-Occupied Units With a Mortgage, Transylvania County and North Carolina (2019)

Factor	Transylvania County	North Carolina
Less than \$50,000	1.2%	3.1%
\$50,000 to \$99,000	6.7%	12.6%
\$100,000 to \$299,000	60.5%	59.4%
\$300,000 to \$499,000	20.6%	17.3%
\$500,000 to \$749,999	6.1%	4.9%
\$750,000 to \$999,999	2.8%	1.5%
\$1,000,000 or more	2.1%	1.1%
Median (dollars)	\$230,800	\$190,600

Source: U.S. Census 2019: ACS 5-Year Estimates Subject Tables

Table ID: S2506

<https://data.census.gov/cedsci/table?q=transylvania%20county%20north%20carolina%20percent%20owner%20occupied%20units%20with%20mortgage&g=0400000US37&tid=ACST5Y2019.S2506&hidePreview=true>

Table 16. Financial Characteristics for Housing Units Without a Mortgage, Transylvania County and North Carolina (2019)

Factor	Transylvania County	North Carolina
Less than \$50,000	12.5%	16.3%
\$50,000 to \$99,000	11.4%	19.7%
\$100,000 to \$199,000	23.0%	30.5%
\$200,000 to \$299,000	26.6%	15.6%
\$300,000 to \$499,000	17.5%	11.9%
\$500,000 to \$749,999	5.3%	3.6%
\$750,000 to \$999,999	2.3%	1.3%
\$1,000,000 or more	1.4%	1.2%
Median (dollars)	\$212,400	\$141,700

Source: U.S. Census 2019: ACS 5-Year Estimates Subject Tables

Table ID:S2507

https://data.census.gov/cedsci/table?text=S2507&g=0400000US37_0500000US37175&tid=ACST5Y2019.S2507&hidePreview=true

Table 17. Live Births, Transylvania County and North Carolina (2018)

County/ State	Total Births	Total Rate	White- Non- Hispanic Number	White Non- Hispanic Rate	Black, Non- Hispanic Number	Black Non- Hispanic rate	Hispanic Number	Hispanic Rate
Transylvania	278	8.1	244	7.8	7	4.9	21	17.7
North Carolina	118,957	11.5	64,637	9.8	28,719	12.5	18,359	18.4

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/transylvania.html>

Table 18. Live Births by Sex, Transylvania County (2014-2018)

County/ State	Total	Total Rate	White, Non- Hispanic	White, Non- Hispanic rate	Black, Non- Hispanic	Black, Non- Hispanic Rate	Hispanic	Hispanic Rate
Males	138	4.0	124	4.0	3	2.1	9	7.6
Females	140	4.1	120	3.8	4	2.8	12	10.1

Source: N.C. State Center for Health Statistics
<https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/transylvania.html>

Table 19. Low Birth Weight, Transylvania County and North Carolina (2018)

County/ State	Total Low Birthweight	Total Rate	White, Non- Hispanic	White, Non- Hispanic Rate	Black, Non- Hispanic	Black, Non- Hispanic Rate	Hispanic	Hispanic Rate
Transylvania	28	10.1	24	9.8	1	14.3	3	14.3
North Carolina	11,019	9.3	4,863	7.5	4,094	14.3	1,379	7.5

Source: N.C. State Center for Health Statistics
<https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/transylvania.html>

Table 20. Pregnancy Rates of Residents Ages 15-19 Years Old, Transylvania County and North Carolina (2014-2018)

County/ State	Total Pregnancies	Rate	White Non- Hispanic Pregnancies	Rate	Af. Am Non- Hispanic Pregnancies	Rate	Other Non- Hispanic Pregnancies	Rate	Hispanic Pregnancies	Rate
Transylvania	103	24.9	87	24.7	6	*	3	60.5	6	*
North Carolina	46,489	28.3	18,291	19.4	16,521	38.5	1,800	24.0	9,440	47.1

*Any percentage or rate with fewer than 50 events in the numerator may be subject to serious random error
Source: N.C. State Center for Health Statistics
<https://schs.dph.ncdhhs.gov/data/databook/CD2B%20preg%20rates%201519.rtf>

Table 21. Fertility Rate for Females 15-19, Transylvania County and North Carolina (2014-2018)

County/ State	Total Births	Fertility Rate	White, Non- Hispanic	Fertility Rate	Af. Am., Non- Hispanic Births	Fertility Rate	Other, Non- Hispanic Births	Fertility Rate	Hispanic Births	Fertility Rate
North Carolina	36,242	22.0	14,720	15.6	12,057	28.1	1,452	19.4	8,013	39.9
Transylva nia	89	21.5	75	21.3	6	*	2	*	6	*

*Any percentage or rate with fewer than 50 events in the numerator may be subject to serious random error
Source: N.C. State Center for Health Statistics
<https://schs.dph.ncdhhs.gov/data/databook/>

Table 22. Infant Deaths Per 1,000 Live Births by Race/Ethnicity, Transylvania County and North Carolina (2014-2018)

County/State	Total Infant Deaths	White, Non-Hispanic Infant Deaths	Af. Am., Non-Hispanic Infant Deaths	Hispanic Infant Deaths
Transylvania	6	6	0	0
North Carolina	4,275	1,716	1,820	513
Source: N.C. State Center for Health Statistics https://schs.dph.ncdhhs.gov/data/databook/				

Table 23. N.C. Resident Fetal Death Rates Per 1,000 Deliveries, Transylvania County and North Carolina (2014-2018)

County/State	Total Fetal Deaths	White, Non-Hispanic Fetal Deaths	Af. Am., Non-Hispanic Fetal Deaths	Hispanic Fetal Deaths
Transylvania	6	6	0	0
North Carolina	4,166	1,764	1,682	526
Source: N.C. State Center for Health Statistics https://schs.dph.ncdhhs.gov/data/databook/				

Table 24. N.C. Resident Neonatal (<28 Days) Death Rates Per 1000 Live Births, Transylvania County and North Carolina (2014-2018)

County/State	Total Neonatal Deaths	White Non-Hispanic Neonatal Deaths	Af. Am. Non-Hispanic Neonatal Deaths	Hispanic Neonatal Deaths
Transylvania	5	5	0	0
North Carolina	2,865	1,092	1,247	366
Source: N.C. State Center for Health Statistics https://schs.dph.ncdhhs.gov/data/databook/				

Table 25. Race-Sex-Specific Age-Adjusted Death Rates By County, Transylvania County (2014-2018)

Cause of Death:		White, non-Hispanic				African American, non-Hispanic				American Indian, non-Hispanic				Other Races, non-Hispanic				Hispanic				Overall	
		Male		Female		Male		Female		Male		Female		Male		Female		Male		Female		Rate	
		Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Causes		1,011	753.1	979	540.8	35	1,939.1	23	650.7	0	N/A	0	N/A	1	N/A	2	N/A	6	N/A	5	N/A	2,062	635.2
Diseases of Heart		228	152.9	175	88.3	3	N/A	4	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	1	N/A	411	115.2
Acute Myocardial Infarction		30	19.0	24	12.3	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	54	14.8
Other Ischemic Heart Disease		107	73.3	59	28.3	1	N/A	2	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	1	N/A	170	47.9
Cerebrovascular Disease		40	27.4	64	31.4	4	N/A	3	N/A	0	N/A	0	N/A	0	N/A	1	N/A	1	N/A	0	N/A	113	32.8
Cancer		244	167.5	188	109.6	8	N/A	5	N/A	0	N/A	0	N/A	0	N/A	0	N/A	1	N/A	2	N/A	448	134.6
Colon, Rectum, and Anus		18	N/A	15	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	34	11.7
Pancreas		20	11.9	14	N/A	0	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	35	9.1
Trachea, Bronchus, and Lung		68	44.8	55	28.8	2	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	1	N/A	0	N/A	126	35.5
Breast		0	N/A	27	13.7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	27	13.2
Prostate		19	N/A	0	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	20	11.9
Diabetes Mellitus		27	18.5	13	N/A	3	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	2	N/A	0	N/A	45	13.4
Pneumonia and Influenza		20	13.7	31	16.5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	51	14.8
Chronic Lower Respiratory Diseases		50	31.2	73	40.0	3	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	127	35.6
Chronic Liver Disease and Cirrhosis		22	22.8	8	N/A	1	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	32	13.3
Septicemia		13	N/A	15	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	29	7.6
Nephritis, Nephrotic Syndrome, and Nephrosis		17	N/A	23	11.7	1	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	42	11.9
Unintentional Motor Vehicle Injuries		12	N/A	6	N/A	0	N/A	2	N/A	0	N/A	0	N/A	0	N/A	0	N/A	1	N/A	0	N/A	21	12.0
All Other Unintentional Injuries		39	45.6	45	32.8	2	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	86	36.9
Suicide		30	40.8	10	N/A	1	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	42	25.3
Homicide		7	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	1	N/A	0	N/A	8	N/A
Alzheimer's disease		28	17.0	63	27.8	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	91	22.7
Acquired Immune Deficiency Syndrome		0	N/A	0	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	1	N/A

Source: N.C. State Center for Health Statistics. <https://schs.dph.ncdhs.gov/data/databook/>

Table 26. Cancer Incidence Rates per 100,000 for Transylvania County and North Carolina (2012-2016)

County	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
North Carolina	21,168	37.1	40,216	68.8	49,457	161.8	35,584	115.9	277,277	481.9
Transylvania	94	32.3	197	60.2	211	144.8	147	91.3	1,306	442.0

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/databook/CD13A%20leadingcancers.xlsx>.

Table 27. Age-Adjusted Other Unintentional Injuries Death Rates per 100,000 Residents, Transylvania County and North Carolina, (2019) and (2015-2019)

County/State	# of Deaths 2019	Death Rate 2019	# of Deaths 2015-2019	Death Rate 2015-2019	Age-Adjusted Death Rate 2015-2019
Transylvania	25	72.7	102	60.4	40.9
North Carolina	4,683	44.7	21,107	41.1	39.3

Source: N.C. State Center for Health Statistics: Personal communication Zachary P. Schafer December 14, 2020

Table 28. Age-Adjusted Unintentional Motor Vehicle Injury Death Rates per 100,000 Residents, Transylvania County and North Carolina (2019) and (2015-2019)

County/State	# of Deaths 2019	Death Rate 2019	# of Deaths 2015-2019	Death Rate 2015-2019	Age-Adjusted Death Rate 2015-2019
Transylvania	8	23.3	23	13.6	9.8
North Carolina	1,608	15.3	7,775	15.1	14.7

Source: N.C. State Center for Health Statistics: Personal communication Zachary P. Schafer December 14, 2020

Table 29. Crime Rate Per 100,000 Persons, Transylvania County and North Carolina (2018)

County/State	Violent Crime Rate				Property Crime Rate		
	Murder	Rape	Robbery	Aggravated Assault	Burglary	Larceny	MVT
North Carolina	356.6				2,406.6		
	5.8	23.7	77.1	250.0	577.4	1,667.2	162.0
Transylvania	141.7				1,116.4		

Source: N.C. Bureau of Investigation

<http://ncsbi.gov/Services/SBI-Statistics/SBI-Uniform-Crime-Reports/2018-Annual-Summary.aspx>

Table 30. N.C. Resident Mortality Statistics: Suicide Rates, Transylvania County and North Carolina (2019)

County/State	# of Deaths 2019	Death Rate 2019	# of Deaths 2015-2019	Unadjusted Death Rate 2015-2019	Age-Adjusted Death Rate 2015- 2019
North Carolina	1,368	13.0	7,173	14.0	13.4
Transylvania	6	17.4	40	23.7	23.8

Source: N.C. Center for Health Statistics: Personal Communication Zachary P. Schafer
December 14, 2020

Table 31. N.C. Resident Deaths: Poisoning Mortality Rates per 100,000 Residents, Transylvania County and North Carolina (2015-2019)

County of Residence	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
North Carolina	9,367	51,324,366	18.25	18.80
Transylvania	27	168,875	15.99	18.80

Source: N.C. Center for Health Statistics: Personal Communication Matt Avery December 03, 2020

Table 32. Poisoning Mortality Rates per 100,000 Residents by Sex, N.C. Resident Deaths (2019)

Gender	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
Male	1,485	5,100,264	29.12	30.00
Female	663	5,387,820	12.31	12.70
North Carolina	2,148	10,488,084	20.48	21.20

Source: N.C. Center for Health Statistics: Personal Communication Matt Avery December 03, 2020

Table 33. Poisoning Mortality Rates per 100,000 Residents by Race/Ethnicity, N.C. Resident Deaths (2019)

Race/Ethnicity	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
White, Non-Hispanic	1,667	6,668,532	25.00	26.60
Black, Non-Hispanic	349	2,320,112	15.04	15.20
American Indian, Non-Hispanic	55	124,642	44.13	47.10
Other, Non-Hispanic	15	348,968	4.30	3.90
Hispanic	62	1,025,830	6.04	6.50
North Carolina Total	2,148	10,488,084	20.48	21.20

Source: N.C. Center for Health Statistics: Personal Communication Matt Avery December 03, 2020

Image 1. North Carolina Newly Diagnosed Chlamydia, Gonorrhea, and Early Syphilis (Primary, Secondary and Early Latent) infections by County of Residence at Time of Diagnosis, Transylvania County (2018-2019)

COUNTY	CHLAMYDIA			GONORRHEA			P. & S. SYPHILIS			E. L. SYPHILIS		
	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar
TRANSYLVANIA	21	22	30	3	13	2	0	1	0	0	0	0

North Carolina Electronic Disease Surveillance System (data as of May 4, 2020).

<https://epi.dph.ncdhhs.gov/cd/stds/figures/vol20no1.pdf>

Image 2. 2019 BRFSS Survey Results: North Carolina Regions Hypertension Screening

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,266	1,674	35.1	33.5-36.8	2,592	64.9	63.2-66.5
Medicaid Region 1	527	204	36.0	31.2-41.2	323	64.0	58.8-68.8
GENDER							
Male	269	99	33.7	27.4-40.8	170	66.3	59.2-72.6
Female	258	105	38.2	31.2-45.7	153	61.8	54.3-68.8
RACE							
Non-Hispanic White	424	169	37.0	31.7-42.7	255	63.0	57.3-68.3
Non-Hispanic Black	42	***	***	***	***	***	***
Other	61	11	14.9	7.4-27.7	50	85.1	72.3-92.6
AGE							
18-44	158	19	13.5	8.2-21.5	139	86.5	78.5-91.8
45-64	183	82	43.5	34.6-53.0	101	56.5	47.0-65.4
65+	177	100	57.8	48.6-66.5	77	42.2	33.5-51.4

Source: N.C. State Center for Health Statistics.

https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region1/_RFHYPE.html

Image 3. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: Myocardial Infarction

	Total Respond. ^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,266	231	4.4	3.8- 5.1	4,035	95.6	94.9-96.2
Medicaid Region 1	525	38	5.1	3.6- 7.3	487	94.9	92.7-96.4
GENDER							
Male	268	20	5.4	3.4- 8.5	248	94.6	91.5-96.6
Female	257	18	4.9	2.9- 8.3	239	95.1	91.7-97.1
RACE							
Non-Hispanic White	422	33	5.5	3.8- 7.9	389	94.5	92.1-96.2
Non-Hispanic Black	42	***	***	***	***	***	***
Other	61	***	***	***	57	96.2	88.7-98.8
AGE							
18-44	158	***	***	***	156	99.6	97.8-99.9
45-64	182	16	7.1	4.1-12.1	166	92.9	87.9-95.9
65+	176	19	9.1	5.5-14.5	157	90.9	85.5-94.5

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region1/CVDINFR4.html>

Image 4. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: Angina or Coronary Heart Disease

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,257	244	4.5	3.9- 5.2	4,013	95.5	94.8-96.1
Medicaid Region 1	524	36	5.9	4.0- 8.7	488	94.1	91.3-96.0
GENDER							
Male	269	23	6.6	4.3-10.1	246	93.4	89.9-95.7
Female	255	13	5.2	2.6-10.3	242	94.8	89.7-97.4
RACE							
Non-Hispanic White	421	34	6.6	4.4- 9.7	387	93.4	90.3-95.6
Non-Hispanic Black	42	***	***	***	***	***	***
Other	61	***	***	***	60	99.1	94.1-99.9
AGE							
18-44	158	***	***	***	158	100	- - -
45-64	182	11	5.5	2.9-10.4	171	94.5	89.6-97.1
65+	175	24	14.2	8.7-22.4	151	85.8	77.6-91.3

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region1/CVDCRHD4.html>

Image 5. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: History of Any Cardiovascular Disease

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,250	495	9.7	8.8-10.8	3,755	90.3	89.2-91.2
Medicaid Region 1	524	71	11.3	8.6-14.6	453	88.7	85.4-91.4
GENDER							
Male	268	32	9.1	6.2-13.0	236	90.9	87.0-93.8
Female	256	39	13.3	9.3-18.7	217	86.7	81.3-90.7
RACE							
Non-Hispanic White	421	62	12.0	9.1-15.7	359	88.0	84.3-90.9
Non-Hispanic Black	42	***	***	***	***	***	***
Other	61	***	***	***	56	94.1	84.5-97.9
AGE							
18-44	158	***	***	***	155	99.2	97.0-99.8
45-64	182	26	12.5	8.2-18.4	156	87.5	81.6-91.8
65+	175	41	24.1	17.2-32.8	134	75.9	67.2-82.8

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region1/cvdhist.html>

Image 6. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: Asthma

	Total Respond.^						
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,280	570	13.1	12.0-14.3	3,710	86.9	85.7-88.0
Medicaid Region 1	526	73	13.0	10.2-16.5	453	87.0	83.5-89.8
GENDER							
Male	269	26	9.2	6.0-13.9	243	90.8	86.1-94.0
Female	257	47	16.5	12.2-22.0	210	83.5	78.0-87.8
RACE							
Non-Hispanic White	423	63	13.4	10.3-17.2	360	86.6	82.8-89.7
Non-Hispanic Black	42	***	***	***	***	***	***
Other	61	***	***	***	***	***	***
AGE							
18-44	158	26	15.2	10.1-22.2	132	84.8	77.8-89.9
45-64	183	32	15.1	10.4-21.6	151	84.9	78.4-89.6
65+	176	15	8.3	4.8-13.9	161	91.7	86.1-95.2

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region1/ASTHMA3.html>

Image 7. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: Depressive Disorder

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,267	922	21.6	20.1-23.1	3,345	78.4	76.9-79.9
Medicaid Region 1	525	123	25.4	21.1-30.2	402	74.6	69.8-78.9
GENDER							
Male	268	39	17.1	12.1-23.5	229	82.9	76.5-87.9
Female	257	84	33.0	26.6-40.3	173	67.0	59.7-73.4
RACE							
Non-Hispanic White	422	103	26.2	21.6-31.5	319	73.8	68.5-78.4
Non-Hispanic Black	42	***	***	***	***	***	***
Other	61	***	***	***	***	***	***
AGE							
18-44	158	39	27.8	20.4-36.6	119	72.2	63.4-79.6
45-64	183	47	27.3	20.0-36.1	136	72.7	63.9-80.0
65+	175	36	20.8	14.4-29.0	139	79.2	71.0-85.6

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region1/ADDEPEV3.html>

Image 8. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions Lung Diseases

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,274	362	7.8	6.9- 8.7	3,912	92.2	91.3-93.1
Medicaid Region 1	526	43	8.5	5.9-12.0	483	91.5	88.0-94.1
GENDER							
Male	269	14	5.0	2.7- 9.1	255	95.0	90.9-97.3
Female	257	29	11.7	7.5-17.7	228	88.3	82.3-92.5
RACE							
Non-Hispanic White	423	40	9.2	6.4-13.2	383	90.8	86.8-93.6
Non-Hispanic Black	42	***	***	***	***	***	***
Other	61	***	***	***	59	96.8	87.6-99.3
AGE							
18-44	158	***	***	***	154	97.2	91.6-99.1
45-64	183	16	9.0	5.2-14.9	167	91.0	85.1-94.8
65+	176	23	15.9	9.5-25.4	153	84.1	74.6-90.5

Source: N.C. State Center for Health Statistics.

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region1/chccpd2.html>

Image 9. All Ages: Leading causes of Injury Death, Hospitalization, and Emergency Visits by County, Transylvania County (2010-2013)

Leading Causes of Injury Death All Ages: 2010 to 2013 TRANSYLVANIA			Leading Causes of Injury Hospitalization** All Ages: 2010 to 2013 TRANSYLVANIA			Leading Causes of Injury ED Visits** All Ages: 2010 to 2013 TRANSYLVANIA		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning, Unintentional	24	1	Fall, Unintentional	511	1	Fall, Unintentional	4,589
2	Fall, Unintentional	23	2	Unspecified, Unintentional	114	2	Struck, Unintentional	1,748
	MVT, Unintentional	14		Poisoning, Self inflicted; MVT, Unintentional	83		Unspecified, Unintentional	1,363
3			3			3		
4	Firearm, Self inflicted	13	4	Poisoning, Unintentional	55	4	Overexertion, Unintentional	1,229
5	Poisoning, Self inflicted	8	5	Other spec/class, Unintentional	51	5	MVT, Unintentional	1,140
	Other	27		Other	189		Other	3,709
TOTAL		109	TOTAL		1,086	TOTAL		13,778

Source: N.C. Injury & Violence Prevention Branch.

<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAllAges-2010-2013c.pdf>

Image 10. Ages 0-18: Leading Causes of Injury Death, Hospitalization and ED Visits by County, Transylvania County (2010-2013)

Leading Causes of Injury Death Ages 0-18: 2010 to 2013 TRANSYLVANIA			Leading Causes of Injury Hospitalization** Ages 0-18: 2010 to 2013 TRANSYLVANIA			Leading Causes of Injury ED Visits** Ages 0-18: 2010 to 2013 TRANSYLVANIA		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning, Assault; Natural/Environ,	1	1	Fall, Unintentional	6	1	Fall, Unintentional	790
2			2	Poisoning, Self inflicted	5	2	Struck, Unintentional	769
				Other spec/notclass, Unintentional; MVT, Unintentional	4		Overexertion, Unintentional	251
3			3			3		
4			4	Transport,other, Unintentional	3	4	Natural/Environ, Unintentional	198
				Struck, Unintentional; Poisoning, Undetermined; Other spec/class,	2		Cut/pierce, Unintentional	191
5			5	Assault	7	5		
	Other	0		Other	7		Other	844
TOTAL		3	TOTAL		35	TOTAL		3,043

Source: N.C. Injury & Violence Prevention Branch.

<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAges-0-18-2010-2013.pdf>

Image 11. Ages 19-34: Leading Causes of Injury Death, Hospitalization and ED Visits by County, Transylvania County (2010-2013)

Leading Causes of Injury Death Ages 19-34: 2010 to 2013 TRANSYLVANIA			Leading Causes of Injury Hospitalization** Ages 19-34: 2010 to 2013 TRANSYLVANIA			Leading Causes of Injury ED Visits** Ages 19-34: 2010 to 2013 TRANSYLVANIA		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning, Unintentional	8	1	Poisoning, Self inflicted	23	1	Fall, Unintentional	492
2	Firearm, Self inflicted	3	2	MVT, Unintentional	20	2	MVT, Unintentional	379
3	MVT, Unintentional	2	3	Poisoning, Undetermined	12	3	Overexertion, Unintentional	370
4	Poisoning, Self inflicted;	1	4	Poisoning, Unintentional	5	4	Struck, Unintentional	353
				Unspecified, Unintentional; Other	4		Unspecified, Unintentional	313
				spec/notclass, Unintentional;				
				Natural/Environ, Unintentional				
5	Other	0	5	Other	25	5	Other	963
TOTAL		18	TOTAL		97	TOTAL		2,870

Source: N.C. Injury & Violence Prevention Branch.

<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAges-19-34-2010-2013.pdf>

Image 12. Ages 35-64: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Transylvania County (2010-2013)

Leading Causes of Injury Death Ages 35-64: 2010 to 2013 TRANSYLVANIA			Leading Causes of Injury Hospitalization** Ages 35-64: 2010 to 2013 TRANSYLVANIA			Leading Causes of Injury ED Visits** Ages 35-64: 2010 to 2013 TRANSYLVANIA		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning, Unintentional	13	1	Fall, Unintentional	84	1	Fall, Unintentional	1,271
2	Firearm, Self inflicted	8	2	Poisoning, Self inflicted	47	2	Unspecified, Unintentional	528
3	Poisoning, Self inflicted; MVT,	6	3	MVT, Unintentional	34	3	Overexertion, Unintentional	455
4	Suffocation, Unintentional; Fire/Burn,	2	4	Poisoning, Unintentional	33	4	Struck, Unintentional	414
	Unspecified, Unintentional;	1		Unspecified, Unintentional	27		MVT, Unintentional	405
	Suffocation, Self inflicted; Drowning,							
5	Unintentional		5	Other	104	5	Other	1,286
	Other	0						
TOTAL		42	TOTAL		329	TOTAL		4,359

Source: N.C. Injury & Violence Prevention Branch.

<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAges-35-64-2010-2013.pdf>

Image 13. Ages 65+: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visit by County, Transylvania County (2010-2013).

Leading Causes of Injury Death Ages 65+: 2010 to 2013 TRANSYLVANIA			Leading Causes of Injury Hospitalization** Ages 65+: 2010 to 2013 TRANSYLVANIA			Leading Causes of Injury ED Visits** Ages 65+: 2010 to 2013 TRANSYLVANIA		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Fall, Unintentional	21	1	Fall, Unintentional	418	1	Fall, Unintentional	2,006
2	MVT, Unintentional	6	2	Unspecified, Unintentional	82	2	Unspecified, Unintentional	356
3	Unspecified, Unintentional	5	3	Other spec/class, Unintentional	26	3	Struck, Unintentional	171
4	Poisoning, Unintentional; Firearm, Suffocation, Self inflicted; Poisoning, Self inflicted; Other spec/class, Unintentional; Other land transport, Unintentional; Machinery, Unintentional; Cut/pierce, Unintentional; Cut/pierce, Assault	1	4	MVT, Unintentional	24	4	Cut/pierce, Unintentional	154
5	Other	0		Poisoning, Unintentional	16		MVT, Unintentional	141
			5	Other	54	5	Other	452
TOTAL		45	TOTAL		620	TOTAL		3,280

Source: N.C. Injury & Violence Prevention Branch.

<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAges-65Plus-2010-2013.pdf>

References

- N.C. Bureau of Investigation (2018). Crime Rate per 100,000 persons. Retrieved from <http://ncsbi.gov/Services/SBI-Statistics/SBI-Uniform-Crime-Reports/2018-Annual-Summary.aspx>
- N.C. Center for Health Statistics. (2020). Age-Adjusted Other Unintentional Injuries Death Rates per 100,000 Residents for Transylvania, and North Carolina, 2019 and 2015-2019. Personal communication Zachary P. Schafer December 14, 2020.
- N.C. Center for State Health Statistics. (2020). Age-Adjusted Unintentional Motor Vehicle Injury Death Rates per 100,000 Residents for Transylvania and North Carolina 2019 and 2015-2019. Personal communication Zachary P. Schafer December 14, 2020.
- N.C. Center for State Health Statistics. (2020). Poisoning Mortality Rates (per 100,000) by Race/Ethnicity 2019 North Carolina Resident Deaths. Personal communication Matt Avery December 03, 2020.
- N.C. Center for State Health Statistics. (2020). Poisoning Mortality Rates (per 100,000) by Sex 2019 North Carolina Resident Deaths. Personal communication Matt Avery December 03, 2020.
- N.C. Center for State Health Statistics. (2020). Poisoning Mortality Rates (per 100,000) 2015-2019 North Carolina Resident Deaths. Personal communication Matt Avery December 03, 2020.
- N.C. Center for State Health Statistics. (2020). BRFSS Survey Results: North Carolina Regions Hypertension Screening. Retrieved from <https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region1/ RFHYPE.html>
- N.C. Center for State Health Statistics. (2020). Suicide Death Rates per 100,000 Residents. Personal communication Zachary P. Schafer December 14, 2020
- N.C. Electronic Disease Surveillance System. (2018-2019). North Carolina Newly Diagnosed Chlamydia, Gonorrhea, and Early Syphilis (Primary, secondary and Early Latent) Infections by County of Residence Time of Diagnosis. <https://epi.dph.ncdhhs.gov/cd/stds/figures/vol20no1.pdf>
- N.C. Injury & Violence Prevention Branch. (2010-2013). Ages 0-18: Leading causes of Injury death, Hospitalization and ED Visits by County (2010-2013). Retrieved from <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAges-0-18-2010-2013.pdf>
- N.C. Injury & Violence Prevention Branch. (2010-2013). Ages 19-34: Leading causes of injury death, Hospitalization and ED Visits by County, (2010-2013). Retrieved from <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAges-19-34-2010-2013.pdf>
- N.C. Injury & Violence Prevention Branch. (2010-2013). Ages 35-64: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County. Retrieved from <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAges-35-64-2010-2013.pdf>
- N.C. Injury & Violence Prevention Branch. (2010-2013). All Ages: Leading causes of Injury Death, Hospitalization, and Emergency Visits by County. Retrieved from <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAllAges-2010-2013c.pdf>

N.C. Public Schools (2019-2016). ACT Report. Retrieved from <https://ncreports.ondemand.sas.com/src/?county=Transylvania>

N.C. Public Schools (2019-2016). SAT Report. Retrieved from <https://ncreports.ondemand.sas.com/src/?county=Transylvania>

N.C. State Center for Health Statistics (2012-2016). Cancer Incidence Rates per 100,000 for Transylvania County and North Carolina. Retrieved from <https://schs.dph.ncdhhs.gov/data/databook/CD13A%20leadingcancers.xlsx>

N.C. State Center for Health Statistics (2014-2018). Age-Adjusted Death Rates for Transylvania County. Retrieved from <https://schs.dph.ncdhhs.gov/data/databook/>

N.C. State Center for Health Statistics (2014-2018). Pregnancy Rates per 1,000 Population, by Race/Ethnicity for Females Ages 15-19. Retrieved from <https://schs.dph.ncdhhs.gov/data/databook/CD2B%20preg%20rates%201519.rtf>

N.C. State Center for Health Statistics (2018). Low Birth Weight. Retrieved from <https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/transylvania.html>

N.C. State Center for Health Statistics. (2014-2018). Transylvania County Live Births by Sex. Retrieved from <https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/transylvania.html>

N.C. State Center for Health Statistics. (2014-2018). Fertility Rate for Females 15-19. Retrieved from <https://schs.dph.ncdhhs.gov/data/databook/>

N.C. State Center for Health Statistics. (2014-2018). Fetal Death Rates per 1000 Deliveries. Retrieved from <https://schs.dph.ncdhhs.gov/data/databook/>

N.C. State Center for Health Statistics. (2014-2018). Infant Deaths per 1,000 Live Births. Retrieved from <https://schs.dph.ncdhhs.gov/data/databook/>

N.C. State Center for Health Statistics. (2014-2018). Neonatal (<28 Days) Death Rates per 1000 Live Births. Retrieved from <https://schs.dph.ncdhhs.gov/data/databook/>

N.C. State Center for Health Statistics. (2020). 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: myocardial infarction. Retrieved from <https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region1/CVDINFR4.html>

N.C. State Center for Health Statistics. (2020). 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: angina or coronary heart disease. Retrieved from <https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region1/CVDCRHD4.html>

N.C. State Center for Health Statistics. (2020). 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: History of any cardiovascular disease. Retrieved from <https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region1/cvdhist.html>

N.C. State Center for Health Statistics. (2020). 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: Ever told) you had asthma. Retrieved from <https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region1/ASTHMA3.html>

N.C. State Center for Health Statistics. (2020). 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? Retrieved from <https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region1/ADDEPEV3.html>

N.C. State Center for Health Statistics. (2020). 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions (Ever told) you have (COPD) chronic obstructive pulmonary disease, emphysema or chronic bronchitis? Retrieved from <https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region1/chccopd2.html>

- N.C. State Center for Health Statistics. (2018). Live Births. Retrieved from <https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/transylvania.html>
- U.S. Census Bureau (2019). Age Distribution, Transylvania County-ACS Demographic and Housing Estimates. Retrieved from <https://data.census.gov/cedsci/table?q=transylvania%20county%20north%20carolina%20housing%20and%20demographics&g=0400000US37&tid=ACSDP5Y2019.DP05&hidePreview=false>
- U.S. Census Bureau (2019). Educational Attainment ACS (2019). Retrieved from <https://data.census.gov/cedsci/table?q=transylvania%20county%20north%20carolina%20educational%20attainment&g=0400000US37&tid=ACSST5Y2019.S1501&hidePreview=false>
- U.S. Census Bureau (2019). Financial Characteristics for Housing units without a Mortgage. Retrieved from https://data.census.gov/cedsci/table?text=S2507&g=0400000US37_0500000US37175&tid=ACSST5Y2019.S2507&hidePreview=true
- U.S. Census Bureau (2019). Hispanic or Latino Origin. Retrieved from <https://data.census.gov/cedsci/table?q=transylvania%20county%20north%20carolina%20housing%20and%20demographics&g=0400000US37&tid=ACSDP5Y2019.DP05&hidePreview=false>
- U.S. Census Bureau (2019). Income per Household in the past 12 Months (in 2019 Inflation-Adjusted Dollars). Retrieved from <https://data.census.gov/cedsci/table?q=transylvania%20county%20north%20carolina%20income%20&g=0500000US37175&tid=ACSST5Y2019.S1901&hidePreview=true&moe=false>
- U.S. Census Bureau (2019). Limited English-Speaking Households in Transylvania County. Retrieved from <https://data.census.gov/cedsci/table?q=S1602&g=0500000US37175&tid=ACSST5Y2019.S1602&hidePreview=true>
- U.S. Census Bureau (2019). Means of Transportation in Transylvania County by Age and Sex. Retrieved from <https://data.census.gov/cedsci/table?text=S0802&g=0500000US37175&tid=ACSST5Y2019.S0802&hidePreview=true>
- U.S. Census Bureau (2019). Percent Owner-Occupied units with a Mortgage. Retrieved from <https://data.census.gov/cedsci/table?q=transylvania%20county%20north%20carolina%20percent%20owner%20occupied%20units%20with%20mortgage&g=0400000US37&tid=ACSST5Y2019.S2506&hidePreview=true>
- U.S. Census Bureau (2019). Poverty Status in the past 12 months disaggregated by age. Retrieved from <https://data.census.gov/cedsci/table?q=Transylvania%20county%20north%20carolina%20poverty&g=0500000US37175&tid=ACSST5Y2019.S1701&hidePreview=true>
- U.S. Census Bureau (2019). Transylvania County. Census QuickFacts Estimate. Retrieved from <https://www.census.gov/quickfacts/fact/table/transylvaniacountynorthcarolina/PST045219>

U.S. Census Bureau. (2019). Veterans by Sex- ACS Demographic and Housing Estimates.

Retrieved from

<https://data.census.gov/cedsci/table?text=veteran%20status&g=0500000US37175&tid=ACSST5Y2019.S2101&moe=false&hidePreview=true>

Table 1. HNC 2030 County Level Population Health Indicators- Transylvania County-Medicaid Region 1 (BRFSS Only)																	
January 2021																	
#	Short Title	2030 Target	Data Year	Total	W	B/AA	H/LX	O	A/PI	AI	M	F	<200%	200-399%	400% +	Source See Table 2	
1	Poverty	27%	2015-2019	14.3%	13.1%	29.6%	37.8%	31.5%	0.0%/0.0%	0.0%	13.6%	14.9%				American Community Survey	
2	Unemployment	±	2015-2019	5.9%	5.3%	17.4%	2.8%	7.3%	0.0%/-	0.0%	6.1%	5.1%				American Community Survey	
3	Short Term Suspensions	.80	2018-2019	Requested from DPI – will send it when available.													NC DPI
4	Incarceration Rate	150	2018-2019	41	36	4		1			31	10				US Bureau of Justice Statistics	
5	Adverse Childhood Experiences	18.0%	2019	Only State Level Data Available from HRSA Survey													HRSA: Children’s National Health Survey
6	Third Grade Reading Proficiency	80%	2018-2019	Requested from DPI – will send when it is available.													NC DPI
7	Access to Exercise Opportunities	92%	2018	See the original data source listed in the table below for updates. Rankings cannot be used for comparisons between years. Consider this data to be relative only within the specified time period between the assessed communities. No meaningful comparisons can be made between years.													CHR – Delorme, ESRI, US Census Tiger line files
8	Limited Access to Healthy Foods	5%	2015														CHR - USDA
9	Severe Housing Problems	14.0%	2018														CHR - CHAS
10	Drug Overdose Deaths	18	2019	18.8												NC SCHS	
11	Tobacco Use - Youth	9.0%	2019	Requested data- will send when available													NC YTS
11	Tobacco Use - Adult	15.0%	2019	31.0%	32.4%	***		***			32.2%	29.9%				BRFSS/NC SCHS	
12	Excessive Drinking	12.0%	2019	12.3%	11.9%	***		***			13.3%	11.3%				BRFSS/NC SCHS	
13	Sugar-Sweetened Beverage Consumption - Youth	17.0%	2019	Requested from DPI – will send it when available.													NC DPI _YBRS

Table 1. HNC 2030 County Level Population Health Indicators- Transylvania County-Medicaid Region 1 (BRFSS Only)**January 2021**

#	Short Title	2030 Target	Data Year	Total	W	B/AA	H/LX	O	A/PI	AI	M	F	<200%	200-399%	400% +	Source See Table 2
13	Sugar-Sweetened Beverage Consumption - Adult	20.0%	2019	39.6%	38.5%	***		***			43.6%	36.0%				BRFSS/NC SCHS
14	HIV Diagnosis Rate	6.0	2019	0.0												
			2017-2019	2.2												
15	Teen Birth Rate	10.0	2019	15.9												NC SCHS
16	Uninsured	8%	2019	16.3%												US Census SAHIE
17	Primary Care Clinicians	‡														Cecil G. Sheps Center
18	Early Prenatal Care	80.0%	2019	82.1%												NC SCHS
19	Suicide Rate	11.1	2019	12.9												NC SCHS
20	Infant Mortality	6.0	2019	11.5												NC SCHS
20	Infant Mortality B/W Disparity Ratio	1.5	2015-2019	0.00	6.1	0.0										NC SCHS
21	Life Expectancy	82.0	2019	80.8	80.7	78.7					77.5	84.3				NC SCHS

* Current indicates the most recent data available.

‡ 2030 Target = Reduce unemployment disparity ratio between white and other population to 1.7 or lower

‡ 2030 Target – 25% decrease for counties above 1:1,500 providers to population

~ Economically Disadvantaged as defined by NC DPI

§ Not Economically Disadvantaged as defined by NC DPI

† Asian only

A Two or more races

B Life expectancy estimates for the Hispanic population are unstable.

*** The estimate was suppressed because it did not meet statistical reliability standards.

Cells highlighted in red may indicate need for targeted interventions.

Table 2. HNC 2030 Data Sources

#	Short Title	URL	Contacts:
1	Poverty	US Census – American Community Survey: https://www.census.gov/topics/income-poverty/poverty.html	Calculated by NC SCHS: Robert Lee Robert.lee@dhhs.nc.gov
2	Unemployment	US Census – American Community Survey: https://www.census.gov/topics/employment.html	Calculated by NC SCHS: Robert Lee Robert.lee@dhhs.nc.gov
3	Short Term Suspensions	NC DPI: https://www.dpi.nc.gov/data-reports/dropout-and-discipline-data/discipline-alp-and-dropout-annual-reports	DPI: Amy Powell Moman Amy.PowellMoman@dpi.nc.gov Calculated by NC SCHS: Dana Sessoms dana.sessoms@dhhs.nc.gov
4	Incarceration Rate	NC DPS: https://files.nc.gov/ncdps/documents/files/2018-2019-ASR_Final.pdf https://webapps.doc.state.nc.us/apps/asqExt/ASQ	NC Department of Public Safety Calculated by NC SCHS: Robert Lee Robert.lee@dhhs.nc.gov
5	Adverse Childhood Experiences	HRSA: https://www.childhealthdata.org/browse/survey/results?q=7915&r=35&g=793	NC SCHS: Robert Lee Robert.lee@dhhs.nc.gov
6	Third Grade Reading Proficiency	NC DPI: https://www.dpi.nc.gov/districts-schools/testing-and-school-accountability/state-tests/end-grade-eog	DPI: Amy Powell Moman Amy.PowellMoman@dpi.nc.gov NC SCHS: Dana Sessoms dana.sessoms@dhhs.nc.gov
7	Access to Exercise Opportunities	CHR: https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/diet-exercise/access-to-exercise-opportunities	NC SCHS: Kathy Dail Kathy.dail@dhhs.nc.gov
8	Limited Access to Healthy Foods	CHR: https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/diet-exercise/limited-access-to-healthy-foods	NC SCHS: Kathy Dail Kathy.dail@dhhs.nc.gov
9	Severe Housing Problems	CHR: https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-transit/severe-housing-problems	NC SCHS: Kathy Dail Kathy.dail@dhhs.nc.gov
10	Drug Overdose Deaths	CDC: https://www.cdc.gov/drugoverdose/data/index.html	NC SCHS: Matt Avery Matt.Avery@dhhs.nc.gov NC DPH: Mary Beth Cox MaryBeth.Cox@dhhs.nc.gov
11	Tobacco Use - Youth	NC Youth Tobacco Survey: https://tobaccopreventionandcontrol.ncdhhs.gov/data/yts/index.htm	NC TPCB: Sally Herndon Sally.herndon@dhhs.nc.gov

Retrieved from the 2020 NC State Health Improvement Plan <https://schs.dph.ncdhhs.gov/units/ldas/hnc.htm>

Table 2. HNC 2030 Data Sources

#	Short Title	URL	Contacts:
11	Tobacco Use - Adult	NC SCHS: https://schs.dph.ncdhs.gov/data/brfss/2019/nc/all/AnyTobUse.html	NC SCHS/BRFSS: James Cassell james.cassell@dhhs.nc.gov
12	Excessive Drinking	NC SCHS: https://schs.dph.ncdhs.gov/data/brfss/2019/nc/all/XDrk.html	NC SCHS/BRFSS: James Cassell james.cassell@dhhs.nc.gov
13	Sugar-Sweetened Beverage Consumption - Youth	CDC/NC DPI: Youth Risk Behavior Surveillance System (YRBS) https://www.cdc.gov/healthyyouth/data/yrbs/index.htm	NC DPI: Les Spell Les.Spell@dpi.nc.gov NC DHHS: Dana Sessoms Dana.sessoms@dhhs.nc.gov
13	Sugar-Sweetened Beverage Consumption - Adult	NC SCHS: https://schs.dph.ncdhs.gov/data/brfss/2019/nc/all/SSBNC2030.html	NC SCHS/BRFSS: James Cassell james.cassell@dhhs.nc.gov
14	HIV Diagnosis Rate	NC DPH EPI: https://epi.dph.ncdhs.gov/cd/stds/figures/hiv19rpt_11302020.pdf	NC DPH EPI: Erika Samoff Erika.samoff@dhhs.nc.gov
15	Teen Birth Rate	NC SCHS: https://schs.dph.ncdhs.gov/interactive/query/preg/cfm	NC SCHS: Matt Avery matt.avery@dhhs.nc.gov
16	Uninsured	US Census – American Community Survey: SAHIE https://www.census.gov/data/tables/2020/demo/health-insurance/p60-271.html	US Census/Kaiser Family Foundation/ NC Justice Center: Nicole Dozier nicole@ncjustice.org
17	Primary Care Clinicians	Sheps Center: https://www.shepscenter.unc.edu/programs-projects/workforce/health-workforce-data-visualization-tools/	Calculated and visualized by UNC Cecil G. Sheps Center: Evan Galloway emg33@live.unc.edu
18	Early Prenatal Care	NC DHHS: https://schs.dph.ncdhs.gov/interactive/query/births/bd_2016andlater.cfm	NC SCHS: Matt Avery matt.avery@dhhs.nc.gov
19	Suicide Rate	NC DHHS: https://schs.dph.ncdhs.gov/data/vital/lcd/2018/suicide.html	NC SCHS: Matt Avery matt.avery@dhhs.nc.gov
20	Infant Mortality	NC DHHS: https://schs.dph.ncdhs.gov/data/vital/ims/2018/2018rpt.html	NC SCHS: Matt Avery matt.avery@dhhs.nc.gov
20	Infant Mortality B/W Disparity Ratio	NC SCHS: https://schs.dph.ncdhs.gov/data/vital/ims/2019/table3b.html	NC SCHS: Matt Avery matt.avery@dhhs.nc.gov
21	Life Expectancy	NC SCHS: https://schs.dph.ncdhs.gov/data/lifexpectancy/	NC SCHS: Matt Avery matt.avery@dhhs.nc.gov

Data Sources: Users are advised to always verify the data they use in reports against the original source of the data. The original source of the data will have the most complete data description and provide contextual information important to the analysis of the data.

Table 1. HNC 2030 State Level Population Health Indicators
January 2021

#	Short Title	2030 Target	Data Year	Total	W	B/AA	H/LX	O	A/PI	AI	M	F	<200%	200-399%	400% +	Source See Table 2	
1	Poverty	27%	2014-2018	35.8%	27.2	49.6%	62.1%	43.5% ^A	29.2%	49.3%	33.7%	37.7%				American Community Survey	
2	Unemployment	±	2014-2018	6.3%	4.9%	10.1%	6.5%	10.3% [†]	4.7%	8.9%	6.1%	6.5%				American Community Survey	
3	Short Term Suspensions	.80	2018-2019	1.50	.074	2.81	.079	1.60	.9 [†]	2.17	1.96	.73				NC DPI	
4	Incarceration Rate	150	2018-2019	231	164	451			20.6	164.2	401.9	69.5				US Bureau of Justice Statistics	
5	Adverse Childhood Experiences	18.0%	2019	15.3%	14.9%	23.2%	8.3%	10.4%	11.1%		15.1%	15.4%				HRSA: Children's National Health Survey	
6	Third Grade Reading Proficiency	80%	2018-2019	56.8%	70.1%	40.8%	42.6%	59.5% ^A	75.6% [†]	44.5%	54.0%	59.8%	42.6% [~]	70.6% ^{\$}		NC DPI	
7	Access to Exercise Opportunities	92%	2018	See the original data source listed in the table below for updates. Rankings cannot be used for comparisons between years. Consider this data to be relative only within the specified time period between the assessed communities. No meaningful comparisons can be made between years.													CHR – Delorme, ESRI, US Census Tiger line files
8	Limited Access to Healthy Foods	5%	2015														CHR - USDA
9	Severe Housing Problems	14.0%	2018														CHR - CHAS
10	Drug Overdose Deaths	18	2019	21.2	26.6	15.2	6.5	3.9		47.1	30.0	12.7				NC SCHS	
11	Tobacco Use - Youth	9.0%	2019	18.85%	19.4%	16.85%	19.4%	18.9%			20.15%	17.35%				NC YTS	
11	Tobacco Use - Adult	15.0%	2019	22.9%	24%	23.5%	11.3%	24.4%			26.7%	19.4%				BRFSS/NC SCHS	
12	Excessive Drinking	12.0%	2019	15.6%	17%	12.4%	17.4%	9.5%		20.0%	19.3%	12.3%	14.5%	17.6%	21.2%	BRFSS/NC SCHS	
13	Sugar-Sweetened Beverage Consumption - Youth	17.0%	2019	30.1%	33.6%	28.1%	25.2%	20.7%			33.6%	26.6%				NC DPI _YBRS	

Table 1. HNC 2030 State Level Population Health Indicators
January 2021

#	Short Title	2030 Target	Data Year	Total	W	B/AA	H/LX	O	A/PI	AI	M	F	<200%	200-399%	400% +	Source See Table 2	
13	Sugar-Sweetened Beverage Consumption - Adult	20.0%	2019	34.2%	33.7%	36.4%	44.0%				38.4%	32.7%				BRFSS/NC SCHS	
14	HIV Diagnosis Rate	6.0	2019	15.6	5.2	45	21.2		7.0	16.5	26.1	5.3				NC DPH EPIDEMIOLOGY	
15	Teen Birth Rate	10.0	2019	17.8	12	24.6	33.2	6.7		36.3						NC SCHS	
16	Uninsured	8%	2019	11.3%	See the original data source listed in the table below for updates. At the time of preparation some data was not available.												US Census SAHIE
17	Primary Care Clinicians	‡	See the original data source listed in the table below for updates. At the time of preparation some data was not available.														Cecil G. Sheps Center
18	Early Prenatal Care	80.0%	2019	67.5%	74.2%	61%	55.9%	61.2%		66.5%						NC SCHS	
19	Suicide Rate	11.1	2019	12.6	16	6.3	4.9	7.7		7.9	20.3	5.6				NC SCHS	
20	Infant Mortality	6.0	2019	6.80	4.70	12.50	5.60	3.80		12.0	8.0	5.5				NC SCHS	
20	Infant Mortality B/W Disparity Ratio	1.5	2015-2019	2.47	5.1 (29%)	12.6 (71%)										NC SCHS	
21	Life Expectancy	82.0	2019	78.1	78.4	75.5	^B	87.4		75.5	75.86	80.8				NC SCHS	

* Current indicates the most recent data available.

± 2030 Target = Reduce unemployment disparity ratio between white and other population to 1.7 or lower

‡ 2030 Target – 25% decrease for counties above 1:1,500 providers to population

~ Economically Disadvantaged as defined by NC DPI

§ Not Economically Disadvantaged as defined by NC DPI

† Asian only

^A Two or more races

^B Life expectancy estimates for the Hispanic population are unstable.

Cells highlighted in red may indicate need for targeted interventions.

Table 2. HNC 2030 Data Sources

#	Short Title	URL	Contacts:
1	Poverty	US Census – American Community Survey: https://www.census.gov/topics/income-poverty/poverty.html	Calculated by NC SCHS: Robert Lee Robert.lee@dhhs.nc.gov
2	Unemployment	US Census – American Community Survey: https://www.census.gov/topics/employment.html	Calculated by NC SCHS: Robert Lee Robert.lee@dhhs.nc.gov
3	Short Term Suspensions	NC DPI: https://www.dpi.nc.gov/data-reports/dropout-and-discipline-data/discipline-alp-and-dropout-annual-reports	DPI: Amy Powell Moman Amy.PowellMoman@dpi.nc.gov Calculated by NC SCHS: Dana Sessoms dana.sessoms@dhhs.nc.gov
4	Incarceration Rate	NC DPS: https://files.nc.gov/ncdps/documents/files/2018-2019-ASR_Final.pdf https://webapps.doc.state.nc.us/apps/asqExt/ASQ	NC Department of Public Safety Calculated by NC SCHS: Robert Lee Robert.lee@dhhs.nc.gov
5	Adverse Childhood Experiences	HRSA: https://www.childhealthdata.org/browse/survey/results?q=7915&r=35&g=793	NC SCHS: Robert Lee Robert.lee@dhhs.nc.gov
6	Third Grade Reading Proficiency	NC DPI: https://www.dpi.nc.gov/districts-schools/testing-and-school-accountability/state-tests/end-grade-eog	DPI: Amy Powell Moman Amy.PowellMoman@dpi.nc.gov NC SCHS: Dana Sessoms dana.sessoms@dhhs.nc.gov
7	Access to Exercise Opportunities	CHR: https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/diet-exercise/access-to-exercise-opportunities	NC SCHS: Kathy Dail Kathy.dail@dhhs.nc.gov
8	Limited Access to Healthy Foods	CHR: https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/diet-exercise/limited-access-to-healthy-foods	NC SCHS: Kathy Dail Kathy.dail@dhhs.nc.gov
9	Severe Housing Problems	CHR: https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-transit/severe-housing-problems	NC SCHS: Kathy Dail Kathy.dail@dhhs.nc.gov
10	Drug Overdose Deaths	CDC: https://www.cdc.gov/drugoverdose/data/index.html	NC SCHS: Matt Avery Matt.Avery@dhhs.nc.gov NC DPH: Mary Beth Cox MaryBeth.Cox@dhhs.nc.gov
11	Tobacco Use - Youth	NC Youth Tobacco Survey: https://tobaccopreventionandcontrol.ncdhhs.gov/data/yts/index.htm	NC TPCB: Sally Herndon Sally.herndon@dhhs.nc.gov

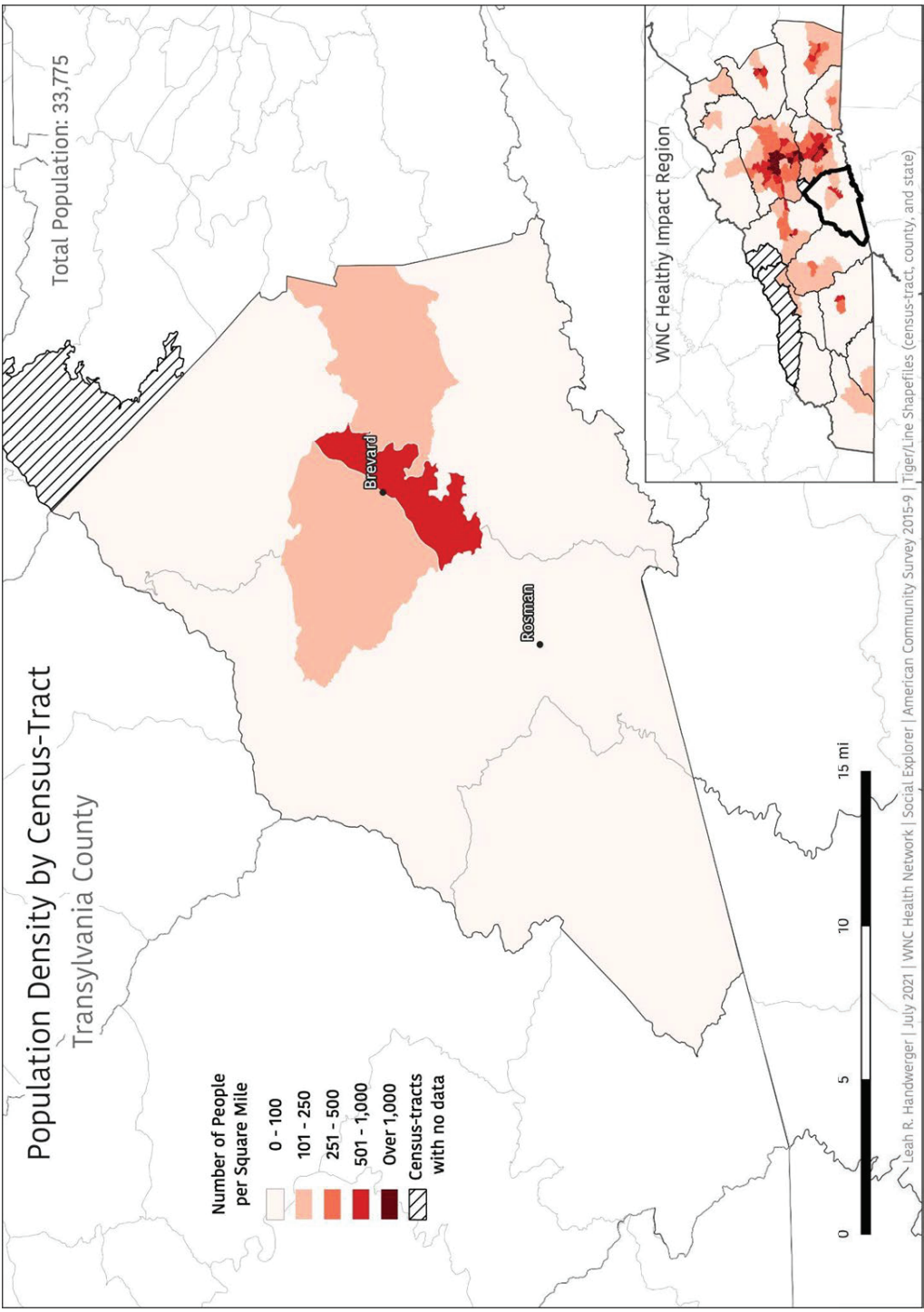
Retrieved from the 2020 NC State Health Improvement Plan <https://schs.dph.ncdhhs.gov/units/ldas/hnc.htm>

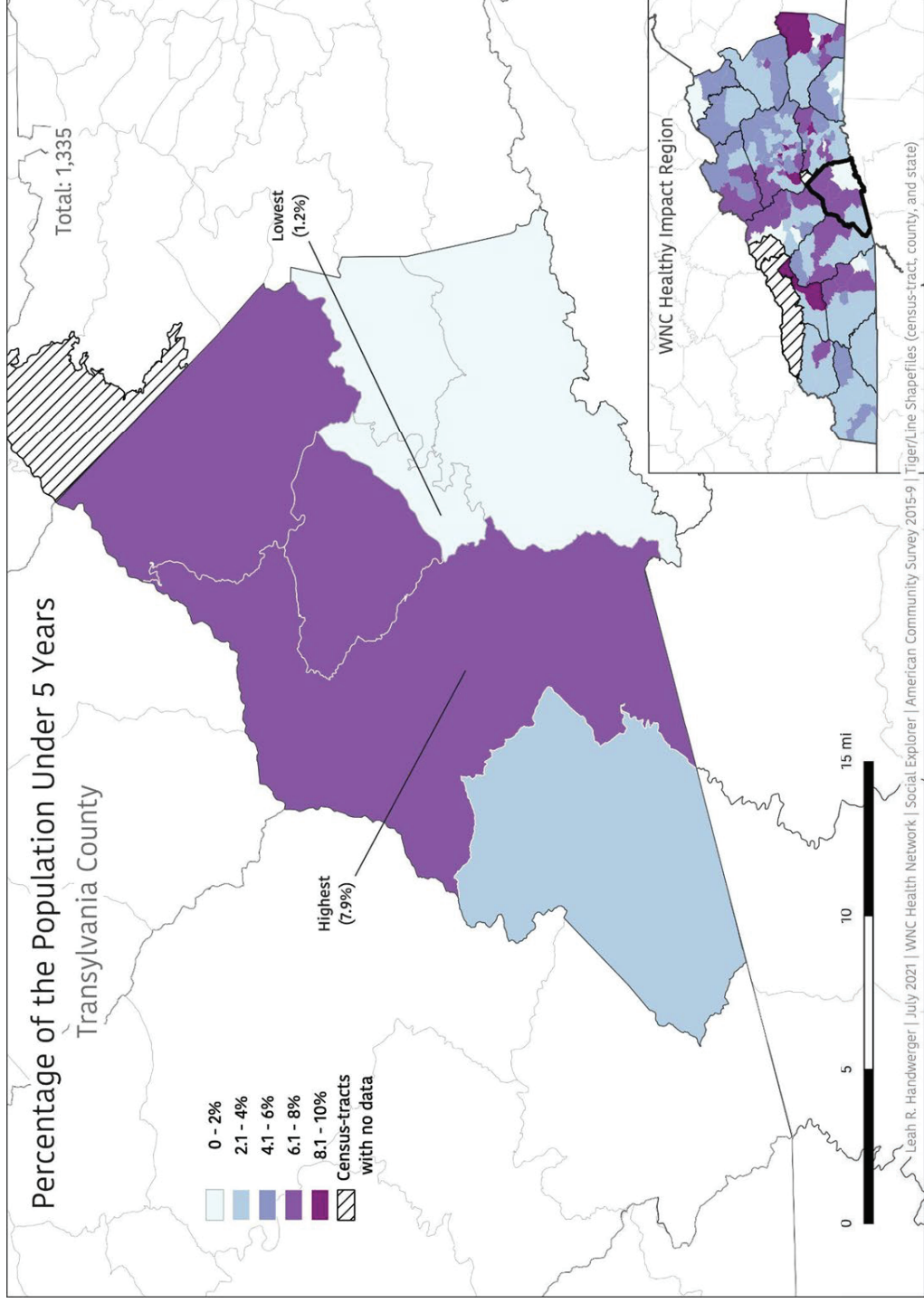
Table 2. HNC 2030 Data Sources

#	Short Title	URL	Contacts:
11	Tobacco Use - Adult	NC SCHS: https://schs.dph.ncdhhs.gov/data/brfss/2019/nc/all/AnyTobUse.html	NC SCHS/BRFSS: James Cassell james.cassell@dhhs.nc.gov
12	Excessive Drinking	NC SCHS: https://schs.dph.ncdhhs.gov/data/brfss/2019/nc/all/XDrk.html	NC SCHS/BRFSS: James Cassell james.cassell@dhhs.nc.gov
13	Sugar-Sweetened Beverage Consumption - Youth	CDC/NC DPI: Youth Risk Behavior Surveillance System (YRBS) https://www.cdc.gov/healthyyouth/data/yrbs/index.htm	NC DPI: Les Spell Les.Spell@dpi.nc.gov NC DHHS: Dana Sessoms Dana.sessoms@dhhs.nc.gov
13	Sugar-Sweetened Beverage Consumption - Adult	NC SCHS: https://schs.dph.ncdhhs.gov/data/brfss/2019/nc/all/SSBNC2030.html	NC SCHS/BRFSS: James Cassell james.cassell@dhhs.nc.gov
14	HIV Diagnosis Rate	NC DPH EPI: https://epi.dph.ncdhhs.gov/cd/stds/figures/hiv19rpt_11302020.pdf	NC DPH EPI: Erika Samoff Erika.samoff@dhhs.nc.gov
15	Teen Birth Rate	NC SCHS: https://schs.dph.ncdhhs.gov/interactive/query/preg/cfm	NC SCHS: Matt Avery matt.avery@dhhs.nc.gov
16	Uninsured	US Census – American Community Survey: SAHIE https://www.census.gov/data/tables/2020/demo/health-insurance/p60-271.html	US Census/Kaiser Family Foundation/ NC Justice Center: Nicole Dozier nicole@ncjustice.org
17	Primary Care Clinicians	Sheps Center: https://www.shepscenter.unc.edu/programs-projects/workforce/health-workforce-data-visualization-tools/	Calculated and visualized by UNC Cecil G. Sheps Center: Evan Galloway emg33@live.unc.edu
18	Early Prenatal Care	NC DHHS: https://schs.dph.ncdhhs.gov/interactive/query/births/bd_2016andlater.cfm	NC SCHS: Matt Avery matt.avery@dhhs.nc.gov
19	Suicide Rate	NC DHHS: https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/suicide.html	NC SCHS: Matt Avery matt.avery@dhhs.nc.gov
20	Infant Mortality	NC DHHS: https://schs.dph.ncdhhs.gov/data/vital/ims/2018/2018rpt.html	NC SCHS: Matt Avery matt.avery@dhhs.nc.gov
20	Infant Mortality B/W Disparity Ratio	NC SCHS: https://schs.dph.ncdhhs.gov/interactive/query/births/bd_2016andlater.cfm	NC SCHS: Matt Avery matt.avery@dhhs.nc.gov
21	Life Expectancy	NC SCHS: https://schs.dph.ncdhhs.gov/data/lifexpectancy/	NC SCHS: Matt Avery matt.avery@dhhs.nc.gov

Data Sources: Users are advised to always verify the data they use in reports against the original source of the data. The original source of the data will have the most complete data description and provide contextual information important to the analysis of the data.

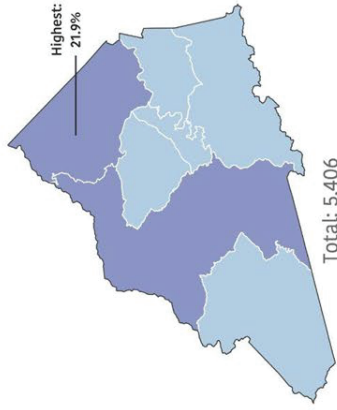
APPENDIX C – COUNTY MAPS



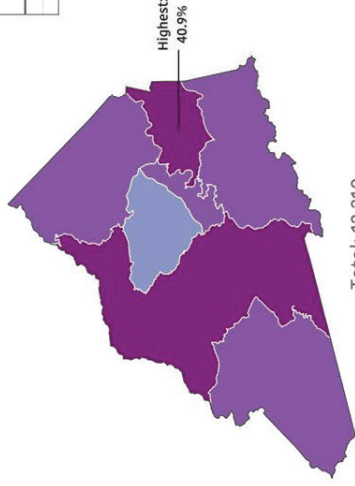


Population Percentages for Selected Age Groups Transylvania County

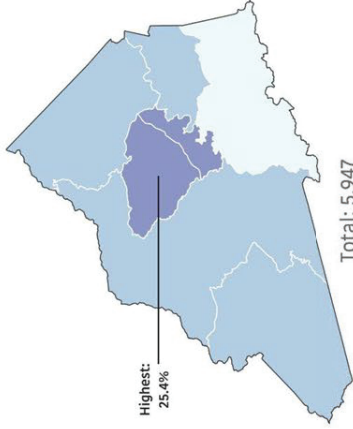
Under 18 Years



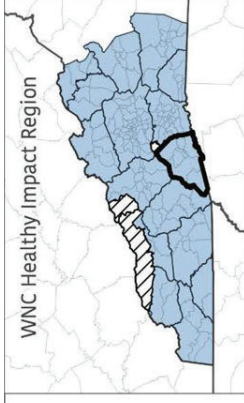
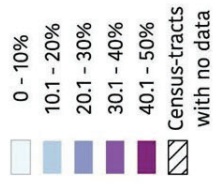
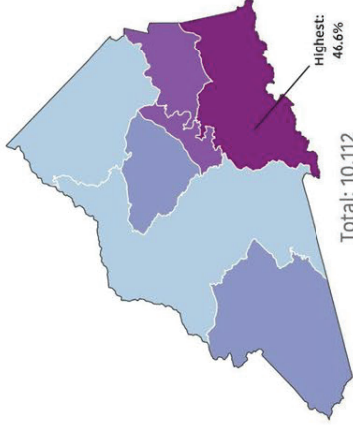
35 to 64 Years

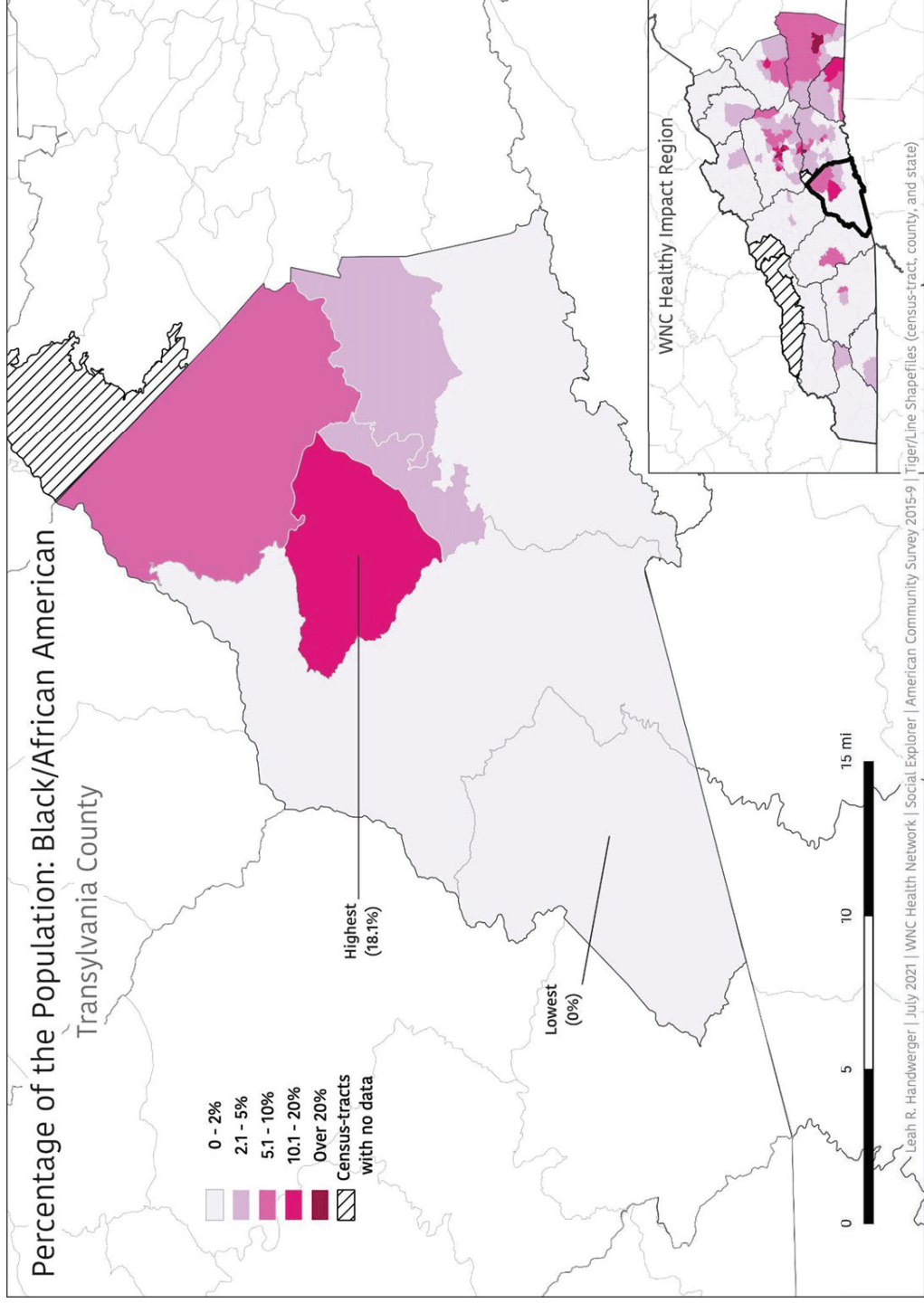


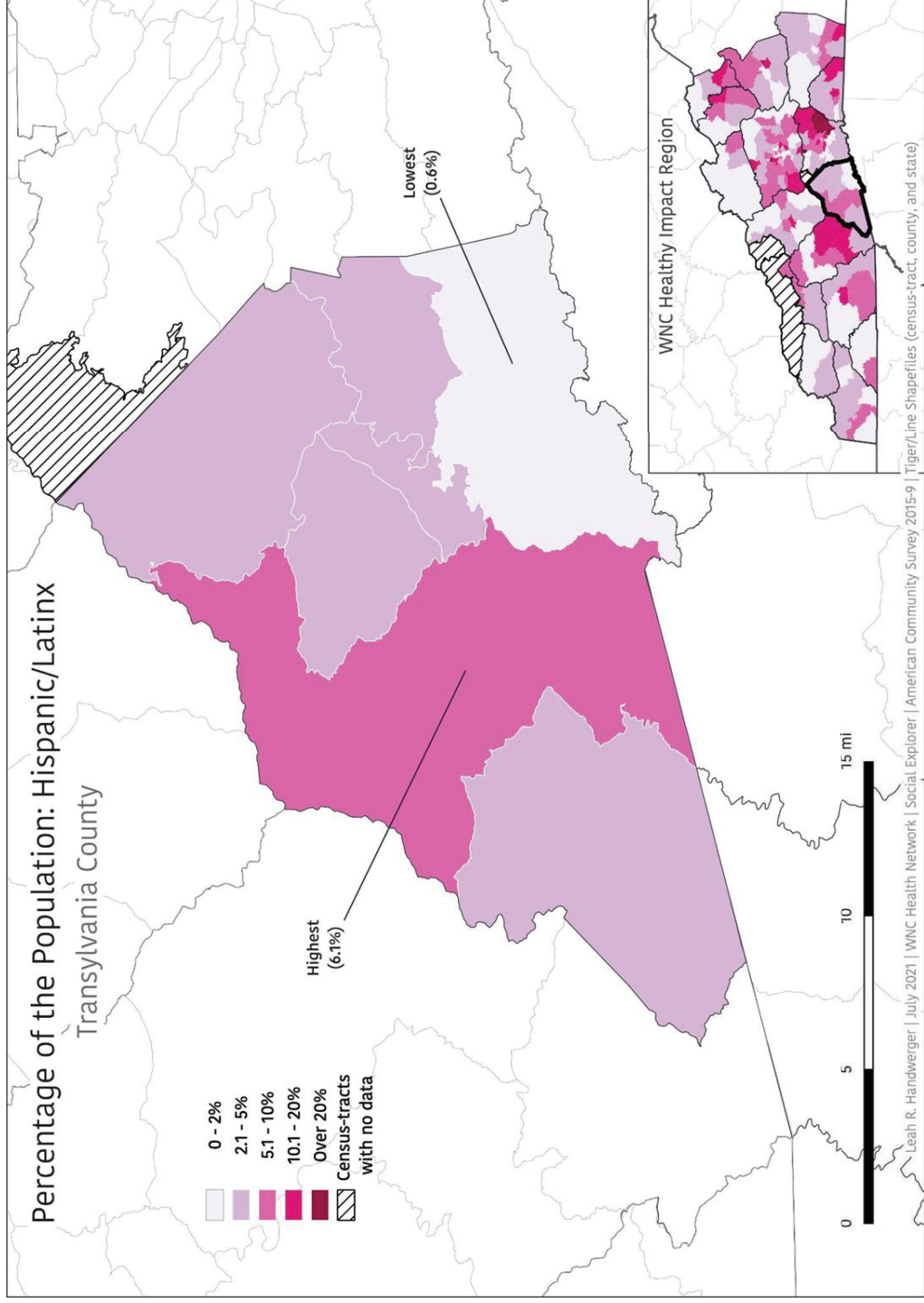
18 to 34 Years

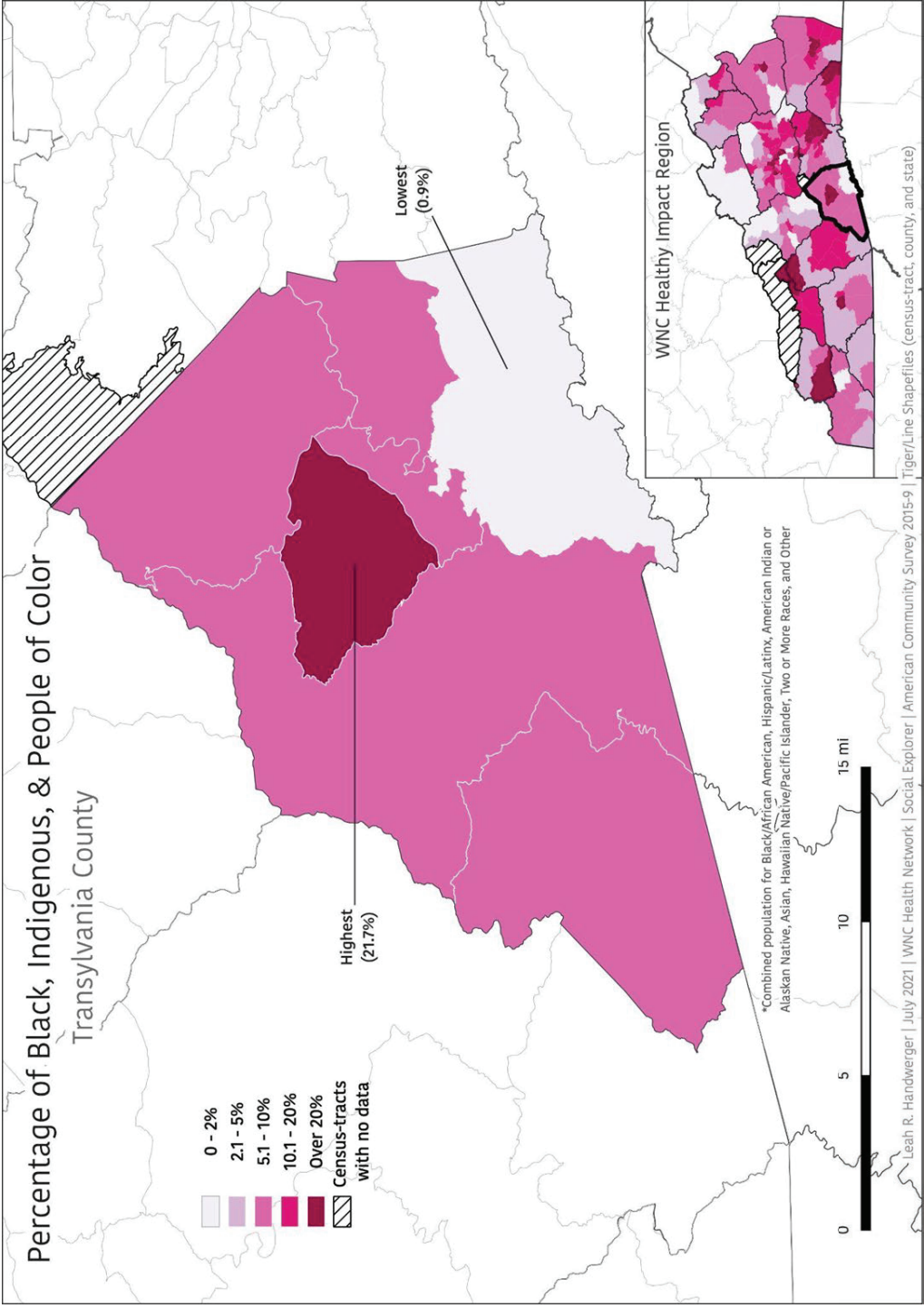


Over 65 Years



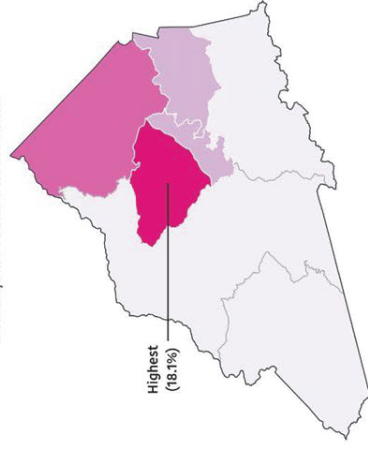




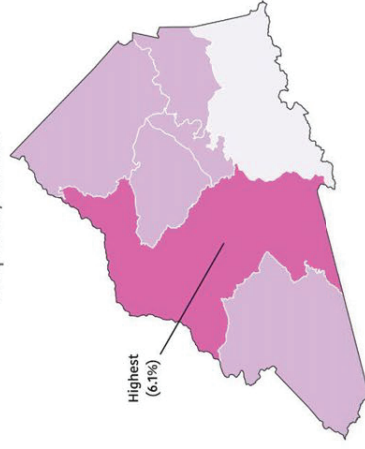


Percentage of Black, Indigenous, & People of Color Transylvania County

Black/African American

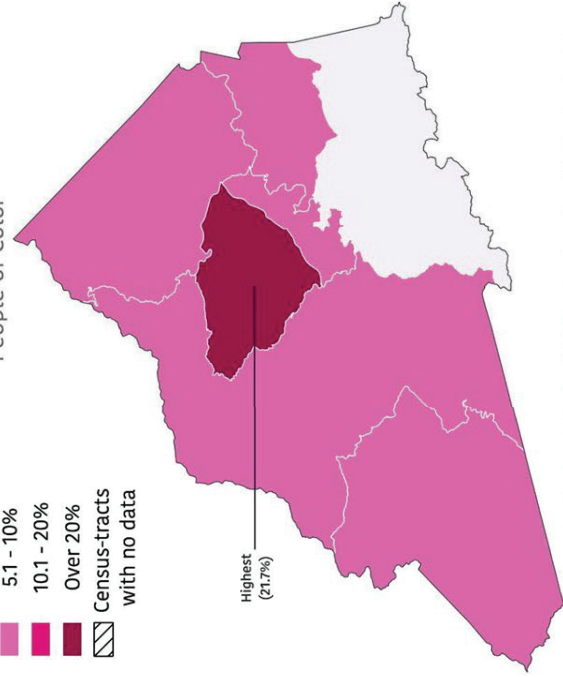


Hispanic/Latinx

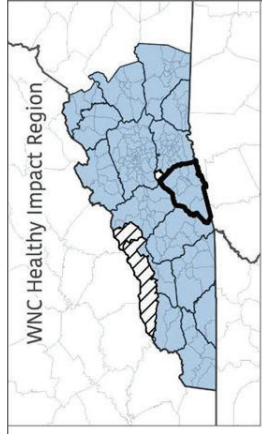


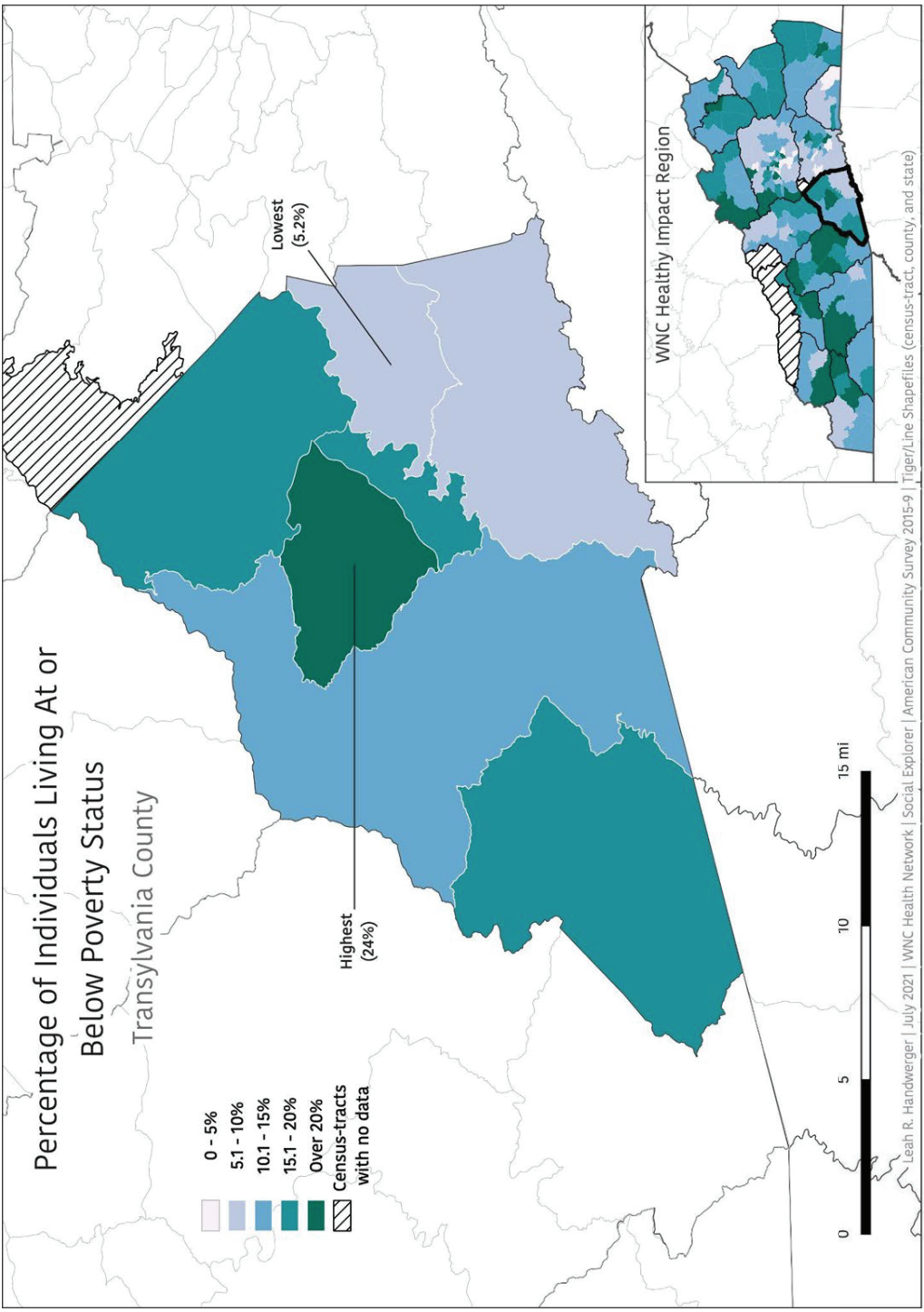
Combined Black, Indigenous, & People of Color

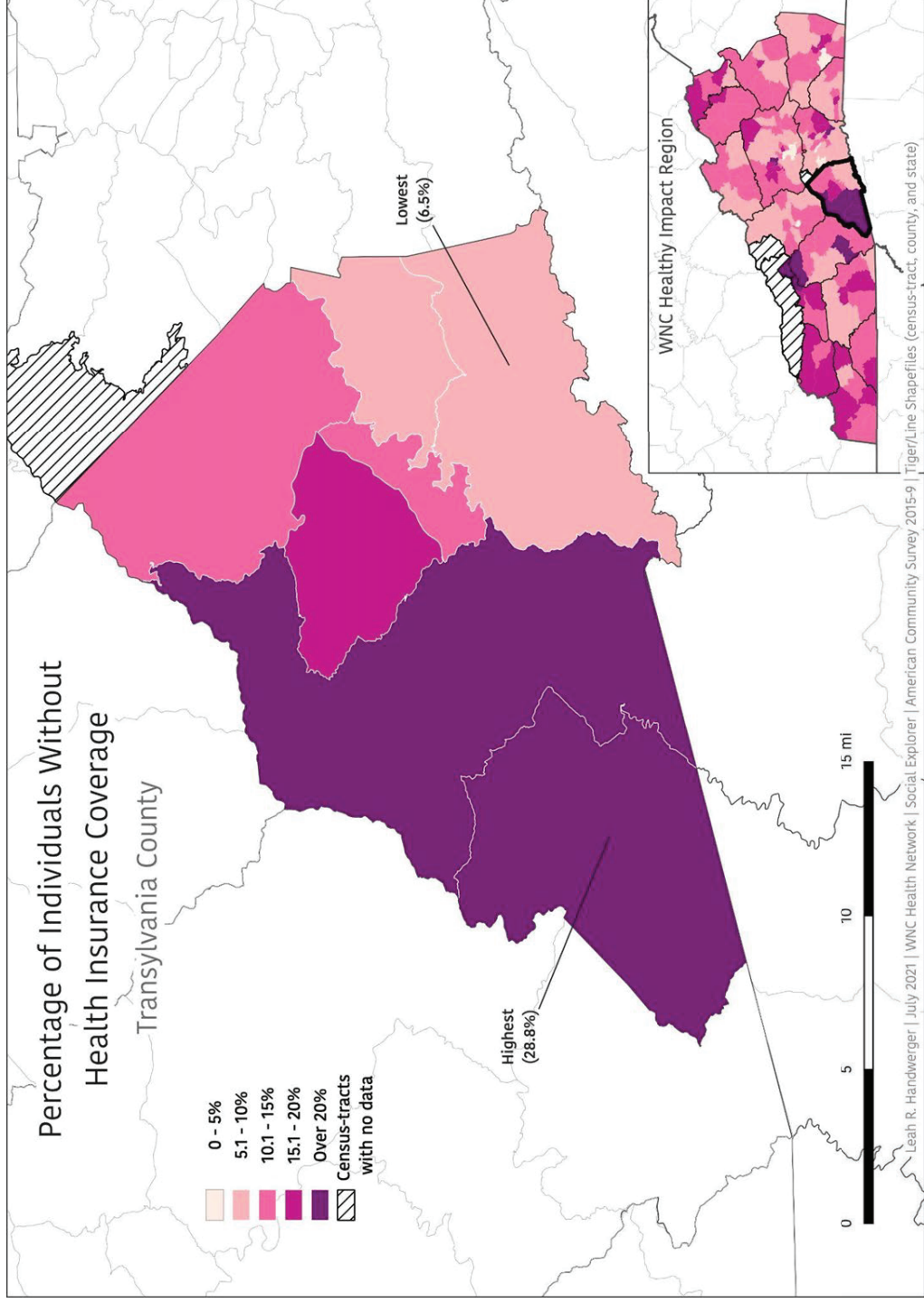
- 0 - 2%
- 2.1 - 5%
- 5.1 - 10%
- 10.1 - 20%
- Over 20%
- Census-tracts with no data

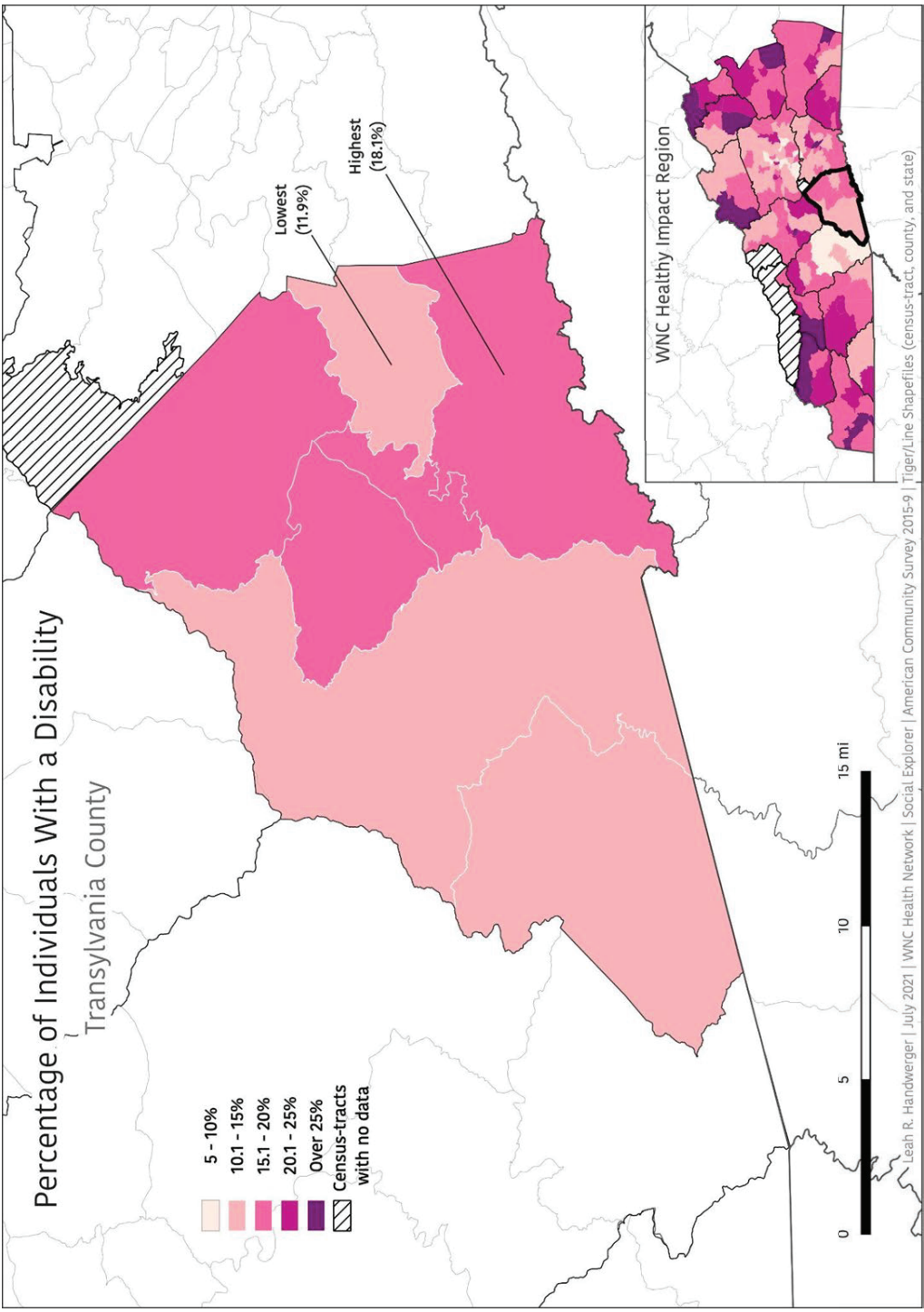


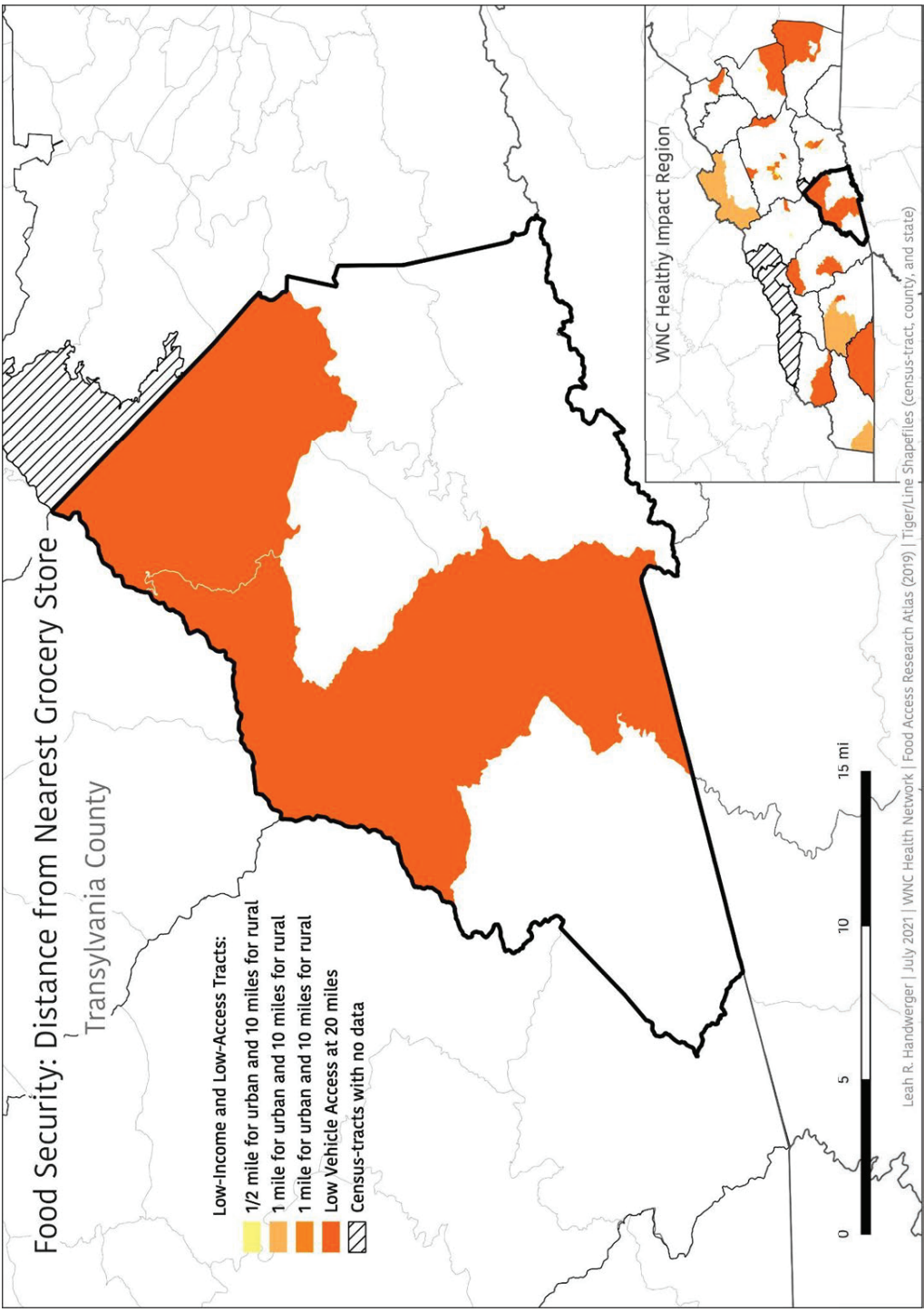
*Combined population for Black/African American, Hispanic/Latinx, American Indian or Alaskan Native, Asian, Hawaiian Native/Pacific Islander, Two or More Races, and Other

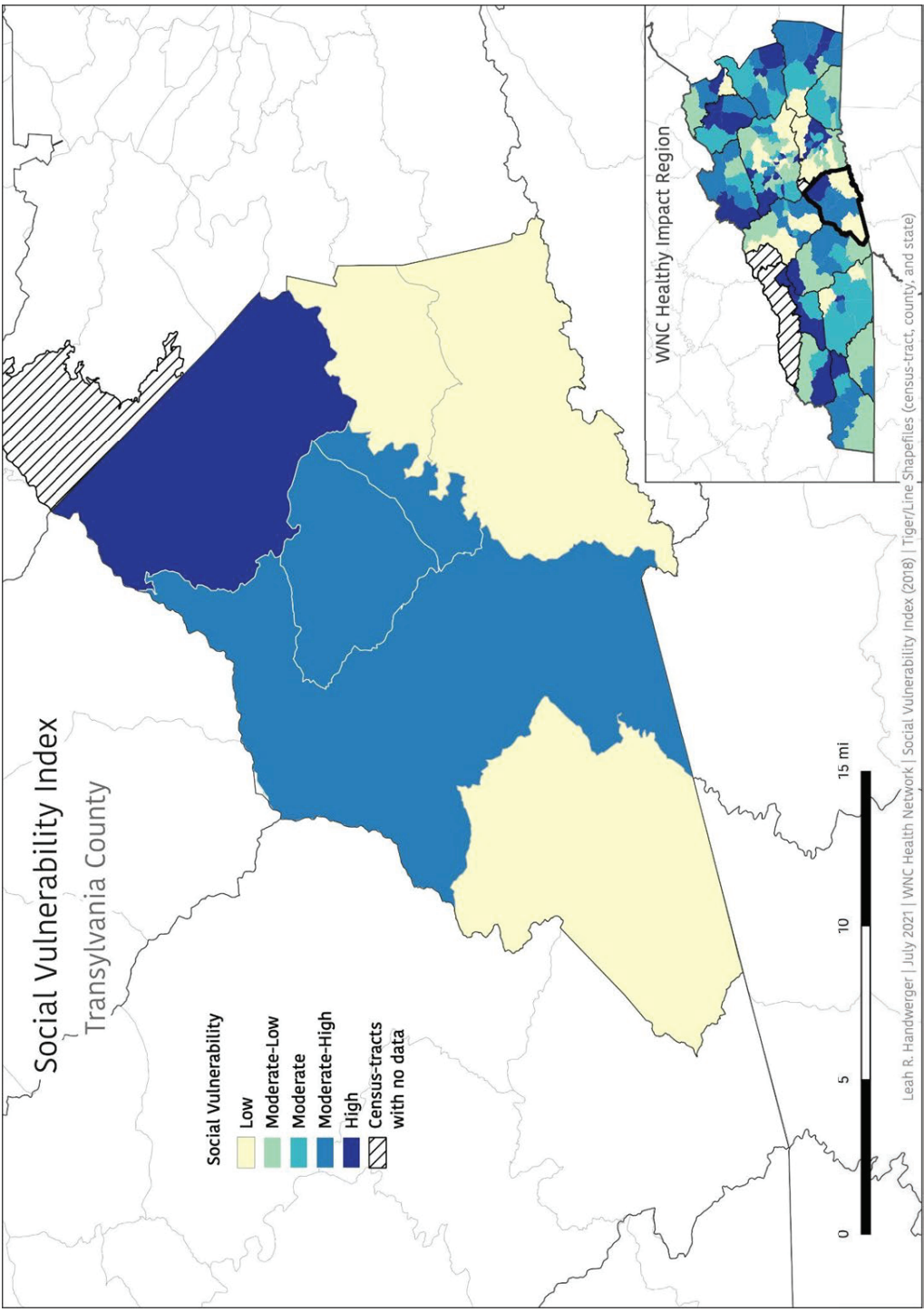






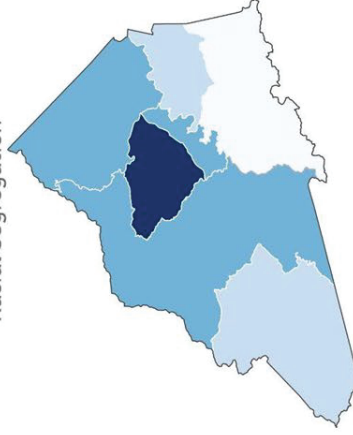




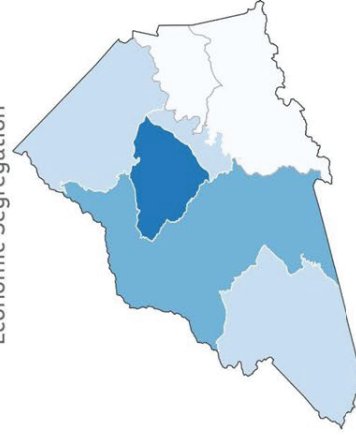


Index of Concentration at the Extremes (ICE) Transylvania County

Racial Segregation

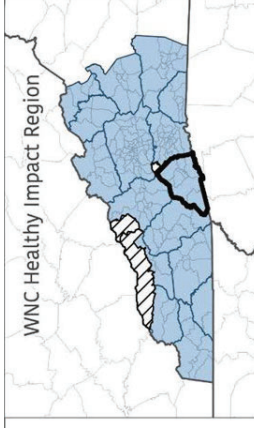
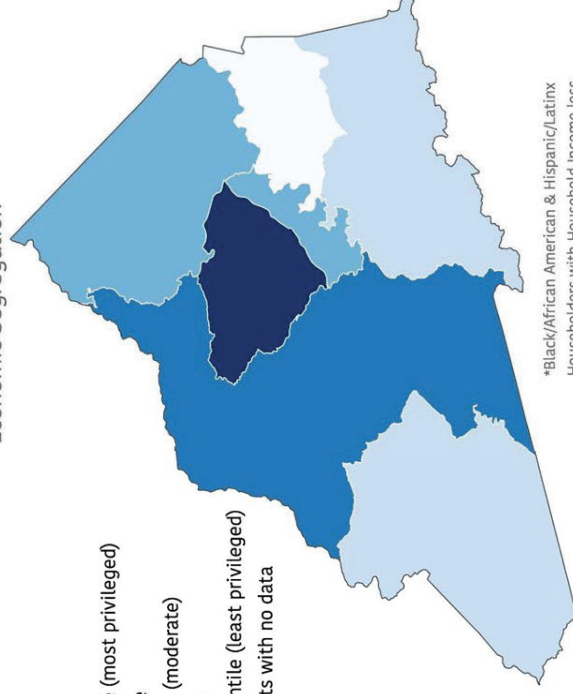


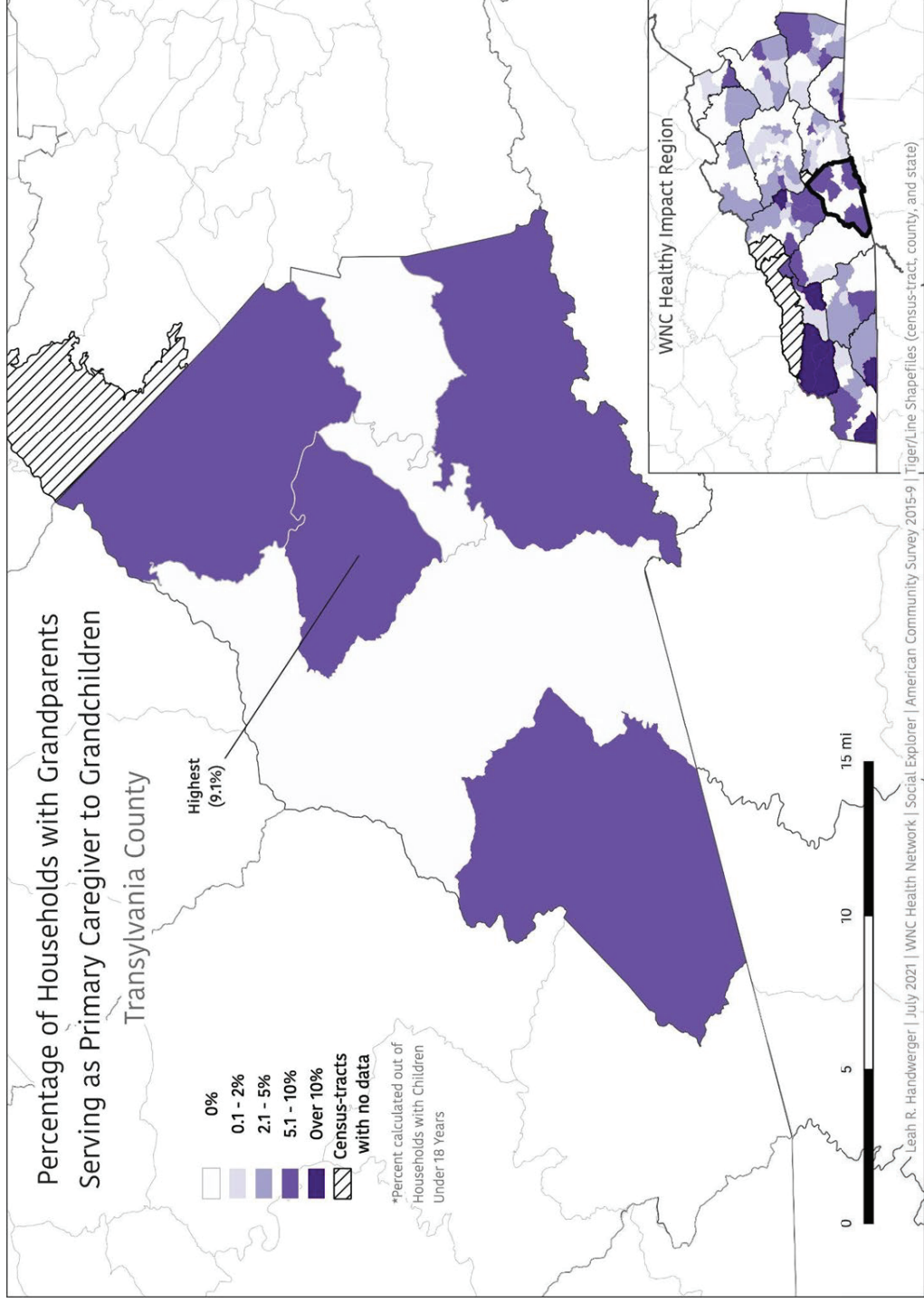
Economic Segregation

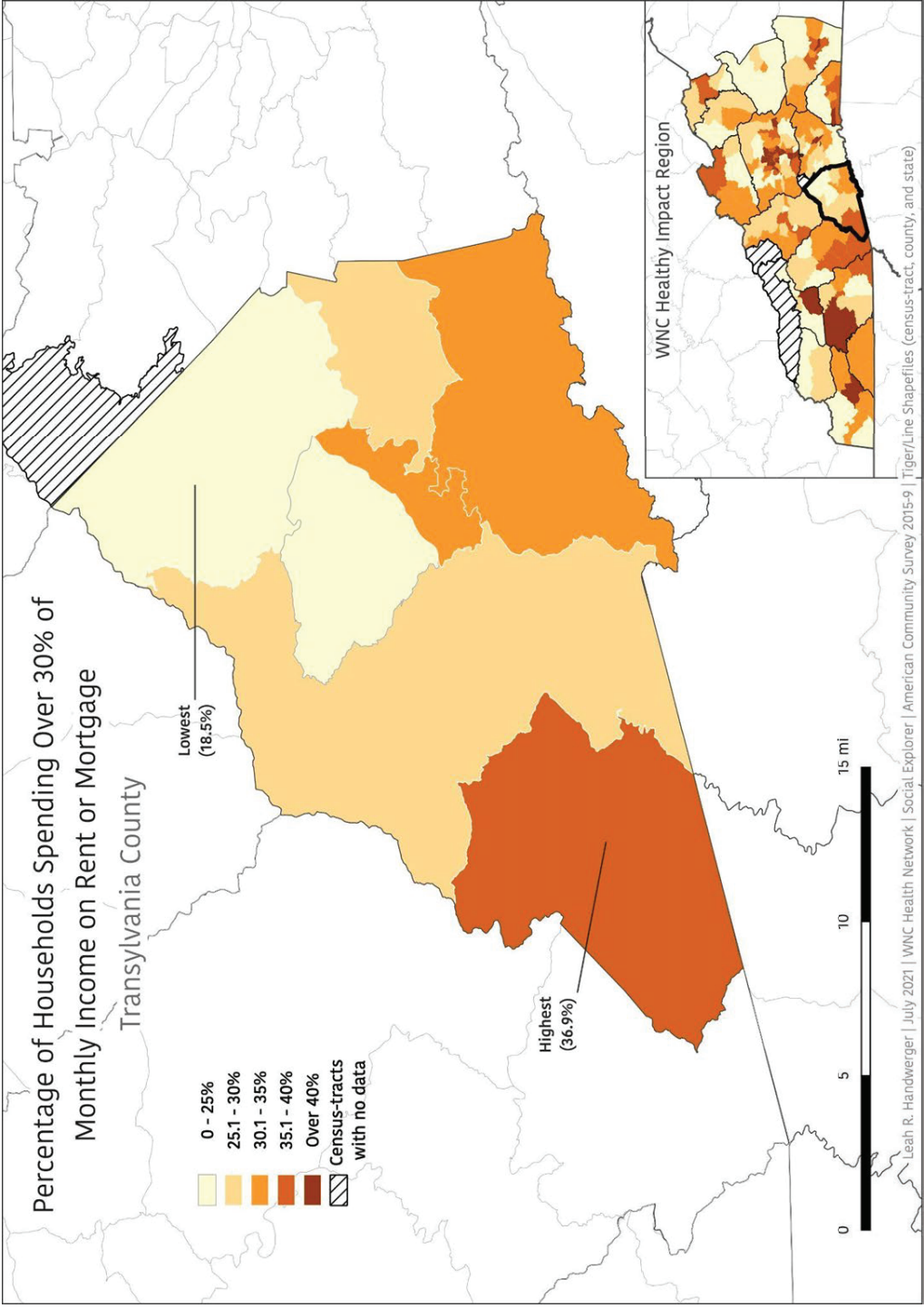


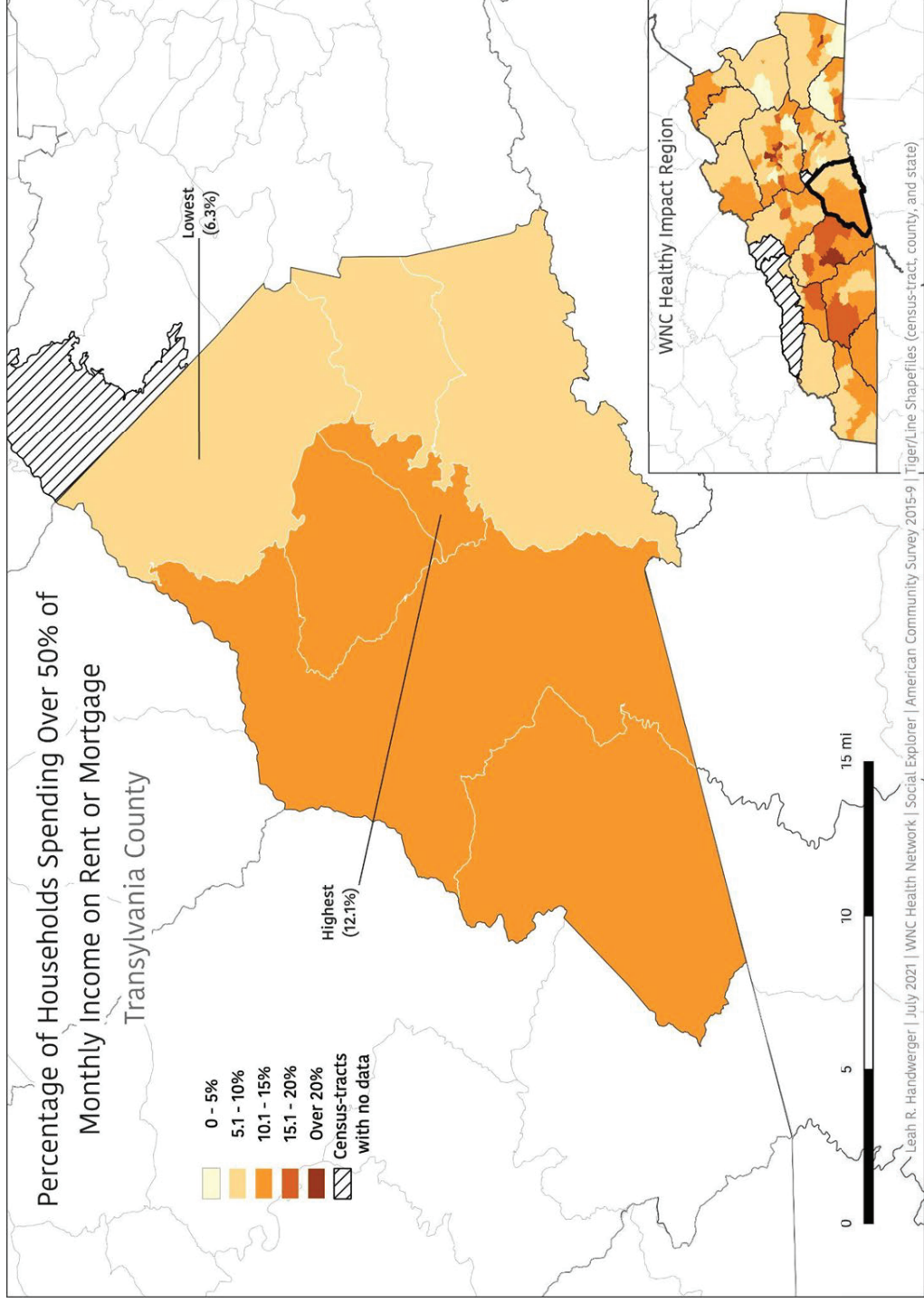
Combined Racial & Economic Segregation

- Top Quintile (most privileged)
- 2nd Quintile
- 3rd Quintile (moderate)
- 4th Quintile
- Bottom Quintile (least privileged)
- Census-tracts with no data









APPENDIX D – COMMUNITY HEALTH SURVEY

WNC Healthy Impact Survey Instrument

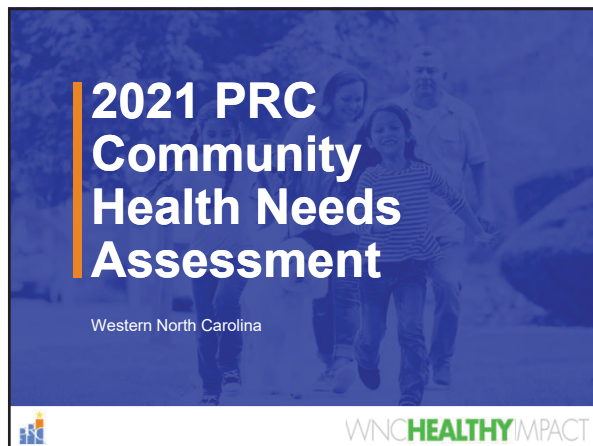
Community Health Survey Results

How many children under the age of 18 are currently LIVING in your household? (One through Five or More)	x	x
Would you please tell me which county you live in?	x	x
ZIP Code	x	x
Sex of Respondent.	x	x
First, I would like to ask, overall, how would you describe your county as a place to live? Would you say it is: (Excellent, very good, good, fair or poor)	x	x
Would you say that, in general, your health is: (Excellent, very good, good, fair, or poor)	x	x
Do you have ONE place where you usually go if you are sick or need advice about your health? (Yes/ No)		
Was there a time during the past 12 months when you needed medical care, but could not get it? (Yes/No)	x	x
If Yes) What was the main reason you did not get this needed medical care? (Cost/no insurance, distance too far, inconvenient office hours/office closed, lack of childcare, lack of transportation, language barrier, no access for people with disabilities, too long of wait for appointment, too long of wait in waiting room, other (specify))	x	x
Which one of the following support services do you MOST need, but are not currently getting: Help in getting access to services Support groups Individual counseling Transportation Classes about giving care to elderly dependents, such as giving medications You don't need any of these support services		
Have you ever suffered from or been diagnosed with COPD or Chronic Obstructive Pulmonary disease, Including Bronchitis, or Emphysema? (Yes/No)	x	x
Has a doctor, nurse or other health professional EVER told you that you had any of the following: a) A Heart Attack, Also Called a Myocardial Infarction, OR Angina OR Coronary Heart Disease (Yes/No)	x	x
b) A Stroke (Yes/No)	x	x
Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (Yes/No)	x	x
If Yes) Do you still have asthma? (Yes/No)	x	x
Have you ever been told by a doctor, nurse, or other health professional that you have diabetes? (Yes/No)	x	x
If Yes) Was this only when you were pregnant? (Yes/No)	x	x
Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (Yes/No)	x	x
If Yes) Was this only when you were pregnant? (Yes/No)	x	x
Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure? (Yes/No)	x	x
Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse or other health care professional that your blood cholesterol is high? (Yes/No)	x	x
Do you feel existing community resources or services for chronic diseases such as diabetes, heart disease, or COPD are: (More than sufficient to deal with it to Not Available)		
Was there a time during the past 12 months when you needed dental care but did not get it? (Yes/No)		
What was the main reason you did not get this dental care? (Open-ended)		
Doctors and other medical providers sometimes use telemedicine or tele-health to evaluate, diagnose, or treat a patient using a computer, smartphone, or telephone to communicate in real time without being face-to-face.	x	

electronic "vaping" products, such as electronic cigarettes, are battery operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco.-Do you NOW use electronic "vaping" products, such as e-cigarettes, "Every Day," "Some Days," or "Not At All"?	x	x
he next few questions are about alcohol use. Keep in mind that one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (NOTE: A 40-ounce beer would count as 3 drinks, or a cocktail drink with shots would count as 2 drinks.) (1 to 30)	x	x
On the day(s) when you drank, about how many drinks did you have on the average? (0 to 10)	x	x
f Respondent is MALE, Read:) Considering all types of alcoholic beverages, how many TIMES during the past 30 days did you have 5 or more drinks on an occasion? (If Respondent is FEMALE, Read:) Considering all types of alcoholic beverages, how many TIMES during a typical month did you have 4 or more drinks on an occasion? (0 to 30)	x	x
description of prescription opiates) In the PAST YEAR, have you used any of these prescription opiates, whether or not a doctor had prescribed them to you?	x	x
During the past 30 days, have you or has someone that you know used an illegal drug or taken a prescription drug that was not prescribed to them? (Yes/ No)		
Do you keep your medicine in a locked place so that no one else can access it? (Yes/ No)		
to what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs? Would you say:	x	x
Next, I'd like to ask you some general questions about yourself. What is your age?	x	x
Do you identify your gender as: (Male/Female/or Some Other Way)	x	
Are you of Hispanic or Latino origin, or is your family originally from a Spanish-speaking country?	x	x
What is your race? Would you say: (American Indian, Alaska Native/Native Hawaiian, Pacific Islander/Asian/Black or African American/White)	x	x
Which of the following best describes you? Are you: (Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living ON the Qualla Boundary; An Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living OFF the Qualla Boundary, or an enrolled member of a different federally recognized tribe)? (Qualla is pronounced KWAH-lah)	x	x
the next questions are about race and ethnicity. Please indicate your level of agreement or disagreement with the following statement: I feel like my community is a welcoming place for people of all races and ethnicities. (Strongly Agree, Somewhat Agree, Neutral, Somewhat Disagree, Strongly Disagree)	x	
Over your entire lifetime, how often have you been threatened or harassed because of your race or ethnicity? (Never, Rarely, Sometimes, Often, Don't know, Refused)	x	
Over your entire lifetime, how often have you been treated unfairly because of your race or ethnicity <u>when getting medical care</u> ? (Never, Rarely, Sometimes, Often, Don't know, Refused)	x	
Over your entire lifetime, how often have you been treated unfairly because of your race or ethnicity <u>at school</u> ? Would you say... (Never, Rarely, Sometimes, Often, Don't know, Refused)	x	
Over your entire lifetime, how often would you say you have been treated unfairly because of your race or ethnicity <u>by the police & the courts</u> ? (Never, Rarely, Sometimes, Often, Don't know, Confused)		
Over your entire lifetime, how often have people criticized your accent or the way you speak? (Never, Rarely, Sometimes, Often, Don't Know, Confused)	x	
Have you ever felt emotionally upset, for example angry, sad, frustrated, shameful or embarrassed as a result of how you were treated based on your race/ ethnicity?		
What is the highest grade or year of school you have completed?	x	x

How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent or mortgage? Would you say: (Always, Usually, Sometimes, Seldom Never)	x	
Has there been a time in the past three years when you've had to live with a friend or relative because of a housing emergency, even if this was only temporary?	x	
Has there been any time in the past three years when you were living on the street, in a car, or in a temporary shelter?	x	
How low I would like to ask, about how much do you weigh without shoes? (INTERVIEWER: Round Fractions Up)	x	x
About how tall are you without shoes? (INTERVIEWER: Round Fractions Down)	x	x
How low I would like you to think about the food you ate during the past week. About how many 1-cup servings of fruit did you have in the past week? For example, one apple equals 1 cup.	x	x
And, NOT counting potatoes, about how many 1-cup servings of vegetables did you have in the past week? For example, 12 baby carrots equal 1 cup.	x	x
How low I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months. The first statement is: "I worried about whether our food would run out before we had money to buy more." Was this statement:	x	x
The next statement is: "The food that we bought just did not last, and we did not have money to get more." Was this statement:	x	x
In the last 12 months, did you or someone in your household cut the size of your meals or skip meals because there wasn't enough money for food?		
During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?	x	x
What type of physical activity or exercise did you spend the MOST time doing during the past month?	x	x
How many times per week or per month did you take part in this activity during the past month?	x	x
And when you took part in this activity, for how many minutes or hours did you usually keep at it?	x	x
What OTHER type of physical activity gave you the NEXT most exercise during the past month?	x	x
How many times per week or per month did you take part in this activity during the past month?	x	x
And when you took part in this activity, for how many minutes or hours did you usually keep at it?	x	x
During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups or push-ups, and those using weight machines, free weights, or elastic bands.	x	x
Please tell me your level of agreement or disagreement with the following statement: I believe my county provides the facilities and programs needed for ADULTS, CHILDREN and YOUTH to be physically active throughout the year. (Strongly Agree/Agree/Neither Agree nor Disagree/Disagree/Strongly Disagree)		
How low I would like to ask, in general, how satisfied are you with your life? Would you say: (Very Satisfied; Satisfied; Dissatisfied; or Very Dissatisfied)	x	x
How often do you get the social and emotional support you need? Would you say: (Always, Usually, Sometimes, Seldom, or Never)	x	x
How often do you have someone you can rely on to help with things like food, transportation, childcare, or other support if needed? Would you say: (Always, Usually, Sometimes, Seldom, or Never)	x	
How thinking about your MENTAL health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health NOT good? (0 to 30)	x	x

Professional for any type of mental or emotional health need? (Yes/No)	x	
Are you NOW taking medication or receiving treatment, therapy, or counseling from a health professional for any type of substance use? (Yes/No)		
[Insert script national suicide prevention hotline information] The next question is about a sensitive topic, and some people may NOT feel comfortable answering. Please keep in mind that you do not have to answer any question you do not want to. Has there been a time in the past 12 months when you thought of taking your own life? (Yes/No)	x	
In the past 12 months, have mental or emotional problems made it difficult for you or another adult in your household to hold a job? (Yes/No)		
The following questions are about the coronavirus and COVID-19 pandemic that began in mid-March of 2020. How strict have you been about observing social distancing and stay-at-home recommendations? Would you say: (Extremely Strict-Not at all)		
The following questions are about the coronavirus and COVID-19 pandemic that began in mid-March of 2020.] Since the beginning of the pandemic, have you:	x	
- Lost a job		
- Lost hours or wages (but didn't lose a job)	x	
- Lost health insurance coverage	x	
Has there been a time since the beginning of the pandemic when you needed medical care or had a medical appointment scheduled, but you chose to avoid receiving care due to concerns about coronavirus? (Yes/No)	x	
Since the beginning of the pandemic, would you say that your mental health: (has gotten worse, gotten better, or stayed about the same).		
Thinking about all of the ways that the coronavirus pandemic has affected you, what would you say is the most significant to you and your family? (Open-ended)	x	
What would you say is your main source of information for COVID 19 in your area?		
If an FDA-approved vaccine to prevent coronavirus/COVID-19 were available to you tomorrow at no cost, how likely would you be to get vaccinated? (Very, Somewhat, Not at All Likely)		
Part 1 of 2: The next question is about the coronavirus/COVID-19 vaccine. If an FDA-approved vaccine to prevent coronavirus/COVID-19 were available to you at no cost, would you get vaccinated? (Yes/ No)		
Part 2 of 2: (If Yes) Would you want to receive this coronavirus/COVID-19 vaccination: Immediately/Within 6 Months/In 6 Months to 1 Year/After More Than 1 Year)		
Other than what has been covered in this survey, what other health issue do you feel is a major concern in your community? (Open-ended)		
Total Family Household Income.	x	x



1

PRC Community Health Needs Assessment

Methodology

Survey methodology

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

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

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

© PRC

2

PRC Community Health Needs Assessment

Methodology

4,861 surveys throughout WNC

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

© PRC

3

PRC Community Health Needs Assessment

Methodology

Full WNC sample allows for drill-down by:

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

Individual county samples allow for drill-down by:

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

© PRC

4

PRC Community Health Needs Assessment

Survey Instrument

Based largely on national survey models

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

75 questions asked of all counties

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

© PRC

5

PRC Community Health Needs Assessment

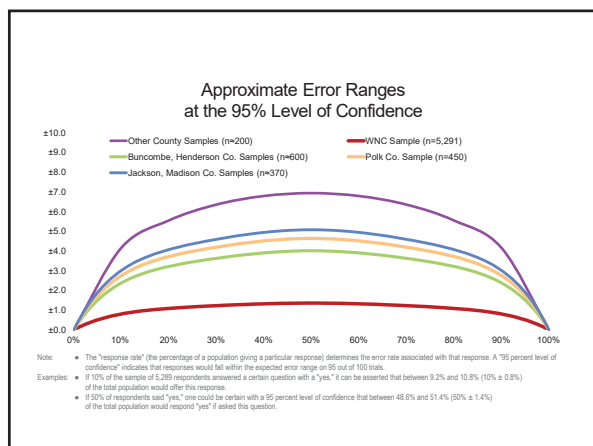
Keep in mind

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

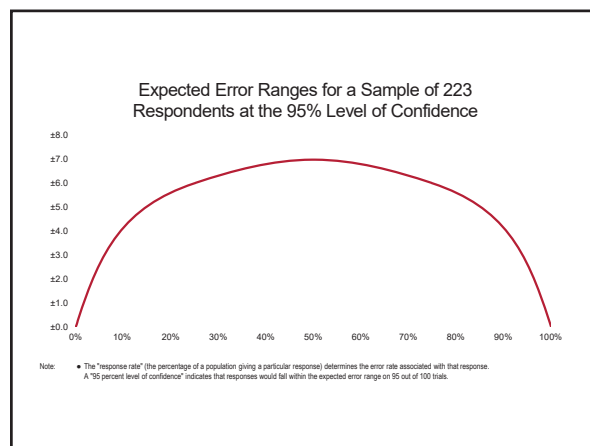
- Results for WNC regional data have maximum error rate of +1.3% at the 95% confidence level
- Results for Buncombe and Henderson counties have an approximate maximum error rate of +4.0% at the 95% confidence level
- Results for Polk County have an approximate maximum error rate of +4.6% at the 95% confidence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

© PRC

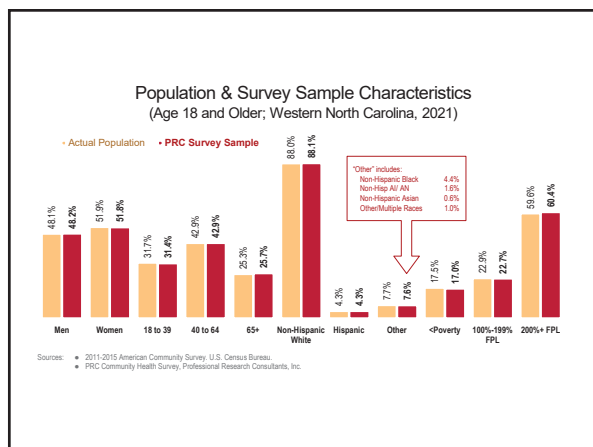
6



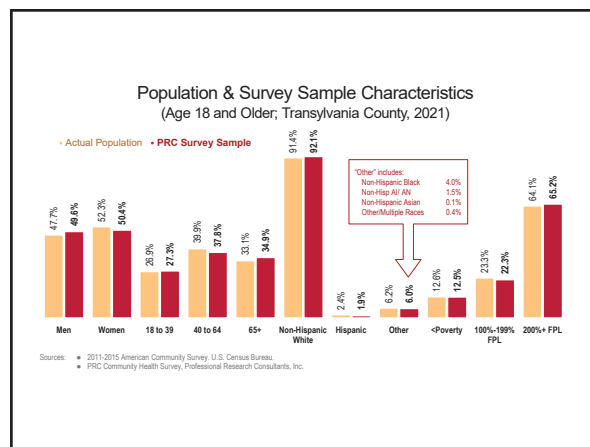
7



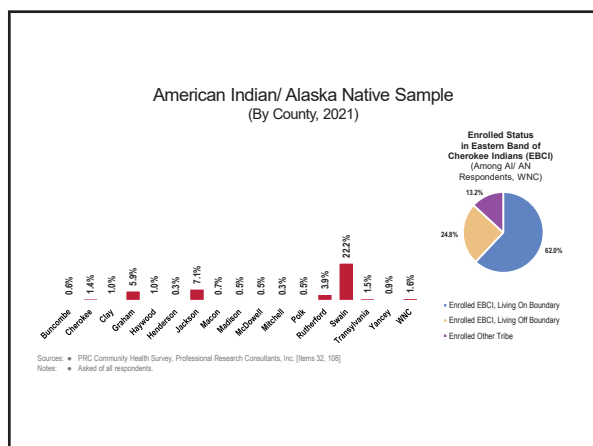
8



9



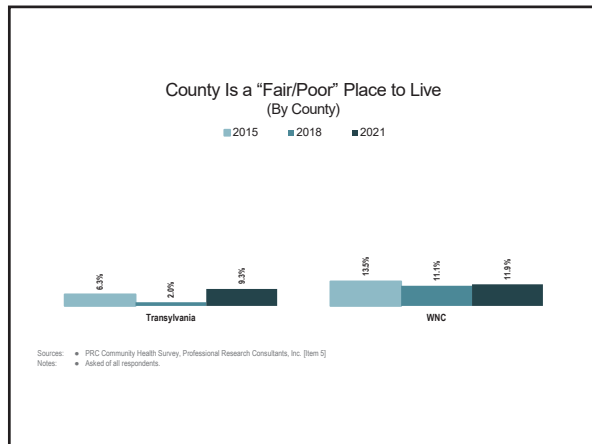
10



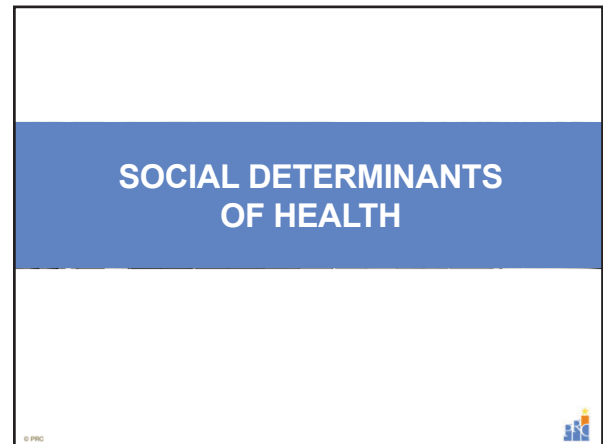
11



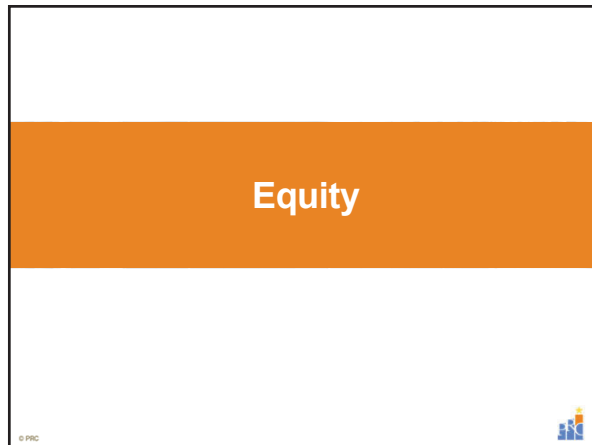
12



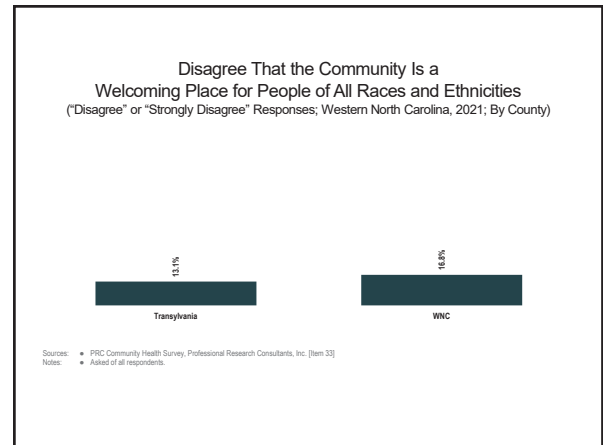
13



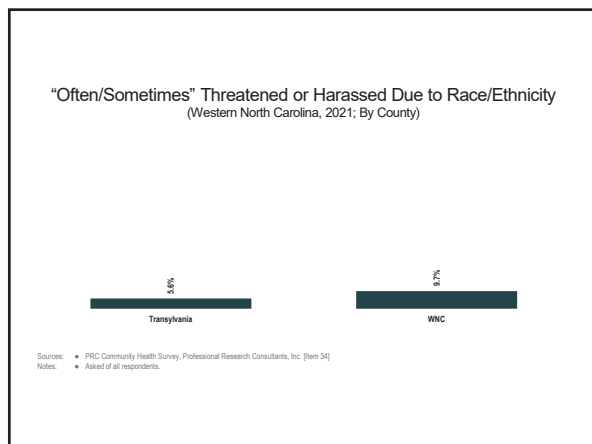
14



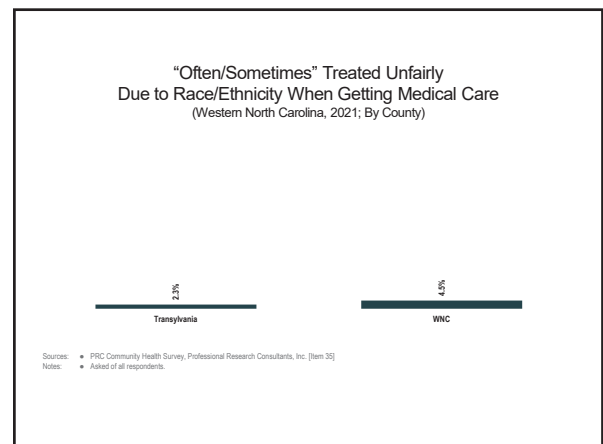
15



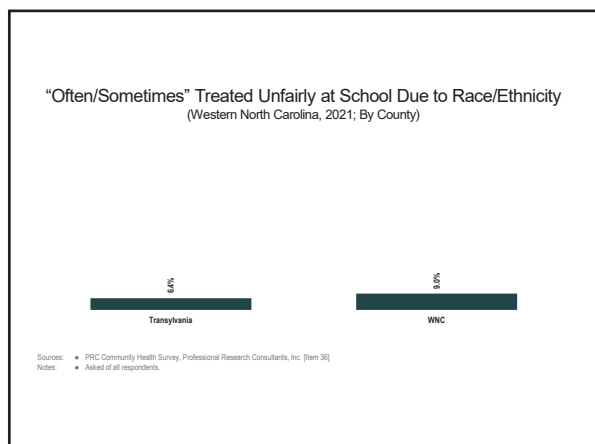
16



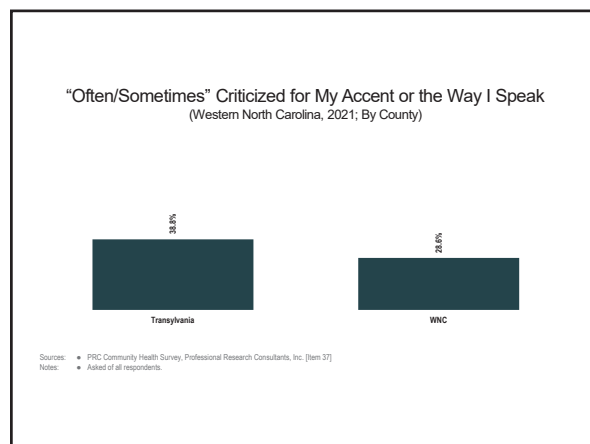
17



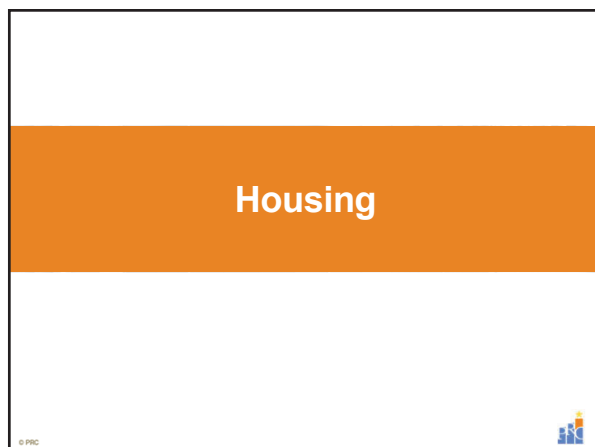
18



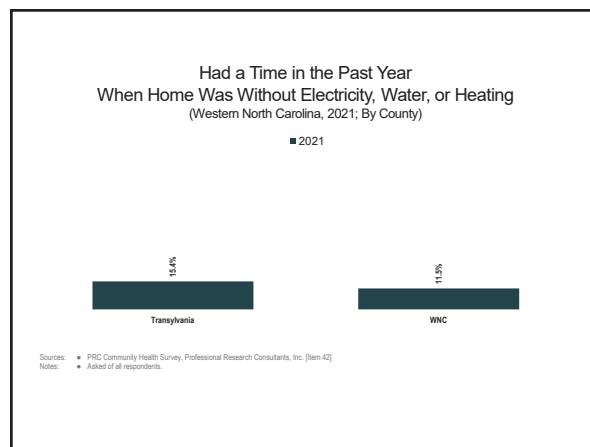
19



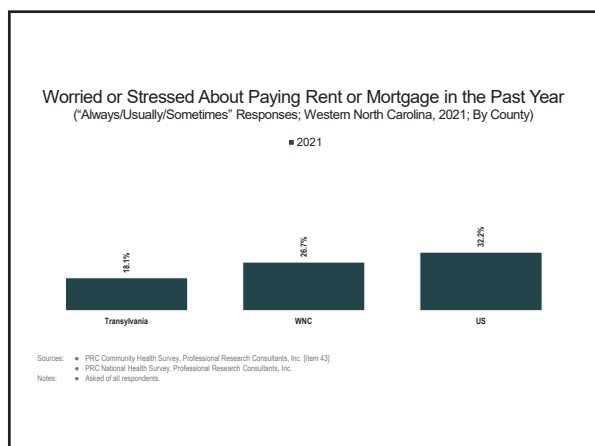
20



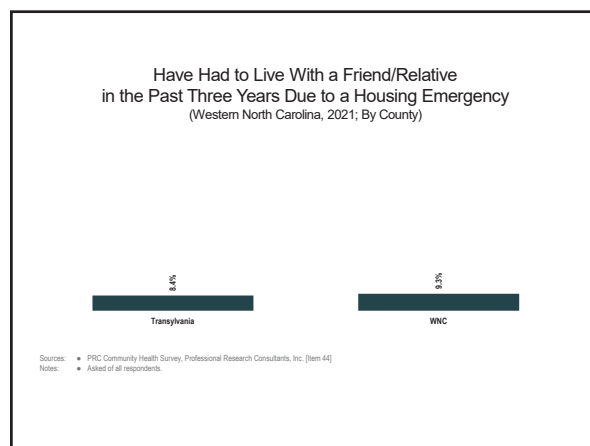
21



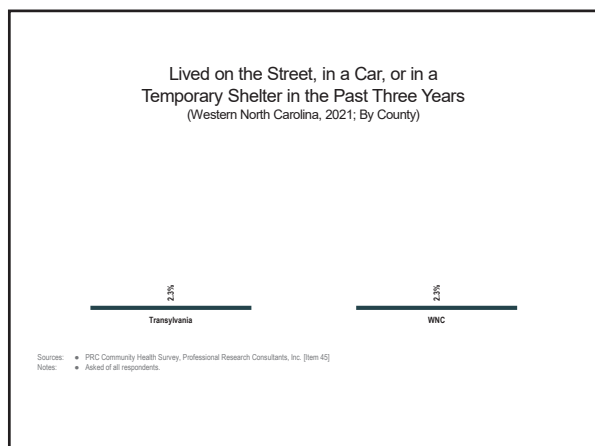
22



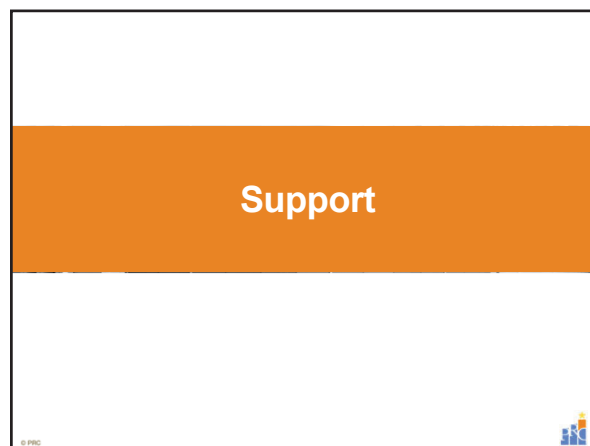
23



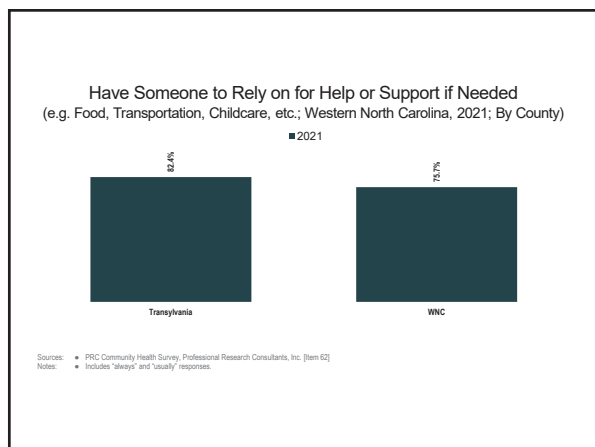
24



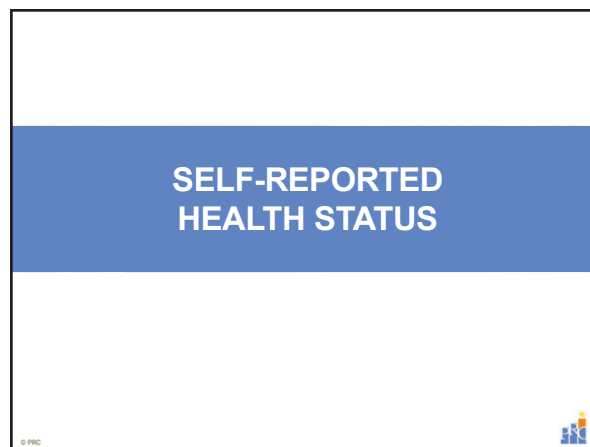
25



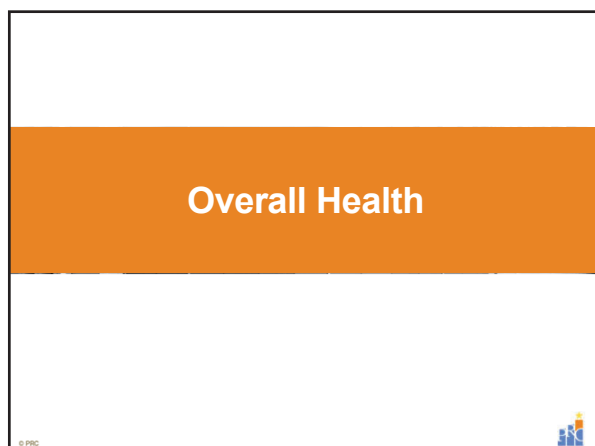
26



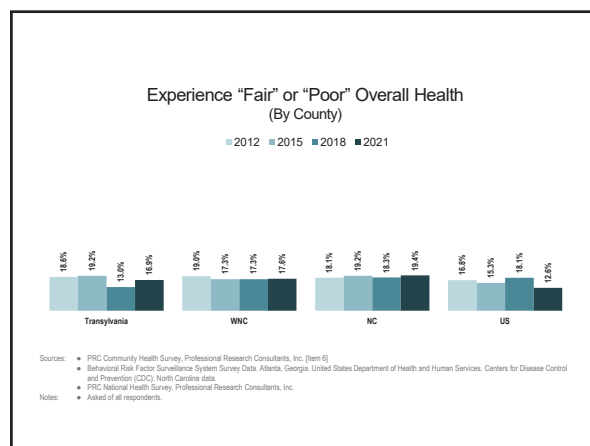
27



28



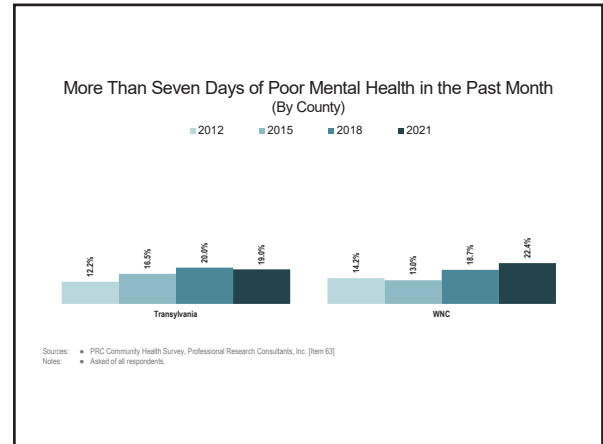
29



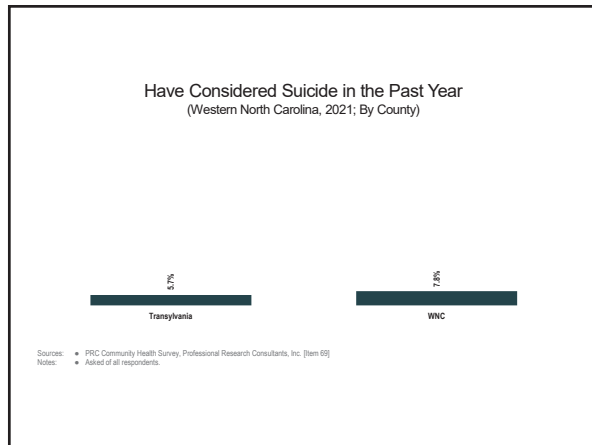
30

Mental Health & Mental Disorders

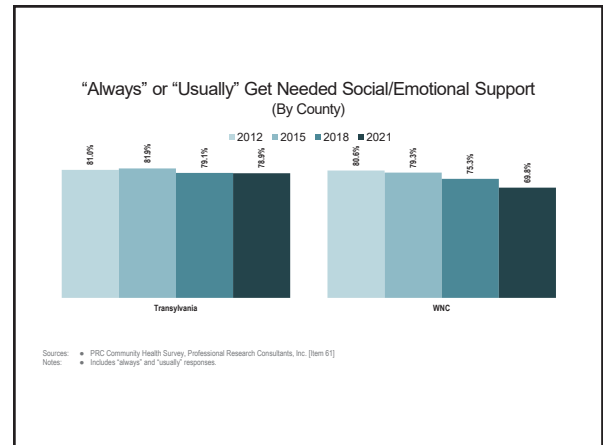
31



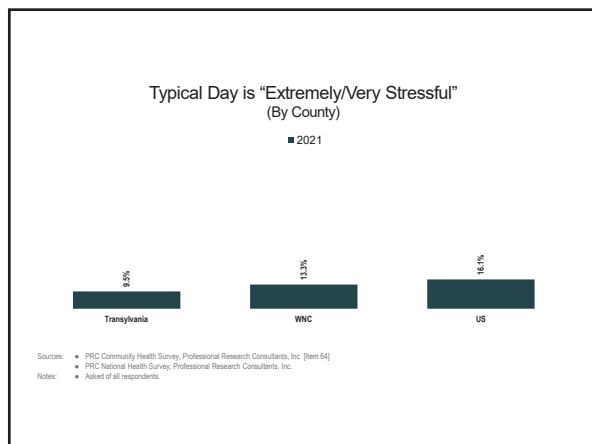
32



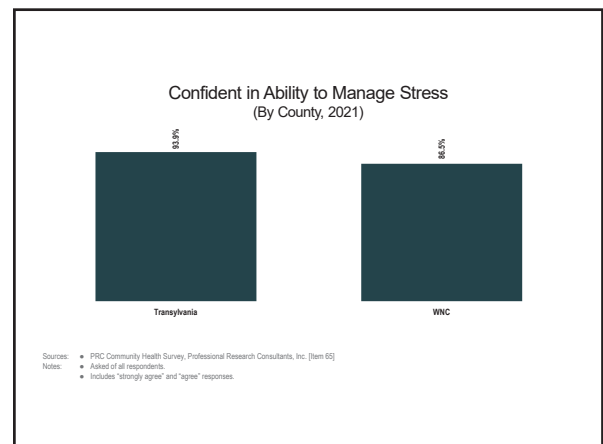
33



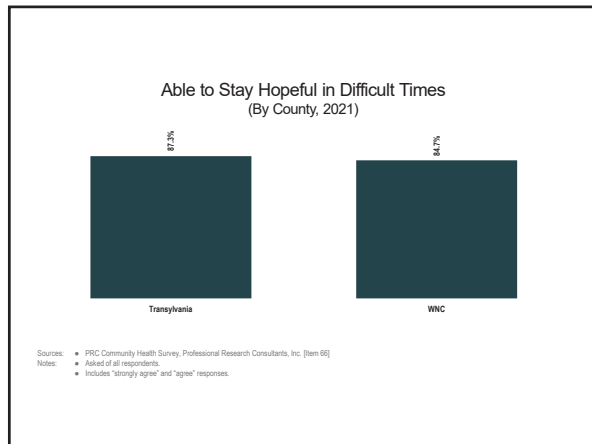
34



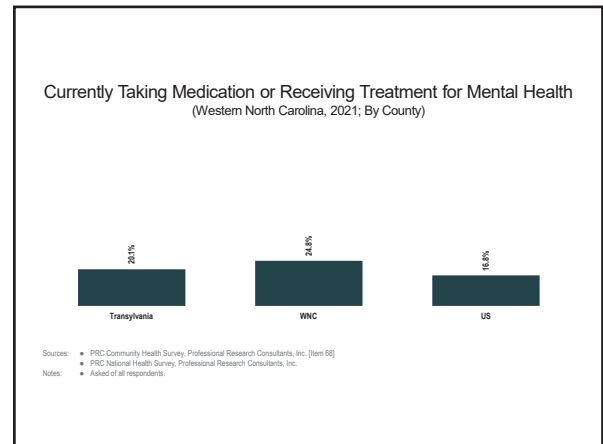
35



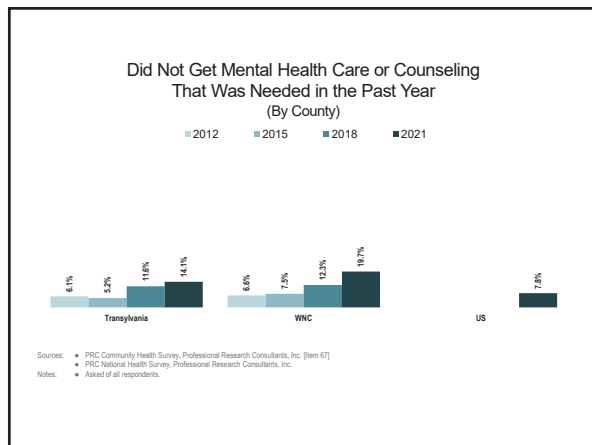
36



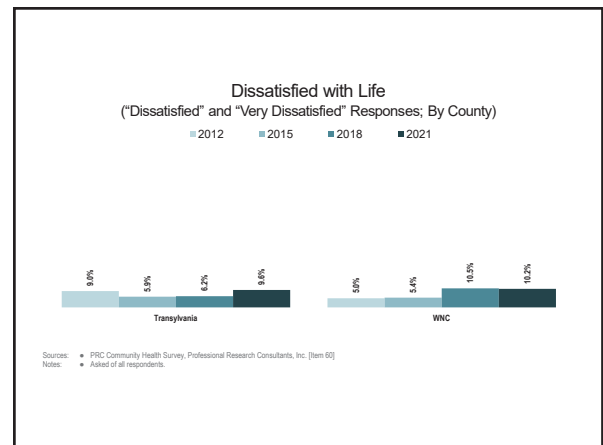
37



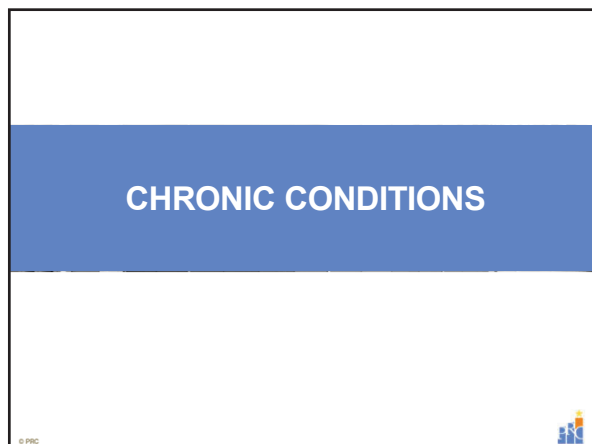
38



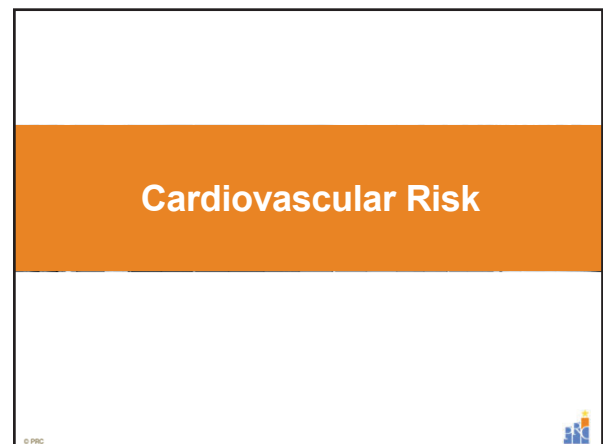
39



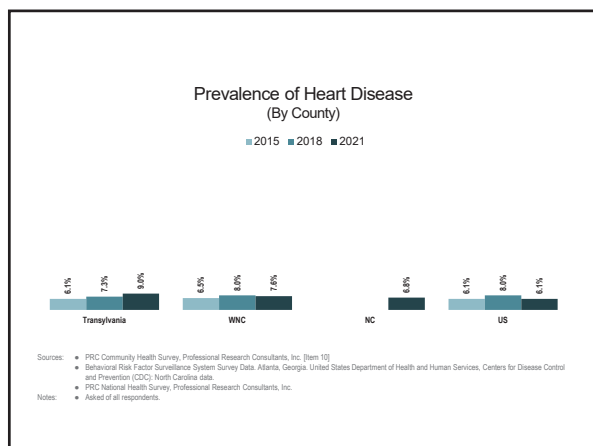
40



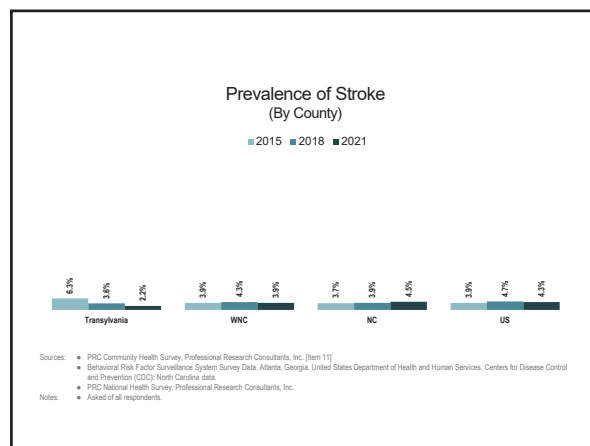
41



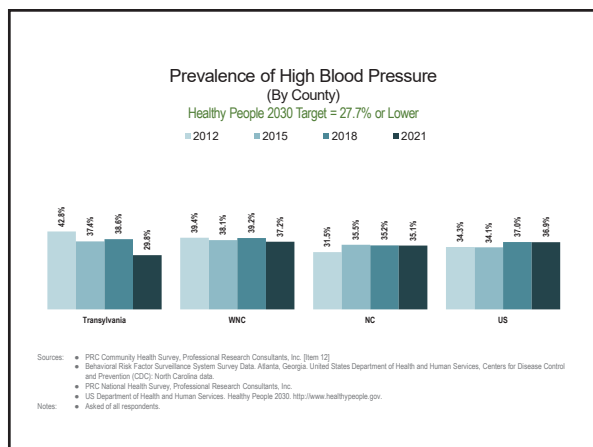
42



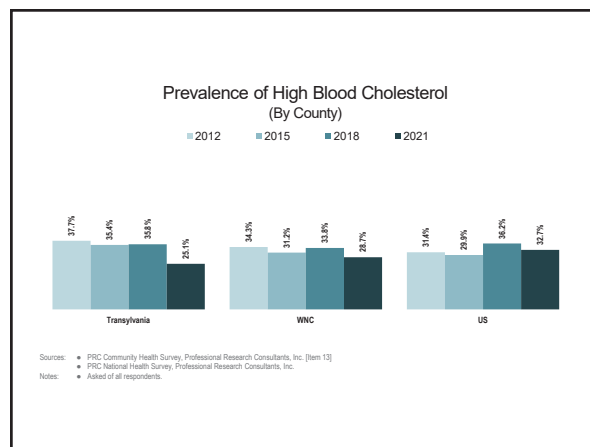
43



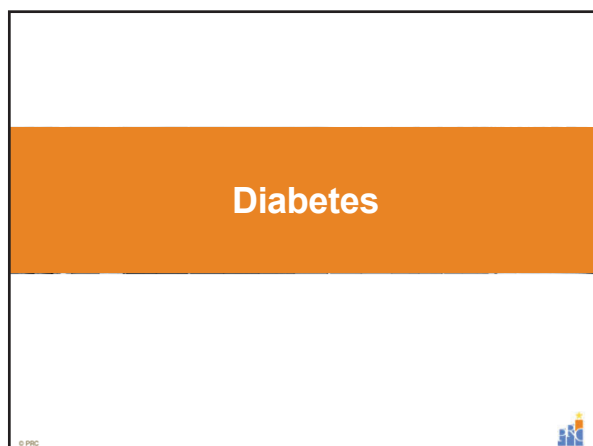
44



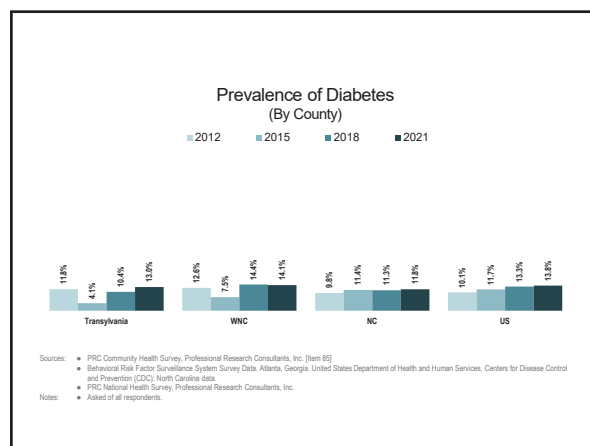
45



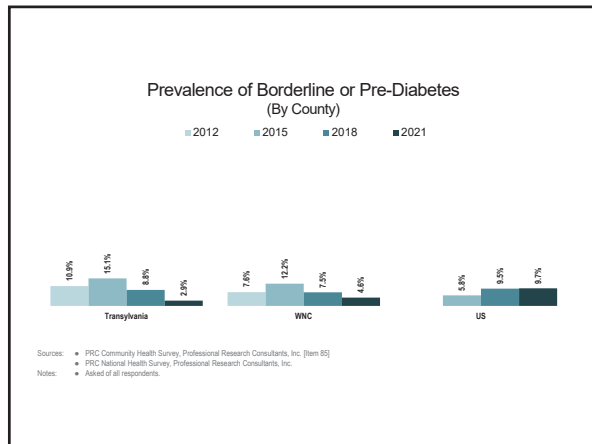
46



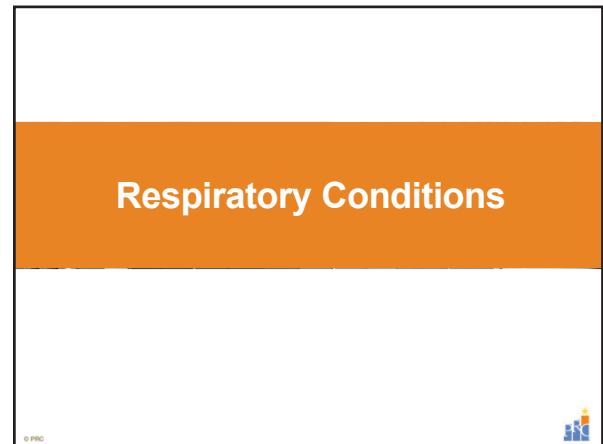
47



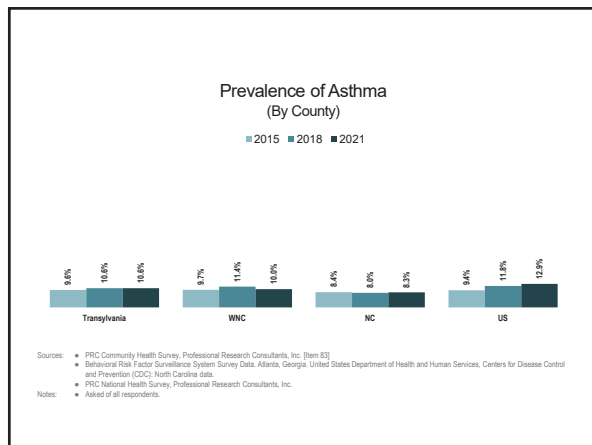
48



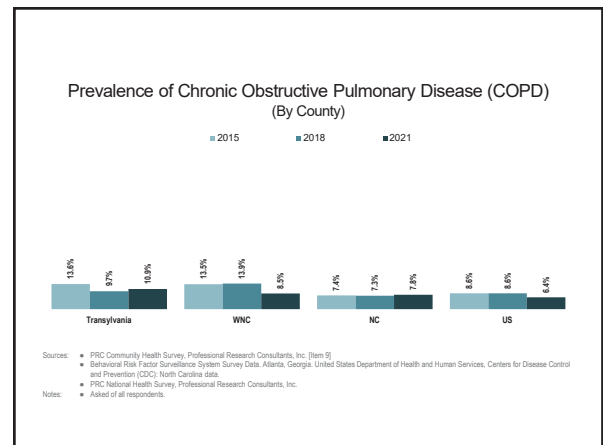
49



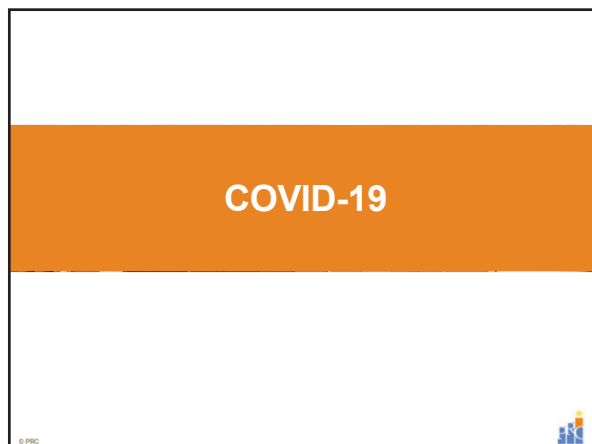
50



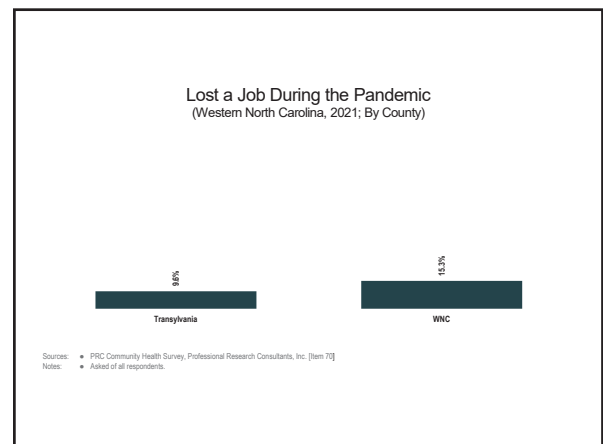
51



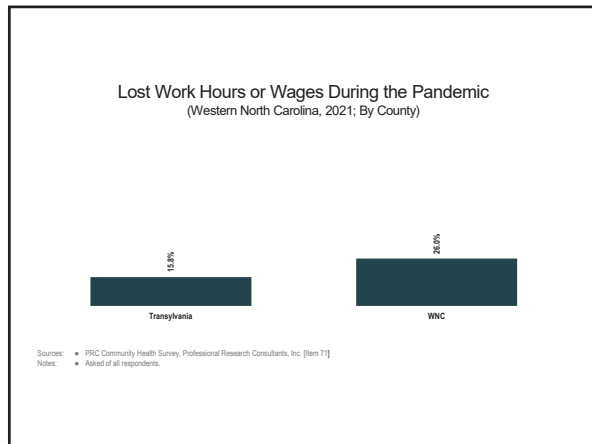
52



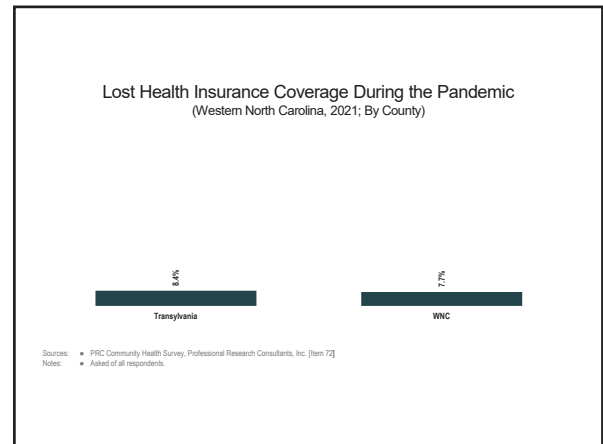
53



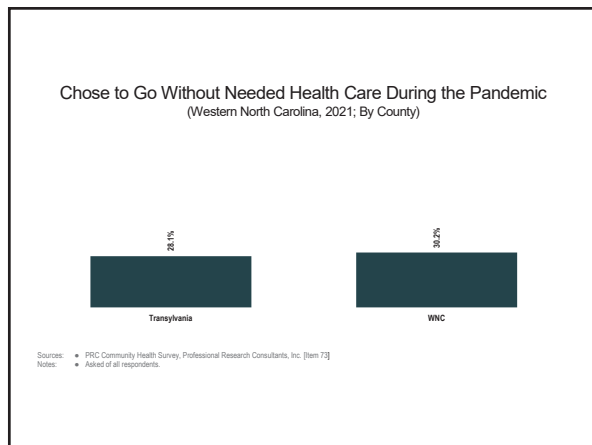
54



55



56



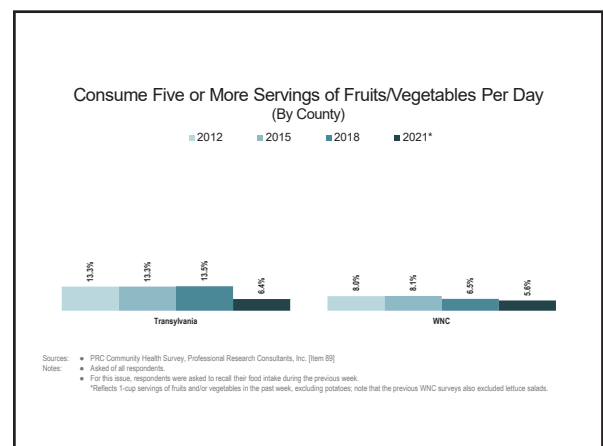
57



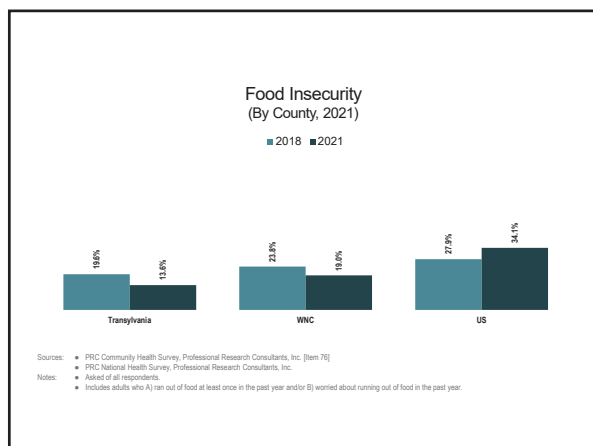
58



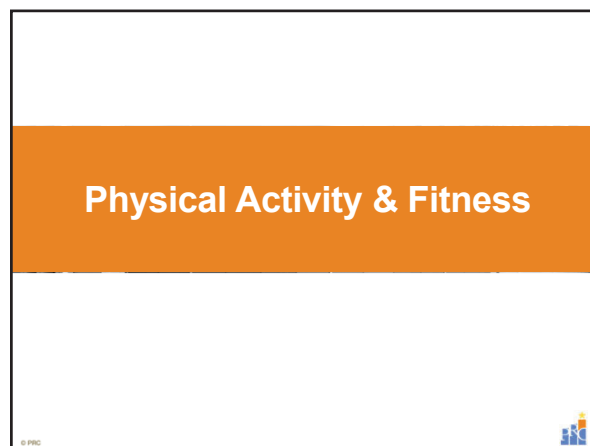
59



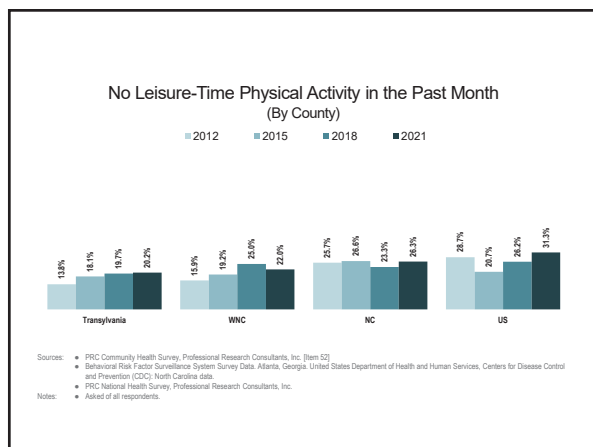
60



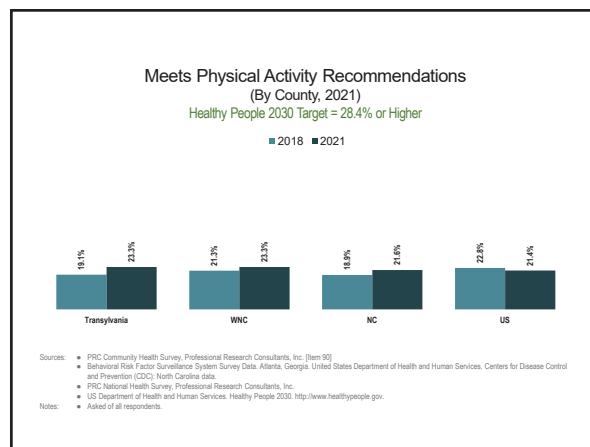
61



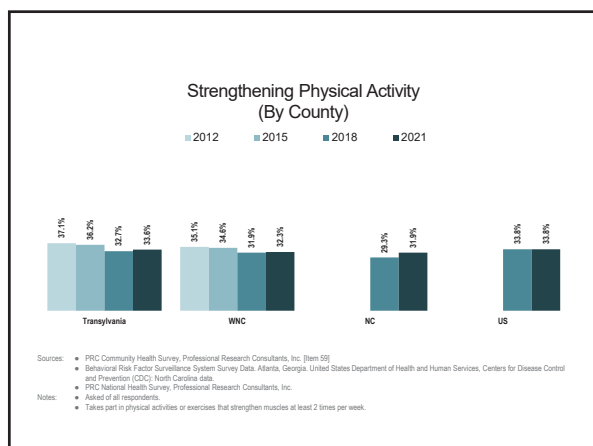
62



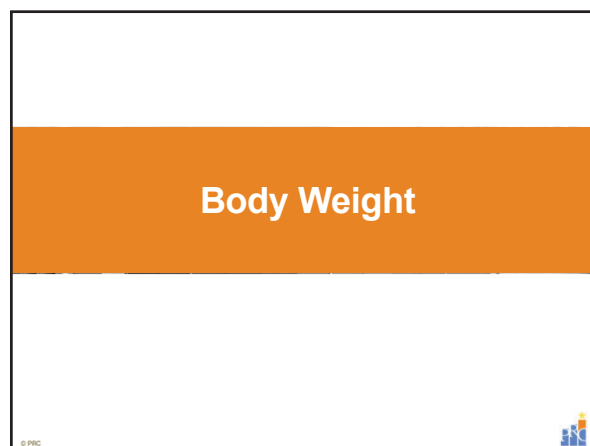
63



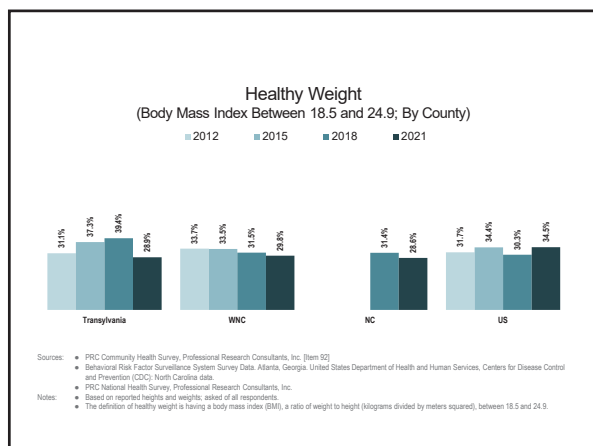
64



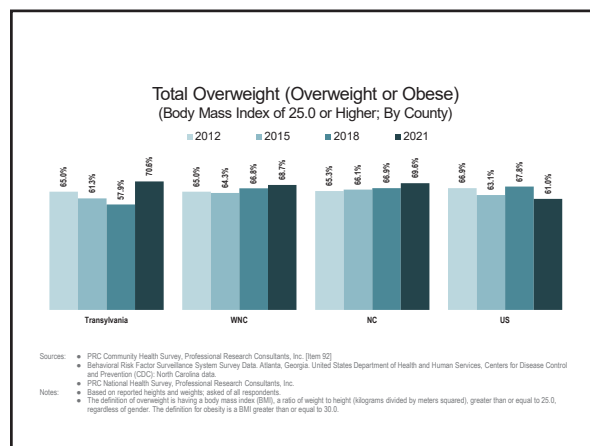
65



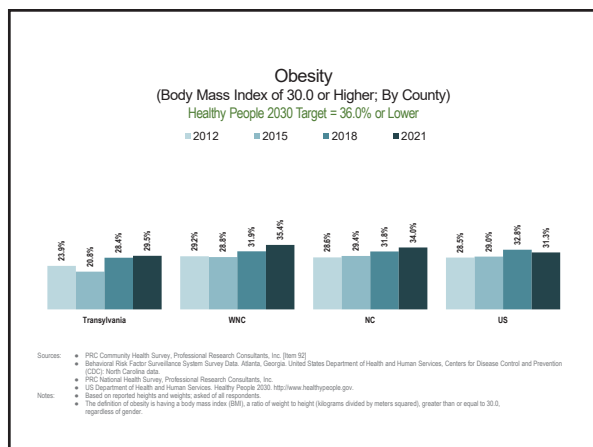
66



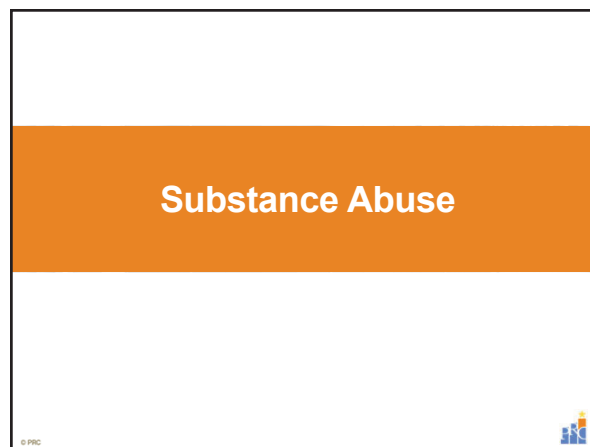
67



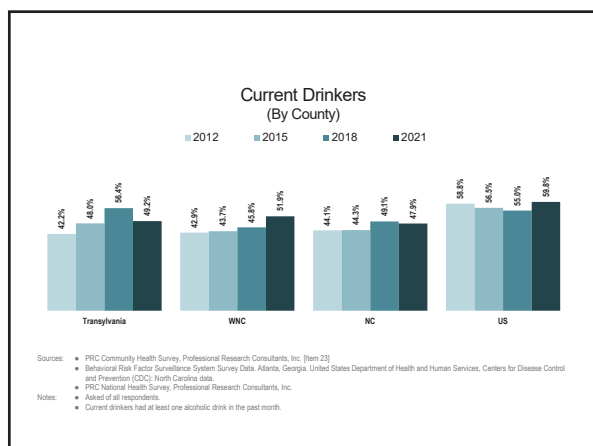
68



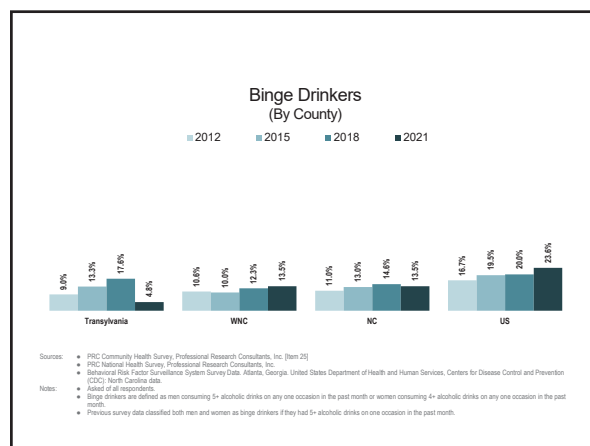
69



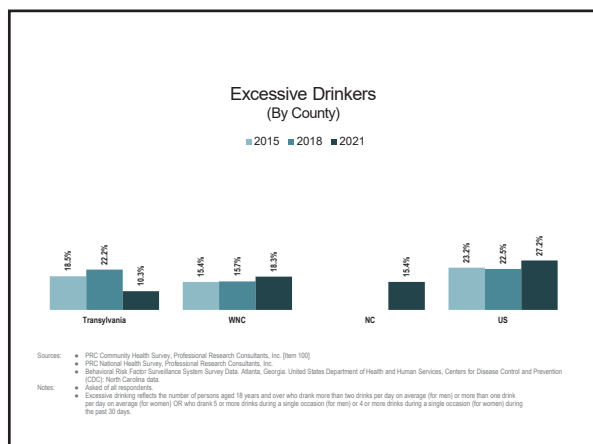
70



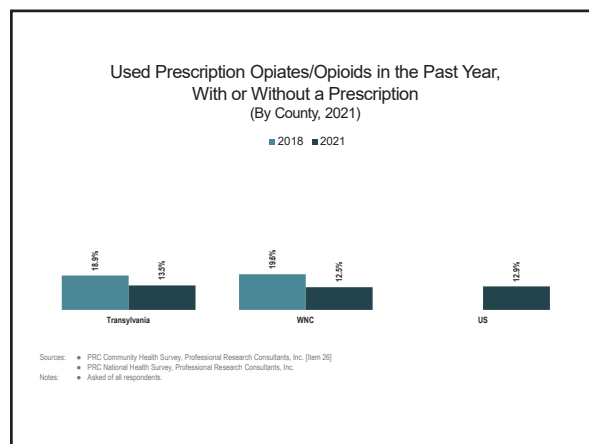
71



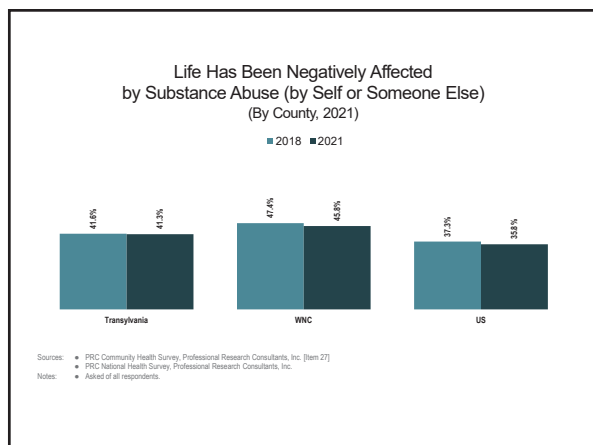
72



73



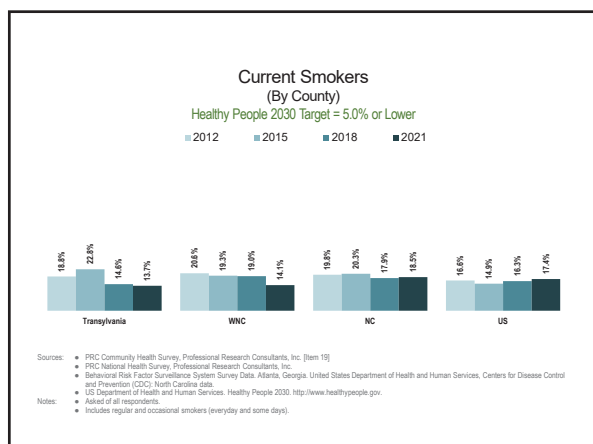
74



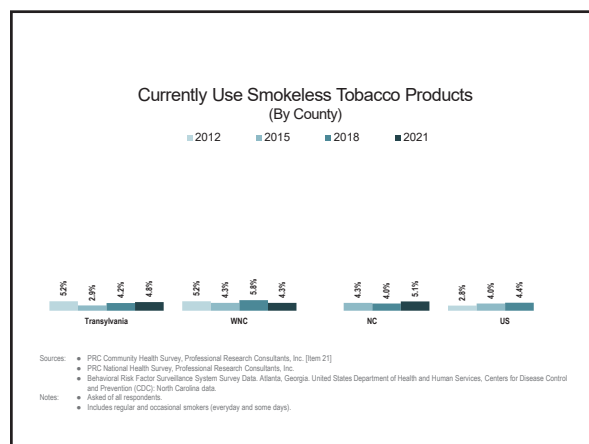
75



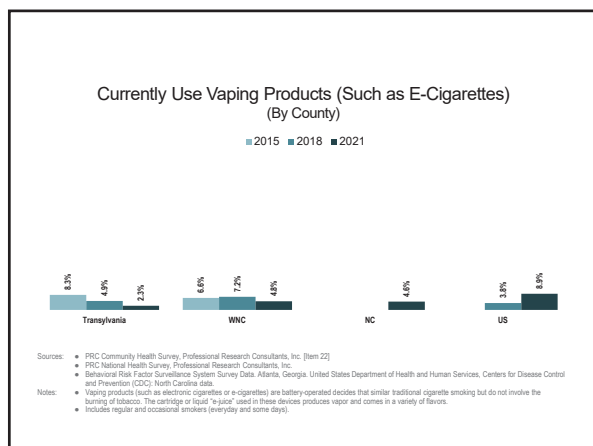
76



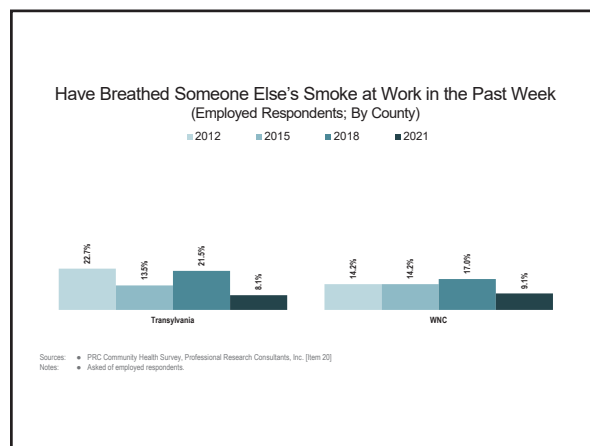
77



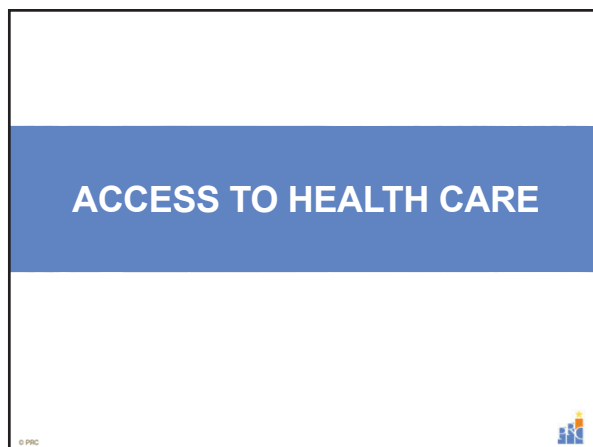
78



79



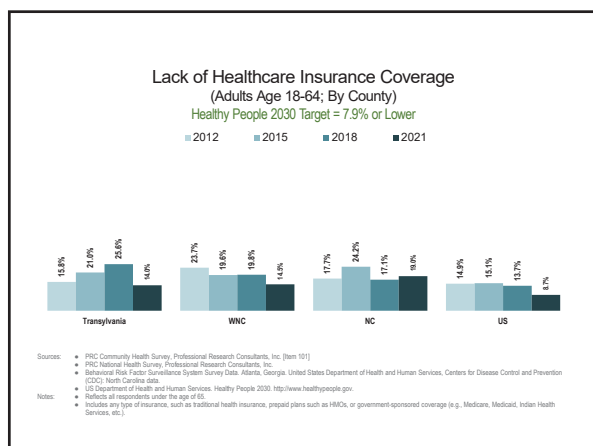
80



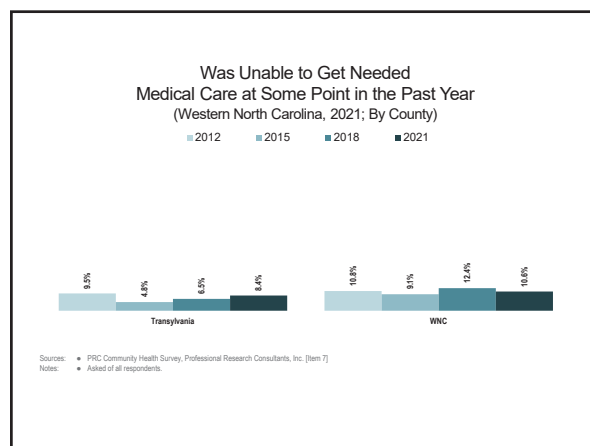
81



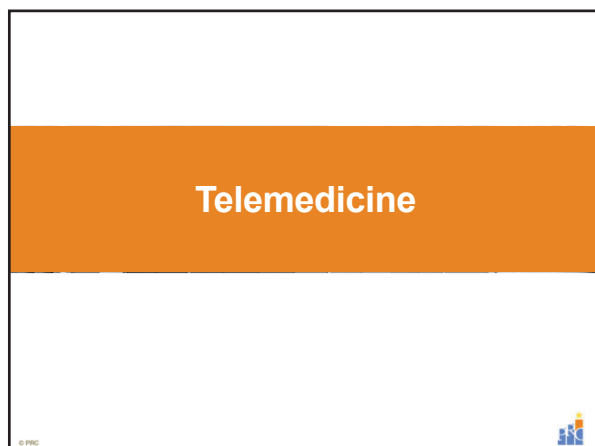
82



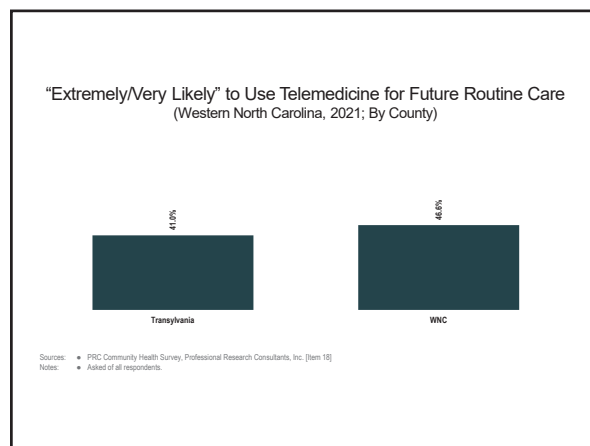
83



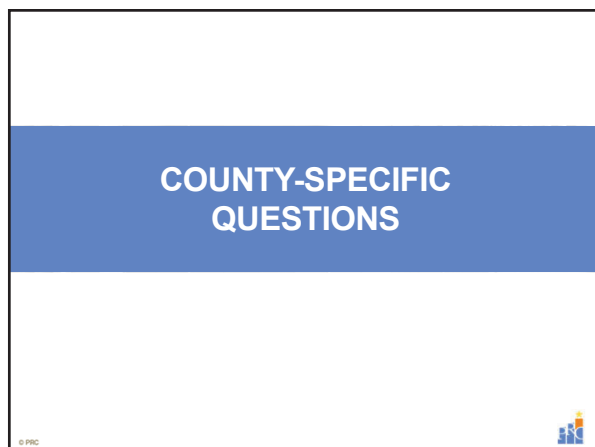
84



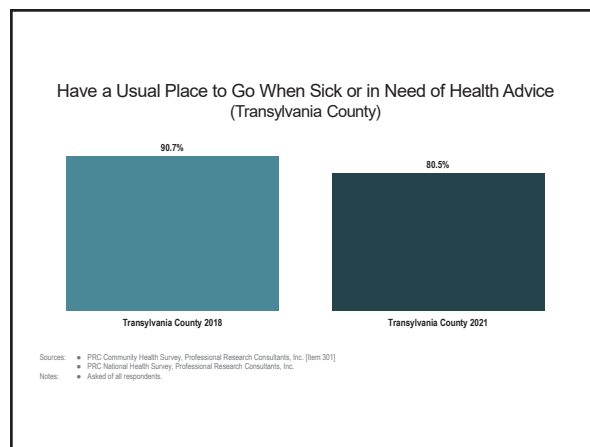
85



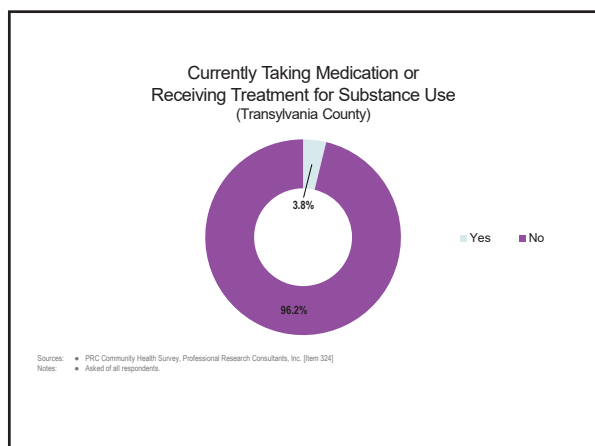
86



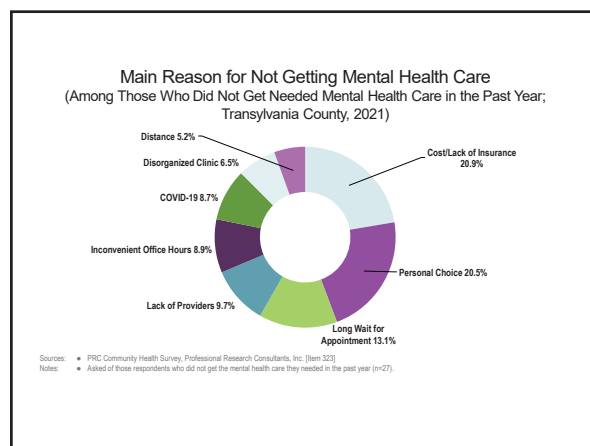
87



88



89



90

APPENDIX E – KEY INFORMANT SURVEY

Key Informant Survey Results



2021 COMMUNITY HEALTH NEEDS ASSESSMENT — KEY INFORMANT FINDINGS

Transylvania County, North Carolina

Sponsored by
WNC Health Network for

WNC **HEALTHY** IMPACT

TABLE OF CONTENTS

INTRODUCTION	3
METHODOLOGY	4
QUALITY OF LIFE	5
PERCEPTIONS OF LOCAL QUALITY OF LIFE	6
Key Informant Perceptions of Community Resilience	6
Key Informant Perceptions of a “Healthy Community”	7
SOCIAL DETERMINANTS OF HEALTH	10
Key Informant Perceptions of Social Determinants of Health & Physical Environment	10
HEALTH ISSUES	21
KEY INFORMANT RATINGS OF HEALTH ISSUES	22





INTRODUCTION

METHODOLOGY

Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 19 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Public Health Representatives	2
Other Health Providers	4
Social Services Providers	8
Other Community Leaders	5

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

- Blue Ridge Community College
- Brevard City Council
- Brevard College
- Brevard Police Department
- Brevard Rotary Club
- Brevard/Transylvania Chamber of Commerce
- Meridian BHS - Transylvania
- Rosenwald Community
- Sharing House
- The Cindy Platt Boys & Girls Club
- The Haven of Transylvania County
- Transylvania County
- Transylvania County Board of Health
- Transylvania Public Health
- Transylvania Regional Hospital

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





QUALITY OF LIFE

PERCEPTIONS OF LOCAL QUALITY OF LIFE

Key Informant Perceptions of Community Resilience

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

Community Response to COVID-19 Pandemic

Our community pulled together to get us through the COVID-19 pandemic with many of the nonprofits continuing to operate on funding provided from government sources, private donors, and the determination of our nonprofits. Churches also stepped up and provided many services to those in need. – Social Services Provider (Transylvania County)

People support each other mentally and emotionally. Community outreach to individuals and families to provide tangible and non-tangible resources. – Social Services Provider (Transylvania County)

Hopeful due to the emotional resilience of people coming together during the times of injustice in the world, country, state, and community. The emotional inconsistency of injustice plays a large role on the psyche of people. The coming together of people in the midst requesting and expecting change has been hopeful. – Social Services Provider (Transylvania County)

COVID-19 Testing/Vaccination Efforts

The support and availability of vaccines for COVID-19. – Social Services Provider (Transylvania County)

Relief from COVID with the vaccine. – Community Leader (Transylvania County)

Collaboration and engagement with COVID control and vaccine work, among citizens and county leadership. – Public Health Representative (Transylvania County)

Health Department Response to COVID-19 Pandemic

The stepping up of healthcare workers and our local health department during the pandemic. – Community Leader (Transylvania County)

The Health department has done a great job – the first few weeks were a little frustrating, but they got in to stride quickly – kudos to the library for their help as well. PHF contributed to the PPE program which Brevard Rotary ran as procurement agent – this gave us an emergency stockpile for our CARE homes. I think this community spirit really kept society going. – Community Leader (Transylvania County)

The actions of the health department. – Other Health Provider (Transylvania County)

The focus on keeping the community members safe and the willingness of our health department to meet the community members where they are. – Social Services Provider (Transylvania County)

Action Groups/Collaboratives

1. Blue Zone Project 2. Progress on the Ecusta Trail 3. Partnership of Transylvania Regional Hospital, Public Health Department, and County during the COVID pandemic. – Other Health Provider (Transylvania County)

Ongoing creativity to be flexible and adapt during COVID-19. – Other Health Provider (Transylvania County)

Outpouring of Generosity

During the early stages of the pandemic, we witnessed an amazing outpour of compassion for so many people adversely affected financially due to loss of job, or loss of childcare. We live in a very generous community when times are tough. Even with the risk of the virus, many people were willing to volunteer to distribute food to those in need, to assist with clothing and to reach out especially to our senior members in community to make sure they were safe and had resources they needed. Granting foundations and the county government reached out to give financial support immediately to meet the needs of hurting people. The collaboration was strong.

Communication was clear and the needs were met. The crisis provided an energy to coordinate human services that I hope will continue in the coming years. We all worked together. And we felt confident that both government and nonprofit health and wellness workers were sharing pertinent information and coordinating services. – Social Services Provider (Transylvania County)

The help offered to families in need during the pandemic. So much good was done in the way of charitable donations and food support. – Social Services Provider (Transylvania County)



Improved Access to Mental Health Resources

Seeing all the depression and anxiety that COVID created being addressed and identified. This will lead to a better community and one that is healthier. – Social Services Provider (Transylvania County)

Access to Healthcare Services

More choice in healthcare providers. There is no longer a monopoly by Mission/HCA. – Community Leader (Transylvania County)

Key Informant Perceptions of a “Healthy Community”

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

FIRST MENTION

Access to Care/Services

Great healthcare system. – Community Leader (Transylvania County)
Growth. – Social Services Provider (Transylvania County)

Awareness/Education

Education, availability, interest. – Other Health Provider (Transylvania County)
Education. – Public Health Representative (Transylvania County)

Access to Affordable Healthy Food

Availability of affordable, healthy foods. – Other Health Provider (Transylvania County)

Built Environment

Seeing residents outside enjoying the many amenities offered by the city. – Community Leader (Transylvania County)
Fitness level and percentage of those members that are considered overweight or obese. – Social Services Provider (Transylvania County)

Health & Wellness of Residents

Residents who control their weight. – Community Leader (Transylvania County)

Employment & Opportunity

Unemployment down. – Social Services Provider (Transylvania County)
Jobs, housing, education. – Community Leader (Transylvania County)

Affordable Housing

Safe and affordable housing for all. – Social Services Provider (Transylvania County)
Affordable housing. – Social Services Provider (Transylvania County)
Proper housing (key is affordable housing for lower income families). – Social Services Provider (Transylvania County)

Diversity

Open dialogue, support groups, diversity. – Social Services Provider (Transylvania County)
Genuine compassion for those with different circumstances and resources (don't treat people as an improvement project in order to feel good about yourself...that's toxic charity). – Public Health Representative (Transylvania County)
Respect for diversity 2) Compassion for those living on the margins 3) Opportunity to thrive (work, health, education, recreation, spiritual). – Social Services Provider (Transylvania County)



SECOND MENTION

Access to Care/Services

- Cheap and reliable transportation to and from medical appointments and specialists. – Social Services Provider (Transylvania County)
- All with easy access to healthcare. – Community Leader (Transylvania County)
- Access to excellent healthcare. – Social Services Provider (Transylvania County)

Employment & Opportunity

- Available jobs. – Public Health Representative (Transylvania County)
- Jobs, housing, and education. – Community Leader (Transylvania County)

Community Connections/Support

- Seeing large numbers of residents participating in community, neighborhood gatherings. – Community Leader (Transylvania County)
- Strong community values (proper care and resources for most vulnerable, accountability for criminal behavior and improper acts, access to opportunity for all, etc.). – Social Services Provider (Transylvania County)

Health & Wellbeing of Residents

- Clean and safe. – Social Services Provider (Transylvania County)
- Percentage of members that get regular medical check-ups (medical, dental, etc.). – Social Services Provider (Transylvania County)
- Nonsmokers. – Community Leader (Transylvania County)

Built Environment

- Opportunities for physical activity. – Other Health Provider (Transylvania County)

Affordable Housing

- Decreased homelessness. – Social Services Provider (Transylvania County)
- Opportunities to access safe, affordable housing through rental or purchase. – Public Health Representative (Transylvania County)

Diversity

- Diversity. – Social Services Provider (Transylvania County)

THIRD MENTION

Access to Care/Services

- Accessibility to health care (physicians, hospitals, ancillary services, mental health treatment). – Other Health Provider (Transylvania County)
- Resources. – Social Services Provider (Transylvania County)
- Primary care physicians and specialists who are able to adequately meet the needs of the community. – Social Services Provider (Transylvania County)
- Access to mental health resources. – Social Services Provider (Transylvania County)

Employment & Opportunity

- Jobs, housing, and education. – Community Leader (Transylvania County)
- Basic needs are met. – Social Services Provider (Transylvania County)
- Meaningful jobs and benefits for all who want to work. – Social Services Provider (Transylvania County)
- Financial support levels that sustain nonprofits. – Community Leader (Transylvania County)
- Less people on food stamps and public assistance. – Social Services Provider (Transylvania County)
- Opportunities to work for a living wage. – Public Health Representative (Transylvania County)

Community Connections/Support

- Support for those in need. – Social Services Provider (Transylvania County)



Government

- Local government making healthcare a priority. – Community Leader (Transylvania County)
- Sound leadership. – Public Health Representative (Transylvania County)

Health & Wellbeing of Residents

- Limited drug use. – Community Leader (Transylvania County)



SOCIAL DETERMINANTS OF HEALTH

Key Informant Perceptions of Social Determinants of Health & Physical Environment

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

Accessible & Affordable Healthy Foods

STRENGTHS

Access to Healthy Foods

Personal gardens, farmer's market, variety of grocery stores, non-chain restaurants offering healthy menu variety with emphasis on plant-based options. - Public Health Representative (Transylvania County)

Community Partners

Pisgah Health Foundation and Blue Zones, Brevard work to education, provide healthy food opportunities. - Social Services Provider (Transylvania County)

1. Farmer's Market availability, local charitable organizations like, Bread of Life, and Blue Zone project. - Other Health Provider (Transylvania County)

A focus on Blue Zone with local restaurants, college dining services, and school system. - Social Services Provider (Transylvania County)

Health Department

County Health Department. - Other Health Provider (Transylvania County)

Access to Recreational Activities

Bike path, national forest and other walking trails. - Social Services Provider (Transylvania County)

Contributing Factors

The accessibility to choose one's own food in a dignified way supports health and wellbeing. Cooking classes and simple educational ways to highlight nutritional value in everyday choices increases health. Another way to support people in community is to ensure affordable transportation to acquire necessary and local food. Some of the best programs have emerged during the past year for low-income families with access and affordable food. The Farmers Market implementation of "double your EBT Bucks" for purchases of locally grown veggies and proteins has been a gift to low-income families. Not only does it create access to higher quality food but supports human dignity as people can shop without easily being identified as a "food stamp" recipient. Increases social aspects, educates children, and sets a healthier example centered around food. The pop-up markets have been successful in getting food out to the "food desserts", when transportation is a barrier. - Social Services Provider (Transylvania County)

Friends/Family

Family, friends and our church. - Community Leader (Transylvania County)



Access to Care/Services

CHALLENGES

Access to Affordable Healthy Food

There are not healthy options that are the same price as unhealthy affordable foods. This contributes to other health issues in children and adults. People are not able to afford healthy foods or have healthy options to choose from a fast food restaurant. Healthy options should be affordable at restaurants as well as in the grocery stores. - Social Services Provider (Transylvania County)

1. Affordable healthy foods and availability of several fast food restaurants. - Other Health Provider (Transylvania County)

Many can't afford the cost of eating healthy. Fast food is much cheaper than eating healthy. - Social Services Provider (Transylvania County)

Contributing Factors

Fast food to readily available/convenient/cheap, healthy eating seen as the domain of the well-to-do or upper classes, lack of opportunities to try healthy and easy meals/snacks, transitioning to natural flavors can be challenging/unappealing after a long-term diet of highly processed food loaded with sugar/salt - Public Health Representative (Transylvania County)

Lack of transportation. Also, a lack of knowledge in how to cook with better nutrition in mind, especially with children. So many fast foods are cheaper, quicker and less energy expended to feed families. The value meals are highly processed foods and create an addiction almost to families who are so tired from working on their feed, that this option becomes easy to choose and children love it. Service-industry work tends to be physically demanding on people's bodies, and many of these jobs reside in the restaurant businesses that low-income adults are employed. They often receive free meals while at work, and this becomes a substitute for a healthier experience of eating with others around a table. Eating meals has become disconnected from the cooking process, the anticipation, the conversations, as well as the dreaded clean-up of a good savory meal. Barriers for wellbeing around food are time, costs, energy levels, transportation and cooking knowledge. - Social Services Provider (Transylvania County)

Awareness/Education

Health awareness. - Other Health Provider (Transylvania County)

For many people the lack of education on food and nutrition and costs. - Social Services Provider (Transylvania County)

Access to Care for Uninsured/Underinsured

Lack of insurance and lack of trusting health care providers. - Community Leader (Transylvania County)

Built Environment

Local farms and Blue Zone hosted in Brevard. - Social Services Provider (Transylvania County)

POPULATIONS IMPACTED

Children

Young children and families. If we can help young families make healthier food decisions this will impact their growth and development. - Social Services Provider (Transylvania County)

Children who rely on their parents for food. - Social Services Provider (Transylvania County)

Low Income

Low-income single mothers who work full-time. Also, young adults who are working service-industry positions in the fast-food restaurants. Not enough hours to live without subsidies, and no real opportunity to get ahead in the workforce. People often settle for "just getting by" and are easy prey to substance abuse. - Social Services Provider (Transylvania County)

Lower socio-economic group. - Public Health Representative (Transylvania County)

Older Adults

Older adults. - Other Health Provider (Transylvania County)

Veterans and older adults. - Public Health Representative (Swain County)



All Populations

Loaded questions. Is there really one segment that is mostly affected. People that do not fit into upper class society. - Social Services Provider (Transylvania County)

All segments. The food we put in our bodies can affect all areas of our health. - Social Services Provider (Transylvania County)

Children and Older Adults

Older adults and children. - Other Health Provider (Transylvania County)

People of Color

Black, brown, children. - Community Leader - Transylvania County

Adverse Childhood Experiences/Childhood Trauma

STRENGTHS

Community Partners

Community of faith, recreation opportunities, companion animals, positive social support networks, opportunities to disconnect from technology. – Public Health Representative (Transylvania County)

There are many organizations, churches, government, non-profits, that provide programs, food, activity for children. The key to their access is for the parents to make the effort to get their children to these programs. – Social Services Provider (Transylvania County)

If we get it wrong with our children, they and society struggles throughout their lives – however we have built "programs" that address small parts of a Child's life without looking at the child as a whole – the old 1950's programs simply do not work today and we need to reassess how and why we have these programs and how we could address the childhood needs in today's world – you cannot stop everything and start something new but we need to migrate all the social programs to new models – Community Leader (Transylvania County)

Awareness/Education

Education related to the impact of trauma, recognizing ACE's in adults who present with mental health, substance use concerns. – Other Health Provider (Transylvania County)

Informing the community about adverse childhood experiences and childhood trauma. – Social Services Provider (Transylvania County)

School System

The schools are asked to provide services that should have to. – Community Leader (Transylvania County)

CHALLENGES

Awareness/Education

Community awareness. – Social Services Provider (Transylvania County)

Parental Influence

Parental effort and commitment, and financial barriers that can mostly be overcome with effort. – Social Services Provider (Transylvania County)

Contributing Factors

Technology dependence/toxicity of social media, affordable and available housing/rental options, limited convenient walking trails for family time/activity, fast food too accessible and cheap, minimal resources for mental health needs, substance abuse as a coping mechanism for life stress, lack of understanding and respect for the evidence supporting the impact of ACE/CT, – Public Health Representative (Transylvania County)

Nutrition

Food delivery, food knowledge, fast food joints, simple education, school food and the cost of living. – Community Leader (Transylvania County)



Employment

Lack of good jobs for their care givers. – Community Leader (Transylvania County)

POPULATIONS IMPACTED

Children

Children. – Social Services Provider (Transylvania County)

Children by race and ethnicity, then again, they may be the worst impacted, but it is a general societal issue. – Community Leader (Transylvania County)

Low Income

Lower socio-economic families, Medicaid recipients. – Public Health Representative (Transylvania County)

People of Color

Black and brown. – Community Leader (Transylvania County)

Single Parent Home

Single parent homes where parents are very much underemployed or unemployed. – Social Services Provider (Transylvania County)

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

STRENGTHS

Community Partners

The local powers to be and the residents of the county support the facilities that provide health related services. - Public Health Representative (Transylvania County)

Blue Ridge Health and TC Public Health do a tremendous job of taking care of this community's health needs. - Social Services Provider (Transylvania County)

Family, friends and our church, school referrals. - Community Leader (Transylvania County)

Local Providers

Dedicated professionals. - Community Leader (Transylvania County)

Access to Care/Services

Availability of multiple health care systems, such as HCA, Pardee and Advent. - Public Health Representative (Transylvania County)

Having available doctors and specialists to care for our community is vital. - Social Services Provider (Transylvania County)

Affordable Care/Services

Availability of physicians that are affordable for those without insurance. - Social Services Provider (Transylvania County)

Job Training Opportunities

Job training opportunities that assist with better employment. - Social Services Provider (Transylvania County)

CHALLENGES

Access to Care/Services

HCA Mission has made it harder for citizens to have health care provided in the local community. - Social Services Provider (Transylvania County)



Lack of Providers

Recruitment challenges for rural communities for all medical specialties, entry of HCAs for profit model to the region, lack of true primary prevention services. - Public Health Representative (Transylvania County)

With the sale of the hospital and HCA taking over, then the doctors leaving as a result. That left our community in worse shape than ever. Doctors were already not seeing new patients. - Social Services Provider (Transylvania County)

Transportation

Transportation and lack of jobs. - Community Leader (Transylvania County)

Affordable Care/Services

Being able to afford adequate health care for self. Fear of what may be revealed and the ability to have appropriate and affordable medical treatment regardless of income. - Social Services Provider (Transylvania County)

Access to Care for Uninsured/Underinsured

Lack of insurance and the ability of getting appointments. - Social Services Provider (Transylvania County)

Rural

Rural setting, political divide. - Community Leader (Transylvania County)

Access to Affordable Healthy Food

The places that sell unhealthy food and related products. - Public Health Representative (Transylvania County)

POPULATIONS IMPACTED

Elderly

Older adults . - Social Services Provider (Transylvania County)

Older adults. - Public Health Representative (Transylvania County)

Elderly. - Social Services Provider (Transylvania County)

People of Color

Race and ethnic groups. - Social Services Provider (Transylvania County)

Race and ethnic groups. - Community Leader (Transylvania County)

Black and brown people. - Community Leader (Transylvania County)

Low Income

Financially challenged people who are often uneducated also. - Public Health Representative (Transylvania County)

All Populations

Everyone. - Social Services Provider (Transylvania County)

Clean Air & Water

STRENGTHS

Community Partners

Public and non profit organizations. Faith based support. – Community Leader (Transylvania County)

CHALLENGES

Leadership

Leadership, lack of coordination. – Community Leader (Transylvania County)



POPULATIONS IMPACTED

People of Color

Race and ethnic groups. – Community Leader (Transylvania County)

Community Safety

STRENGTHS

Law Enforcement

Very good law enforcement with a community that supports them. Both the community and law enforcement work on keeping crime low. – Social Services Provider (Transylvania County)

CHALLENGES

Crime

People often either allow or invite a criminal element from outside of Brevard to come and commit crimes here. It takes everyone's effort to prevent crime. – Social Services Provider (Transylvania County)

POPULATIONS IMPACTED

All Populations

Poor, young, elderly, disabled and homeless citizens. – Social Services Provider (Transylvania County)

Education

STRENGTHS

Awareness/Education

Education appropriate, well designed programs, perhaps interventions, because programs cannot fit everyone. This is a one to one experience. So often youth have no roll model. – Community Leader (Transylvania County)
Education. – Other Health Provider (Transylvania County)

CHALLENGES

Awareness/Education

Incorrect information. – Other Health Provider (Transylvania County)

Income/Poverty

Money, living conditions, medical access, dental access, lack of transportation, lack of access to the internet. – Community Leader (Transylvania County)

POPULATIONS IMPACTED

People of Color

Race and ethnic groups, children. – Community Leader (Transylvania County)

Elderly

Older adults. – Other Health Provider (Transylvania County)



Family & Social Support

STRENGTHS

Community Partners

Local charitable organizations and local churches. – Other Health Provider (Transylvania County)

Family and Social Supports

There are many resources available that support families. Sharing House, SAFE, Family Place, DSS, Public

Contributing Factors

Programs that can identify true motivational factors for strengthening the family cohesion. Employment that honors the struggle of raising a family in a very high-cost area-- employment that pays a living wage. Also, employment that offers a true 40-hour position or more with benefits and time-off to nurture family relationships and rest. Recreational areas that offer free access to outdoors, group games, laughter. Exceptional schools and affordable health care access. Great access to a variety of congregations of faith to nurture spirit and fellowship. Also, for low-income families, the numerous government and nonprofit programs that work together (wrap-around) to support basic life necessities, such as affordable housing, food, utilities and clothes. – Social Services Provider (Transylvania County)

CHALLENGES

Contributing Factors

Proximity of friends and family, rural areas, out of town. – Other Health Provider (Transylvania County)
Stress due to the high cost of living in this area. Stress due to the lack of affordable housing. Working so much that people do not have opportunity to enjoy one another or the environment that they live due to exhaustion. Lack of diversity in the community. Sometimes it is hard to find a place of belonging if one represents a very small segment of the population. Also, the lack of exposure to human differences which can lead to a systemic marginalization. Another barrier could be the difficult for obtaining high quality childcare that is affordable. And a more consistent comment we hear, is for the need for child-care after 5pm. The after-school resources are wonderful, but we need increased capacity for options like Boys and Girls Club or Rise and Shine or afterschool sports activities or a stronger presence of scouting. – Social Services Provider (Transylvania County)

Income/Poverty

Poverty plays a large role in family wellbeing. – Social Services Provider (Transylvania County)

POPULATIONS IMPACTED

Children

Children. – Social Services Provider (Transylvania County)

Elderly

Older adults. – Other Health Provider (Transylvania County)

Young Families

Young families with children-- especially single parenting homes. The difficulty to find social support at times they need it is exhausting. I know we saw the need amplified during the pandemic, when those single parents who rely on schools being open 5 days a week, became strapped for answers for alternative childcare for older middle school age children. – Social Services Provider (Transylvania County)



Income & Employment

STRENGTHS

Employment

Employers who stretch to pay a living wage, or who offer full-time work with benefits such as retirement, health coverage and paid time off. Healthy working environment with ample time to take a break. Opportunity for a cost of living raise at least. Employment that utilizes the knowledge and skills of those who have both been formally training and informally trained. Some of my best employees have a vast amount of local, cultural credibility, and when I acknowledge the worth of that asset, I can see people feel appreciated and valued at work. – Social Services Provider (Transylvania County)

Right now, it appears that many employers have openings, which means there are opportunities for work. – Social Services Provider (Transylvania County)

Community Partners

Health department, blue zones, Pisgah Health, Mission, Pardee and Advent. – Community Leader (Transylvania County)

Access to Affordable Healthy Foods

Places that give away produce and other healthy foods. – Social Services Provider (Transylvania County)

CHALLENGES

Employment

Lack of job training and job opportunities that provide affordable housing pay. – Social Services Provider (Transylvania County)

As a whole, my hope is that the economy can diversify some in regard to being more than a tourist destination driven economy. The jobs this produces seems to lock-in a need for service industry types of employment, which usually have a cap of income it can produce. I worry about that a lot, especially as the cost of living and the decreasing availability of housing comes into play. Transportation is another issue that keeps people under-employed. Manufacturing jobs can be obtained if one has reliable transportation that can carry them outside of the county lines to neighboring counties such as Arden or Greenville. Commuting time is a struggle, because that does come at a great cost to family time, the environment and more. Lack of motivation -- a type of learned helplessness on the part of some who have given up hope for making ends meet through employment. Some have just become satisfied living with bare necessities, depending on government and nonprofit help to cover the gap – Social Services Provider (Transylvania County)

Income/Poverty

Poverty, high paying jobs, education. – Community Leader (Transylvania County)

Adequate income. The cost of living in Transylvania County is much higher than what most employers are willing or able to pay. – Social Services Provider (Transylvania County)

POPULATIONS IMPACTED

Teens/Young Adults

For this category, we comment often about the lost look of young adult men. For many we serve in crisis assistance, they seem despondent to the possibility of a better and more secure financial life with better wage employment. Opportunities exist to obtain higher education or skilled apprenticeships, but motivating people is daunting. Young men who have been victims of a culture that teaches men in particular to not ask for help when needed (such as education, or resume building or counseling) it's hard to know where to begin. I do not have scientific/psychological evidence for this-- but I think of it as an Appalachian male disease, mostly around white young men who have no sense of belonging and instead exhibit this machoism that is detrimental to their wellbeing and those around them, especially children. It's a false sense of power. – Social Services Provider (Transylvania County)

Low Income

Low income populations below poverty level. – Social Services Provider (Transylvania County)

People of Color

Racial minorities, lower income, more rural parts of county. – Community Leader (Transylvania County)



Minorities, black and Hispanic populations. Uneducated or unskilled adults. Those who lack proper transportation. – Social Services Provider (Transylvania County)

Intimate Partner Violence (IPV)

STRENGTHS

Community Partners

SAFE Inc. is a great organization that puts much energy into preventive and interceptive work. This is perhaps the greatest community asset to work on this issue. – Social Services Provider (Transylvania County)

CHALLENGES

Contributing Factors

Generational acceptance of domestic violence, lack of education, drugs and alcohol misuse, and the breakdown of healthy families. – Social Services Provider (Transylvania County)

POPULATIONS IMPACTED

Women and Children

Adult women and their children. – Social Services Provider (Transylvania County)

Opportunities for Physical Activity

STRENGTHS

Recreational Facilities

Free exercise events, more exercise facilities, access to coaches. – Community Leader (Transylvania County)

CHALLENGES

Income/Poverty

Money and transportation, family issues as well. – Community Leader (Transylvania County)

POPULATIONS IMPACTED

Children

Children. – Community Leader (Transylvania County)

Public Transportation

STRENGTHS

Transportation Options

There are now a few transportation options for those who live within Transylvania County, TIM. However, I'm not sure these transportation opportunities help families who live on top of a mountain, outside of town, or who are experiencing an emergency. – Social Services Provider (Transylvania County)



CHALLENGES

Transportation Time/Location/Accessibility

The transportation made available is not actually accessible to all who need it. Those who live in the most remote and rural areas of our county are still isolated. – Social Services Provider (Transylvania County)

POPULATIONS IMPACTED

Rural

Specific neighborhood residents. Those in those most remote and rural parts of our county. Those outside of Brevard. – Social Services Provider (Transylvania County)

Racism & Other Forms of Discrimination

STRENGTHS

Awareness/Education

Information and open dialogue. – Social Services Provider (Transylvania County)

CHALLENGES

Lack of Knowledge/Education

Lack of knowledge and willingness to be accepting. – Social Services Provider (Transylvania County)

POPULATIONS IMPACTED

People of Color

Blacks and Latinos. – Social Services Provider (Transylvania County)

Safe & Healthy Housing

STRENGTHS

Affordable Housing

Housing is healthcare. – Social Services Provider (Transylvania County)

Nothing comes to mind given the difficulty in finding housing in Transylvania County. – Other Health Provider (Transylvania County)

Having a Safe Home

Having a safe home. – Community Leader (Transylvania County)

CHALLENGES

Housing

Affordable housing and availability of nice rentals. – Other Health Provider (Transylvania County)

There is not safe, healthy, and affordable housing. – Social Services Provider (Transylvania County)

There isn't enough safe and affordable housing in Transylvania County. With the lost of real estate increasing so drastically, locals cannot afford to stay in city limits. The options outside of the city are not always safe. – Social Services Provider (Transylvania County)

Substance abuse, unable to be a reliable employee. – Community Leader (Transylvania County)



POPULATIONS IMPACTED

Low Income

Those on a fixed income or low income individuals and those that can afford housing, but the availability of nice housing is not present. – Other Health Provider (Transylvania County)

People of Color

Hispanics and blacks. Single parent families. Those earning below living wage. – Social Services Provider (Transylvania County)

All Populations

This effects all community members. – Social Services Provider (Transylvania County)

Underserved Population

The underserved population. – Community Leader (Transylvania County)

Uninsured/Underinsured

STRENGTHS

Access to Insurance

Having insurance to enable you to see the doctor and get care is essential to the health and wellbeing of everyone. – Social Services Provider (Transylvania County)

CHALLENGES

Insurance Issues

Insurance is not affordable. – Social Services Provider (Transylvania County)

POPULATIONS IMPACTED

Elderly

Education for older adults. – Other Health Provider (Transylvania County)

Unemployed/Underemployed

Unemployed and middle class. – Social Services Provider (Transylvania County)



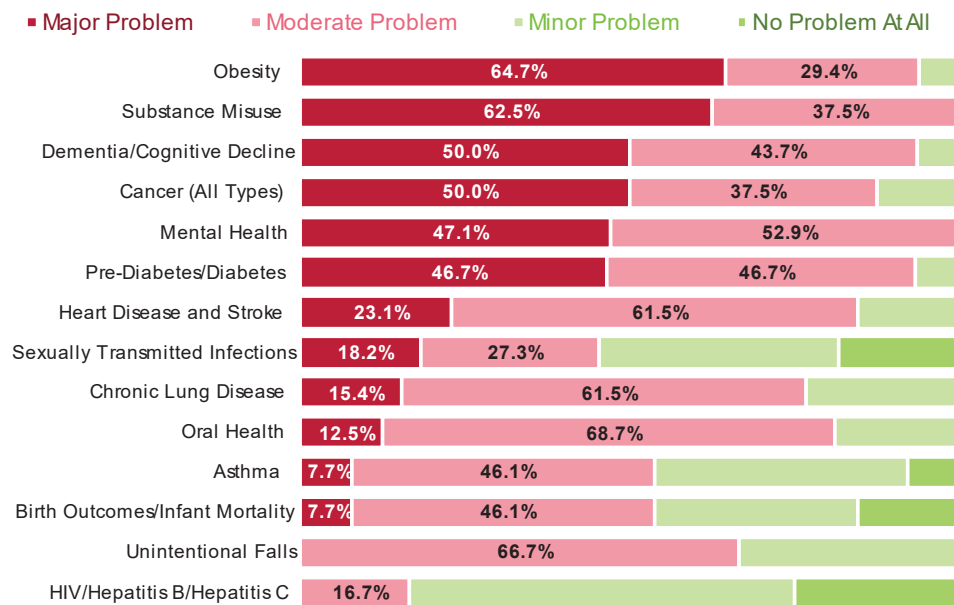


HEALTH ISSUES

KEY INFORMANT RATINGS OF HEALTH ISSUES

Key informants taking part in the Online Key Informant Survey were asked to rate each of 14 health issues; the following chart illustrates those most often identified as “major problems” in their own communities.

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



APPENDIX F – DATA PRIORITIZATION

Health Priority Workshop Presentation Slides

Key Health Issues Prioritization Worksheet

2021 Transylvania County Community Health Assessment

HEALTH PRIORITY WORKSHOP
DECEMBER 1, 2021



1

Agenda

- Welcome
- Community Health Assessment Overview
- Process of Collecting and Analyzing Community Data
- Decide What To Act On
- Next Steps

*Focus on WHAT we want to change...
...not HOW to change it (yet!)*



2

Community Health Assessment Overview

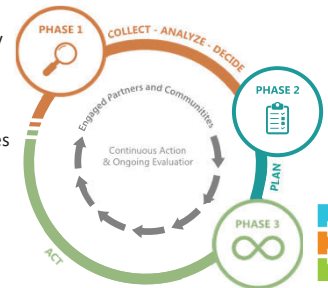
- Describe the health status of the community
- Create a resource for public health, local hospitals, other community organizations
- Provide direction for planning disease prevention and health promotion services and activities



3

Community Health Assessment Overview

- YEAR 1 – complete Community Health Assessment (CHA)
- YEAR 2 – develop Community Health Improvement Plan (CHIP) to address priority issues
- YEAR 2-3 – implement and evaluate strategic plan; create State of the County's Health (SOTCH) reports



4

PHASE 1: Collect Community Data



5

Collect Community Data: Secondary Sources

- 175 indicators: demographics, morbidity, mortality, behaviors, physical environment, resource use
- Publicly available from U.S. Census, NC State Center for Health Statistics, other state and federal departments, non-profits, research institutions
- Plus data as needed from local sources (schools, EMS, non-profits, etc.)
- County data and comparisons to region, state, nation



6

Collect Community Data: Maps

- 23 maps: selection of population, morbidity, mortality indicators
- Based on publicly-available census tract-level data
- County data and comparisons to WNC region



7

Collect Community Data: Community Survey

- Quantitative questions, generalizable to county population
- Random-digit dial landline and cell phones + online; English and Spanish
- 75 core questions + 3 county-specific questions:
 - Covering demographics, health status, access to care, health-related behaviors, social determinants of health, discrimination, pandemic-related experience
- Data collected from 223 county residents (4,861 in WNC region)
 - 199 individuals contacted through landline, cell phone, and internet
 - 24 individuals who completed survey through open website link

Conducted by Professional Research Consultants (PRC)



8

Collect Community Data: Key Informant Survey

- Qualitative questions via email
- Individuals selected for ability to identify concerns for populations they work with and overall community
- Questions about:
 - Perceptions of local quality of life and social determinants of health
 - Strengths, challenges, and populations most affected
 - Rating of health issues
- Responses collected from 19 individuals

Conducted by Professional Research Consultants (PRC)



9



PHASE 1: Analyze Community Data



10

- Pandemic experiences since March 2020:
 - 9.6% lost a job
 - 15.8% lost hours or wages
 - 8.4% lost health insurance coverage
 - 28.1% avoided medical care due to concerns about coronavirus



11

Analyze Community Data

- Morbidity and mortality data
 - Size and severity
 - Trends over time
 - Comparisons to regional/state/national data and norms
 - Disparities based on age, gender, race, etc.
- Community concern
- Connections to health behaviors and social/economic factors
- Alignment with Healthy NC 2030 indicators
- Past CHA priorities
- Narrow to "short list" of 5-7 health issues



12

Leading Causes of Death: Overall

Age-Adjusted Rates per 100,000 population (2015-2019)	Transylvania # of Deaths	Transylvania Mortality Rate	Difference from NC Rate	Change Over Time
1. Cancer	463	133.9	-24.1	▼
2. Diseases of Heart	424	117.5	-39.8	▼▼
3. All Other Unintentional Injuries	102	40.9	+1.6	▼▼
4. Chronic Lower Respiratory Diseases	137	37.1	-6.9	---
5. Cerebrovascular Disease	111	30.7	-12.0	---
6. Alzheimer's disease	106	25.6	-11.3	▲
7. Suicide	40	23.8	+10.4	---
8. Pneumonia and Influenza	51	13.9	-2.8	---
9. Chronic Liver Disease and Cirrhosis	33	13.6	+3.0	---
10. Diabetes Mellitus	44	12.9	-10.9	▼
11. Nephritis, Nephrotic Syndrome, and Nephrosis	40	11.8	-4.7	▼
12. Unintentional Motor Vehicle Injuries	23	9.8	-4.9	▼

Source: NC State Center for Health Statistics

13

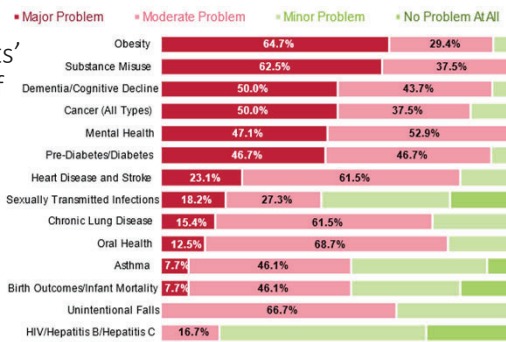
Top Morbidity Issues

- Overweight / Obesity
- High Blood Pressure
- High Blood Cholesterol
- Mental Health
- Diabetes
- Cancer
- Asthma & COPD
- Cardiovascular Disease
- Digestive System Disease
- Pre-Term Births*
- Low Birth Weight*
- Falls Among Those 65+*
- Alcohol-Related Car Crashes*



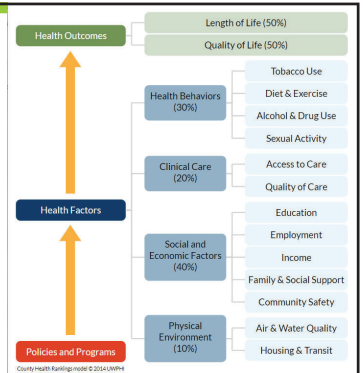
14

Key informants' ranking of health issues



15

Connections with physical environment, social and economic factors, health behaviors, and clinical care



16

Healthy North Carolina 2030 Indicators

- Health Outcomes
 - Life expectancy
 - ✓ Infant mortality
- Health Behaviors
 - Overweight and obesity
 - Tobacco use
 - Drug overdose deaths
 - ✓ Excessive alcohol use
 - ✓ Sexual health
- Clinical Care
 - Uninsured population
 - Mental health care
 - ✓ Primary care workforce
 - ✓ Early prenatal care
- Social & Economic Factors
 - Reading proficiency
 - People living in poverty
 - Unemployment
 - ✓ Childhood well-being
 - ✓ School suspensions
 - ✓ Incarceration rate
- Physical Environment
 - Access to healthy food
 - Physical activity
 - ✓ Housing quality



17

Past CHA Priorities

- 2018:
 - Mental health and substance use
 - Healthy lifestyle
- 2015:
 - Substance use
 - Mental health
 - Nutrition, physical activity, and weight



18

Analyze Community Data

- Top health concerns:
 - Cancer
 - Diabetes
 - Heart disease and stroke
 - Mental health
 - Obesity
 - Respiratory disease
 - Substance use

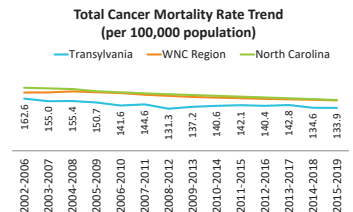


19

Cancer

- For 2015-2019,
- 1,319 new cancer cases (rate of 418 per 100,000)
 - 463 cancer deaths (rate of 133.6 per 100,000)

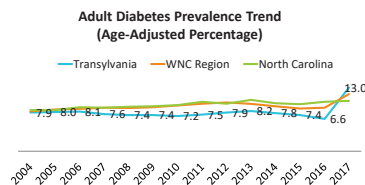
- Higher mortality among men
- Female breast cancer highest incidence (211 new cases)
- Lung/bronchus cancer highest mortality (122 deaths)
- Connections with access to care, nutrition, tobacco use, environmental exposures



20

Diabetes

- In 2021 survey,
- 2.9% reported pre-diabetes
 - 13% reported diabetes



- Pre-diabetes numbers decreasing since 2015, now much lower than region and nation
- Diabetes numbers increasing, now similar to region, state, nation
- Connections with obesity, nutrition, physical activity, other health outcomes

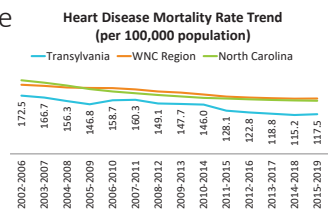


21

Heart Disease & Stroke

- In 2021 survey,
- 9% reported having heart disease – higher than region, state, nation
 - 30% reported high blood pressure (93% taking action to control)
 - 25% reported high cholesterol (95% taking action to control)

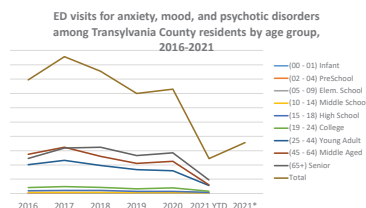
- Higher mortality among men
- Connections with access to care, nutrition, physical activity, obesity, tobacco use



22

Mental Health

- In 2021 survey,
- 19% reported 7+ days of poor mental health in past month
 - 10% reported typical day is extremely or very stressful
 - 6% considered suicide in past year
 - 20% currently taking medication or receiving treatment for mental health
 - 14% did not get needed mental care or counseling in past year
 - 23.8/100,000 suicide mortality rate
 - Connections to substance use, social/economic factors, multiple health outcomes



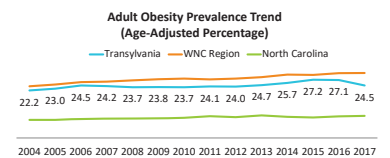
23

Obesity

- In 2021 survey,
- 70.6% overweight or obese
 - 29.5% obese

- From 2018 PedNESS data,
- 32.2% of children ages 2-4 overweight or obese

- 20% reported no leisure-time physical activity
- 23% met physical activity recommendations
- 6% consumed 5+ servings of fruit and vegetables per day – down from 14% in 2018
- Connections with nutrition and food insecurity, physical activity, diabetes, heart disease, multiple other health concerns

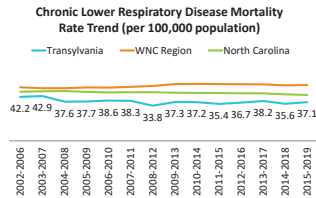


24

Respiratory Disease

In 2021 survey,

- 10.6% reported having asthma
- 10.9% reported having COPD



- Chronic Lower Respiratory Disease mortality level over time and lower than state and region
- Higher mortality rate among women (40.3 vs. 33.7/100,000)
- Connections to cancer, tobacco use, environmental exposures

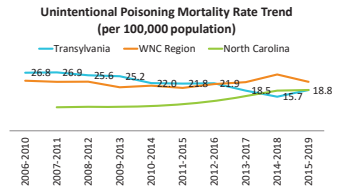


25

Substance Use

In 2021 survey,

- 10% reported excessive drinking
- 14% reported using opiates in past year (with or without Rx)
- 14% current smokers – decrease from 23% in 2018
- 41% reported life negatively affected by own or someone else's substance use
- 69% of children in foster care due to parental substance use
- 19% of babies born to moms who smoked while pregnant
- Connections with mental health, social/economic factors, health outcomes



26



PHASE 1: Decide What To Act On



27

Individually Rate Health Topics

- STEP 1: Click to open a copy of the prioritization worksheet
- STEP 2: Rate each topic for relevance, impact, and feasibility
1=low, 2=medium, 3=high, 4=highest
- STEP 3: Add the three criteria scores for each topic and enter the total into the "TOTAL RATING" column
- STEP 4: Circle the topics receiving your 3 highest overall scores; write them in order in the Step 4 table



28

Individually Rate Health Topics

RELEVANCE: Importance? Urgency? Community concern? Links to other issues?

IMPACT: Is change possible? Proven strategies? Ways to build on current work?

FEASIBILITY: Adequate resources? Community support? Easy short-term wins?

1 Low **2** Medium **3** High **4** Highest



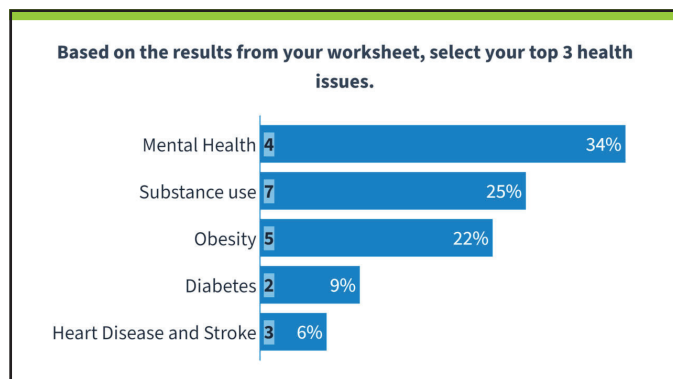
29

Share Your Top Priorities

- Click the link in the chat window to open Poll Everywhere
 - OR, to respond by phone: text TARARYBKA999 to 22333 and then text the number of your top health priorities (1 for cancer, 2 for mental health...)
- Based on the results from your individual worksheet, select your top 3 health issues




30



31

For Each Selected Priority: Mental Health


- Suggested partners? Who is already working on this?**
 - NAMI Transylvania, Meridian, BRHC, TRH, Mountain Counseling, Vaya, school nurses, Hendersonville Peds, faith community (Kimberly Dunbar), interested community members/volunteers, Rik Emaus, Jennifer Silva, funding sources (Pisgah Health & Dogwood), businesses, salons, Jim Hardy (CARE), social service organizations, Mission Health Partners, Blue Zones, law enforcement, EMS, VA, sports coaches and extracurricular leaders, RHA, Transylvania youth collaborative
- What is already happening to address this issue?**
 - NAMI family to family sessions, support groups, Family Place parent chats and SEL[?], Circle of Security, TCS efforts and trainings and risk assessments, peer support groups for ACEs and adult children of alcoholics and dysfunctional families, TRH fresh start outpatient
- What else do we need to know about this issue?**
 - Access to MH services? How to get appt? Gaps? Barriers/willingness to access care? What prevented people from accessing care? How to get to next steps? Warm handoffs? Insight from TCS assessments?
- Who is willing to join a conversation or work on this issue?**
 - Lani Callison, Bryan Abernathy, Rik Emaus, Mark Burrows, Kristen Gentry, Jennifer Silva, Mary Huggins, Jennifer Anderson, Steve Pulliam, April Pryor, Beth Hyatt, Kelly McBride, Jackie Curtis, Janice Kimball, Rachel Arends,



32

For Each Selected Priority: Substance Use


- Suggested partners? Who is already working on this?**
 - CARE Coalition, Meridian, Vaya, CMARC/CMHRP-case management, Land of Sky (transport to AA mtgs), Blue Ridge Health, Blue Zones, jail re-entry programs, ABC Boards, SAFE, businesses, Healthy Communities, police, MAHEC, people who use substances, people in recovery
- What is already happening to address this issue?**
 - Healthy Communities tobacco strategies, Blue Zones tobacco policies, Vape Education for TCS and BGC and BC, CARE Coalition Opioid Response Team improve treatment and reduce stigma, trainings, social supports and warm handoffs from Sharing House, naloxone access for LEO and first responders, support for grandparents raising grandchildren at FUMC, developing infrastructure to use opioid settlement(?), foster care
- What else do we need to know about this issue?**
 - Use for opioid settlement funding? Breakdown of use by substances?
- Who is willing to join a conversation or work on this issue?**
 - Jennifer Silva, Mark Burrows, Susan Matthews, Steve Pulliam, Kristen Gentry, Beth Hyatt, Mary Huggins




33

For Each Selected Priority: Obesity


- Suggested partners? Who is already working on this?**
 - Hendersonville Peds, Teri Redmond / cardiac rehab at TRH, local gyms, grocery stores, BGC, schools, large employers, Hunger Coalition, Sharing House, restaurants, Blue Zones, MANNA, City of Brevard, Rec Dept, Library, Bread of Life, TRH congregate meal programs
- What is already happening to address this issue?**
 - Blue Zones strategies, county policy around fast food and dollar stores, playgrounds, trails, biking, community garden, library activities, meal kits from Hunger Coalition and Bread of Life
- What else do we need to know about this issue?**
 - Community-wide childhood data? Linkages with CVD and cancer? Sugar-sweetened beverage consumption?
- Who is willing to join a conversation or work on this issue?**
 - Mark Burrows, Kelly McBride, Shelly Webb, Sara Freeman, Lori McCall, Beth Hyatt



34




Next Steps



35

Next Steps: CHA Document

- Final document will contain:**
 - Data on demographics, health, social & economic factors, physical environment
 - Health resources
 - Selected health priorities
 - Information on CHA process and priority selection
- Available to the public:**
 - Submitted to NC Division of Public Health by March 2022
 - Emailed to workshop participants
 - Online at transylvaniahealth.org
 - Hard copies at Transylvania County Library, Transylvania Public Health



36



37

Next Steps: Opportunities to Participate

Phase	Opportunities for Engagement	Timeline
PHASE 2: Community Health Strategic Planning	<ul style="list-style-type: none"> • Participating in a planning meeting • Bringing your unique perspective to root causes of an issue • Identifying best practices and promising practices 	March 2022 – September 2022
PHASE 3: Taking Action & Evaluating Health Improvement	<ul style="list-style-type: none"> • Championing or leading a project • Participating on a workgroup • Asking “who’s better off?” • Improving programs and practices 	October 2022 – December 2023 and beyond (ongoing process)

38



2021 Community Health Assessment Key Health Issues Prioritization Worksheet

Step 1: LIST KEY HEALTH ISSUES	Step 2: RATE SELECTION CRITERIA (1=lowest priority; 2=medium; 3=high; 4=highest)			Step 3: TOTAL RATING
	RELEVANCE <i>How important is this issue?</i>	IMPACT <i>Will this make a difference?</i>	FEASIBILITY <i>Can we actually do it?</i>	
	<ul style="list-style-type: none"> Size of problem (percent of population affected) Severity of problem (cost to treat, lives lost, etc.) Community concern Equity and disparities Connection to other issues 	<ul style="list-style-type: none"> Availability of solutions or proven strategies Builds on or enhances current work Significant consequences of <i>not</i> addressing issue now 	<ul style="list-style-type: none"> Availability of resources (staff, community partners, time, money, equipment) Political will Ethical, acceptable to community Easy, short-term wins 	
Cancer	+		+	=
Diabetes	+		+	=
Heart disease and stroke	+		+	=
Mental health	+		+	=
Obesity	+		+	=
Respiratory disease	+		+	=
Substance use	+		+	=
	+		+	=

Step 4: IDENTIFY AND RANK TOP HEALTH ISSUES	
Highest scoring health issue = 1, next highest scoring health issue = 2, etc.	
#1	
#2	
#3	