TRANSYLVANIA COUNTY
COMMUNITY HEALTH ASSESSMENT

2024

TRANSYLVANIA PUBLIC HEALTH

2024 TRANSYLVANIA COUNTY COMMUNITY HEALTH ASSESSMENT

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The 2024 Transylvania County CHA is available online at transylvaniahealth.org/data. Printed copies are also available upon request. Please note there may be a small fee to cover printing and mailing costs. To request a printed copy, please contact us via phone or email and provide the following information: your full name, mailing address, phone number, and the reason for your request.

COLLABORATION

This document was developed by Transylvania Public Health in partnership with Transylvania Regional Hospital, UNC Health Pardee, 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:

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2024 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 Coordinator	transylvaniahealth.org

Partnerships

Representatives from 24 community agencies and organizations, including healthcare systems, healthcare and behavioral health providers, education, elected officials, law enforcement, government agencies, and other civic and non-profit organizations, as well as the general public participated in efforts to gather data and determine priorities to create this community health assessment. Key leaders are listed below, and all participants are listed on the first page of the CHA document.

Name	Agency/ Organization	Title	Agency Website
Milton Butterworth	UNC Health Pardee	Community Health Manager	pardeehospital.org
Rik Emaus	TC STRONG Pisgah Forest Rotary	Board Chairman Past President	wearetcstrong.org
Beth Ford	TC STRONG	Director	wearetcstrong.org
Kristen Gentry	CARE Coalition	Director	transylvaniacares.org
Kristen Hassmiller Lich	UNC Gillings School of Global Public Health	Associate Professor, Department of Health Policy and Management	sph.unc.edu
Beth Hyatt	TPH Healthy Communities, Hunger Coalition of Transylvania County	Healthy Communities Coordinator	hungerfreetc.org
Bobby Peters	UNC Gillings School of Public Health	Research Assistant, Department of Health Policy and Management	sph.unc.edu
Elaine Russell	Transylvania Public Health	Health Director	transylvaniahealth.org
Craig Zimring	TREND 2.0	Founder	

Regional/Contracted Services

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

Theoretical Framework/Model

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

Collaborative Process Summary

Transylvania County's collaborative process is supported regionally by WNC Healthy Impact. This process began in January 2024 with collecting 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 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. (Note that these data were collected prior to Hurricane Helene and do not reflect impacts from this disaster.)

Then, the 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, dementia/cognitive decline, diabetes, heart disease and stroke, maternal health, mental health, obesity, oral health, respiratory disease, and substance use.

Health Priorities

Community members examined data related to each of these health concerns and prioritized the following health issues as being most important to address for the 2024-2026 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. Community efforts to improve both youth mental health and mental health for all ages are promising, 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, most residents have limited options for treatment and counseling options, especially for those who have lower incomes, no insurance, or transportation issues. Local efforts and partnerships to address substance use from primary prevention through harm reduction have resulted in improving trends, but this work must be continued and expanded to resolve this concern.

Maternal Health

Maternal health is related to poor outcomes for pregnant women and newborns, including premature deliveries and low birth weight. Substance use among pregnant women is also a concern. There are no labor and delivery services located within Transylvania County, so almost all pregnant women must travel to another county to deliver their babies. Despite high rates of prenatal care being reported, most residents believe that prenatal services are insufficient within the county.

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. The community health assessment process results in a public report that describes current health indicators and status of the community, recent changes, and what 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 community of both Transylvania Regional Hospital and UNC Health Pardee 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.
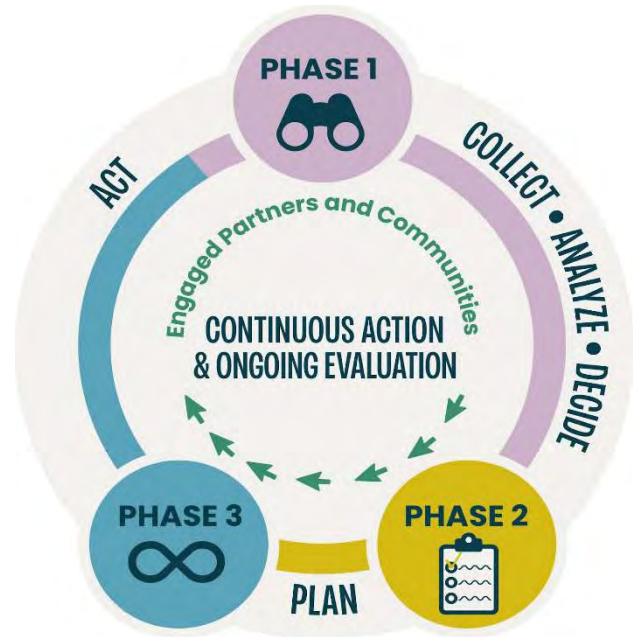
WNC Healthy Impact

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

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

More information is available at wnchn.org/wnchealthyimpact.

Data Collection

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

WNC Healthy Impact Dataset Collection

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

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

The following dataset elements and collection are supported by WNC Healthy Impact Steering Committee, WNC Healthy Impact Data Workgroup, WNC Regional Data Team, Mountain Data Equity and Engagement (DEEP), a survey vendor, and additional partner data needs and input:
- A comprehensive set of publicly available secondary data indicators with our county compared to the 16-county WNC Healthy Impact region, as well as state and national data where available.
- A set of maps using Census and American Community Survey (ACS) data.
- Results of the 2024 WNC Healthy Impact Community Health Survey (cell phone, landline and internet-based survey) of a random sample of adults in the county.
- Responses from an online survey of key informants within the community.

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, information on the local mental healthcare system collected through community mapping and interviews conducted by UNC Gillings School of Global Public Health, responses from youth surveys collected by the CARE Coalition of Transylvania County and information from a community-wide needs assessment and strategic planning process related to opioid response also from CARE.

Health Resources Inventory

We conducted an inventory of available resources of our community by reviewing a subset of existing resources as well as working with partners to include additional information. See **Chapter 7** for more details related to this process.

Community Input & Engagement

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

Our county included community input and engagement in the following ways:
- Collaboration with UNC Health Pardee and Transylvania Regional Hospital as our primary hospital partners.
- Primary data collection efforts, which gathered feedback from 264 community members who participated in the community survey and 16 community members who participated in the online key informant survey.
- Working with community collaborations such as CARE Coalition (substance misuse and underage drinking), TC STRONG (youth mental health), and TREND 2.0 (mental health) to better understand the story behind the data and identify top concerns.
- Participation by 40 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 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 there is a lack of services or providers available, or because of limitations such as income, literacy/language barriers, understanding how to access services, cultural competency of clinicians, trust, transportation, or other barriers.

At-risk populations are 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.

Vulnerable populations are those 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 people 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
- Pregnant people
- 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

A Note on the Impact of Hurricane Helene

Hurricane Helene brought unexpected and lasting challenges to communities across western North Carolina in September 2024. The third-deadliest hurricane of the modern era, Helene caused more than 200 deaths, with nearly half of them in North Carolina. (National Centers for Environmental Information, 2024) Early estimates suggest the economic losses from Helene could exceed $50 billion. (North Carolina Office of State Budget and Management, 2024)

A total of 25 counties in North Carolina were included in the federal disaster declaration following Hurricane Helene, with 14 of these counties located within the WNC Healthy Impact Region (Buncombe, Clay, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Transylvania and Yancey.) The Eastern Band of Cherokee Indians (EBCI) was also included in the disaster declaration (North Carolina Department of Public Safety, 2024).

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

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

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

Morbidity and mortality rates have been significantly impacted by the storm, with some individuals dying from injuries sustained during the hurricane. Others have faced ongoing medical issues due to limited healthcare access, prolonged stress, and the challenging recovery environment. (North Carolina Department of Insurance, 2024)

Communities in WNC continue to work toward recovery, but the devastating effects of Hurricane Helene will be felt for years to come.
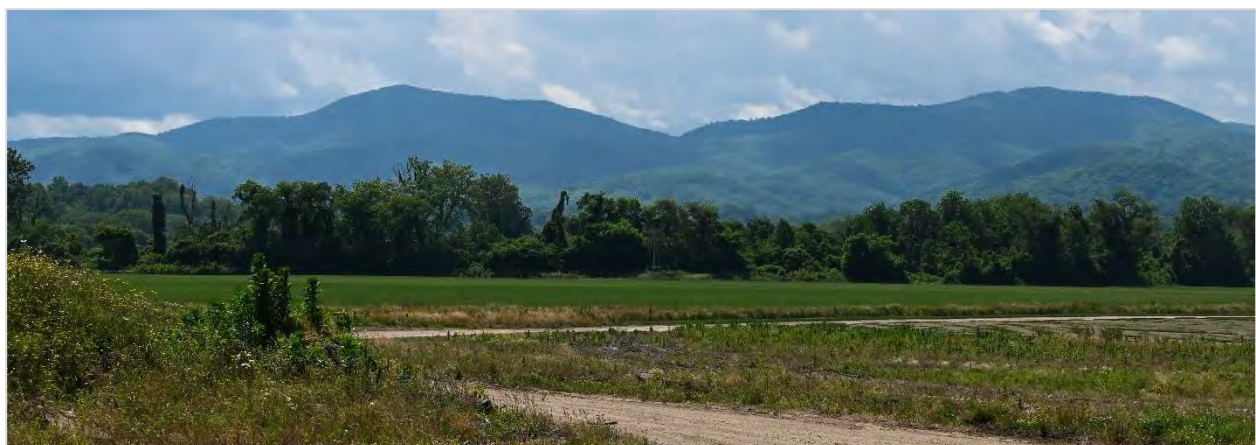
CHAPTER 2 –
TRANSYLVANIA COUNTY DEMOGRAPHICS

Location & History

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. 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.

The county has a total area of 381 square miles. It is home to two municipalities: the City of Brevard (the county seat, population 7,800) and the Town of Rosman (population 750). Communities include Cedar Mountain, Cherryfield, Lake Toxaway, Little River, Penrose, Pisgah Forest, and Sapphire.

The land known as Transylvania County today was home to indigenous nations like the Cherokee, which gave names to many local landmarks. European settlers including those from English, Scotch-Irish, and Welsh backgrounds began arriving in the late 18th century and established farming communities. The county was officially created in 1861 from parts of Henderson and Jackson Counties.

Industry first came to the county in the 1800s, based around water-powered mills, a foundry, Gillespie Gun Works, timber logging, and other products harvested from Pisgah Forest. The Hendersonville-Brevard railroad arrived in 1895, leading to increased logging and tannery works, as well as commerce and tourism luxury resorts and nature enthusiasts.

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 a sense of 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 several smaller manufacturers do exist, the county's largest employers are now its hospital, county government, and the school system. Much of the current employment is based on healthcare and seasonal tourism.

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.

The Biltmore Forest School, which developed the concepts and techniques of modern forestry, was opened in northern Transylvania County in 1898 by Carl A Schenck to manage the vast forests owned by George Vanderbilt. Today, over half of the county's geographical area (100,000 acres) is protected forestland, including 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 both residents and tourists who visit year-round. Brevard is now a popular destination for both mountain biking and road biking. The county is also home to the state's second-highest concentration of summer camps, some of which have existed since the early 1900s.

Transylvania County is also known for its cultural influences, with art galleries, pottery studios, live music, and performing arts opportunities including the 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.

Population

Transylvania County was home to an estimated 33,131 residents in 2022. About 52% are females, which is similar to regional and state percentages. (US Census Bureau, 2024)

The county population is older than expected, with a median age of 52.4, which is older than the regional average of 47.3 and several years older than the state average of 39.1 (US Census Bureau, 2024). An estimated 16% of county residents are under age 18, compared to 22% of state residents, while around 32% of county residents are ages 65 or older, compared to around 17% of state residents. (NC Office of State Budget and Management, 2024)
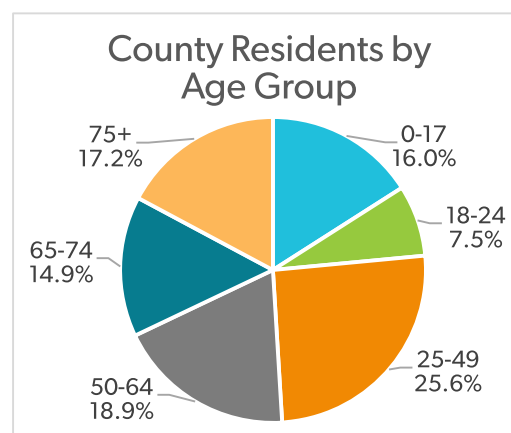
According to Census estimated, 90.5% of county residents are White, which is lower than the region (92.1%) but much higher than the state (65.0%). However, the proportion of non-White residents is increasing slightly over time, with most of the increase among people who are multiracial. An estimated 3.5% of county residents are Hispanic or Latino, compared to 6.6% for the region and 10.0% for the state. (US Census Bureau, 2024)
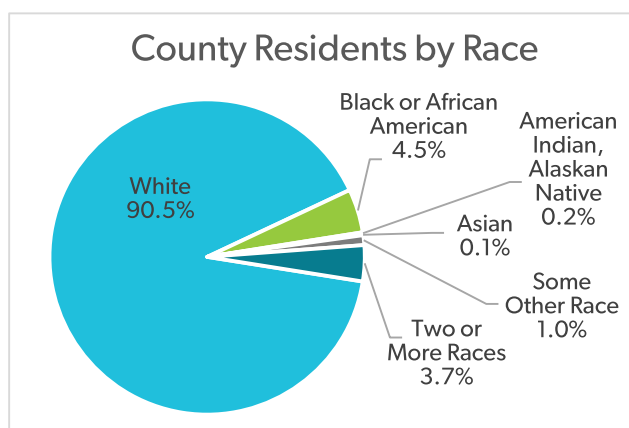
Racial and ethnic differences in health conditions are often difficult to accurately measure for Transylvania County. Because the numbers are so small, any rates would be statistically unstable. Therefore, we must typically draw conclusions about any disparities based on data from larger populations like the region or the state.
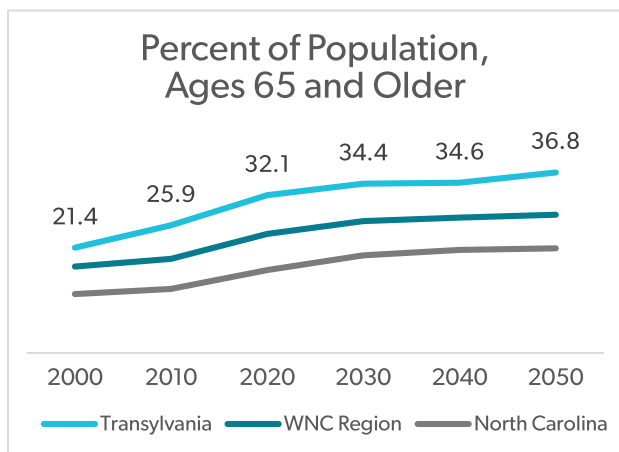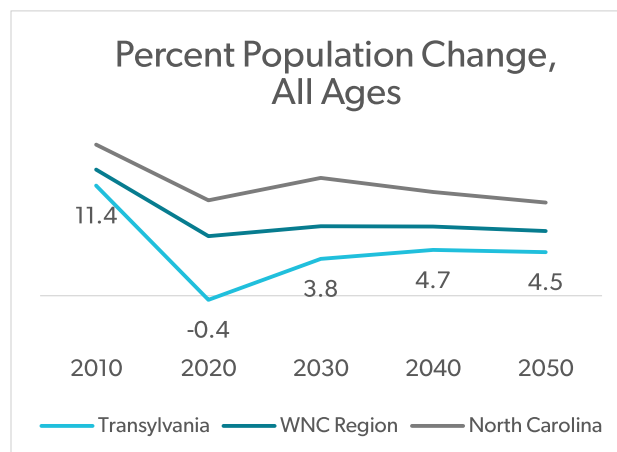
County Residents by Age Group

- 0-17: 16.0%
- 18-24: 7.5%
- 25-49: 25.6%
- 50-64: 18.9%
- 65-74: 14.9%
- 75+: 17.2%

County Residents by Race

- White: 90.5%
- Black or African American: 4.5%
- American Indian, Alaskan Native: 0.2%
- Asian: 0.1%
- Some Other Race: 1.0%
- Two or More Races: 3.7%

2021 ACS Population Estimates, Race and Ethnicity																	
	Total Population	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	33,131	29,993	90.5	1,476	4.5	69	0.2	18	0.1	0	0.0	345	1.0	1,230	3.7	1,148	3.5
WNC Region	806,696	742,585	92.1	31,528	3.9	10,528	1.3	7,105	0.9	596	0.1	16,414	2.0	38,741	4.8	53,629	6.6
Statewide	10,470,214	6,800,458	65.0	2,192,455	20.9	109,600	1.0	325,670	3.1	6,948	0.1	421,954	4.0	613,129	5.9	1,051,008	10.0

Population Change

Based on projections created in 2023, the population in Transylvania County was estimated to be 32,946 by 2020, 34,190 by 2030, 35,790 by 2040, and 37,389 by 2050. Note that these numbers have been revised downward compared to estimates created in 2019. The rate of population growth by decade is projected to be fairly level from 2020 through 2050, remaining lower than the estimated region and state population growth rates. (US Census Bureau 2024; NC Office of State Budget and Management, 2024)

The proportion of county residents under 18 years of age has decreased from 20.3% of the population in 2000 to 16.0% in 2020. It is projected to decline further to 14.8% by 2050. (NC Office of State Budget and Management, 2024)

Meanwhile, the population ages 65 and older is projected to grow from 32.1% in 2020 to 36.8% by 2050. This equates to approximately 3,000 additional seniors in Transylvania County by 2050. (NC Office of State Budget and Management, 2024)

Percent Population Change, All Ages

- 11.4
- -0.4
- 3.8
- 4.7
- 4.5

2010   2020   2030   2040   2050

—— Transylvania   —— WNC Region   —— North Carolina

Percent of Population, Ages 65 and Older

- 21.4
- 25.9
- 32.1
- 34.4
- 34.6
- 36.8

2000   2010   2020   2030   2040   2050

—— Transylvania   —— WNC Region   —— North Carolina

Birth Rate

The overall birth rate for 2018-2022 was 9.3 live births per 1,000 Transylvania County residents, which increased slightly after decreasing for several years. It remains lower than the regional mean of 11.1 and the state rate of 14.2. (NC SCHS, 2024)

The birth rate among Black women is lower for the county and the region compared to the state. The birth rate among Hispanic women is much higher compared to other races and ethnicities for the county, state, and region. (NC SCHS, 2024)

Live Birth Rates, 2018-2022

	Transylvania	WNC Region	North Carolina
Total	9.3	11.1	14.2
White, Non-Hispanic	8.7	10.3	11.9
Black, Non-Hispanic	7.2	7.4	15.1
Other Non-Hispanic	14.7	13.5	18.5
Hispanic	22.4	19.1	24.1
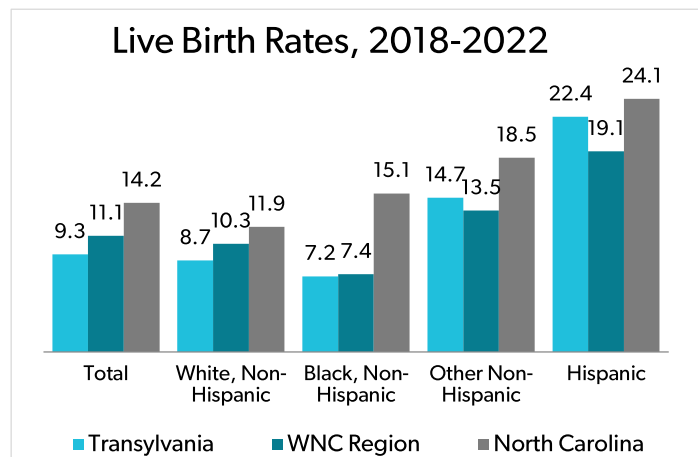
Family Composition

Transylvania County had an estimated 14,353 households in 2018-2022. An estimated 4,014 (28%) were individuals living alone, which is a large increase from 15.8% in 2015-2019. Of these householders living alone, 2,392 of these were ages 65 and older. (US Census Bureau, 2024)

Of the 2,553 households with children under 18 years of age, 1,610 were headed by a married couple, 128 were headed by a cohabitating couple, 116 were headed by a male with no spouse or partner, and 699 were headed by a female with no spouse or partner. (US Census Bureau, 2024)

For the years 2018-2022, an estimated 376 grandparents were living in a household with their own grandchildren under age 18. The grandparents were responsible for their grandchildren under age 18 in 63% of those households. These numbers have decreased significantly compared to 2015-2019. Households in which grandparents are living with their grandchildren are proportionally more likely to be Black (10.9% compared to 4.5% of the population) or two or more races (13.5% compared to 3.7% of the population) and less likely to be Hispanic or Latino (0% compared to 3.5% of the population). Nearly 22% of the grandparents who were responsible for their grandchildren were below the poverty level and almost 25% had a disability of some kind. (US Census Bureau, 2024)

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% had moved within the county during 2018-2022, compared to 5% for the region and 7% for the state. In addition, 3% of residents had moved from within the state, 4% had moved from another state, and 0.7% had moved from outside the United States. (US Census Bureau, 2024)

Half of all Transylvania County residents in 2018-2022 were born in North Carolina, and another 22% were born in a different state in the South. (US Census Bureau, 2024)

An estimated 846 people born outside the United States lived in Transylvania County in 2018-2022; 271 were naturalized U.S. citizens and 575 were not U.S. citizens at the time of the census. Of these, 318 entered the United States in 2010 or later and 528 entered before 2010. The most common world regions of birth for those born outside the United States were Latin America (500) and Europe (236). (US Census Bureau, 2024)

Household Language

An estimated 98% of Transylvania County households spoke only English in 2019-2022. (US Census Bureau 2024)

About 1 in 5 Transylvania County households with individuals who spoke another language spoke limited English. This includes 55 of 221 households (25%) that spoke Spanish and 17 of 95 households (18%) that spoke other European languages. None of the 11 households that spoke Asian and Pacific Island languages or the 9 households that spoke other languages reported limited English language proficiency. (US Census Bureau, 2024)
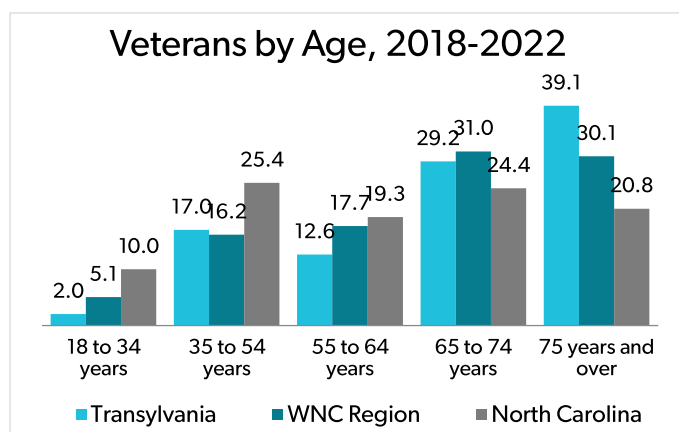
Educational Attainment

Transylvania County's educational attainment is slightly higher than the region and somewhat higher than the state. Of the total county population ages 25 and older in 2018-2022, 24.0% have earned a high school diploma (or equivalent), 23.1% attended some college but did not earn a degree, and 37.1% earned a bachelor's or higher degree. (US Census Bureau, 2024) See more information about education in **Chapter 3**.

Military Veterans

An estimated 3,195 military veterans were Transylvania County residents in 2018-2022. Around 94% of those veterans were male. (US Census Bureau, 2024)

Similar to the county's overall age distribution, more than 2/3 of veterans were ages 65 or older and only 2% were ages 18-34. (US Census Bureau, 2024)

Veterans by Age, 2018-2022

Age	Transylvania	WNC Region	North Carolina
18 to 34 years	2.0	5.1	10.0
35 to 54 years	17.0	16.2	25.4
55 to 64 years	12.6	17.7	19.3
65 to 74 years	29.2	31.0	24.4
75 years and over	39.1	30.1	20.8

People with Disabilities

Nearly 15% of county residents had a reported disability in 2018-2022, which is lower than the region, but higher than the state rates. Of those with a reported disability, more than 60% are ages 65 or older. (US Census Bureau, 2024)

People who reported disabilities include 1,712 with hearing difficulties, 977 with vision difficulties, 1,274 with cognitive difficulties, 2,221 with ambulatory difficulties, 1,006 with self-care difficulties, and 1,514 with independent living difficulties. (US Census Bureau, 2024)

Nearly 40% of county residents said they served as a caregiver to a friend or family member with a health problem, long-term illness, or disability in 2015. (WNC Health Network, 2024)

Voting Trends

As of July 2024, there were 26,515 registered voters living in Transylvania County, including 12,222 unaffiliated, 8,543 registered Republicans, 5,576 registered Democrats, 150 registered Libertarians, 22 registered No Labels, and 2 registered Green or Constitution. (North Carolina State Board of Elections, 2024)

While proportions of white voters are similar to the population (89.1% compared to 90.5% of the population), lower proportions of Black or African American voters (2.7% compared to 4.5% of the population), Multi-racial voters (0.3% comparted to 3.7% of the population), and Hispanic voters (1.0% compared to 3.5% of the population). (North Carolina State Board of Elections, 2024)

Of all registered voters in Transylvania County, 77% voted in the 2020 general election and 61% voted in the 2022 general election. These percentages are similar to regional and state turnout for 2020, but higher in 2022, compared to 57% for the region and 51% for the state. (North Carolina State Board of Elections, 2024)

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 2024 County Health Rankings ranked Transylvania County better than the average county in North Carolina and the nation for health factors, which includes health behaviors, clinical care, social and economic factors, and physical environment. (County Health Rankings, 2024)

INCOME & POVERTY

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

Income

The median household income in Transylvania County for 2018-2022 was $62,056, higher than the regional mean of $55,511, but lower than the statewide median of $66,186. In the western North Carolina region, only Buncombe and Henderson counties had higher median household incomes. Among family households, the median income was $77,573 in Transylvania County, also higher than the region and lower than the state. The per capita income for the county was $36,660. (US Census Bureau, 2024)

Poverty

About 13% of all Transylvania County residents had incomes below the poverty level in 2018-2022, which is about 4,305 people. Nearly 32% of county residents had incomes below 200% of the poverty level. (US Census Bureau, 2024)

However, nearly 20% of children under age 18 and 27% of children under age 5 were living in poverty. These childhood poverty rates have improved a bit compared to rates for 2015-2019, which saw 26% of children under age 18 and 29% of children under age 5 living in poverty. (US Census Bureau, 2024)

Percent Below Poverty By Age

	Total Population	Children Under 18	Children Under 5
Transylvania	13.4	19.8	27.0
WNC Region	14.4	18.6	22.0
North Carolina	13.3	18.5	20.3

■ Transylvania ■ WNC Region ■ North Carolina
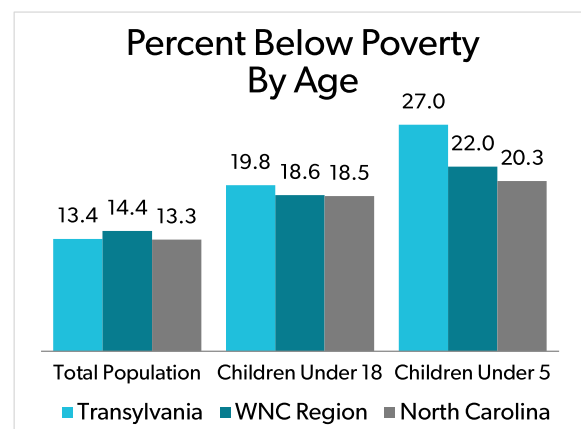
Poverty rates were much higher for members of several racial and ethnic minority populations in 2018-2022: 39% of Black residents, 31% of Hispanic residents, 28% of residents who were some other race, and 25% of residents who are 2 or more races had incomes below the poverty level, compared to 11% of white residents. Nationwide, poverty rates among American Indian/Alaska Native populations are typically higher than average; Transylvania County reported no incomes below the poverty level for this racial group, but the total population of American Indian/Alaska Native individuals in the county is very small (only 54 people). (US Census Bureau, 2024)

Emergency Savings

More than 25% of Transylvania County residents reported that they would not have financial resources to pay for an emergency expense that cost $400. This includes paying cash, taking money from a checking or savings account, or charging the expense to a credit card that could be paid in full at the next billing statement. (WNC Health Network, 2024)

EMPLOYMENT

Employment provides income and, often, benefits that can support healthy lifestyle choices. Unemployment and underemployment limit these choices, and negatively affect both quality of life and health overall. The economic condition of a community and an individual's level of educational attainment both play important roles in shaping employment opportunities. (County Health Rankings, 2024)

As of 2023, Transylvania County had an estimated labor force of 14,903 workers; 14,422 of these were employed. (NC Department of Commerce, 2024)

Based on 5-year estimates for 2018-2022, 10% of county residents worked from home (an increase from 8% in 2015-2019), 20% worked outside Transylvania County (a decrease from 25% in 2015-2019), and 2% worked outside North Carolina. (US Census Bureau, 2024)

The county was home to 1,245 business establishments; the most common sectors of these businesses are construction (206); professional, scientific, and technical services (154); retail trade (137); health care and social assistance (116); and accommodation and food services (111). (NC Department of Commerce, 2024)

The largest employment sectors include retail trade (1,487 workers/15.5% of the total workforce); health care and social assistance (1,419 workers/14.8%); accommodation and food services (1,410 workers/14.7%); and educational services (1,076 workers/11.2%). (NC Department of Commerce, 2024)

Economic Development

Transylvania County is now designated as a Tier Two County* for economic development, a change from Tier Three in past years. (NC Department of Commerce, 2024) For fiscal year 2022-2023, the county had $28,842,475 in gross collections and $605,529,611 in taxable sales, both of which have nearly doubled over the past 5 years. (NC Department of Revenue, 2021)

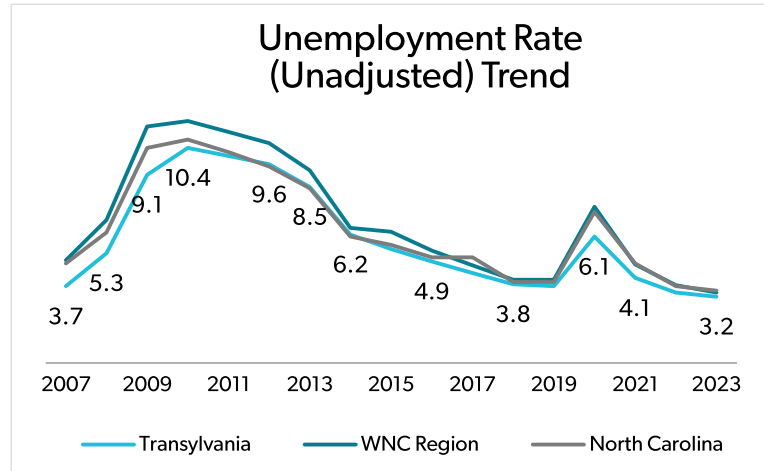*Tier designations determine a variety of state funding opportunities to assist in economic development. Each county is assigned a designation of Tier One (most distressed), Tier Two, or Tier Three (least distressed). The Department of Commerce changed how it calculates tier designation in 2019. The 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 2023, 481 individuals were recorded as unemployed.* The county unemployment rate of 3.2 was slightly lower than the regional (3.4), and state (3.5) rates. (NC Department of Commerce, 2021)

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

Unemployment Rate (Unadjusted) Trend

Legend: Transylvania — WNC Region — North Carolina

Data labels shown: 3.7, 5.3, 9.1, 10.4, 9.6, 8.5, 6.2, 4.9, 3.8, 6.1, 4.1, 3.2

X-axis: 2007, 2009, 2011, 2013, 2015, 2017, 2019, 2021, 2023

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) Damage and closures due to Hurricane Helene likely had similar impacts on employment.

Wages

The 9,597 people employed in Transylvania County in 2023 earned an average weekly wage of $1,049, which has increased from $835 in 2020 and $692 in 2017. It is higher than the average weekly wage for the region ($980) but is less than 75% of the state average weekly wage ($1,407). (NC Department of Commerce, 2024)

The highest weekly wages were earned by those working in wholesale trade ($1,638); finance and insurance sectors ($1,511); professional, scientific, and technical services ($1,302), information ($1,223); real estate, rental, and leasing ($1,206); transportation and warehousing ($1,206); and manufacturing ($1,119). The lowest wages were earned in accommodation and food service ($563); other services, ex. public administration ($649); and retail trade ($675). (NC Department of Commerce, 2024)

Transylvania County workers employed in retail trade earned average wages of $675 per week, which was around $45 higher than the region, but $64 lower than the state average. Those employed in health care and social assistance earned an average wage of $994 per week, which is nearly $40 higher than the regional average but $250 lower than the state average for this sector. Workers employed in accommodation and food services earned average wages of $563 per week, which is $90-94 higher than the state and regional averages. Those employed in educational services earned an average wage of $867 per week, which has increased nearly $100 since 2020, but is $26 less than the region and more than $240 less than the state average. (NC Department of Commerce, 2024)

Almost 16% of Transylvania County residents reported keeping their job but losing hours or wages during the COVID-19 pandemic; 26% of residents reported lost hours or wages across the western North Carolina region. (WNC Health Network, 2024) Damage and closures due to Hurricane Helene likely had similar impacts on wages.

EDUCATION

Better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. This is true even when factors like income are taken into account. More schooling is linked to higher incomes, better employment options, and increased social support that, together, support opportunities for healthier choices. (County Health Rankings, 2024)

Early Childhood Education

As of January 2023, Transylvania County had 10 licensed child care centers licensed to enroll up to 454 children; 313 children are currently enrolled. These facilities include 4 NC Pre-K locations operated by Transylvania County Schools, 1 location at HeadStart, and 4 independent centers; 7 of these facilities earned 5-star* ratings. Of all 10 programs, 8 offer subsidized costs. NC Pre-K is available for 4-year-olds whose family income is at or below 75% of the state median income; only 56% of eligible 4-year-olds are enrolled in NC pre-K. (NC DHHS Division of Child Development, 2023)

*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.

In addition, the county has 2 licensed family child care homes licensed to enroll up to 8 children; 5 children are currently enrolled. (NC DHHS Division of Child Development, 2023) Non-licensed half-day programs are also available, including 4 church-based preschools for ages 1-5 years, 1 independent coop preschool for ages 18 months to 6 years, and 3 pre-K programs at private schools. Some of these facilities offer summer care for similar or expanded ages. (Smart Start, 2024)

Educational Facilities

Transylvania County has 1 public school system, with 4 elementary schools, 2 middle schools, 2 high schools, and 1 alternative school. The county also has 1 public charter school serving grades K-8 (Brevard Academy), 5 private schools (Montessori-based and religious schools) serving grades K-5 and K-8, and 439 enrolled home schools.

For the 2023-2024 school year, Transylvania County Schools enrolled 3,172 students and employed 234 teachers, including 34 National Board Certified teachers. Local support was $4,113 per pupil in addition to $8,820 in state funding and $2,642 in federal funding. Brevard Academy enrolled 407 students and employed 19 teachers. Local support was $4,113 per pupil, in addition to $8,644 in state funding and $466 in federal funding. Approximately 200 students were enrolled in private schools and around 725 students were homeschooled. (NC Department of Public Instruction, 2024)

The county is also home to Brevard College, a private four-year institute with an enrollment of 810 in fall 2024. A satellite campus of Blue Ridge Community College, based in Henderson County, is also located in Transylvania County.

Educational Achievement

Based on end-of-grade test results for the 2022-2023 school year, 56% of Transylvania County Schools students were proficient in grade level math skills and 54% were proficient in grade level reading skills. (NC Department of Public Instruction, 2024)

High School Graduation & Drop-Out Rates

For the 2022-2023 school year, about 84% of Transylvania County 9th graders graduated from high school within four years. This rate is lower than the state and regional rates (88% and 87%). Like the state and regional rates, female students were more likely to graduate within four years (89%) than male students (79%). (NC Department of Public Instruction, 2024)
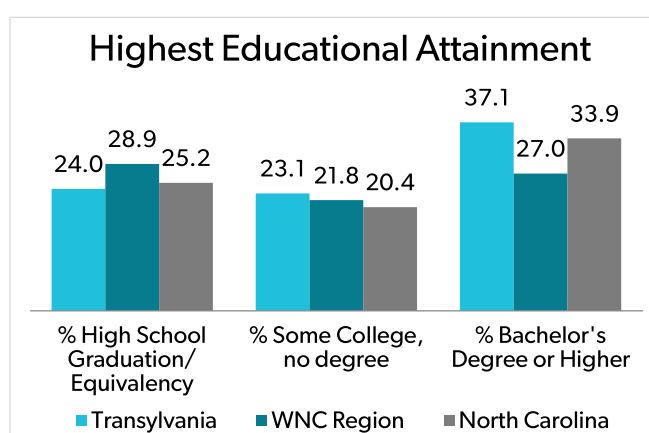
Nearly 81% of economically disadvantaged students, 77% of students with disabilities, and 95% of academically gifted students graduated within four years. Graduation rates are slightly higher among White students (85%) and students who are two or more races (85%) compared to Hispanic students (81%) and Black students (79%). (NC Department of Public Instruction, 2024)

A total of 29 students dropped out of high school in the 2022-2023 school year, resulting in a dropout rate of 2.60, which is higher than the regional average of 1.46 and the state average of 1.95. (NC Department of Public Instruction, 2024)

Educational Attainment

More than 37% of Transylvania County residents ages 25 and older had earned a bachelor's degree or higher in 2018-2022, which is higher than the region and the state. Similar to regional and state trends, the proportion of county residents earning a bachelor's degree or higher has increased over time, from 27% in 2006-2010. (US Census Bureau, 2024)

Nearly 16% of county residents ages 25 or older have educational attainment below high school graduation or equivalency, which is lower than the state (20.5%) and the region (22.3%). (US Census Bureau, 2024)

Highest Educational Attainment

	% High School Graduation/ Equivalency	% Some College, no degree	% Bachelor's Degree or Higher
Transylvania	24.0	23.1	37.1
WNC Region	28.9	21.8	27.0
North Carolina	25.2	20.4	33.9

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 1 and 44. Accidents and violence affect health and quality of life in the short and long-term, for those both directly and indirectly affected, and living in unsafe neighborhoods can impact health in a multitude of ways. (County Health Rankings, 2024)

Index Crime Rate Trend (per 100,000 population)

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
North Carolina	3518.7									2526.0
WNC Region	2559.1									1867.9
Transylvania	1985.6									1019.2

Legend: Transylvania, WNC Region, North Carolina
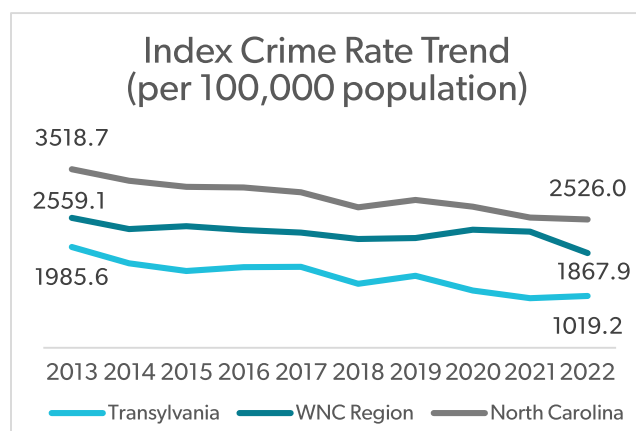
Index Crime

The index crime rate* in Transylvania County was 1,019.2 per 100,000 residents for 2022, which is much lower than the rates for the region (1,867.9) and state (2,526.0). The county rate has remained low and has decreased over time. This rate includes 113.9 violent crimes and 905.2 property crimes per 100,000 residents. (NC Department of Justice, 2024)

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

A total of 338 criminal offenses were reported in Transylvania County in 2022, including 39 violent crimes (14 rapes, 1 robbery, 24 aggravated assaults) and 299 property crimes (75 burglaries, 203 larcenies, 17 motor vehicle thefts, and 4 arsons). (NC Department of Justice, 2024)

In 2022, 244 arrests were related to the sale, manufacture, or possession of drugs. More than 93% of these arrests were for possession, mostly possession of marijuana or "other" dangerous drugs. Only 16 total arrests were for the sale or manufacture of drugs. (NC Department of Justice, 2024)

Incarceration

In the 2022-2023 fiscal year, 66 people entered prison after being convicted of a crime in Transylvania County, for a total prison population of 85 people from the county. In addition, 128 people entered community supervision, which includes probation, parole, or post-release supervision, for a total community supervision population of 195 people. (NC Department of Adult Correction, 2024)

Domestic Violence

Over 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 2024)

SAFE Inc., provides supportive services for domestic violence and sexual assault in Transylvania County. A total of 2,242 services were provided either in person or virtually to 279 clients in the 2022-2023 fiscal year. Most of these clients were White (72%), non-Hispanic (84%), and women (84%). Providers received 824 hotline calls and 3 crisis or support chats. The domestic violence shelter served 84 homeless or housing insecure individuals and was completely full on 18 days. In addition, providers hosted 37 adult support group sessions and 14 child support group sessions. (NC Department of Administration, 2024)

Sexual Assault

During the 2022-2023 fiscal year, 19 people in Transylvania County reported experiencing a sexual assault, including 3 rapes, 0 child sexual offenses, 3 adult survivors of child sexual assault, 3 cases of incest, 2 reports of human trafficking, and 8 other assaults. (NC Department of Administration, 2024) Only 1 of these assaults was perpetrated by a stranger; 3 were committed by a relative, 2 by an acquaintance, 4 by a spouse, 2 by a boyfriend, girlfriend, or partner, and 5 relationships were undisclosed. Most of the victims were White (74%), non-Hispanic (79%), and women (89%). (NC Department of Administration, 2024)

A total of 115 supportive services for sexual assault were provided either in person or virtually to 19 clients in the 2022-2023 fiscal year. Providers received 24 hotline calls and 1 crisis or support chat. In addition, providers hosted 31 adult support group sessions and 8 child support group sessions. (NC Department of Administration, 2024)

Child Abuse and Neglect

Reports of abuse and neglect were investigated for 212 Transylvania County children in fiscal year 2022-2023, an increase over recent years. Of those, 31 (18%) were found to be unsubstantiated and 13 (6%) were found to be substantiated cases of both abuse and neglect (5), abuse (1), or neglect (7). (UNC-Chapel Hill Jordan Institute for Families, 2024)

Of the 22 Transylvania County children who entered Child Welfare custody in fiscal year 2022-2023, 41% were placed with relatives (compared to 33% of children statewide), 36% were placed in a foster home, 14% were placed in a hospital, and 5% were placed in a court-approved location.

These children were in DSS custody for a median of 606 days; 82% remained in custody for 360 days and 32% remained in custody for 720 days. During this time, 9% of children experienced 2 placements compared to 20% statewide and 63% experienced 3 or more placements compared to 51% statewide. (UNC-Chapel Hill Jordan Institute for Families, 2024)

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)

Juvenile Justice

Authorities received 258 total complaints related to juvenile justice in Transylvania County for 2023, including 32 reports of undisciplined* minors and 226 reports of delinquent* minors. The county rate for undisciplined minors of 12.83 per 1,000 youth ages 6 to 17 increased dramatically compared to previous years; it is now twice the regional rate of 6.08 and nearly 9 times the state rate of 1.47. The county rate for delinquent minors of 73.69 also increased dramatically. It is nearly 3 times the regional rate of 27.09 and more than 2.5 times the state rate of 28.81. (NC Department of Public Safety, 2024)

In 2023, 7 youths were placed in a detention center and 41 were served in community programs supported by Juvenile Crime Prevention Councils. (NC Department of Public Safety, 2024)

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.

School Safety

Students in Transylvania County schools were given 351 short-term suspensions (up to 10 days) in the 2022-2023 school year, for a total of 984 suspension days; 11 students were given long-term suspensions (11 or more days) but none were expelled. High school students accounted for about 1/5 of all short-term suspensions, with a rate of 6.76 suspensions per 100 students. Most of the suspended students were White (72%), non-Hispanic (92%), and male (83%). (NC Department of Public Instruction 2020)

During the 2022-2023 school year, there were 9 reportable acts* among Transylvania County high school students, for a rate of 8.57 acts per 1,000 students. This rate is much lower than the region (14.468) and the state (15.10), and has fluctuated widely in the past 8 years, from lows of 2.79 in 2020-2021 and 5.52 in 2021-2022 to a high of 33.04 in 2014-2015. Among all grade levels, there were 23 reportable acts in Transylvania County Schools for 2022-2023, for a rate of 7.237 per 1,000 students, which is similar to the region and lower than the state rate. These acts included 1 sexual offense, 6 possessions of a weapon and 16 possessions of alcohol or a controlled substance. (NC Department of Public Instruction, 2024)

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

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

Housing Units

Transylvania County had an estimated 14,567 total occupied housing units in 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 $1,450 for 2018-2022. This cost is about $175 higher than the regional average but is similar to the state average; it has increased $225 since 2015-2019. (US Census Bureau, 2024)

The estimated median gross rent in Transylvania County was $861 per month for 2018-2022, which is slightly higher than the regional average of $826 but much lower than the state average of $1,093. The median rent has steadily increased since a low of $647 in 2010-2014. (US Census Bureau, 2024)

Almost 26% of Transylvania County homeowners and 39% of tenants spent more than the recommended 30% of household income on housing costs; 8% of homeowners and 26% of tenants spent more than 50% of their household income on housing. (US Census Bureau, 2024)

In 2024, 34% 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 almost doubled since 2021, when 18% of county residents reported being concerned about having enough money to pay their rent or mortgage. (WNC Health Network 2021) In 2024, 26 families in Transylvania County faced foreclosure and 106 families faced eviction. (NC Housing Coalition, 2024)

Housing Adequacy

Of the 14,113 occupied housing units in Transylvania County, about 17% were mobile homes or some "other" type of housing (including boats, RVs, vehicles, etc.). More than 50% of occupied housing units in Gloucester township and 40% of the units in Cathey's Creek were mobile homes or other housing. About 17% of housing units throughout the county and 28% of the housing units in Brevard township were built in 1959 or earlier. (US Census Bureau, 2024)

Countywide, 113 occupied housing units lacked complete plumbing facilities, 155 lacked complete kitchen facilities, 127 had no telephone service, and 113 had no heating fuel. Almost 1,722 housing units were heated with fuel oil, kerosene, coal, coke, or other fuels, including 76% of units in Gloucester township. (US Census Bureau, 2024)

Nearly 14% of county residents reported that there was a time in the past year when their home did not have electricity, heating, or running water. More than 13% reported ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that may be unhealthy or unsafe. (WNC Health Network, 2024)

About 9% of county households did not have a computer and 14% did not have an internet subscription. (US Census Bureau, 2024)

Homelessness & Housing Emergencies

Based on the point-in-time count conducted by the North Carolina Coalition to End Homelessness in January 2024, 77 county residents were experiencing homelessness, including 61 adults with no children and 5 families with a total of 9 children. A total of 18 people 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, 32 individuals were living in an emergency shelter and 45 were unsheltered. (NC Coalition to End Homelessness, 2024)

More than 11% of county residents reported needing to live with a friend or relative because of a housing emergency in the past 3 years, and 2% reported living on the street, in a car, or in a temporary shelter in the past 3 years. (WNC Health Network, 2024)

TRANSPORTATION

Access to Places

According to County Health Rankings, 84% 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, 2024)

Transportation & Household Vehicle Access

Of the 13,645 workers ages 16 and over in Transylvania County in 2018-2022, an estimated 77.7% drove alone to work, 8.8% carpooled, 2.1% walked, 0.7% bicycled, 0.2% took public transportation, and 0.4% used a taxi, motorcycle, or other means of transportation. About 1.4% of workers did not have a vehicle available. (US Census Bureau, 2024)

A total of 192 owner-occupied households and 463 renter-occupied households did not have access to a vehicle for transportation in 2018-2022. (US Census Bureau, 2024)

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, 2024)

Transylvania County Transportation offers a fixed route bus service known as Transylvania in Motion that 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. Fares cost $1 per trip. (Transylvania County Transportation, 2025)

County transportation continues to offer point-to-point 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, 2025)

FOOD SECURITY

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

Access to Food

County Health Rankings scored Transylvania County's food environment as a 8.0 out of 10, compared to 6.8 for the state and 7.7 for the nation based on access to healthy foods and food insecurity. (County Health Rankings, 2024)

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) About 1/3 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 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. The Hunger Coalition of Transylvania County coordinates with the regional MANNA Foodbank to offer "mobile markets" with free fresh produce, milk, eggs, and other pantry staples several times each month at locations throughout the county. (Hunger Coalition, 2024)

Since 2020, Transylvania County Schools has provided free breakfast and lunch for all preK-12 students. Transylvania County Schools' Nutrition Director also coordinates the distribution of "Backpack Buddies" that supply ready-to-eat or easy preparation foods for weekend meals, as well as summer group meal sites and home deliveries. (Transylvania County Schools, 2025)

Food Assistance

Almost 26% of Transylvania County residents were identified as being food insecure, which includes those who ran out of food and did not have money to buy more and/or those who worried about running out of food in the past year. (WNC Health Network, 2024)

In January 2024, 3,473 people from 1,696 households in Transylvania County received Food and Nutrition Services (often referred to as food stamps). This number includes 1,334 children under age 18 and 428 adults ages 65 and older. Despite higher rates of poverty compared to white residents, only about 7% (233 recipients) were Black and 4% (133 recipients) were Hispanic. The total number of FNS recipients in Transylvania County has been decreasing since 2015 (UNC-Chapel Hill Jordan Institute for Families, 2024)

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)

FAMILY & SOCIAL SUPPORT

People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Neighborhoods richer in social capital provide residents with greater access to support and resources than those with less social capital. (County Health Rankings, 2024)

In 2024, about 67% 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. This is similar to regional responses (65%) but shows a large decrease compared to 82% in 2021. (WNC Health Network, 2024)

About 69% of Transylvania County residents said they "always" or "usually" get the social and emotional support they need; while this is higher than the region, this number has also been trending downward for several years. (WNC Health Network, 2024)

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 2022, Transylvania County is less able to absorb, endure, and recover from the impacts of a disaster compared to the region and state: 28% of county residents had 3 or more risk factors that decrease resilience compared to 26% of regional residents and 20% of state residents; 45% of county residents had 1 or 2 risk factors compared to 45% for the region and 43% for the state; and 27% of county residents had no risk factors compared to 28% for the region and 36% for the state. (US Census Bureau, 2024)

* 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

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

Racism is an underlying or root cause of health inequities and leads to unfair outcomes between racial and ethnic groups. Different geographic areas and various racial and ethnic groups experience challenges or advantages that lead to stark differences in life expectancy, infant mortality, poverty, and more. (County Health Rankings, 2024)

In a 2024 survey, 88.8% of Transylvania County residents agreed that the community is a welcoming place for people of all races and ethnicities. However, 5.6% of respondents said had often or sometimes threatened or harassed due to their race or ethnicity during their lifetime; 3.7% said they had experienced threats or harassment in the past year. (WNC Health Network, 2024)

Also in the past year, 3.6% said they were often or sometimes treated unfairly due to their race or ethnicity when getting medical care, and 2.7% reported being often or sometimes treated unfairly due to their race or ethnicity at school. In addition, 17.3% of county residents reported that they had experienced physical symptoms as a result of unfair treatment, such as a headache, upset stomach, muscle tension, or a pounding heart. (WNC Health Network, 2024)
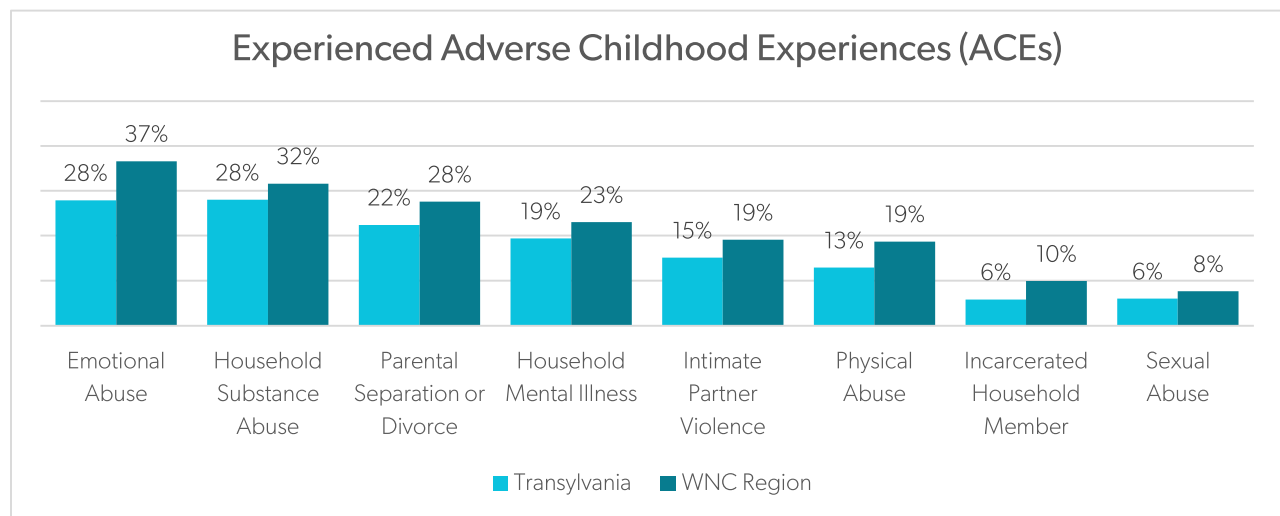
Additionally, 38.8% of county residents said that they had often or sometimes been criticized for their accent or the way they speak over their lifetime; this is much higher than the regional average of 28.6%. (WNC Health Network, 2024)

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)

Experienced Adverse Childhood Experiences (ACEs)

Category	Transylvania	WNC Region
Emotional Abuse	28%	37%
Household Substance Abuse	28%	32%
Parental Separation or Divorce	22%	28%
Household Mental Illness	19%	23%
Intimate Partner Violence	15%	19%
Physical Abuse	13%	19%
Incarcerated Household Member	6%	10%
Sexual Abuse	6%	8%

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 –
PHYSICAL ENVIRONMENT

Western North Carolina is naturally resilient compared to many other parts of the state. The altitude makes the region less vulnerable to heat waves than the Piedmont area, and floods in the mountains are less threatening than those experienced in coastal counties. Since the tuberculosis outbreak of the late 1700s, the air quality has drawn people to the mountains in hopes that it would provide a healing benefit (Cadmus, 2024).

However, communities still need to be prepared for many health risks present in our environments. Wildfires, water quality, flooding, drought, and heat waves are all threats to human health. Smoke from fires damages air quality and leads to respiratory issues among other health issues, poor water quality can cause life-threatening diseases such as cancer and bacterial infection, flooding can increase exposure to water-borne illnesses, and drought increases the frequency and intensity of flooding. Changes in our climate will continue to make summers hotter and will increase communitywide susceptibility to heat related illness, especially in under-treed communities experiencing heat islands (Donellan, 2023).

The 2024 County Health Rankings ranked Transylvania County better than the average county in North Carolina and the nation for health factors, which includes aspects of the physical environment. (County Health Rankings, 2024)

AIR & WATER QUALITY

Clean air and safe water are prerequisites for health. Poor air or water quality can be particularly detrimental to vulnerable populations such as the very young, the elderly, and those with chronic health conditions. (County Health Rankings, 2024)

Air Quality

Air pollution is a leading environmental threat to human health. Particles in the air like dust, dirt, soot, and smoke are one kind of air pollution called particulate matter. Fine particulate matter, or $PM_{2.5}$, is so small that it cannot be seen in the air. In addition, ground-level ozone is one of the biggest parts of smog. Ozone occurs naturally in the sky and helps protect us from the sun's harmful rays. But ground-level ozone can be bad for health and the environment. (CDC EPH Tracking Network, 2020)

No air quality index monitoring stations are located directly in Transylvania County. Based on data from the nearest stations in western North Carolina, there were 14 moderately unhealthy Air Quality Index days in 2024. (US Environmental Protection Agency, 2024)

An average daily density of 5.8 μg/m^3 of fine particulate matter was measured in the air for Transylvania County in 2020, or less than half of the annual national standard of 12.0 μg/m^3. This is lower than the state and national average and trending downward over time. (CDC EPH Tracking Network, 2020)

Many health problems have been linked to exposure to traffic-related air pollution, and people who live or go to school near a major highway are more likely to be exposed to traffic-related air pollution. While 56% of Transylvania County schools are sited within 150 meters of a major highway, less than 5% of the overall population live within 150 meters of a major highway. (CDC EPH Tracking Network, 2020)

Pollen is also an air quality concern. Allergy season typically lasts from around mid-February to late September in North Carolina. Warmer overall temperatures are expanding the pollen season, which is starting 20 days earlier and ending about 10 days later compared to 30 years ago. In western North Carolina, the geography of mountainous areas contributes to a longer pollination season due to plants pollinating early in low-lying areas and later at higher elevations. (North Carolina State Climate Office, 2024)

In 2024, there were 31 high severity days and 6 very high severity days for tree pollen, 7 high severity days for grass pollen, and 5 high severity days for weed pollen. In 2023, there were 48 high severity days and 3 very high severity days for tree pollen, 6 high severity days for grass pollen, and 5 high severity days for weed pollen. (NC Environmental Quality, 2025)

Radon

Radon is the leading cause of lung cancer among non-smokers, and children are twice as likely to be affected by breathing radon as adults. It is a colorless, odorless, tasteless and chemically inert radioactive gas, formed by the natural radioactive decay of uranium in rock, soil and water. Testing for radon is the only way to know how much is present in a building. (NCDHHS Radon Program, 2023)

The average indoor radon level in Transylvania County was 6.3 pCi/L (which is much higher than the state average of 4.0 pCi/L and more than 4 times the average national indoor level of 1.3 pCi/L). Of the buildings in Transylvania County tested for radon, 68% had results above 2 pCi/L (in which remediation should be considered) and 42% had results above 4 pCi/L, at which remediation by a certified radon professional is recommended; only 32% had acceptable levels under 2 pCi/L. (Air Chek 2025)

The highest recorded indoor radon level in Transylvania County was 305.7 pCi/L, nearly 3 times the regional average of 103.6 pCi/L and nearly 5 times the state average of 62.8 pCi/L. (NCDHHS Radon Program, 2023)

Based on Transylvania County's geology, properties are at high or moderate risk for private well water to have elevated levels of radionuclides (radon, uranium, and radium). Testing is recommended for private well water, and remediation by a certified radon professional is recommended for radon levels over 4,000picoCuries per liter. (NCDHHS Radon Program, 2023)

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, 2024)

Toxic Releases

The EPA reported no hazardous material releases for Transylvania County in 2022. Of 85 counties reporting total releases, Transylvania County ranks 83rd. (US EPA TRI Explorer, 2022)

Community Water Systems

Nearly 19,000 Transylvania County residents (56%) ware served by a total of 18 permitted community water systems as of August 2024. The City of Brevard system uses surface water and all other systems use ground water as their primary water source. In the past 10 years, 2 systems have received health based violations. (US EPA 2024)

Wastewater Treatment Systems

As of August 2024, Transylvania County had 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 minor water treatment plant, 1 minor groundwater remediation system, and 15 minor domestic systems. The largest system, Brevard Wastewater Treatment Plant, has a flow rate of 2.5 million gallons per day, while the smallest, Sapphire Lakes Wastewater Treatment Plant #2, has a flow rate of 4,900 gallons per day. (NC Division of Water Resources 2024).

Solid Waste Disposal

Transylvania County disposed of 37,810 tons of municipal solid waste and construction and demolition waste in fiscal year 2022-2023. The per capita rate for the county is 1.13 tons per county resident, compared to 0.88 tons for the region and 1.32 tons for the state. (NC DENR 2024)

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 2022-2023, this landfill had approximately 103,000 tons of permitted volume remaining, which is about 1.5 total tonnage remaining in fiscal years. (NC DENR 2024)

CLIMATE IMPACTS

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

When surveyed, more than two-thirds of residents reported feeling that climate is very connected or somewhat connected to health risks. (WNC Health Network 2024)

Temperature & Extreme Heat

Over the past century, the average annual temperature in western North Carolina has steadily risen, with most years in the past 2 decades being warmer than the historical average. (National Centers for Environmental Information Climate at a Glance, 2024)

Observed Average Annual Temperature for Western North Carolina, 1901 to 2024
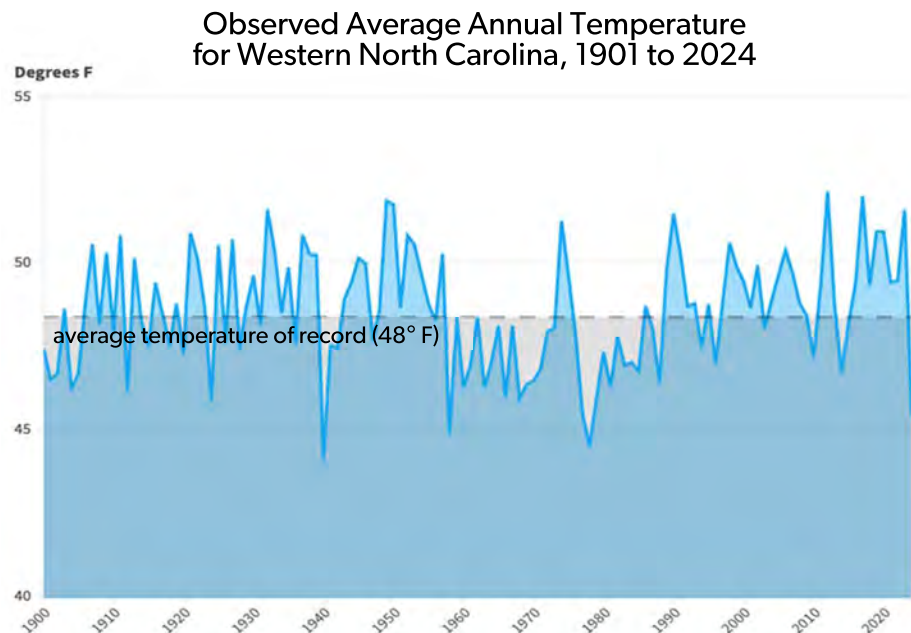
Annual Number of Heatwave and Extreme Heat Days in Western North Carolina, 1991 to 2023
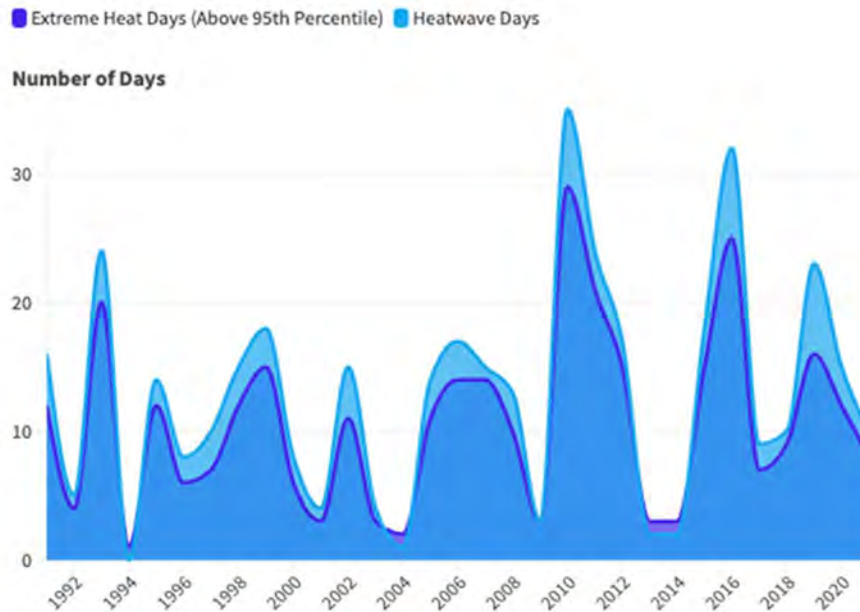
Extreme heat events, such as heatwaves, have also become more frequent. Extreme heat days are defined as individual days when the temperature exceeds the 95th percentile. A heatwave is defined as 3 or more consecutive days, during which the temperature reached the 90th percentile for those days.

Since 2010, both extreme heat days and heatwave days have been more frequent compared to the previous decades. Especially hot years included 2010, with 35 heatwave days, and 2016, with 32 heatwave days. (PRISM Climate Group)

Extreme heat poses direct risks such as heatstroke and also exacerbates existing health conditions like heart disease and respiratory illnesses. These periods of prolonged heat have been linked to increased morbidity and mortality, particularly on days with poor air quality. (CDC, 2023) As the frequency of extreme heat events continues to rise, addressing these climate-related health risks becomes increasingly urgent.

Precipitation & Flooding

Western North Carolina's climate is characterized by its wet and humid conditions, with precipitation levels remaining relatively constant across seasons (NCICS, 2024). However, extreme precipitation events, such as heavy rainfall leading to flash floods, have become more variable.

Extreme precipitation is defined as 3 inches or more of precipitation within a 24-hour span. Since 2000, several years have experienced multiple days of extreme precipitation, significantly increasing the risk of flooding, property damage, and potential injuries or fatalities. (NCICS, NOAA NCEI, State Climate Office of North Carolina)

Observed Annual Number of Extreme Precipitation Events for the Western Mountains of North Carolina
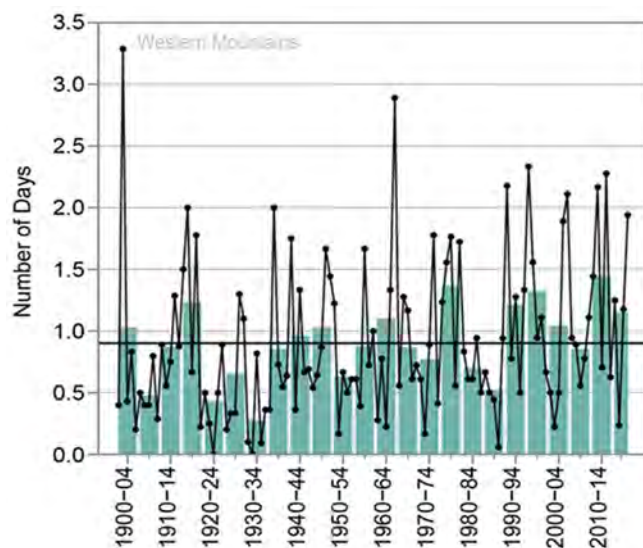
Flood risk in this region is high, and the region's unique topography further amplifies this vulnerability. (FIRMs, USGS DEMs, NOAA, NHD, with special thanks to Sarah Ulrich for mapping expertise)

Communities located near rivers, streams, and low-lying areas are particularly at risk. Preparing for and mitigating the impacts of floods is a crucial aspect of safeguarding community health.

Flood Risk in North Carolina at the ZCTA level

Drought & Wildfires

Despite Western North Carolina's typically humid climate, the region has also faced periods of exceptional drought.

Historic Drought Conditions in WNC, 2000 to 2024

Map Valid: Dec 27, 2016
U.S. Drought Monitor Category

| D0 Abnormally Dry 0.0% | D1 Moderate Drought 22.1% | D2 Severe Drought 48.7% | D3 Extreme Drought 29.2% | D4 Exceptional Drought 0.00% |

Drought Conditions in WNC During the 2016 Season
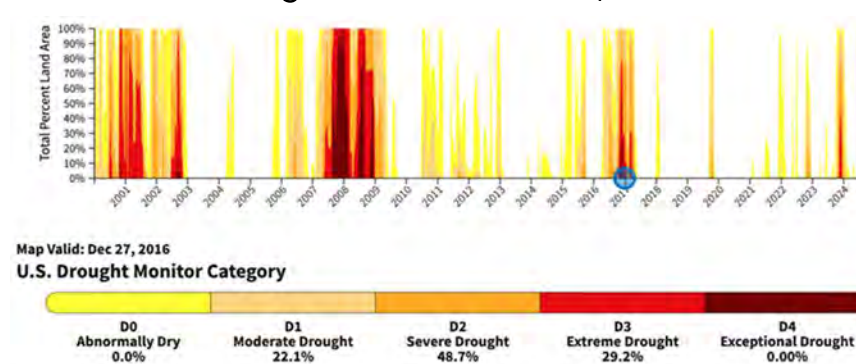
From 2007 to 2009, streamflows dropped to record lows, and drought in 2016 triggered a significant wildfire season in the region. (NOAA, USDA, and National Drought Mitigation Center)

Wildfires pose health risks through direct exposure to flames and smoke, which can exacerbate respiratory and cardiovascular conditions, and even cause premature death (CDC, 2023).
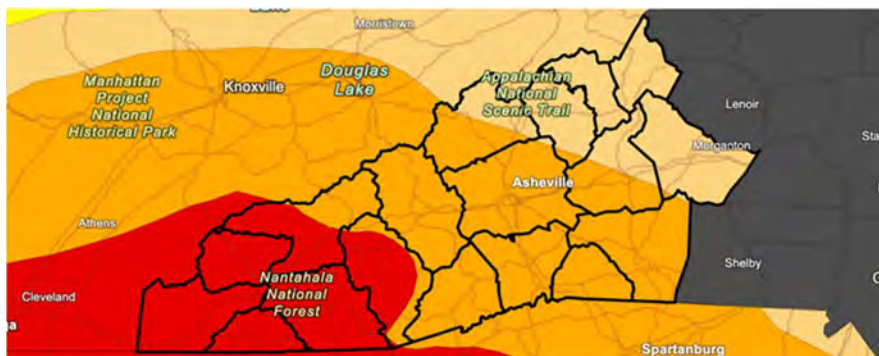
The 2016 wildfire season burned over 60,000 acres in North Carolina (NCICS, 2024), highlighting the need for continued attention to fire prevention and response.

CHAPTER 5 –
HEALTH DATA FINDINGS SUMMARY

Health outcomes tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive. County Health Rankings reports that Transylvania County has better health outcomes compared to the average county in North Carolina and the average county in the nation. 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 2024)

MORTALITY

People in Transylvania County have significantly lower mortality than the population statewide overall and for almost all leading causes of death. The most common causes of death for county residents are heart disease and cancer; rates for cancer have stayed fairly level over time while rates for heart disease are trending up slightly but remain lower than statewide rates. (NC SCHS, 2024)

Age-Adjusted Rates per 100,000 population (2018-2022)	Transylvania # of Deaths	Transylvania Mortality Rate	Difference from NC Rate	Change Over Time
ALL CAUSES	**2311**	**676.6**	**-172.8**	▲
1. Diseases of Heart	465	130.8	**-30.4**	▲
2. Cancer	466	129.3	**-22.8**	▼
3. All Other Unintentional Injuries	123	46.9	**-5.6**	▲
4. Chronic Lower Respiratory Diseases	130	35.8	**-4.0**	---
5. Cerebrovascular Disease	117	30.9	**-13.5**	---
6. COVID-19	89	26.9	**-16.6**	---
7. Alzheimer's disease	103	25.2	**-11.4**	---
8. Diabetes Mellitus	46	15.2	**-11.8**	▲
9. Suicide	26	15.2	**1.7**	▼
10. Pneumonia and Influenza	48	13.0	**-0.8**	---
11. Chronic Liver Disease and Cirrhosis	30	10.9	**-1.8**	▼
12. Nephritis, Nephrotic Syndrome, Nephrosis	31	9.4	**-7.1**	▼
13. Unintentional Motor Vehicle Injuries	20	7.9	**-8.2**	▼
14. Septicemia	30	7.6	**-4.7**	▼

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 2018-2022 are "better" than in previous years, while red arrows indicate that the rates are "worse" than in previous years.

The only cause of death where county rates are higher than state rates is for suicide, but that rate has fallen from 23.8 to 15.2 over the past 4 years while state rates have remained level. In past years, county mortality rates have also been higher than the state for unintentional non-motor vehicle injuries (e.g. falls, poisonings, animal bites), and liver disease. For other unintentional injuries, the county rate decreased from a peak of 67 points higher than the state rate in 2009-2013 and has been steady for several years. However, the state rate has increased over recent years. County mortality rates for liver disease decreased from 13.6 to 10.9, while state rates went up from 10.6 to 12.7. Diabetes mortality rates are increasing but remain lower than the state rate for now. (NC SCHS, 2024)

For ages 0-19 years, the leading causes of death were perinatal conditions, suicide, and heart disease. For ages 20-39 years, the leading causes of death were other unintentional injuries, suicide, and heart disease. For ages 40-64 years and 65-84 years, the leading cause of death is cancer, followed by heart disease; other unintentional injuries and COVID-19 were also leading causes of death in the 40-64 age group, while Chronic lower respiratory disease was the third leading cause of death for ages 65-84. For ages 85 years and older, the leading cause of death is heart disease, followed by cancer and Alzheimer's disease. (NC SCHS, 2024)

HEALTH STATUS & BEHAVIORS

Overall Health Status

Among Transylvania County residents, 19% reported being in "fair" or "poor" physical health. (WNC Health Network, 2024) Based on responses to the Behavioral Risk Factor Surveillance System survey, Transylvania County residents reported an average of 3.3 days over the past month when their physical health was not good in 2021, similar to state and national responses. (County Health Rankings 2021)

Life Expectancy

The life expectancy at birth for people born in Transylvania County in 2020-2022 is 79.1 years. This is higher than any other county in western North Carolina and years higher than the regional and state life expectancy, but has fallen compared to the life expectancy of nearly 81 years for people born 2017-2019.

Life expectancy for females is more than 5 years longer compared to males for Transylvania County; similar disparities are seen at regional and state levels. (NC SCHS 2021)

Life Expectancy at Birth (2020-2022)

	Transylvania	WNC Region	North Carolina
Overall	79.1	75	76.2
Male	76.5	71.9	73.4
Female	81.8	78.5	79.2
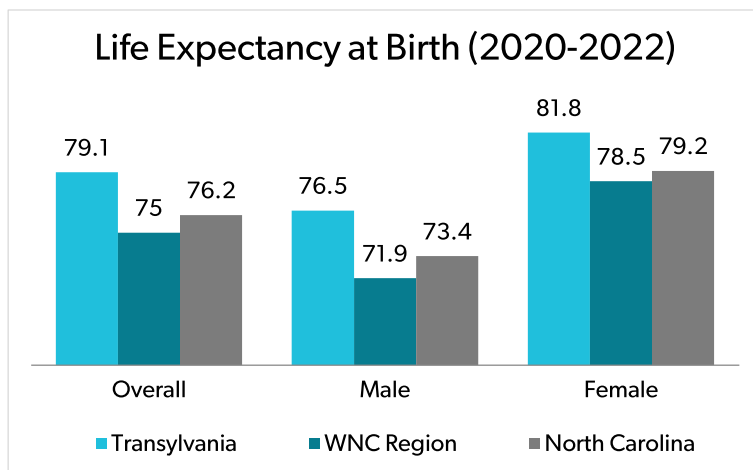
Chronic Disease

Cancer

Cancer incidence for Transylvania County is 418.0 cases per 100,000 population for 2018-2022; this rate has decreased somewhat in the past few years, but was level for several decades prior. The age-adjusted county rate is lower than the regional (472.7) and state rates (474.6). The sites with the highest incidence were lung/bronchus, followed by female breast, prostate, and colon/rectum; only a few cases of melanoma and cervix/uterine cancer were diagnosed in this time period. (NC SCHS, 2024)

Transylvania County cancer mortality rates have also decreased slightly over the past 10 years, from 131.3 per 100,000 for 2008-2012 to 129.3 for 2018-2022. County rates are much lower than regional and state rates (157.4 and 152.1 per 100,000). However, cancer mortality is consistently higher for men than for women (159.5 per 100,000 compared to 103.8 for 2018-2022). (NC SCHS, 2024)

The most common sites of cancer mortality were lung/bronchus, female breast, and prostate. Although the lung cancer mortality rate (30.2 per 100,000) is lower than the region (39.5) and state (37.5) for 2018-2022, lung cancer mortality rates among men (40.2) were nearly double the mortality rates for women (22.0). Lung cancer incidence rates for county residents (53.8 per 100,000 population) were lower than the region (62.8) and state (56.9). (NC SCHS, 2024)

County rates for breast cancer mortality (17.8 per 100,000) were lower than the region and state (21.0 and 19.7). A total of 244 new cases of breast cancer were diagnosed in 2018-2022, for an incidence rate of 144.0 per 100,000 women, which is lower than the region and state (158.7 and 171.0). (NC SCHS, 2024) 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, 2024; US DHHS Office of Disease Prevention and Health Promotion, 2018)

Prostate cancer rates for county residents are also lower than the region and the state, with mortality rates of 14.4 per 100,000 men compared to 17.2 and 20.0 and incidence rates of 91.5 per 100,000 men compared to 106.3 and 124.8. (NC SCHS, 2024)

Similarly, colorectal cancer rates for county residents are lower than the region and the state, with mortality rates of 8.8 per 100,000 people compared to 14.7 and 12.9 and incidence rates of 26.7 per 100,000 people compared to 37.7 and 34.0. (NC SCHS, 2024)

An estimated 317 new cases of cancer and 124 cancer deaths were projected for 2024, including 53 breast, 47 lung/bronchus, 39 prostate, and 23 colon/rectum cancer diagnoses and 30 lung/bronchus, 10 colon/rectum, 9 prostate, and 8 breast cancer deaths. (NC SCHS, 2024)

Diabetes

The CDC's Diabetes Surveillance System estimated that 2,889 residents of Transylvania County had diabetes in 2021; the age-adjusted percentage of 7.5% is lower than the region and the state. (CDC 2024) More than 11% of Transylvania County residents reported being diagnosed with diabetes, and 13% reported being diagnosed with borderline or pre-diabetes in 2024; these rates are lower than the state, region, and nation (WNC Health Network, 2024).

The mortality rate for diabetes was 14.2 per 100,000 for 2018-2022 among county residents; this is lower than the region (24.4) and state (27.0), but is increasing over time (NC SCHS, 2024).

Heart Disease and Stroke

Heart disease mortality has increased slightly compared to 2015-2019 but remains lower than the region and state rates. In 2018-2022, the mortality rate for Transylvania County residents was 130.8.5 per 100,000, compared to 172.5 for the region and 161.2 for the state. However, the rate for men was 174.6 compared to 93.6 for women. (NC SCHS, 2024)

About 8% 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 (7.4%), the state (7.1%) and the nation (10.3%). (WNC Health Network, 2024).

Gender Disparity: Heart Disease Mortality Rates

Period	Males	Females
2013-2017	153.7	91.0
2014-2018	149.6	87.5
2015-2019	152.2	88.7
2016-2020	162.2	91.1
2017-2021	173.7	97.6
2018-2022	174.6	93.6
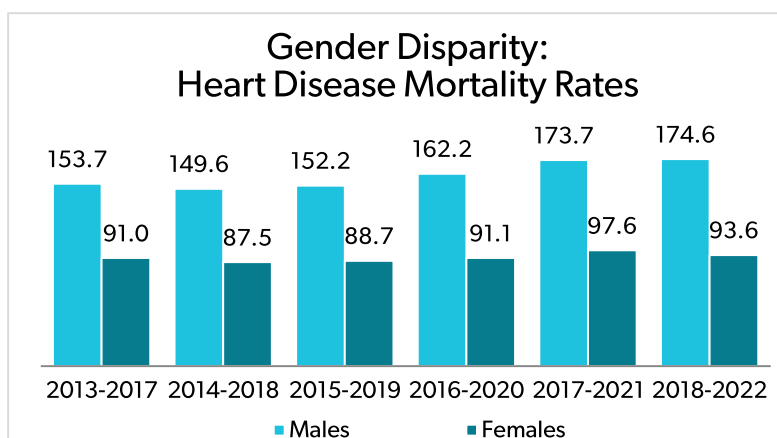
The mortality rate for cerebrovascular disease (stroke) is lower among Transylvania County residents (30.9 per 100,000) compared to the region (40.7) and state (44.4) for 2018-2022, and all rates are fairly steady over time. Previous data showed higher rates of death among women compared to men, but the rates are similar for 2017-2021 and 2018-2022 (NC SCHS, 2024).
In 2018, 3.0% of Transylvania County residents reported ever having had a stroke, which is lower than the regional mean (3.8%), the state (4.9%), and the nation (5.4%). (WNC Health Network, 2024).

More than 39% of county residents reported having high blood pressure in 2024. This is lower than the region (42.3%), similar to the nation (40.4%) but higher than the state (34.7%); it 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, 2024).

About 39% of residents said they had been diagnosed with high blood cholesterol, which is lower than the region (38.3%) but higher than the nation (34.2%) and 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, 2024).

Kidney Disease

A total of 31 deaths from kidney disease were reported among Transylvania County residents for 2018-2022. This includes diagnoses of nephritis, nephrotic syndrome, and nephrosis. The county rate of 9.4 per 100,000 residents was lower than the regional rate of 13.1 and the state rate of 16.5. The number of deaths is too small in recent years to calculate rates by gender, but a slightly higher number of deaths occur among women compared to men. (NC SCHS, 2024)

COVID-19 infection has been shown to damage kidney function in some individuals and may be connected to kidney disease incidence.

Obesity

An estimated 4,727 county residents were obese in 2021. (CDC, 2024). Based on a 2024 survey that calculated BMI based on reported height and weight, less than 29% of adults were a healthy weight. Nearly 68% of adults in Transylvania County were overweight or obese; almost 32% of these were obese. The rates of overweight were similar to the region, lower than the state, and higher than the nation, but county obesity rates are slightly lower than all comparators. (WNC Health Network, 2024)

Comprehensive or generalizable data on children's weight is difficult to find. Among children seen by public health-sponsored programs like WIC, nearly 1/3 of those ages 2-4 years were overweight or obese, which is higher than the region (28%) and state (30%) and 87% of children ages 5-11 years were overweight or obese, which is much higher than the region (41%) and the state (28%). 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 were 35.8 per 100,000 for 2018-2022; this rate is lower than the region (49.5) and state (39.8) and has been stable over time. (NC SCHS, 2024)

Almost 11% of county residents reported having chronic obstructive pulmonary disease (COPD) in 2024, compared to 12% in the region, only 8% statewide, and 11% nationwide. About 14% of county residents reported having asthma. (WNC Health Network, 2024)

Infectious Disease

Airborne Disease

A total of 48 county residents died from pneumonia and influenza in 2018-2022, for a mortality rate of 13.0 per 100,000; this rate is fairly level over time and remains lower than the region (16.6) and similar to the state (13.8). In addition, 89 county residents died from COVID in 2018-2022 for a mortality rate of 26.9, which is much lower than the region (48.6) and the state (43.5). (NC SCHS, 2024)

From March 2020 through May 2023, a total of 8,8621 cases associated with COVID-19 have been reported among Transylvania County residents. As of May 2023, COVID-19 is no longer a "reportable disease or condition" in North Carolina. Therefore, public health staff do not receive reports of COVID-19 from providers or investigate cases. Public health staff will continue to investigate outbreaks occurring in group living facilities. (TPH Communicable Disease Report, 2024)

After several years with few or no pertussis cases, public health staff investigated 62 reports of pertussis in 2024. Many of these cases were associated with local preschools and an outbreak at schools in Henderson County. Staff also investigated 6 cases of Haemophilis influenza, 4 deaths from Type A Influenza, and 1 report of mumps that did not meet case definition. (TPH Communicable Disease Report, 2024)

During 2020-2024, staff were notified of 2 active cases of tuberculosis, 19 cases of latent tuberculosis, and 3 cases of Class A/B tuberculosis; 6 of the latent cases completed treatment in this time period.* (TPH Communicable Disease Report, 2024)

*Latent TB Infection = When a person does not feel sick and has no symptoms of tuberculosis. The individual was exposed to TB at some point in the past but cannot spread TB to others. Class A/B TB = When a person comes to the US from another country through immigration; they have a positive TB skin test but a clear chest x-ray, so they receive medical clearance.

Foodborne Disease

For 2020-2024, public health staff investigated 6 confirmed and 49 probable cases of Campylobacter, 9 potential cases of Carbapenem-Resistant Enterobacterales (CRE), 7 cases of *C. perfringens*, 3 confirmed and 4 probable cases of Cryptosporidiosis, 2 cases of Cyclosporiasis, 4 probable cases of *E. coli* (including 3 cases of Shiga-toxin producing E. coli, 1 case of Listeriosis, 23 confirmed and 5 probable cases of Salmonella, 1 case of Shigella, 1 case of Vibrio, and 2 other foodborne illnesses. (TPH Communicable Disease Report, 2024)

Hepatitis

As of December 2022, a total of 363 Transylvania County residents were living with a diagnosis of chronic hepatitis C, which includes 44 new cases reported in 2022. In addition, 19 Transylvania County residents were living with a diagnosis of chronic hepatitis B. (NC DHHS, 2024)

In 2020-2022, public health staff investigated 8 cases of acute hepatitis A (3 did not meet case definition), 8 cases of acute hepatitis B (6 did not meet case definition), 4 cases of chronic hepatitis B, 6 cases of acute hepatitis C, and 80 cases of chronic hepatitis C (31 did not meet case definition). (TPH Communicable Disease Report, 2024)

Sexually Transmitted Infections

A total of 82 cases of sexually transmitted diseases were reported for Transylvania County in 2024, down from a high of 150 in 2019. New cases include 68 cases of chlamydia, 12 cases of gonorrhea, 2 cases of pelvic inflammatory disease. Public health staff investigated 8 possible cases of syphilis that did not meet case definition and followed up with 2 contacts to early syphilis and 2 contacts to secondary syphilis. (TPH Communicable Disease Report, 2024)

Rates of all sexually transmitted diseases per 100,000 residents in 2022 were much lower for Transylvania County compared to North Carolina: 199.0 vs. 612.8 for chlamydia; 36.2 vs. 254.6 for gonorrhea; 9.0 vs. 39.1 for syphilis; and 3.4 vs. 15.3 for HIV. A total of 47 county residents were living with HIV in 2022 and 1 death from AIDS was reported in the five-year period 2018-2022. (NCDHHS HIV/STD Surveillance Report, 2024)

Rabies

Public health initiated 199 rabies investigations in 2024; the most common source of exposure was dog bites and handling. Other common exposures include cats, bats, raccoons, squirrels, and goats. No animals tested positive for rabies. Post-exposure prophylaxis (PEP) was indicated in 8 rabies cases; 35 exposed individuals were referred to their county of residence. (TPH Communicable Disease Report, 2024)

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)

Septicemia

Septicemia is a leading cause of mortality among Transylvania County residents, with 30 deaths for 2018-2022 resulting in a rate of 7.6 per 100,000. The county rate is lower than the region and state (12.2 and 12.3) and has been steady for several years. (NC SCHS, 2024)

Vector-Borne Diseases

In 2020-2024, a total of 7 cases of encephalitis were reported, including 2 confirmed and 2 probable cases of LaCrosse, 1 potential case of Eastern Equine Encephalitis that did not meet case definition, and 1 potential case of other arboviral encephalitis that also did not meet case definition. (TPH Communicable Disease Report, 2024)

Staff also investigated several suspected cases of tickborne illnesses in 2020-2024, including Ehrlichiosis (10 reported cases, 6 did not meet case definition), Lyme disease (14 reported cases; 8 did not meet case definition), and Spotted Fever Rickettsiosis (15 reported cases, 11 did not meet case definition). (TPH Communicable Disease Report, 2024)

Other Infectious Diseases

Public Health staff investigated 5 cases of Legionellosis, 2 probable cases of Creutzfeldt-Jacob, 8 cases of Strep A invasive, 3 cases of toxic shock syndrome, and 6 cases of varicella during 2020-2024. (TPH Communicable Disease Report, 2024)

Injury & Violence

Motor Vehicle Injury

The three-year average motor vehicle crash rate for 2018-2020 was 293 for Transylvania County, compared to 226 for the region and 308 for the state. The percent of alcohol-related crashes (5.8%) was higher than the region (4.7) and state (3.7) but the rate of fatal crashes (0.97) and the rate of crash injuries per 1,000 people (7.65) were both lower than the region and state. (NC Department of Transportation, 2024)

Transylvania County residents experienced 266 injuries from 639 reportable motor vehicle crashes in 2023; 6 crashes involved a pedestrian injury, 3 involved a bicycle, and 41 involved a motorcycle. In addition, 52 crashes and 30 injuries were related to alcohol. (NC Department of Transportation, 2024)

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 7.9 in 2018-2022. Although state and regional rates are also decreasing over time, the county rate remains lower than both the region (16.7) and state (16.1). (NC SCHS, 2024)

Other Unintentional Injuries

The mortality rate for unintentional injuries other than motor vehicle crashes among Transylvania County residents (46.9) is lower than the region (64.7) and (52.5) for 2018-2022. The mortality rate for men (62.3) is more than twice the rate for women (30.9), and this gap seems to be widening over time. (NC SCHS, 2024)

Most other unintentional injuries are related to falls (see Falls directly below) or poisonings (see Substance Use later in this chapter).

Falls

There were 17 deaths related to unintentional falls among Transylvania County residents during 2018-2022, all occurred in people ages 65 and older and 47% occurred in adults ages 85 and older. (NC SCHS, 2024)

In 2015, nearly 1/3 of residents ages 65 and older reported having fallen in the past year (WNC Health Network, 2024).

Firearm-Related Injuries

An average of 5 people per day die from firearm injury in North Carolina. In Transylvania County, 40 firearm-related emergency department visits, 9 hospital admissions for firearm injury, and 19 firearm deaths were reported for 2018-2022; 31 emergency room visits and 6 hospitalizations were unintentional, while 5 emergency room visits, 1 hospitalization, and 14 deaths were self-inflicted. (NCDHHS Injury and Violence Prevention Branch, 2024)

Violence

There were 6 homicides among Transylvania County residents over the 5-year period 2018-2022; 5 deaths were among males and 1 was a female. This homicide mortality rate for this time period is 4.0, lower than the regional rate of 5.4 and a state rate of 8.3. (NC SCHS 2021)

Additional data on violence, including index crime rates, domestic violence, sexual assault, child abuse, and school-related incidences are available in **Chapter 3**. Additional information about suicide is available in this chapter under Mental Health.

Mental Health

In 2024, nearly 1 in 5 Transylvania County residents described their mental health as fair or poor; 16% reported 7 or more poor mental health days in the past month, which is slightly lower than the regional average of 20%. (WNC Health Network, 2024) About 1/3 of residents reported getting fewer than 7 hours of sleep per night on average. (County Health Rankings 2024)

About 11% reported being dissatisfied or very dissatisfied with life, compared with 13% of the region. (WNC Health Network, 2024)

Almost 14% of residents said that most days are extremely or very stressful. However, 83% of residents said they were able to stay hopeful even in difficult times. In 2021, 94% of county residents reported feeling confident in their ability to manage stress and work through life's difficulties. (WNC Health Network, 2024)

More than 50% of Transylvania County residents reported feeling lonely often, some of the time, or occasionally. Loneliness is a top predictor of suicidal thoughts. Almost 10% of residents said that they had considered suicide in the past year, which reflects a 2/3 increase compared to 2021. (WNC Health Network, 2024)

For 2018-2022, there were 26 suicide deaths among Transylvania County residents, for a rate of 15.2 per 100,000; this rate is lower than the regional rate of 20.6 and trending down but remains higher than the state rate of 13.5. (NC SCHS, 2024)

In 2024, there were 53 emergency department visits for suicide attempt or self-harm among Transylvania County residents; 34% of those visits were for children ages 0-18 (NC DETECT, 2025)

ED Visits for Suicide Attempt or Self Harm, 2017-2024

Year	Females	Males
2017	17	18
2018	37	15
2019	26	15
2020	25	14
2021	29	13
2022	75	24
2023	41	27
2024	35	18
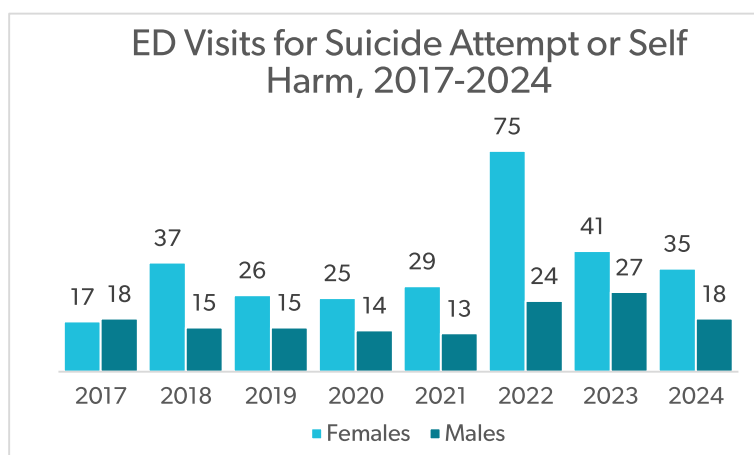
Mental health concerns are even higher among young people. Nearly 39% of parents and grandparents said they always, usually, or sometimes worried about a child's mental or emotional health in the past year. (WNC Health Network, 2024) About 37% of high school students in North Carolina reported persistent 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)

With an aging population, many community members will face dementia and Alzheimer's diagnoses. An estimated 42% of people over 50 will experience cognitive decline in their lifetime. (NIH, 2025) There were a total of 103 deaths from Alzheimer's disease among Transylvania County residents in 2018-2022. The mortality rate of 25.5 per 100,000 population is lower than the regional rate of 30.9 and the state rate of 36.6. However, the rate among females (31.3) is 45% higher than the rate for males (17.2). Since Alzheimer's is most common in older populations, the increased incidence could be related to longer lifespans for females. (NC SCHS, 2024)

Nutrition

Almost 7% 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 nearly 14% in 2018 but remains higher than the regional average of 5%. (WNC Health Network, 2024)

Oral Health

In NCDHHS Public Health Region 1, approximately 30% of pregnant women and 15% of kindergarten children have untreated tooth decay. More than half of adults have had at least 1 permanent tooth extracted, and 25% of adults ages 60 and older have had all their permanent teeth extracted. (NCDHHS Oral Health Section, 2021)

Physical Activity

About 24% of county residents reported participating in no leisure time physical activities or exercises outside of their regular job, such as running, calisthenics, golf, gardening, or walking for exercise in 2024. This number has steadily increased since 2012; it has surpassed the region (22%) and state (23%) but remains lower than the nation (30%). (WNC Health Network, 2024)

Only 30% of county residents reported weekly physical activity that meets 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. The county rate is higher than the region (29%) and state (22%) but lower than the nation (30%). (WNC Health Network, 2024; US DHHS, 2018)

Nearly 39% 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. This number increased in 2024 compared to previous years but remains lower than the region (40%) and nation (44%). (WNC Health Network, 2024)

In 2018, 27% of Transylvania County residents reported having limited activities because of a physical, mental, or emotional problem. This number declined from 37% reported in 2012 and was lower than the regional average of 31%. (WNC Health Network, 2024)

Pregnancy & Birth

There were 264 babies born to Transylvania County residents in 2022. The county's overall pregnancy rate* of 54.4 per 1,000 women ages 15-44 is one of the lowest in the region and 17 points lower than the state rate of 71.6 per 1,000 women. More than 78% of pregnancies are among White, Non-Hispanic women, while 14% are among Hispanic women. Rates cannot be calculated for other races due to small numbers. (NC SCHS, 2024)

*Compare pregnancy rate (calculated per 1,000 women of childbearing age) to birth rate (calculated per 1,000 total population) in **Chapter 2**.*

A total of 12 pregnancies occurred among teens ages 15-17 in 2018-2022; 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, 2024).

An additional 49 pregnancies occurred among older teens ages 18-19 during these 5 years. (NC SCHS, 2024).

Teen Pregnancy Rate Trend
(per 1,000 women ages 15-17)

18.4
14.7
11.4 10.0 10.4

2008-2012   2011-2015   2014-2018   2017-2021

— Transylvania   — WNC Region   — North Carolina
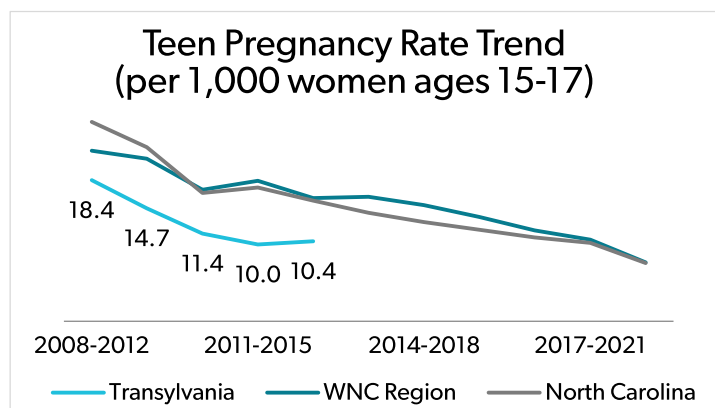
In 2022, there were 35 abortions among Transylvania County residents, for a rate of 7.2 per 1,000 women ages 15-44. The abortion rate had been in the range of 4.4 to 5.0 for the past 5 years; this is

the highest rate since 2008. However, it remains low compared to the state rate (13.7%). Only 3 of the abortions in 2022 were among teens ages 15-19. (NC SCHS, 2024)

In 2022, 9.6% of pregnant women had gestational diabetes, 27.9% had an overweight BMI (between 25.0 and 29.9), and 24.5% had an obese BMI (30.0 or higher). Each of these numbers has increased since 2019. (NC SCHS County Health Data Book, 2024)

Almost 11% of Transylvania County mothers smoked while pregnant in 2022. This is slightly lower than the regional rate and is decreasing over time but remains more than double the state rate. Around 37 per 1,000 newborns had a diagnosis of infant drug withdrawal diagnosis, which is higher than the region and indicates prenatal exposure to addictive substances. (NC SCHS, 2024) Prenatal exposure to nicotine along with opiates is associated with higher rates of infant drug withdrawal requiring medical intervention.

For 2016-2022, 11% of babies were premature (born before 37 weeks), which is similar to state and regional percentages (NC SCHS 2020).

About 9% of babies born to Transylvania County residents in 2018-2022 had a low birth weight (under 2500 grams), and nearly 2% had a very low birth weight (under 1500 grams), both of which are associated with increased risk of infant mortality. Babies born to Black, multiracial, or Hispanic women were more likely to have low birth weight (18.2%, 12.5%, and 9.5%); babies born to Black women were more likely to have very low birth weight (3%). (NC SCHS, 2024)

There were 10 infant deaths in Transylvania County in 2018-2022, for a rate of 8.0 deaths per 1,000 live births which is higher than the region (6.5) and the state (6.8). (NC SCHS, 2024), and the infant mortality rate in North Carolina is the 11th highest in the nation. Statewide, the Cesarian delivery rate is 30.2% and 40.7% of all births were to unmarried mothers in 2022. (CDC/ National Center for Health Statistics 2024).

Substance Use

When surveyed in 2024, 47% of Transylvania County residents said their lives had been negatively affected by their own or someone else's substance abuse. (WNC Health Network, 2024) In 2021, 61% of all children from Transylvania County in foster care were in custody due to a parent's substance use. (NC Opioid Action Plan Dashboard, 2024)

In 2022, 66 Transylvania County deaths were related to tobacco, 4 were related to drugs, and 14 were related to alcohol. (Transylvania Public Health Vital Records, 2025)

During 2018-2022, 30 county residents died from unintentional poisoning, for a mortality rate of 21.0 per 100,000; this rate is much lower than the regional rate of 40.6 and the state rate of 32.2. While the local rate has been fairly steady, the regional and state rates have increased over time. (NC SCHS, 2024) All of these deaths were due to medication or drug overdose; 22 were related to illicit opioids. (NC Opioid Action Plan Dashboard, 2024)

Unintentional Poisoning Mortality Rate Trend (per 100,000 population)
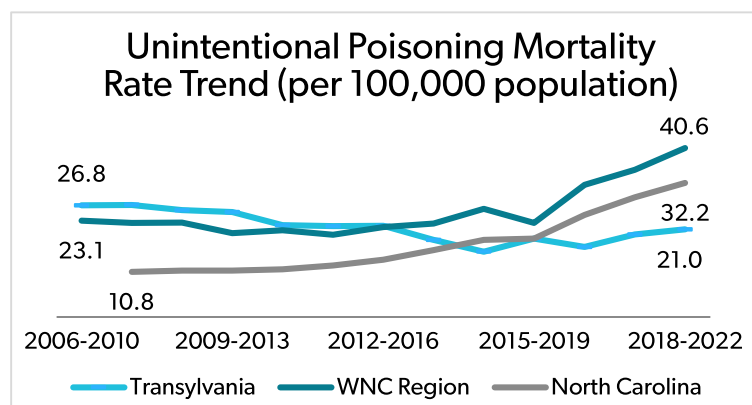
The mortality rate in Transylvania County for liver disease was 10.9 per 100,000 for 2018-2022; this is lower than the region (17.3) and the state (12.7); however, all rates have increased slightly over the past decade. (NC SCHS, 2024)

In 2023, there were 52 emergency department visits with a drug overdose diagnosis. (NC Opioid Action Plan Dashboard, 2024)

Nearly 5,000 patients were dispensed opioid pills in 2021, which is 14% of the county population. However, this number is decreasing over time. (NC Opioid Action Plan Dashboard, 2024)

In 2022, there were 78 Medicaid Part D opiate prescribers serving Transylvania County who prescribed 132,079 total opioid claims. The opiate prescribing rate for the county was 4.52 and has been decreasing over time, along with rates for the region and state. (Centers for Medicare and Medicaid Services, 2024)

Almost 17% of Transylvania County residents reported that they had used prescription opiates in the past year, whether or not they were prescribed by a doctor; this reported usage is higher than the region (13%) and nation (15%). (WNC Health Network, 2024)

A total of 366 patients received buprenorphine prescriptions in 2021, and 195 county residents with Medicaid or no health insurance were served by treatment programs for opioid use disorder. (NC Opioid Action Plan Dashboard, 2024)

For the years 2018-2022, 47 newborn babies were discharged from the hospital with an infant drug withdrawal diagnosis. The rate of 37 per 1,000 live births to Transylvania County residents is higher than the region and state, but is trending downward. (NCDPH Injury and Violence Prevention, 2023) 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, 2024)

Nearly half of Transylvania County residents (48%) reported consuming alcohol in the past 30 days. Almost 16% of residents reported alcohol consumption in the past 30 days that meets the definition of binge drinking, which is 5 or more drinks for men or 4 or more drinks for women in a single occasion. Also, 19% of residents reported drinking habits that met the definition for excessive drinking in the past month, which is drinking an average of more than 2 drinks per day for men or more than 1 drink per day for women or binge drinking. The local measures for alcohol consumption already exceed the Healthy North Carolina 2030 target of 12.0% and are trending up over time, along with rates for the region, state, and nation. (WNC Health Network, 2024).

Almost 20% of Transylvania County adult residents said they currently smoked cigarettes in 2024, which is an increase from 2021 and 2018 and has surpassed regional (17%) and state (15%) rates. About 5% said they used smokeless tobacco including chewing tobacco, dip, snuff, and snus, which is similar to the region and state. More than 11% said they used e-cigarettes or vapes, compared to under 3% in 2021 and reflecting an increase in the use of vaping products at the local, regional, state, and national levels. The total number of tobacco users exceeds the Healthy North Carolina target of 15%. (WNC Health Network, 2023)

Among high school students in western North Carolina, nearly 20% reported using e-cigarettes or vapes in 2019. (NC Youth Tobacco Survey, 2019) Middle and high school students in Transylvania County have reported increased use of vaping products and decreased alcohol use and less perception of harm regarding cannabis products compared to 2014 data. (CARE, 2022)

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)

Health Professionals

In 2022, Transylvania County was served by 15.52 physicians, 8.36 primary care physicians, 5.37 physicians assistants, 5.67 nurse practitioners, 64.78 registered nurses, 4.48 pharmacists, and 4.18 dentists per 10,000 residents. The regional rates are higher for nurses, nurse practitioners, and pharmacists and lower for dentists. However, both county and regional rates are much lower than the state rates for these professions. (UNC-Chapel Hill Sheps Center, 2024)

With the exception of registered nurses, active health professionals in Transylvania County were more likely to be older than age 65 when compared to health professionals in the region and the state. (UNC-Chapel Hill Sheps Center 2021)

Active Health Professionals Over Age 65							
	Physicians	Primary Care Physicians	Physicians Assistants	Nurse Practitioners	Registered Nurses	Dentists	Pharmacists
Transylvania	32.7%	35.7%	5.6%	10.5%	0.0%	14.3%	20.0%
Regional Mean	21.8%	19.6%	5.7%	6.0%	0.3%	18.5%	11.4%
State Mean	13.3%	13.7%	4.3%	4.4%	0.3%	7.7%	6.6%

Healthcare Access

In 2018, over 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)

However, 13% of county residents reported being unable to access medical care when they needed it within the past year; this was lower than the regional rate of 16%. About 17% of residents said there was a time in the past year when they needed a prescription medication and did not get it due to cost. (WNC Health Network, 2024) During the COVID-19 pandemic, 28% of county residents reported choosing to avoid medical care or a scheduled medical appointment due to concerns about coronavirus. (WNC Health Network, 2024)

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% said that they would be extremely likely or very likely to use telemedicine for future care. (WNC Health Network, 2024)

Hospitals and Health Care Systems

Transylvania County is served by Transylvania Regional Hospital, a critical access hospital licensed for 42 beds and owned by HCA Healthcare.

Additional hospitals are located in neighboring counties: UNC Health Pardee is a not-for-profit health care system licensed for 222 acute care beds located in Hendersonville. AdventHealth is a faith-based not-for-profit healthcare system licensed for 103 beds and located in Hendersonville. Mission Hospital is licensed for 853 beds and includes a regional Level II trauma center; it is also

owned by HCA Healthcare. Each of these systems has affiliated physician offices and clinics located in Transylvania County.

Blue Ridge Health is a federally qualified health center based in Henderson County with offices throughout western North Carolina; they have an office in downtown Brevard and operate multiple school-based locations in the county.

Licensed Facilities

As of August 2024, Transylvania County had 6 licensed adult nursing facilities (2 adult care homes, 2 nursing homes, and 4 family care homes) with a total maximum capacity of 393 beds. (NCDHHS Division of Health Services Regulation 2024)

The county is served by 6 facilities that provide home care, home health, and hospice services, including companion, sitter, respite, in-home aide, infusion nursing, durable medical equipment, clinical respiratory services, medical social services, nursing care, occupational therapy, physical therapy, speech therapy, and hospice home services. (NCDHHS Division of Health Services Regulation 2024)

As of August 2024, there are 8 licensed mental health facilities with a total capacity of 33 beds located in Transylvania County. These facilities provide supervised living services for adults with developmental disabilities and mental illness, partial hospitalization for acute mental illness, adult developmental vocational programs, and day activities. (NCDHHS Division of Health Services Regulation, 2024)

Prenatal Care

Prenatal care in the county is available from the Mountain Area Health Education Center (MAHEC) ob-gyn office affiliated with Transylvania Regional Hospital. Limited prenatal care is also available through Brevard Health Center. The birthing center at Transylvania Regional Hospital was closed in 2015, so pregnant women must travel out of the county to give birth.

About 92% of pregnant women who gave birth in 2022 received prenatal care in their first trimester. This was higher than the region (82%) and state (72%) and has increased over time. Only 77% of Hispanic women received early prenatal care, compared to 93% of White women and 100% of African American and multiracial women. (NC SCHS, 2024)

However, many residents are not aware of existing services or believe them to be inadequate: 27% of county residents said that prenatal and labor and delivery services in Transylvania County were insufficient; another 48% said they were not available at all. (WNC Health Network, 2024)

Mental Health Care

In 2023, Transylvania County had a ratio of 290 residents to each mental health provider, which is better than the state and national averages of 320:1. (County Health Rankings, 2024) However, only 60% of people said they would know where to go or where to refer someone else for substance use or mental health counseling. (WNC Health Network, 2024)

In addition to independent counselors and private practitioners, behavioral health services are available at Blue Ridge Health / Meridian in downtown Brevard; students have access to counselors at all public and charter schools and Transylvania County government offers an Employee Assistance Program. Additional resources include the 988 Suicide and Crisis Lifeline, North Carolina's Peer Warmline, RHA Mobile Crisis, VAYA Health's Behavioral Health Crisis Line, AventHealth's Behavioral Health Hub, UNC Health Pardee's adolescent psychiatric unit, and the CCC356 Comprehensive Care Center behavioral health urgent care in Asheville. A number of community members are trained suicide interventionists and peer support specialists.

About 26% 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 16% of residents said they were unable to obtain needed mental health services in the past year. (WNC Health Network, 2024)

A total of 1,018 people from Transylvania County were served in area mental health programs in fiscal year 2021-2022; none were served in a state psychiatric hospital. (NCDHHS Division of MH/DD/SAS, 2024)

Oral Health Care

Transylvania County is served by 4 general dentistry practices and 2 specialty practices. In 2018, 70% of county residents reported visiting the dentist within the past year. (WNC Health Network, 2024) Only 48% of Medicaid-eligible children and teens ages 1-20 years received any preventative dental services and 16% of adults last visited a dentist 5 or more years ago. (NCDHHS Oral Health Section, 2021)

There were 11 dentists in Transylvania County who provided services to Medicaid recipients; they performed 7,326 services during fiscal year 2021-2022. (NCDHHS Medicaid Division of Health Benefits 2024)

Health Insurance

Approximately 86% of Transylvania County residents under 65 years of age were covered by health insurance in 2024. Among children under age 19, 39.5% were covered with employer-based health insurance only, 6.4% were covered with direct-purchase health insurance only, and 36.6% were covered with Medicaid or means-tested public coverage only. For adults ages 19-34, 45.1% were covered with employer-based health insurance only, 11.4% were covered with Medicaid or means-tested public coverage only, and 8.9% were covered with direct-purchase health insurance only. For adults ages 35-64, 49.2% were covered with employer-based health insurance only, 14.9% were covered with direct-purchase health insurance only, and 5.3% were covered with Medicaid or means-tested public coverage only. Small numbers of the population were covered under VA health care or TRICARE /military coverage only or by more than one type of health insurance. (US Census Bureau, 2024)

Among individuals ages 65 and older, 73.8% were covered with two or more types of health insurance coverage, 25.4% were covered with Medicare only, 0.4% were covered with direct-purchase health insurance only, and 0.2% were covered with employer-based health insurance only (US Census Bureau, 2024)

Health insurance coverage was negatively affected by COVID-19; 8.4% of county residents reported that they lost health insurance coverage during the pandemic. (WNC Health Network, 2024) North Carolina opted into Medicaid expansion effective December 1, 2023, which expanded eligibility to 138% of the federal poverty line.

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)

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)

Only 0.3% of people ages 65 and older had no health insurance. (US Census Bureau 2021)

Less than half of adults in western North Carolina have access to dental insurance. (NCDHHS Oral Health Section, 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 1/3 of Transylvania County's population is over age 65 (US Census Bureau, 2024). 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, 2024) 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. More than 90% of women who live in Transylvania County received prenatal care during the first trimester, disparities exist among racial and ethnic groups. (US Census Bureau, 2024).

Almost 11% of pregnant women smoked cigarettes in 2022. (US Census Bureau, 2024) Exposures to substances such as air pollution, alcohol, tobacco, and other drugs during pregnancy can result in low birth weight and premature birth and can have long-lasting effects on developing babies.

Young Children

About 1,335 children under age 5 live in Transylvania County (US Census Bureau, 2024). 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. (Transylvania County Preschool Task Force, 2015)

Youth

Around 4,500 school-aged youth live in Transylvania County. (US Census Bureau, 2024) Young people across the nation are experiencing worsening mental health, exacerbated by the COVID-19 pandemic, social media, and economic pressures. 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 4,305 people in Transylvania County live in poverty, including 1,006 children under age 18. (US Census Bureau, 2024) 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, 2024) More than 1/3 of Transylvania County residents worried about having enough money to pay the rent or mortgage in the past year. (WNC Healthy Impact, 2024)
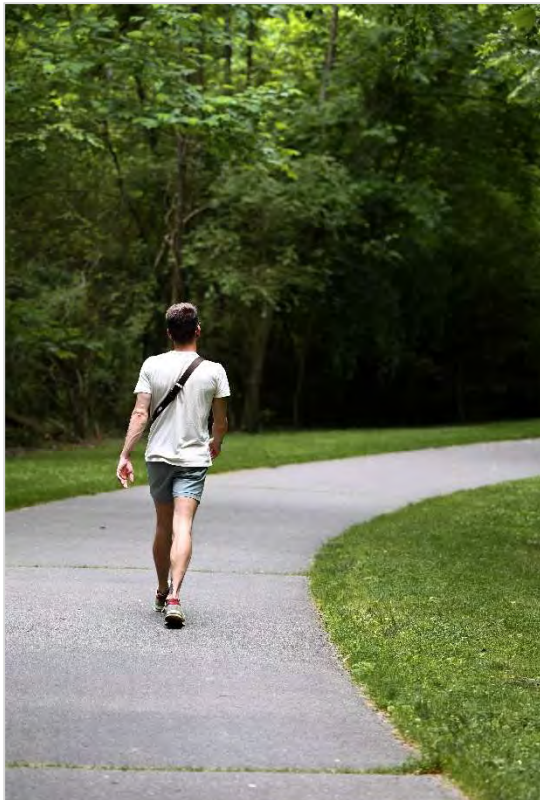
More than 11% of county residents experienced a housing emergency and more than 2% lived in a temporary shelter in the past 3 years. (WNC Healthy Impact, 2024) Homelessness is further linked to negative health outcomes from contracting Hepatitis A to having trouble managing diabetes.

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 655 households in Transylvania County had no vehicles available for the occupants' use in 2018-2022; over 6% of households in Boyd and Brevard townships did not have at least 1 vehicle available. (US Census Bureau, 2024)

Individuals without Health Insurance

An estimated 4,431 people in Transylvania County under age 65 do not have health insurance. (US Census Bureau, 2024) 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, 2024) 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 300 people living in Transylvania County do not speak English (US Census Bureau, 2024). 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, 2024)

CHAPTER 6 –
IDENTIFICATION OF HEALTH PRIORITIES

HEALTH CONCERN IDENTIFICATION

Process

Every three years we take a fresh look at county-level data for a wide variety of health concerns. 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 2024, our local CHA team began reviewing data from multiple sources to better understand the current state of health for our community.

Using the WNC Healthy Impact Data Workbook and its prioritization tools, we applied several criteria to identify significant health concerns:
- Size and severity of population affected
- Concerning trends over time
- Deviation from region, state, or benchmark comparison data
- Disparities based on age, gender, race, etc.
- High community concern
- Connections to health behaviors and social/economic factors
- Alignment with Healthy NC 2030 indicators
- Relationship to past CHA priorities

Identified Health Concerns

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

Cancer

Cancer is currently the second 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 major or moderate problem in our community by most 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 2024 estimates 317 new cancer diagnoses and 124 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.

Dementia/Cognitive Decline

An estimated 40% of people over 50 will experience cognitive decline in their lifetime. Alzheimer's mortality is lower than the state and region and is trending downward, but the death rate for women is almost twice as high as for men. Incidence of dementia is higher for men and for racial and ethnic minorities Cognitive decline is related to mental health, aging, availability and adequacy of long-term care services, and social/economic factors, especially those that support healthy living and managing daily life. It was named as a major or moderate problem for our community by almost all key informants.

Diabetes

Diabetes rates in Transylvania County are increasing over time. It was named as a major or moderate problem for our community by all key informants. Both diabetes and pre-diabetes diagnoses are similar to the region but remain lower than the state and nation. Diabetes mortality rates are also increasing but are lower than both the region and the state. Higher rates of diabetes are seen for Black, Native American, and Hispanic populations. Diabetes is related to obesity, nutrition, physical activity, and a number of other health outcomes.

Heart Disease & Stroke

Heart disease is currently the 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. Most 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. Heart disease mortality is higher among men, but stroke mortality rates are similar or slightly higher for women. Incidence is related to access to care, nutrition, physical activity, obesity, and tobacco use. It was named as a moderate or major problem in our community by all key informants.

Maternal Health

Maternal health was identified as a major or moderate problem for county residents by two-thirds of key informants. It is connected to substance use, social/economic factors, infant birth weight and infant mortality, and other health outcomes. Over 90% of all pregnancies receive prenatal care in the first trimester. However, 1/4 of residents said that prenatal and labor/delivery services in the county were insufficient, and almost half said these services weren't available at all. Rates of infant death, low/very low birth weight, and infant drug withdrawal diagnoses are all higher than the region. Black babies were more likely to have low birth weight, and Hispanic women were less likely to receive prenatal care. Around 1 in 10 babies were born to mothers who smoked while pregnant, which is linked to premature delivery and low birth weight.

Mental Health

Mental health was a priority health issue in 2015, 2018 and 2021. It was identified as a major or moderate problem for county residents by all key informants. Nearly 1 in 5 Transylvania County residents reported having fair or poor mental health. Only 60% of residents said they would know where to go or refer someone for substance us or mental health counseling, and 1 in 6 said they were unable to get the care they need in the past year. The suicide morality rate continues to be higher than the state rate and suicide was the second leading cause of death for ages 0-19 and 20-39. About a third of emergency department visits for suicide attempt or self-harm were ages 18 or younger. Mental health concerns are linked to substance use, social/economic factors, stress, social support, ACEs, and multiple health outcomes including chronic health conditions.

Obesity

Over two-thirds of 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 over 1 in 4 residents reported food insecurity, all of which contribute to obesity, along with stress and other social/economic factors. Obesity was identified as a major or moderate problem by all key informants and was selected as a top health priority in 2015, 2018 and 2021.

Oral Health

Oral health affects all ages: both adults and children experience untreated tooth decay and extractions of permanent teeth. Less than half of Medicaid-eligible children and teens received preventative dental services. Routine dental care is not covered by Medicare or adult Medicaid and half of adults have no access to dental insurance. Water supplied by the City of Brevard is not fluoridated and many residents use private wells for drinking water. Oral health is connected to

nutrition, growth, education, heart disease, and substance use. It was named as a major or moderate problem for our community by almost all key informants.

Respiratory Disease

Chronic lower respiratory disease is the fourth leading cause of death for county residents. Mortality rates are level over time and lower than the state and region, but are higher for women compared to men. Asthma rates are higher than the region, and COPD rates are lower. Indoor radon measurements are nearly 3 times the regional average and 5x the state average. Smoking rates are higher than the region, while vaping rates are similar to the region. Respiratory disease was named as a moderate or major problem by half of key informants. It is connected to cancer, tobacco exposure, social/economic factors, and environmental exposures like air pollution and excessive heat.

Substance Use

Almost half of residents reported their lives being affected by substance use. It is related to overdose deaths, liver disease mortality, and motor vehicle crashes. The mortality rate for unintentional poisoning has fallen to below state and regional levels. Excessive drinking, using opiates (with or without a prescription), vaping, smoking rates among pregnant women are concerns. Smoking and vaping rates are increasing, while opiate prescriptions are low and decreasing over time. Substance use is connected to mental health, social/economic factors, and ACEs. It was identified as a major or moderate problem for our community by all key informants and was selected as a top priority health issue in 2015, 2018 and 2021.

HEALTH CONCERN PRIORITIZATION

Process

In January 2024, community members were invited to participate in a Health Prioritization Workshop to determine the areas of focus for our community over the next three years. This process is an opportunity for community stakeholders to agree on which health issues and results we can all contribute to, which increases the likelihood that we'll make a difference in the lives of people in our community.

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

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

- **Criteria 1 – Relevance:** How important is this issue? Urgency to solve the problem; community concern; focus on equity; links to other important issues; alignment with HNC 2030.

- **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/cultural appropriateness; can identify easy, short-term wins.

Workshop participants used a modified Hanlon method to individually rate each health concern 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 health concern.

Participants were then asked to determine the health concerns receiving their 3 highest overall scores and vote using color-coded dots indicating their 1st, 2nd, and 3rd highest priorities.

CHA facilitators tallied the dots and assigned weighted scores (#1/green dots = 3 points; #2/orange dots = 2 points; #3/pink dots = 1 point). The health concerns were then ranked based on the weighted score.

Top Health Concerns	#1 Votes	#2 Votes	#3 Votes	Weighted Score	Priority Rank
Cancer	0	0	2	2	9
Dementia/cognitive decline	0	0	1	1	10
Diabetes	0	2	1	5	7
Heart disease and stroke	4	2	0	16	4
Maternal health	4	4	10	30	3
Mental health	19	4	1.5	66.5	1
Obesity	1	3	5	14	5
Oral health	0	2	2.5	6.5	6
Respiratory disease	0	1	1	3	8
Substance use	3	11	7	38	2

Based on the weighted scores, three health concerns were clearly identified as the highest priorities to community participants: mental health, with a weighted score of 66.5; substance use, with a weighted score of 38; and maternal health, with a weighted score of 30. Other health concerns received scores between 1 and 16 points.

Identified Priorities

The following health concerns 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. Community efforts to improve both youth mental health and mental health for all ages are promising, 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, most residents have limited options for treatment and counseling options, especially for those who have lower incomes, no insurance, or transportation issues. Local efforts and partnerships to address substance use from primary prevention through harm reduction have resulted in improving trends, but this work must be continued and expanded to resolve this concern.

Priority 3: Maternal Health

Maternal health is related to poor outcomes for pregnant women and newborns, including premature deliveries and low birth weight. Substance use among pregnant women is also a concern. There are no labor and delivery services located within Transylvania County, so almost all pregnant women must travel to another county to deliver their babies. Despite high rates of prenatal care being reported, most residents believe that prenatal services are insufficient within the county.

CHAPTER 7 – HEALTH RESOURCES

Process

NC 211 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 211 is free, confidential, and available 24/7 to speakers of all languages. Resources are available through phone, web, and iPhone app.

Because the NC 211 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 211.

The NC 211 directory can be found online at https://www.nc211.org or by phone at 211 or 1-888-892-1162.

In addition, we are aware of several providers that maintain their own lists of health resources that are most relevant to the populations they serve, including Transylvania County Department of Social Services, Transylvania County Sheriff's Office (in collaboration with THReCON and the CARE Coalition), The Haven, TC STRONG, and TREND 2.0. Transylvania Public Health maintains copies of these directories upon request.

Quick links to some of the most commonly requested resources, including NC 211, are posted on the Transylvania Public Health website at 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
- Dental care, especially for children and Medicaid recipients

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 June 30, 2025. 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, 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 Coordinator, Tara Rybka, at 828-884-1730 or tara.rybka@transylvaniacounty.org.

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APPENDICES

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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, WNC Regional Data Team, and Mountain DEEP identified and tapped numerous secondary data sources accessible in the public domain. For data on the demographic, economic and social characteristics of the region sources included the US Census Bureau; NC Department of Health and Human Services; NC Office of State Budget and Management; NC Department of Commerce; UNC-CH Jordan Institute for Families; NC Department of Public Instruction; NC Department of Public Safety; NC Division of Health Benefits; NC Department of Transportation; and the Cecil B. Sheps Center for Health Services Research.

The WNC Healthy Impact Regional Data Team made every effort to obtain the most current data available at the time the WNC Healthy Impact Dataset was prepared. It is not possible to continually update the data past a certain date; in most cases that end-point is August 2024. Secondary data is updated every summer in between Community Health Assessment (CHA) years.

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

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

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

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

WNC HEALTHY IMPACT COMMUNITY SURVEY (PRIMARY DATA)

Survey Methodology

The 2024 WNC Healthy Impact Community Health Survey was conducted from March to June 2024. The purpose of the survey was to collect primary data to supplement the secondary dataset and allow individual counties in the region to collect data on specific issues of concern. The survey was conducted throughout the entire WNC Healthy Impact region, which includes the following 16 counties: Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania and Yancey.

Professional Research Consultants, Inc. (PRC) designed and implemented the mixed-mode survey methodology, which included a combination of telephone (both landline and cell phone) interviews, online survey, as well as a community outreach component promoted by WNC Health Network and its local partners through social media posting, in-person events and other methods of communication.

The survey methodology was designed to achieve a representative sample of the regional population that would allow for stratification by certain demographic characteristics, while also maximizing data collection timeliness and efficiency. Survey sampling and implementation methodology is described in greater detail below.

Survey Instrument

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

Each county was given the opportunity to include 3 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 2024 survey were:
1) In the last 12 months, how often have you been worried or stressed about your child's or grandchild's mental or emotional health?
2) If you or someone you know needed substance use or mental health counseling, would you know where to refer them?
3) Would you say that prenatal care and labor and delivery services in Transylvania County are: more than sufficient; sufficient; insufficient; or not available?

Sampling Approach & Design

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

In order to determine WNC regional estimates, county responses were weighted in proportion to the actual population distribution to appropriately represent Western North Carolina as a whole. Since the sample design and quality control procedures used in the data collection ensure that the

sample is representative, the findings may be generalized to the region with a high degree of confidence.

Survey Administration

PRC piloted the survey through 30 interviews across the region and consulted with WNC Health Network staff to resolve substantive issues before full implementation. PRC used trained, live interviewers and an automated computer-aided telephone interviewing system to administer the survey region-wide. Survey interviews were conducted primarily during evening and weekend hours, with some daytime weekday attempts. Interviewers made up to five call attempts per telephone number. Interviews were conducted in either English or Spanish, as preferred by respondents.

PRC worked with a third-party provider to identify and invite potential respondents for an online survey for a small proportion of the sample population. The online survey was identical to the telephone survey instrument and allowed better sampling of younger and more urban demographic segments. The final sample included 3,313 random sample surveys (PRC).

PRC also created a link to an online version of the survey. WNC Health Network, in collaboration with Mountain DEEP, Survey Ambassadors, and local partners, promoted this online survey link throughout various communities in the region to drive additional participation and bolster overall samples. This outreach yielded 2,451 additional community outreach surveys for the region, including 74 additional responses from Transylvania County.

About the Transylvania County Sample

Size:

The total regional sample size was 5,240 individuals age 18 and older, with 264 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 ±6.2% for Transylvania County's sample size of 264 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% ± 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% ± 6.9%) of the total population would respond "yes" if asked this question.

Sample 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 ages 18 and older.

Population & Survey Sample Characteristics (Transylvania County, 2024)
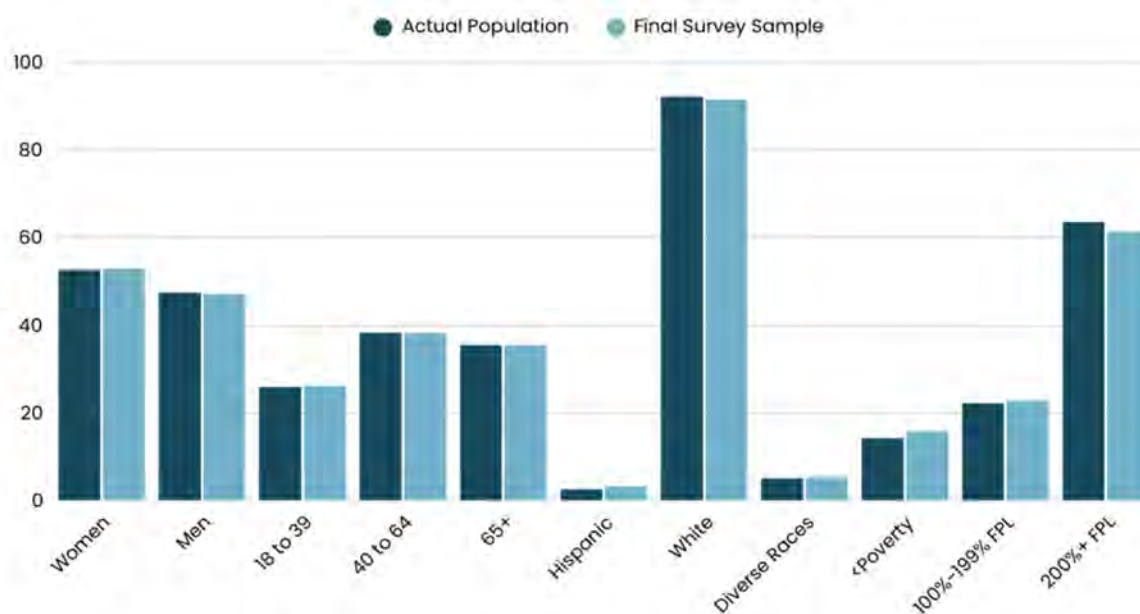
Sources: US Census Bureau, 2016-2020 American Community Survey.
2024 PRC Community Health Survey, PRC, Inc.

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

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 2024 Online Key Informant Survey was conducted in July 2024. WNC Healthy Impact, with support from PRC, implemented an Online Key Informant Survey to solicit input from local leaders and stakeholders who have a broad interest in the health of the community. WNC Healthy Impact shared with PRC a list of recommended participants, including 40 individuals from Transylvania 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, 16 community stakeholders took part in the Online Key Informant Survey for Transylvania County, as outlined here:

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
Public Health Representatives	5	5
Other Health Providers	8	3
Social Services Providers	12	4
Other Community Leaders	15	4

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

APPENDIX C – COUNTY MAPS

Transylvania County Maps

Sources: Social Explorer, American Community Survey 5-Year Estimates 2018-2022, Social Vulnerability Index (2022), Shapefile from Tiger/Line, National Park Service, and Eastern Band of Cherokee Indians

WNC Healthy Impact Region
Counties We Serve

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Map Area

Mitchell

McDowell

Rutherford

Yancey

Polk

Madison

Buncombe

Henderson

Haywood

Transylvania

Jackson

Swain

Macon

Graham

Clay

Cherokee

Qualla Boundary

Census Tract w/ No Data

0   10   20 mi
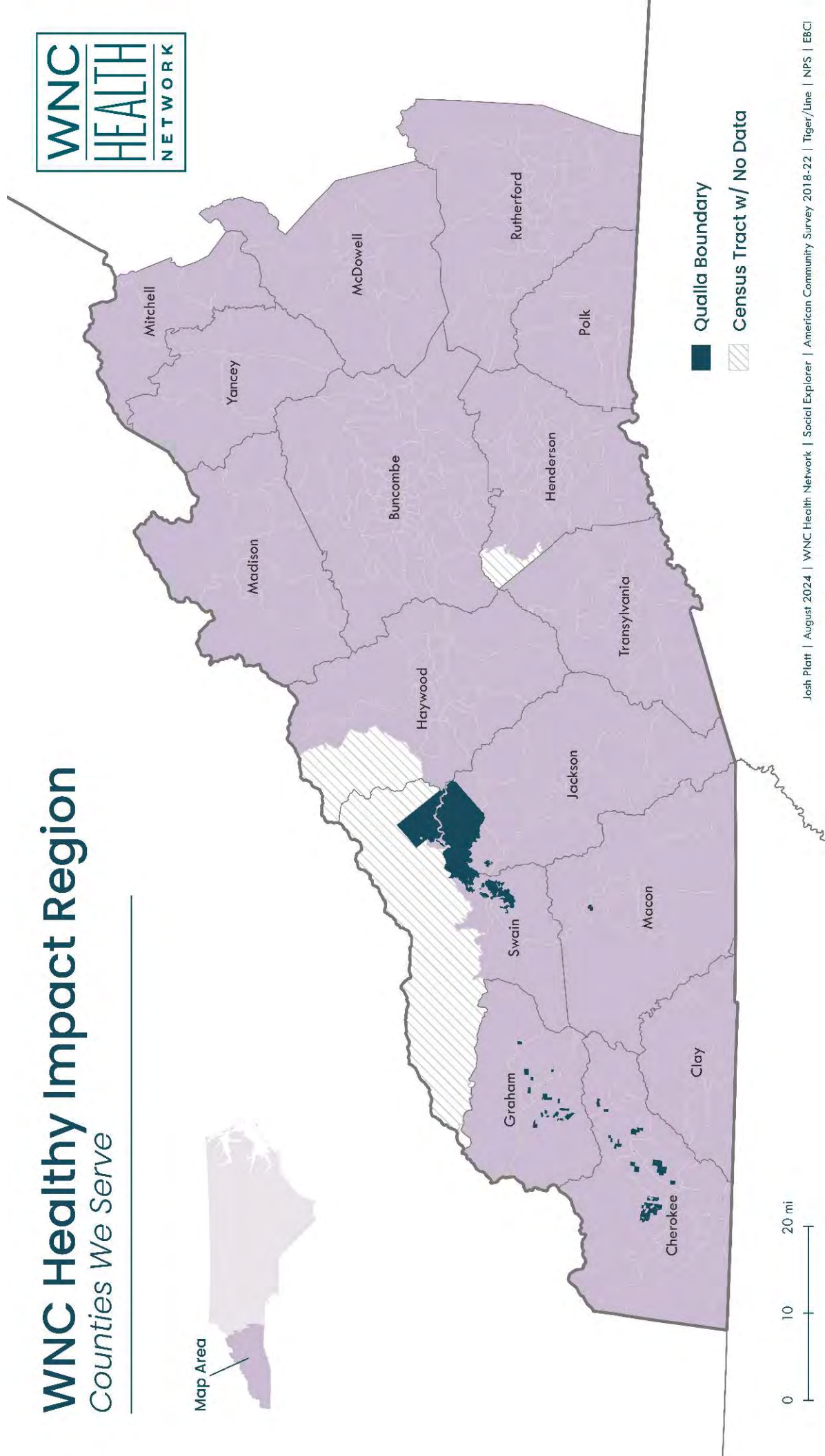
Population Density
Transylvania County

Persons per Square Mile

- 15 – 250
- 251 – 500
- 501 – 1,000
- 1,001 – 2,000
- Over 2,000

Brevard

0   5   10 mi
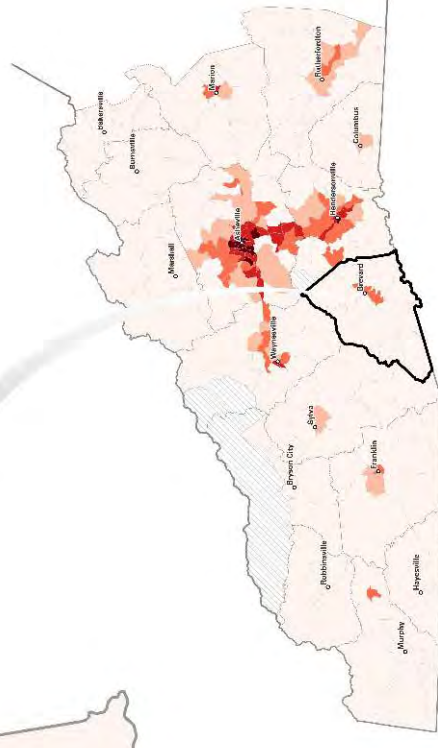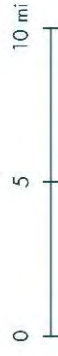
Percentage of Population Under Age 18
Transylvania County

Legend:
- 1 - 10%
- 10.1 - 20%
- 20.1 - 30%
- 30.1 - 40%
- Over 40%

0   5   10 mi

WNC HEALTH NETWORK
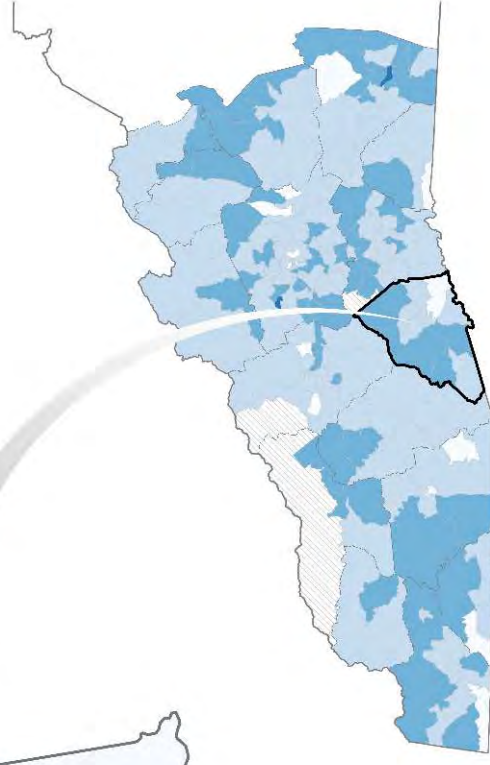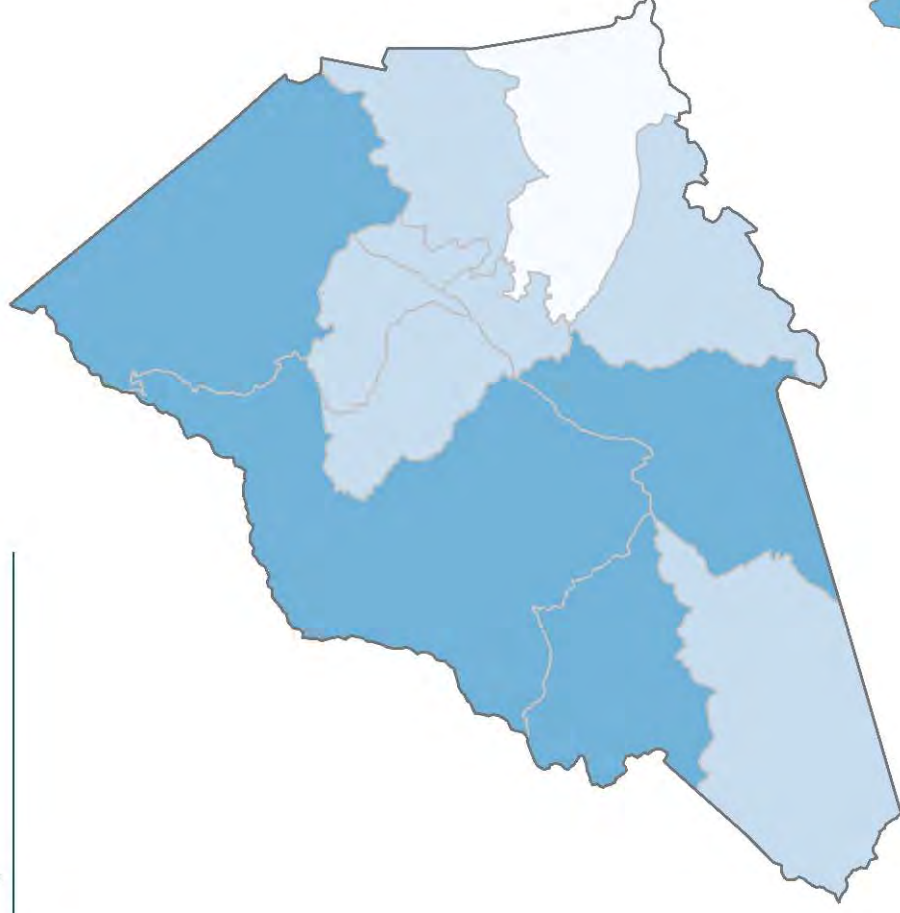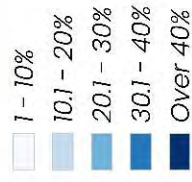
Percentage of Population Ages 18-34
Transylvania County

Legend:
- 1 - 10%
- 10.1 - 20%
- 20.1 - 30%
- 30.1 - 40%
- Over 40%

0   5   10 mi

WNC
HEALTH
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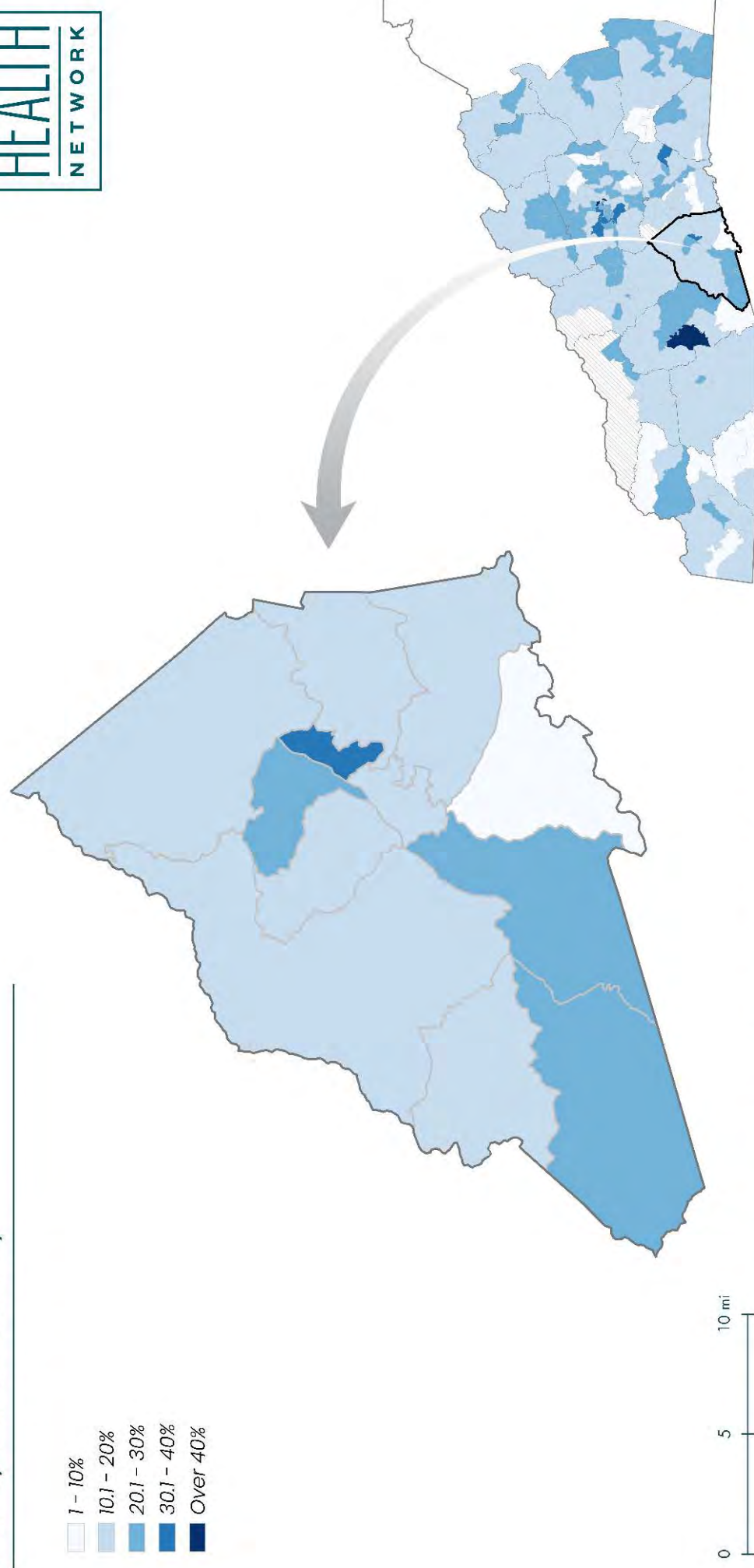
Percentage of Population Ages 35–64

Transylvania County

Legend:
- 1 – 10%
- 10.1 – 20%
- 20.1 – 30%
- 30.1 – 40%
- Over 40%

WNC HEALTH NETWORK

0   5   10 mi
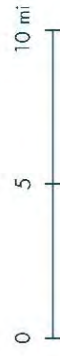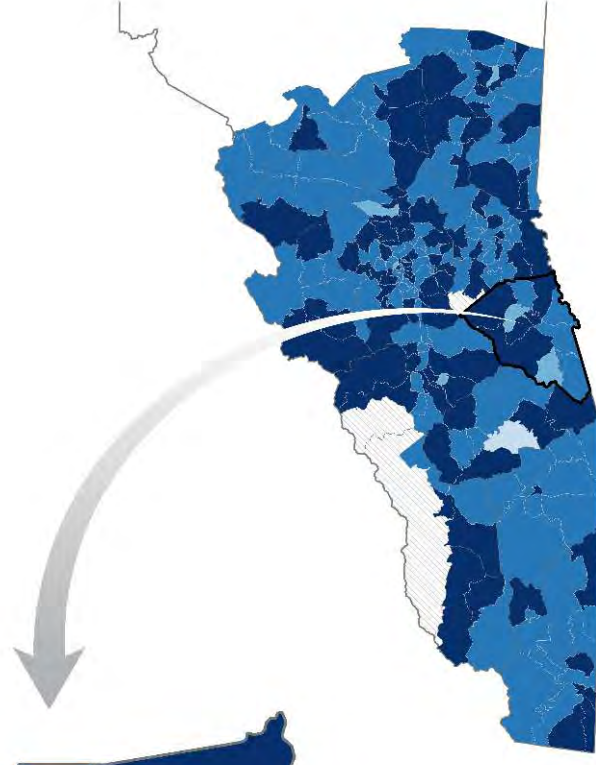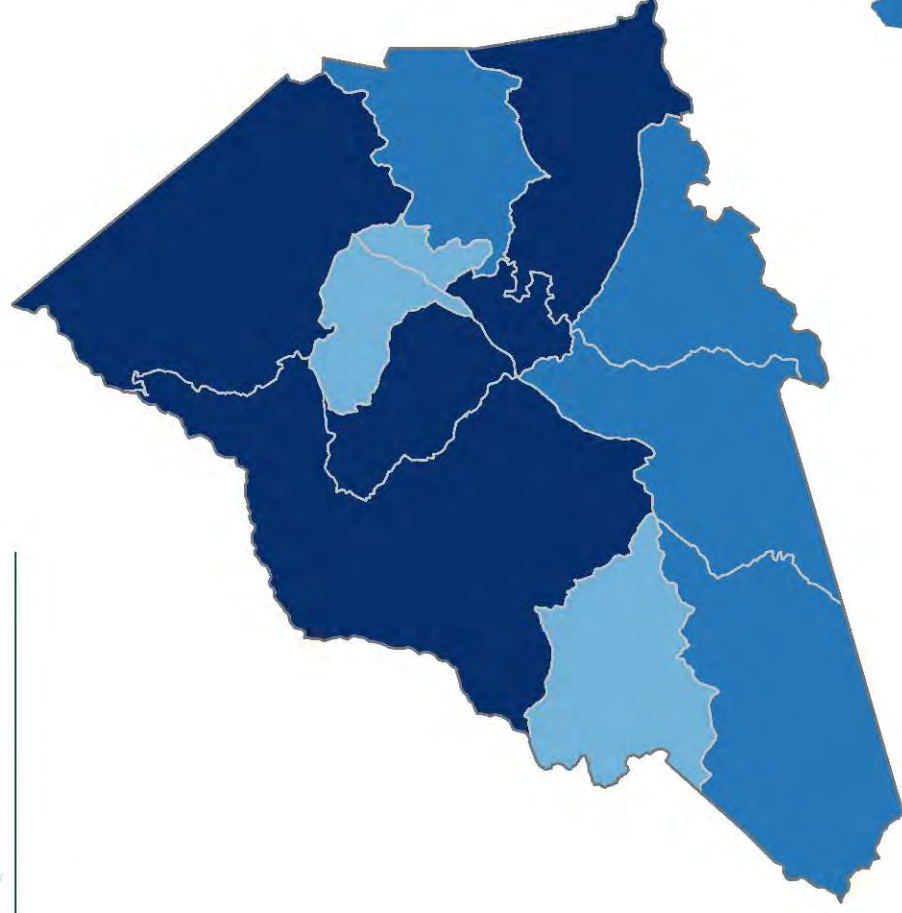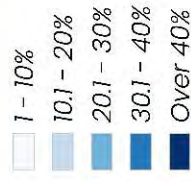
Percentage of Population Over Age 65

Transylvania County

WNC HEALTH NETWORK

Legend:
- 1 – 10%
- 10.1 – 20%
- 20.1 – 30%
- 30.1 – 40%
- Over 40%

0 5 10 mi
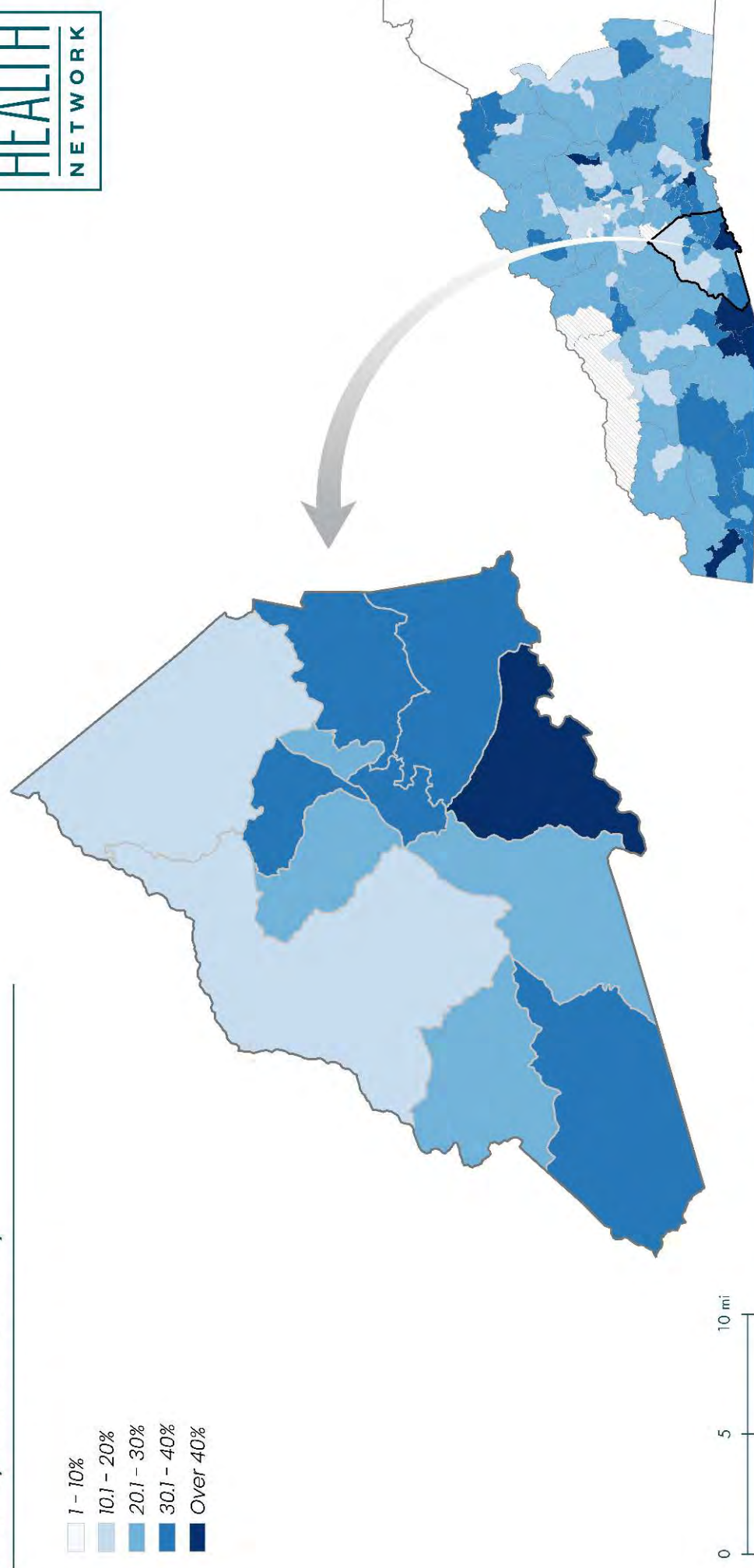
Individuals Without Health Insurance
Transylvania County

Percentage of Population

- 1 – 10%
- 10.1 – 15%
- 15.1 – 20%
- 20.1 – 25%
- Over 25%

WNC
HEALTH
N E T W O R K

0   5   10 mi
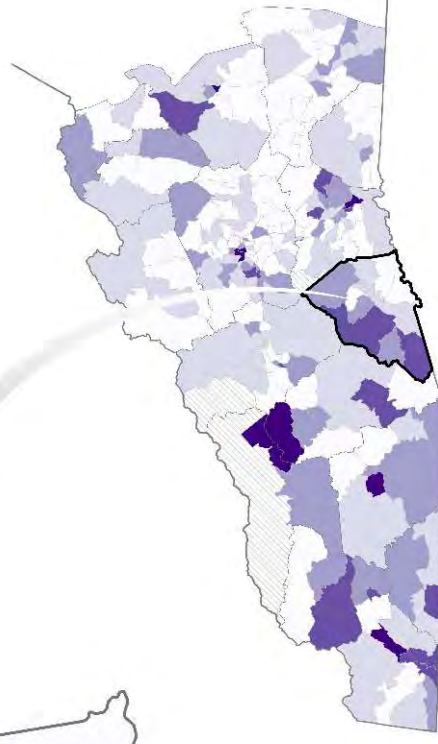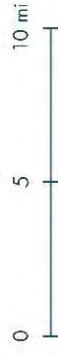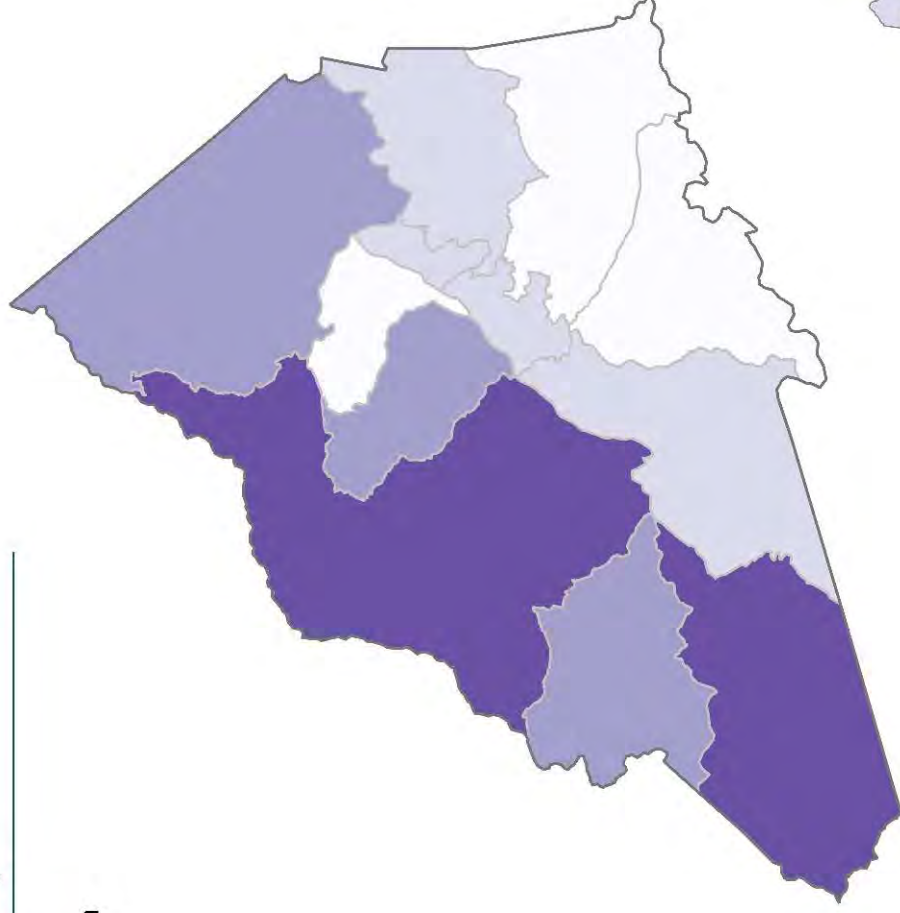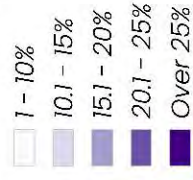
Grandparents as Primary Caregiver to Grandchildren

Transylvania County

Percentage of Households

- 0%
- 0.1 – 2%
- 2.1 – 4%
- 4.1 – 6%
- Over 6%

0   5   10 mi

WNC HEALTH NETWORK
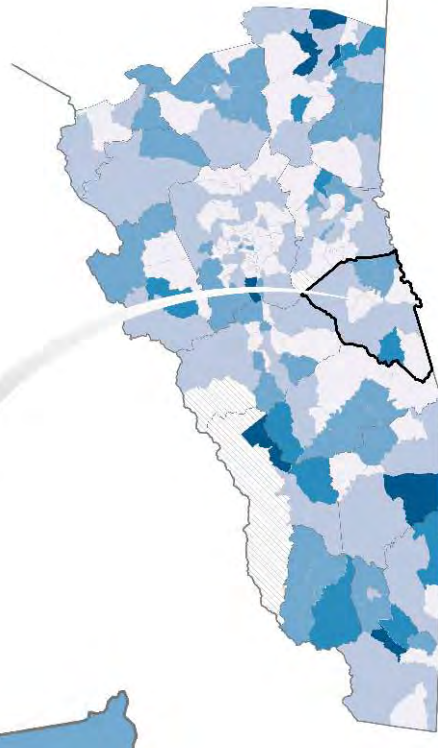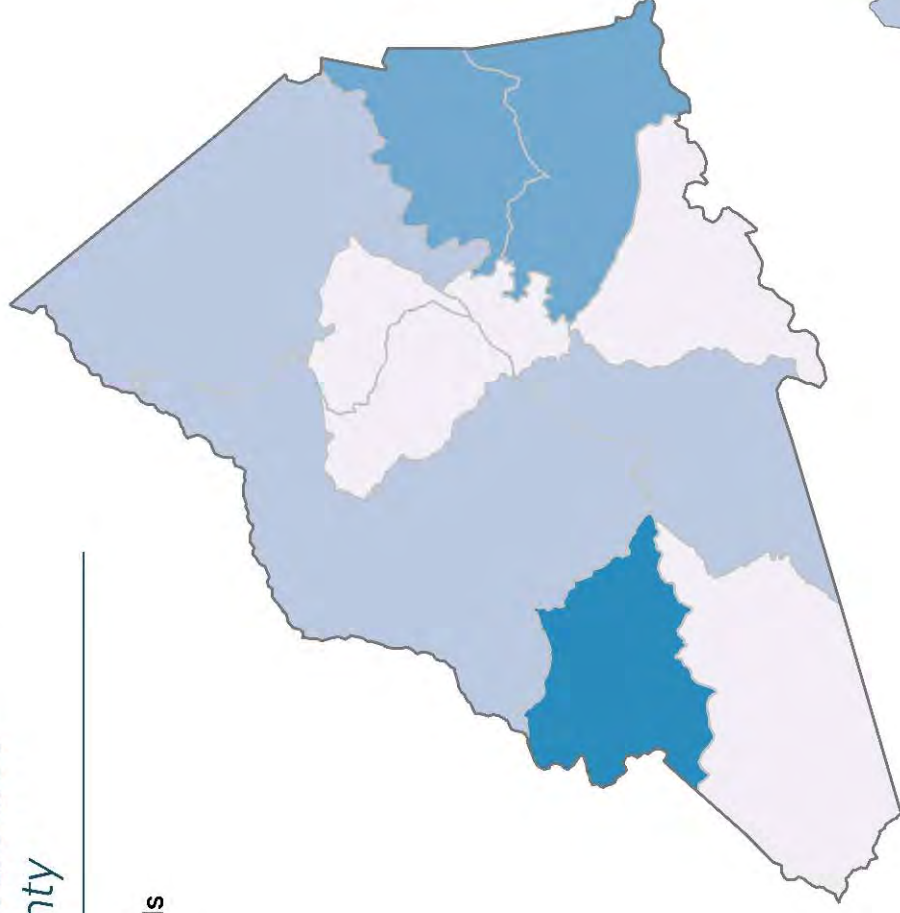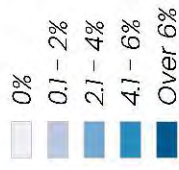
Individuals Living with a Disability
Transylvania County

Percent of Population

- 5 – 15%
- 15.1 – 20%
- 20.1 – 25%
- 25.1 – 30%
- Over 30%

WNC
HEALTH
N E T W O R K

0   5   10 mi
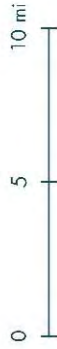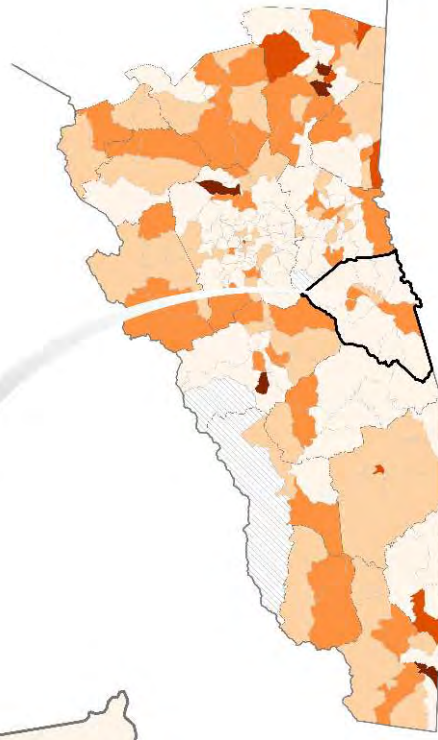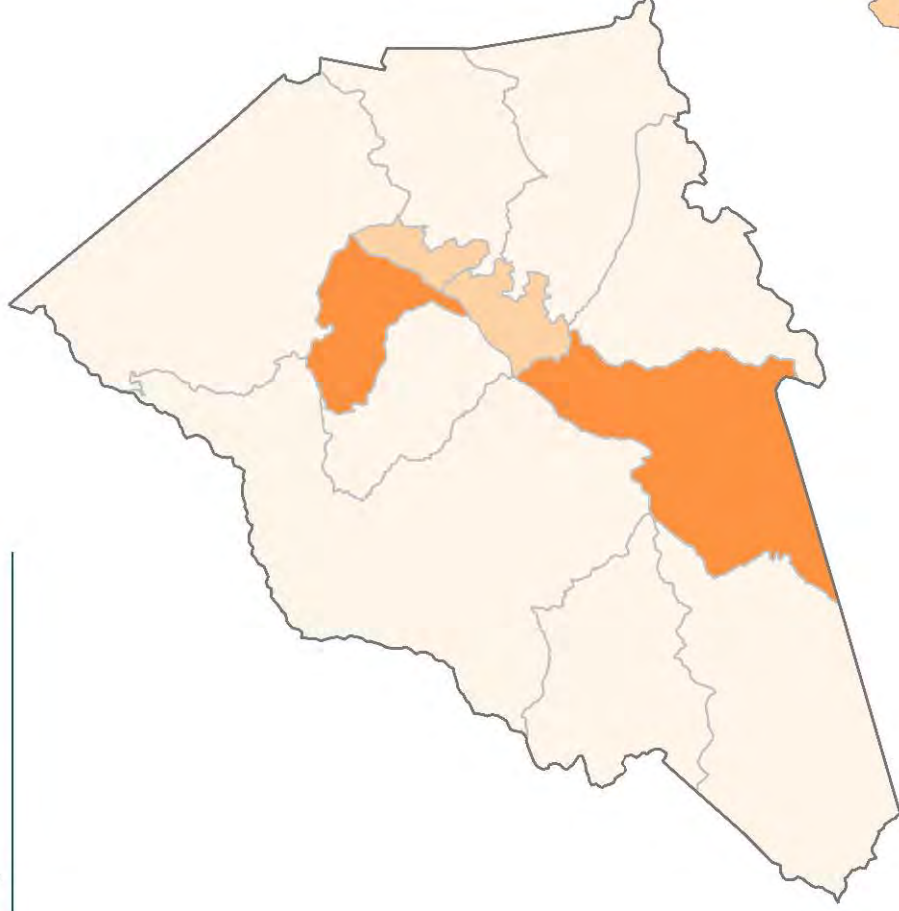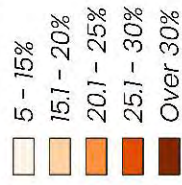
Spending Over 30% on Rent or Mortgage
Transylvania County

Percentage of Households

- 4.8 – 15%
- 15.1 – 25%
- 25.1 – 35%
- 35.1 – 40%
- Over 40%

0   5   10 mi
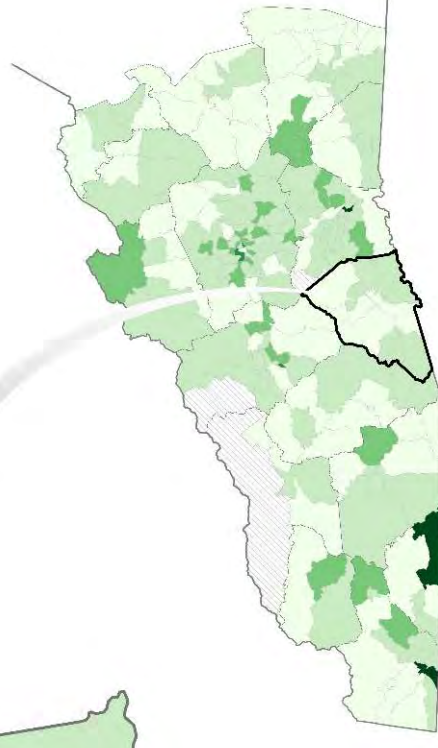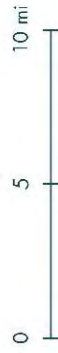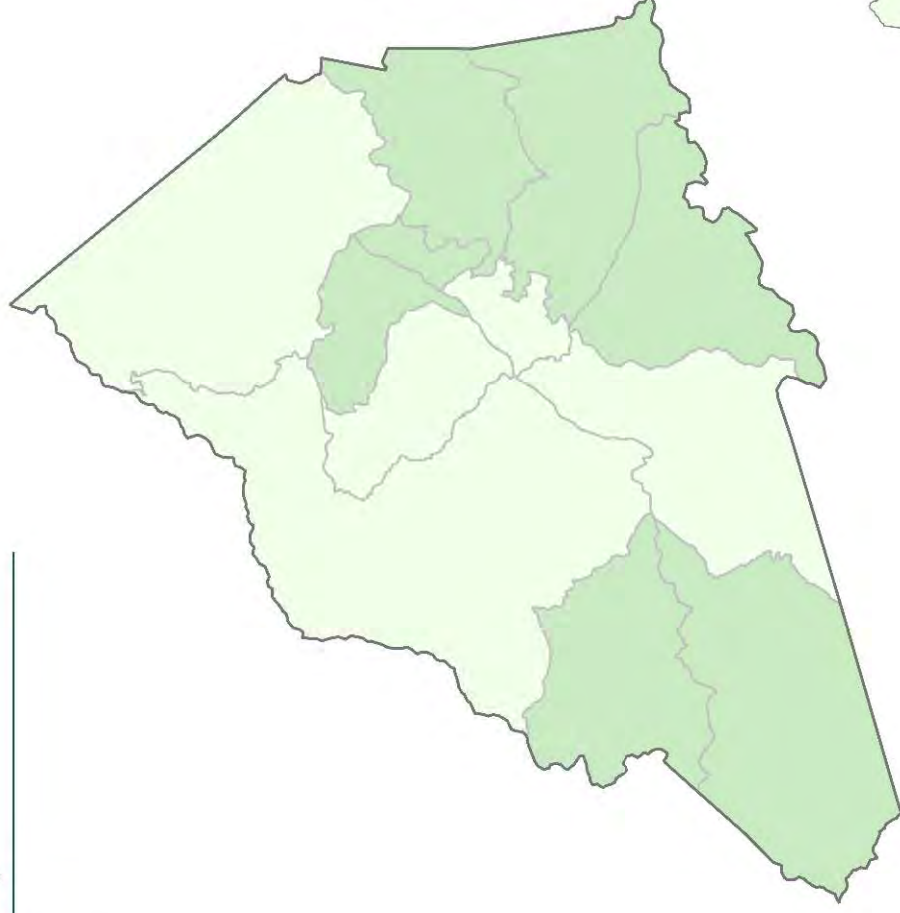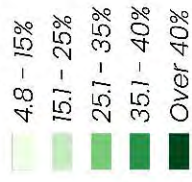
Spending Over 50% on Rent or Mortgage
Transylvania County
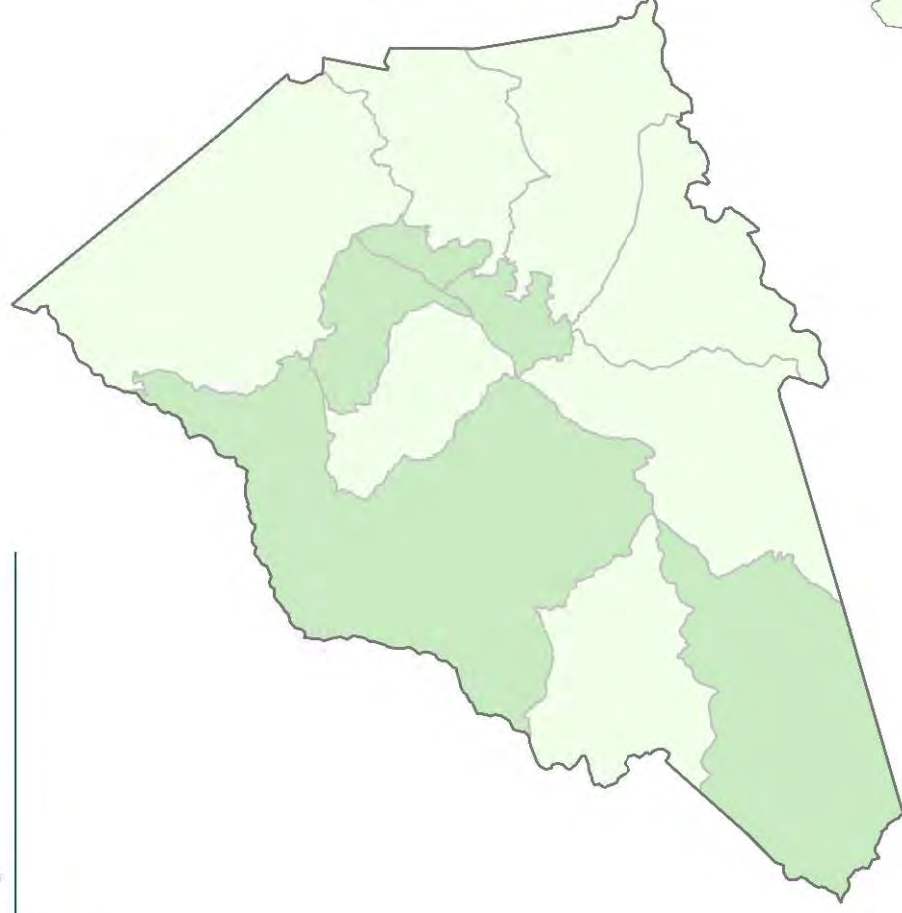
Percentage of Households

- 0.2 – 10%
- 10.1 – 20%
- 20.1 – 25%
- 25.1 – 30%
- Over 30%

0   5   10 mi

WNC HEALTH NETWORK
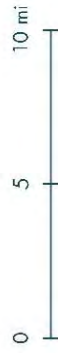
Percentage of Population Living in Poverty

Transylvania County

Legend

- 1 – 10%
- 10.1 – 20%
- 20.1 – 25%
- 25.1 – 30%
- Over 30%

0   5   10 mi

WNC HEALTH NETWORK
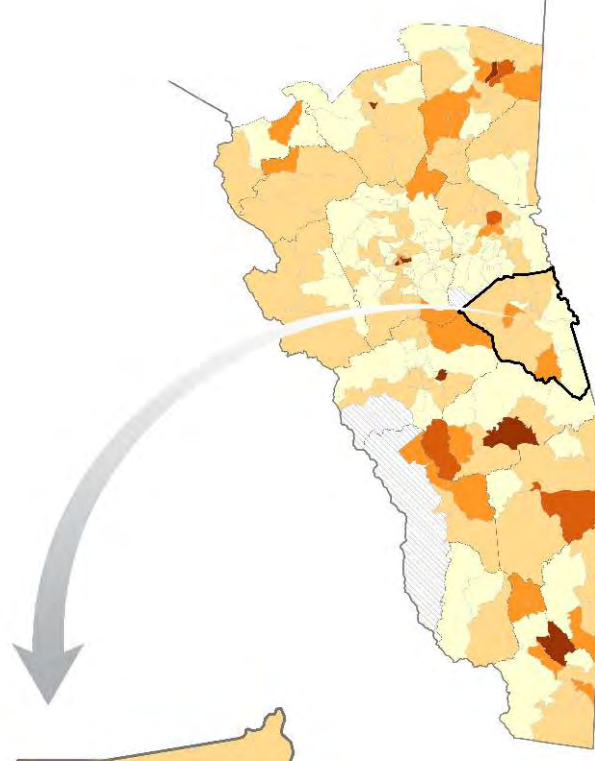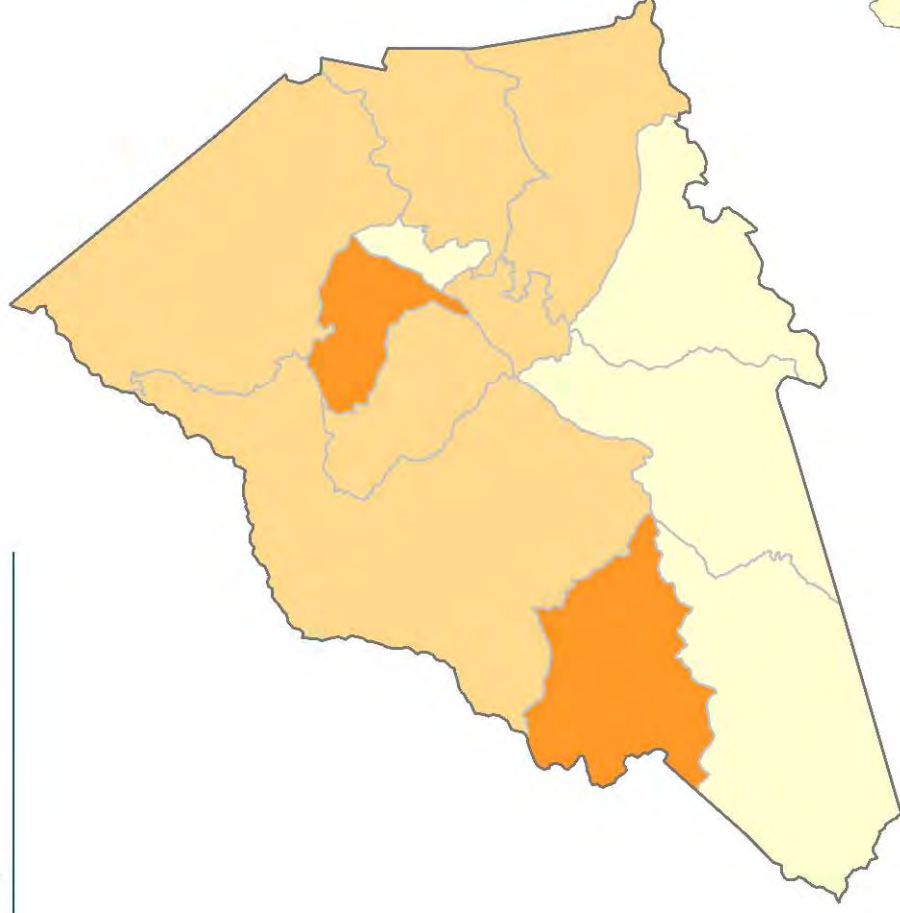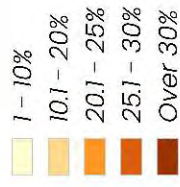
Social Vulnerability Index (SVI)
Transylvania County

Level of Vulnerability

Low
Low to Medium
Medium to High
High

0   5   10 mi
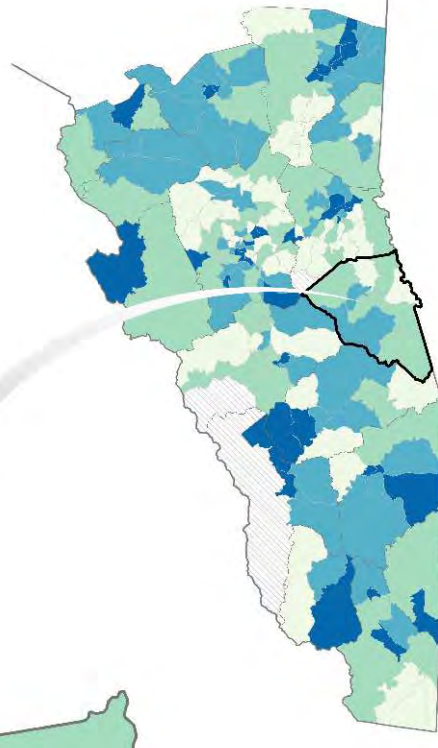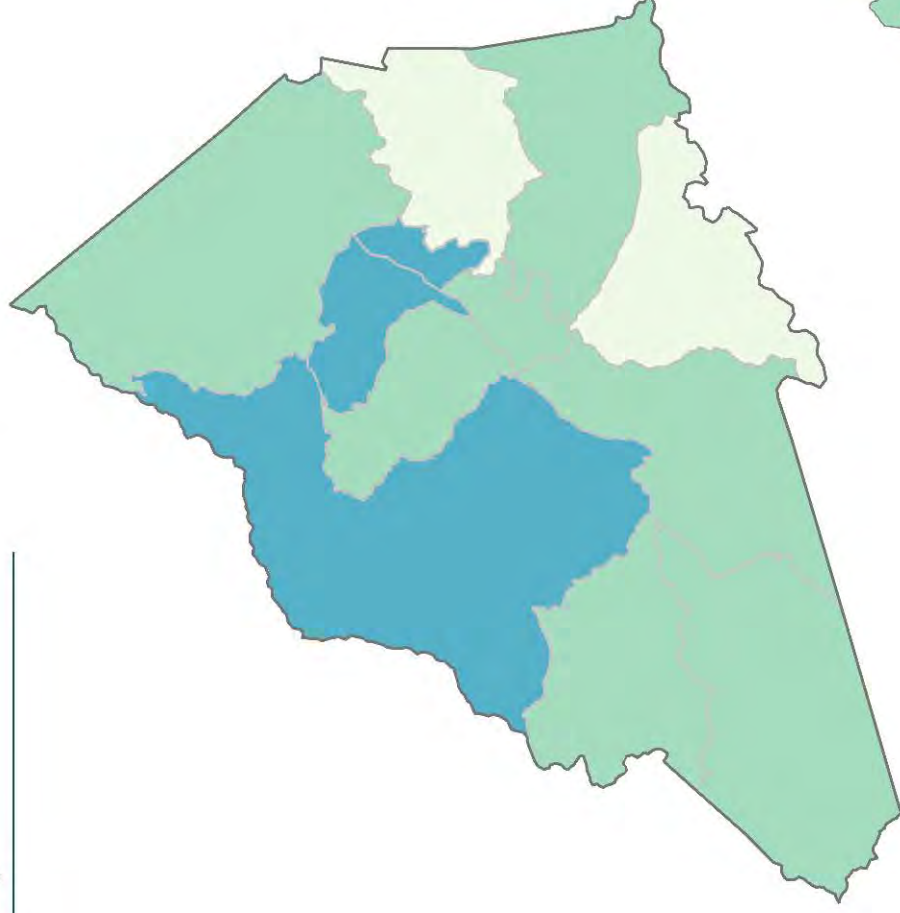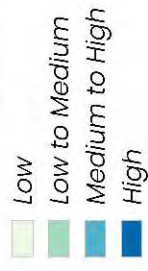
Percentage of Black, Indigenous, & People of Color
Transylvania County

Legend:
- 0%
- 0.1 – 5%
- 5.1 – 10%
- 10.1 – 20%
- 20.1 – 30%
- Over 30%

0   5   10 mi

WNC HEALTH NETWORK
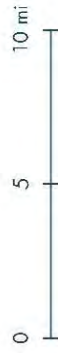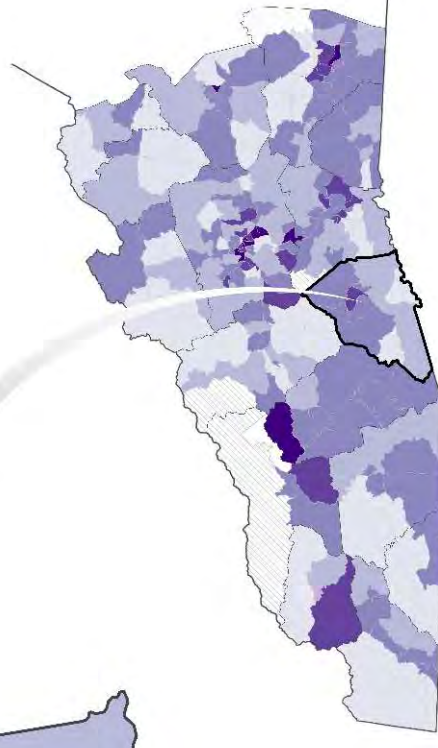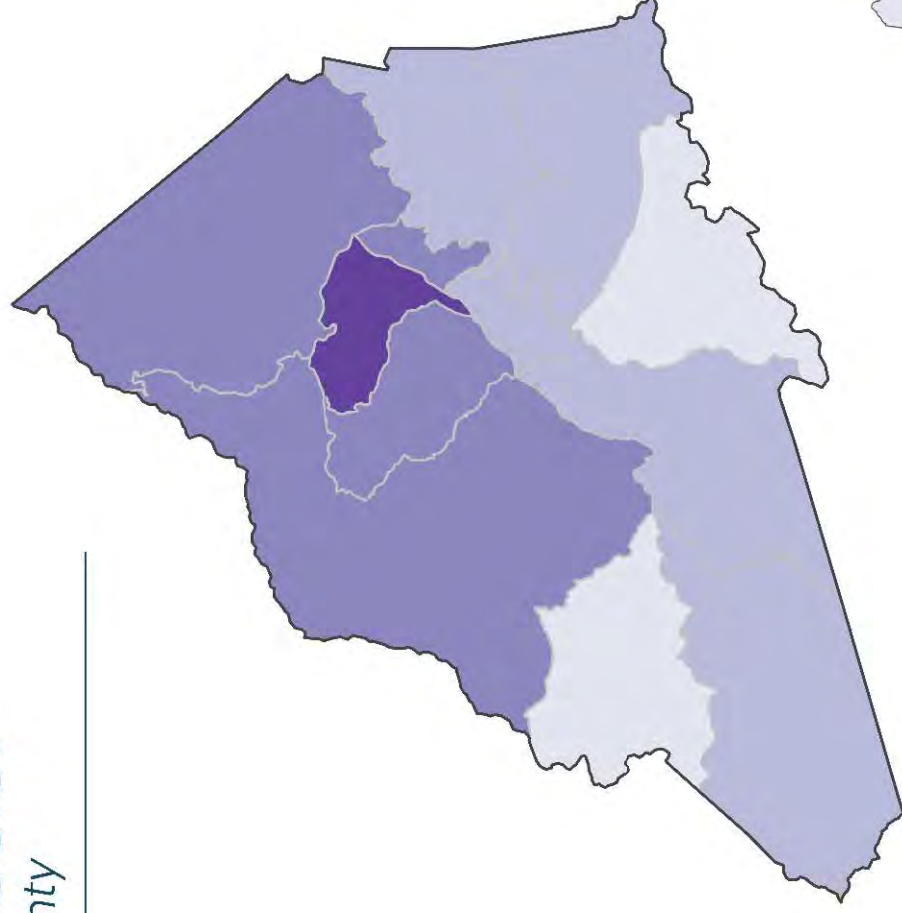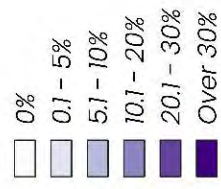
Prevalence of Poor Mental Health

18 Counties in WNC (2021, 2024)

Legend:
- 14.4 – 16%
- 16.1 – 17.8%
- 17.9 – 21.2%
- 21.3 – 25.2%
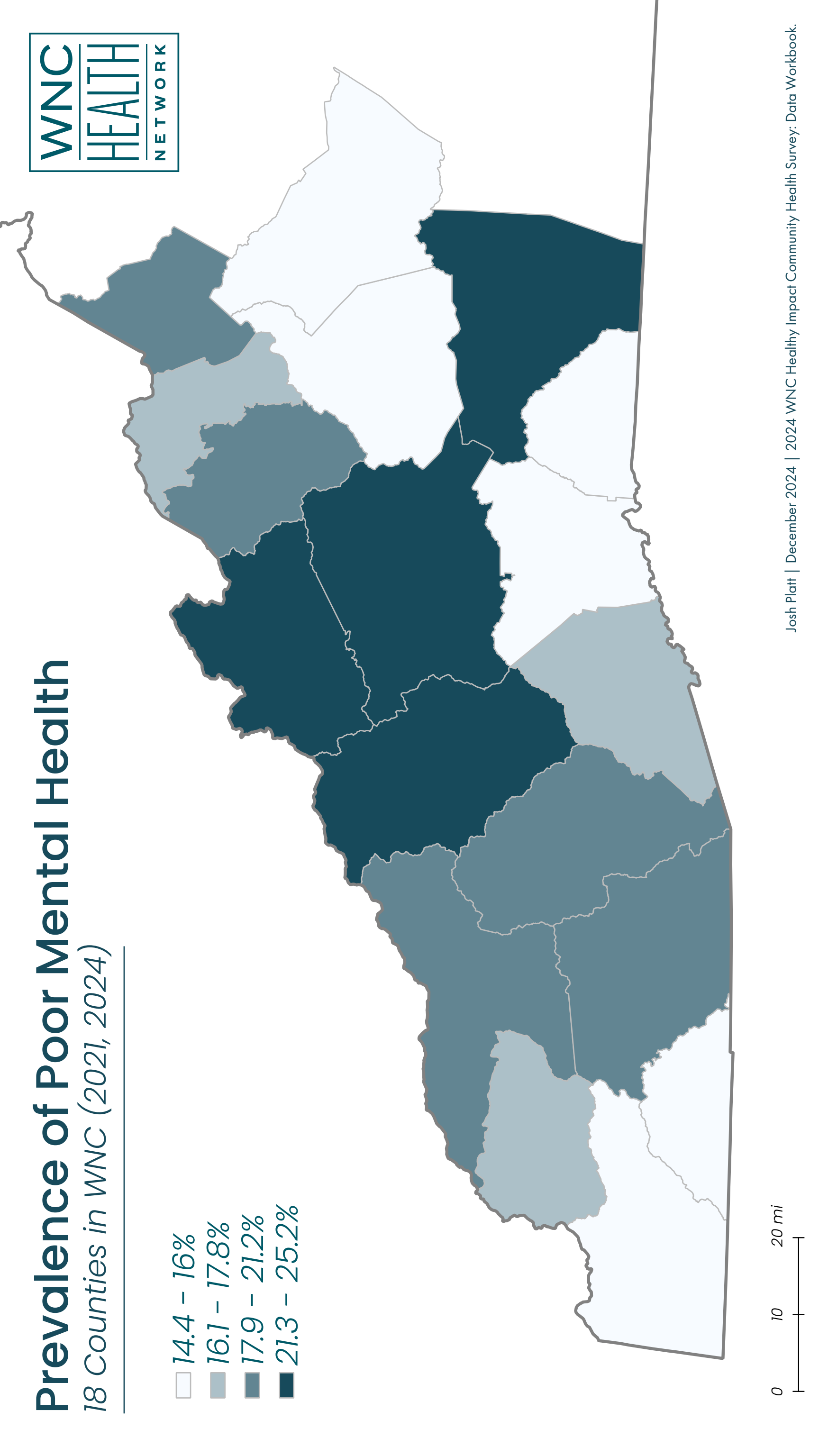
0   10   20 mi

Experiences of Discrimination
18 Counties in WNC (2021, 2024)

16.2 – 19.6%
19.7 – 25.4%
25.5 – 28.9%
29 – 32.7%
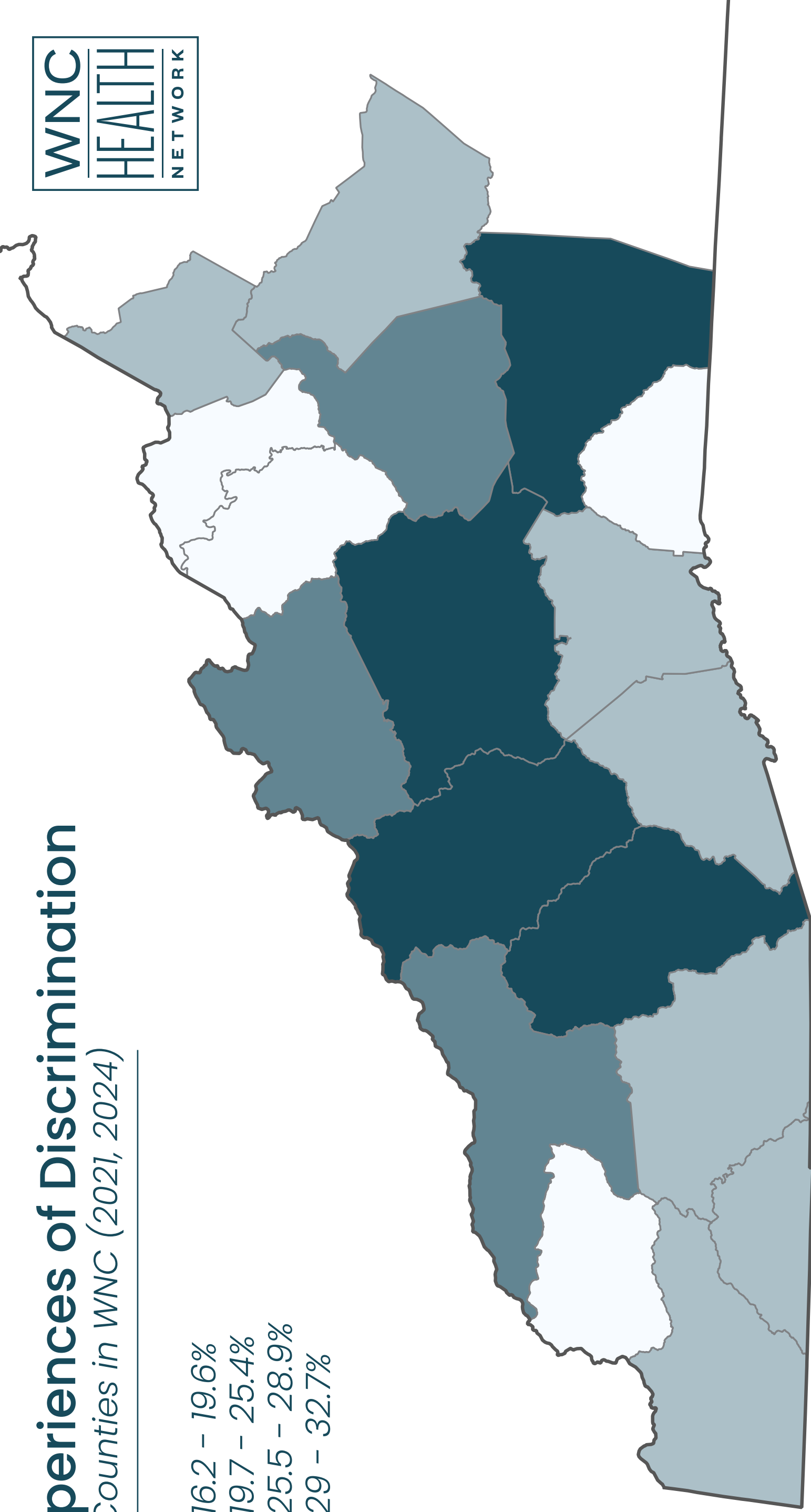
0   10   20 mi

Prevalence of Unmet Social Support Needs

18 Counties in WNC (2021, 2024)

WNC HEALTH NETWORK

Legend:
- 11.4 – 13.8%
- 13.9 – 16.3%
- 16.4 – 18.8%
- 18.9 – 21.4%
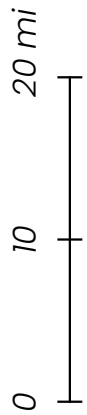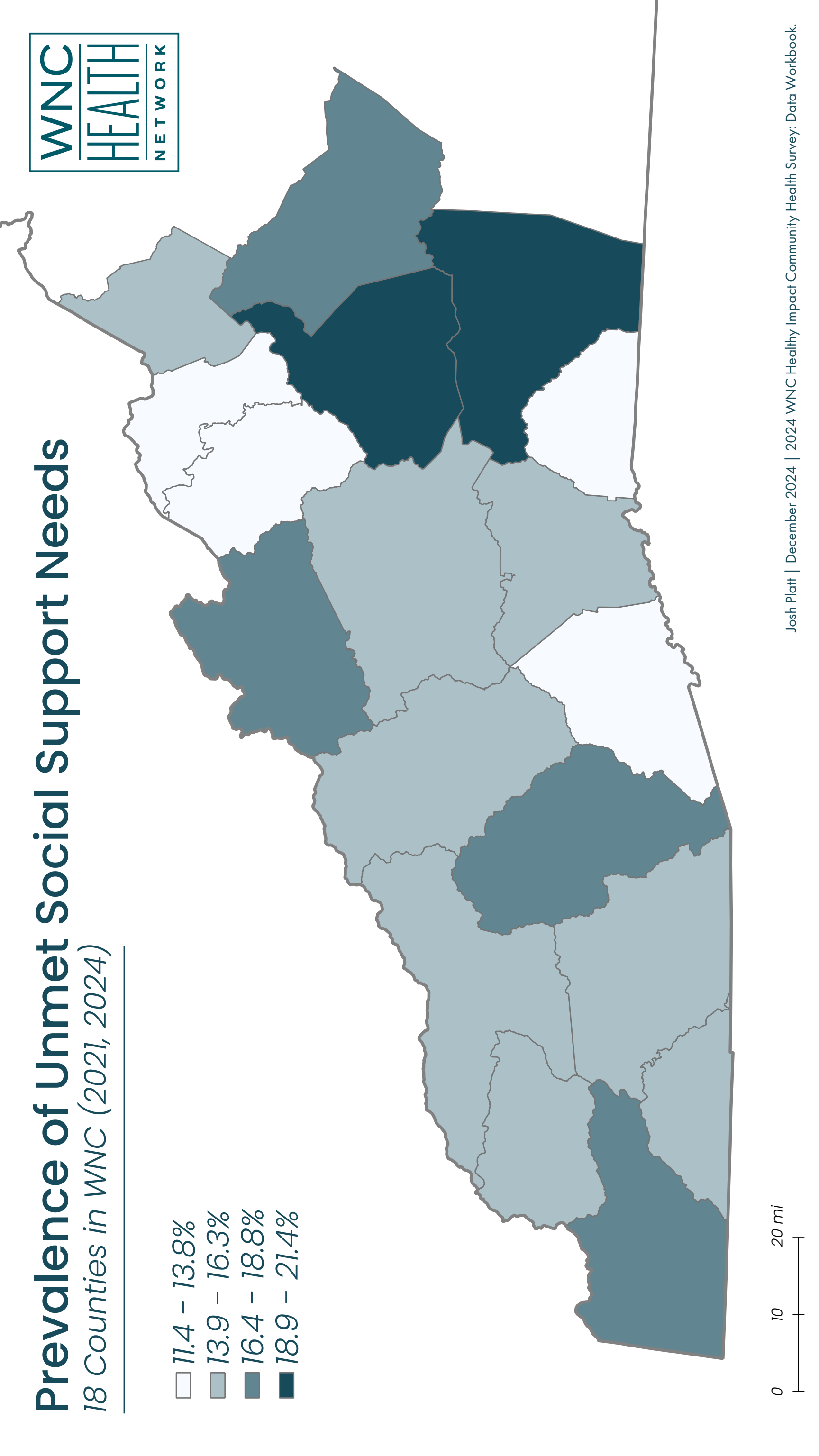
0   10   20 mi

Prevalence of Stress
18 Counties in WNC (2021, 2024)

- 9.55 – 9.86%
- 9.87 – 12.45%
- 12.44 – 16.52%
- 16.51 – 19.75%

WNC
HEALTH
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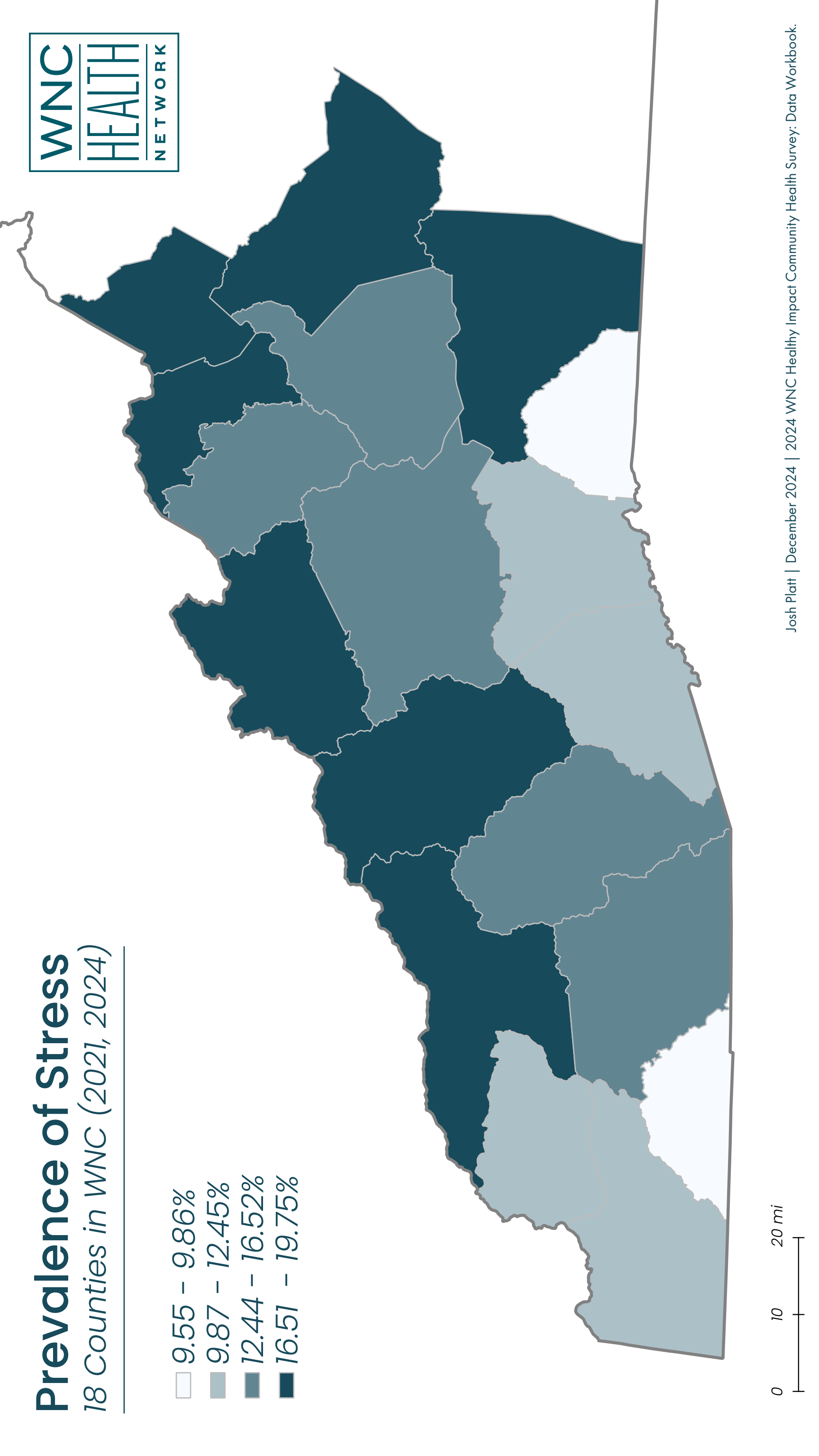
0   10   20 mi

Prevalence of Food Insecurity

18 Counties in WNC (2021, 2024)

WNC
HEALTH
NETWORK

Legend:
- 15.5 – 21%
- 21.1 – 22.9%
- 23 – 24.8%
- 24.9 – 33.3%
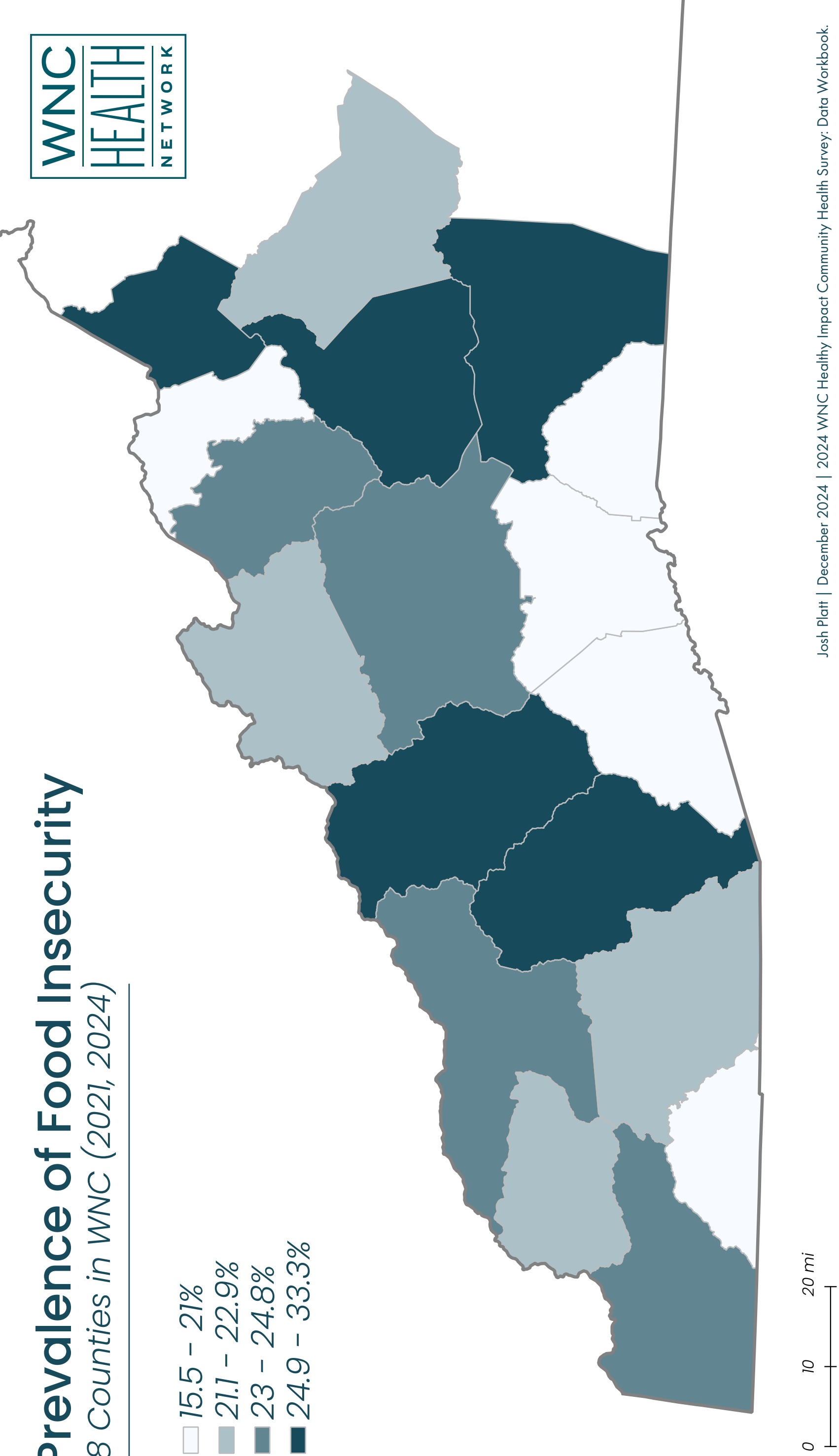
0 10 20 mi

Prevalence of Housing Pay Stress

18 Counties in WNC (2021, 2024)

Legend:
- 3.6 – 5.8%
- 5.9 – 8.1%
- 8.2 – 10.4%
- 12.84%
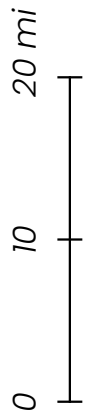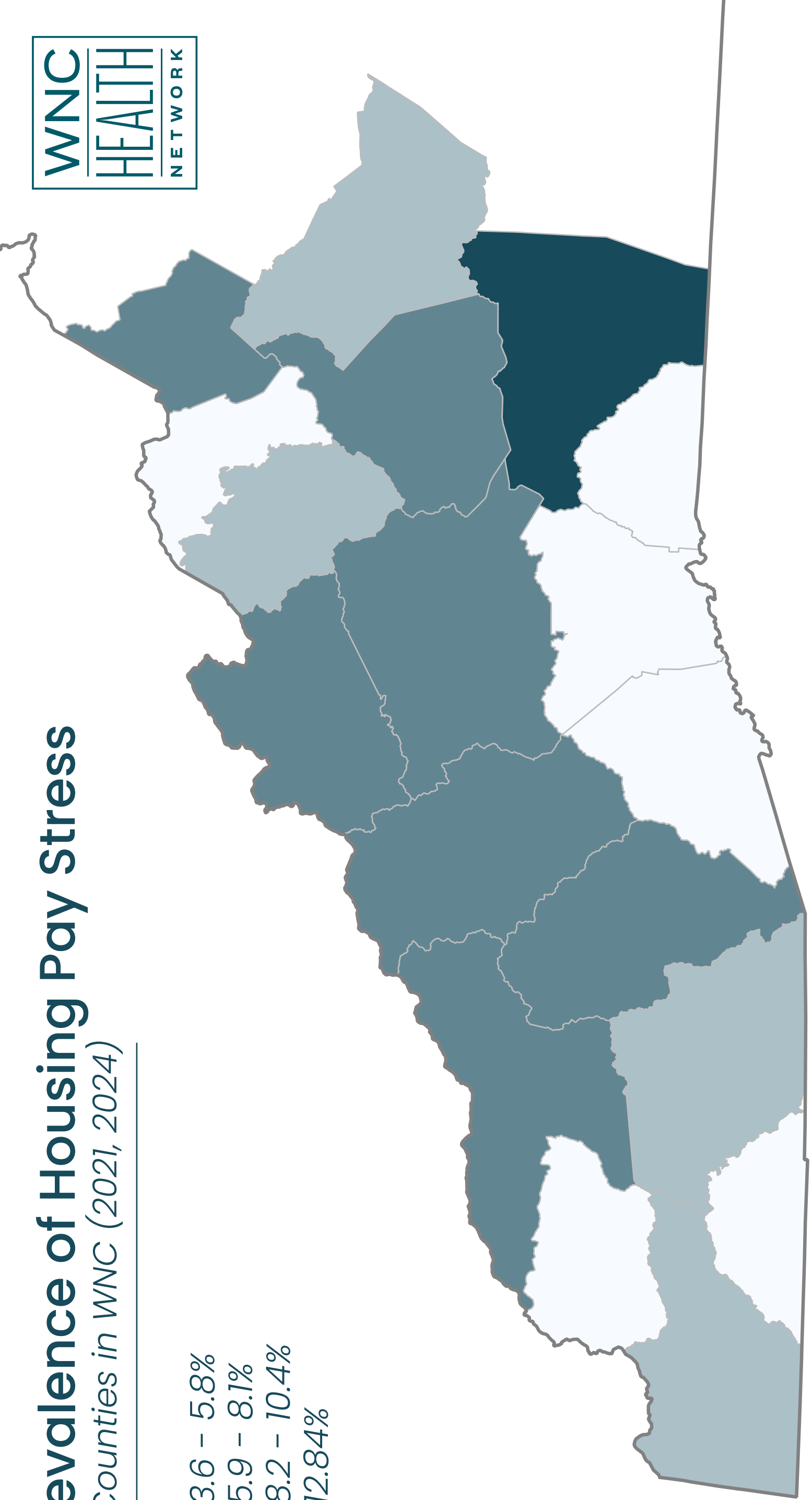
0   10   20 mi

Lacking Mental Healthcare Access

18 Counties in WNC (2021, 2024)

12.4 – 15.4%
15.5 – 18.4%
18.5 – 21.4%
21.5 – 24.6%
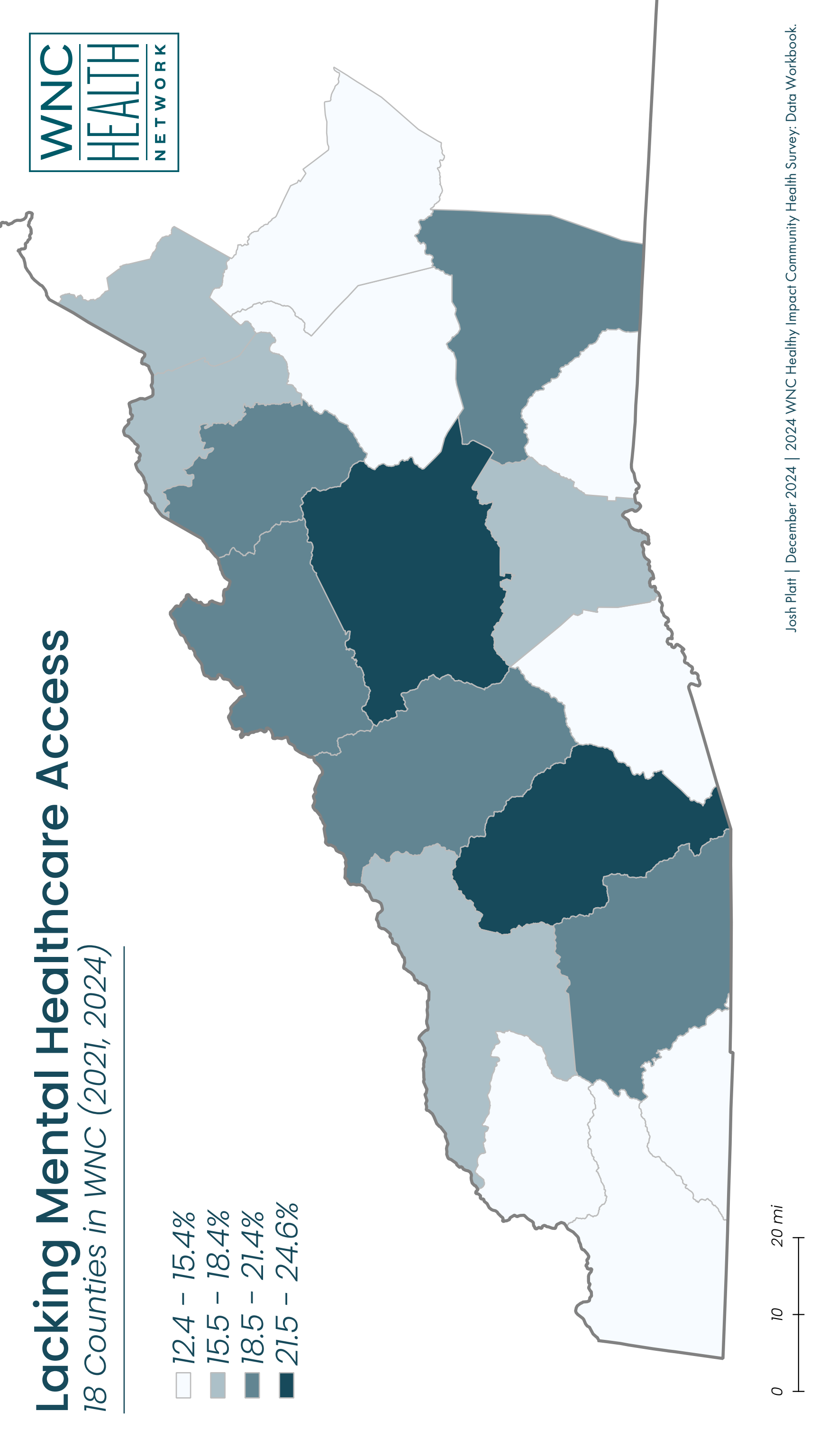
0   10   20 mi

Prevalence of Substance Misuse

18 Counties in WNC (2021, 2024)

- 19.8 – 23.3%
- 23.4 – 26.9%
- 27 – 30.5%
- 30.6 – 34.2%
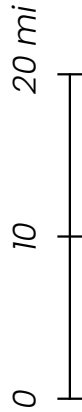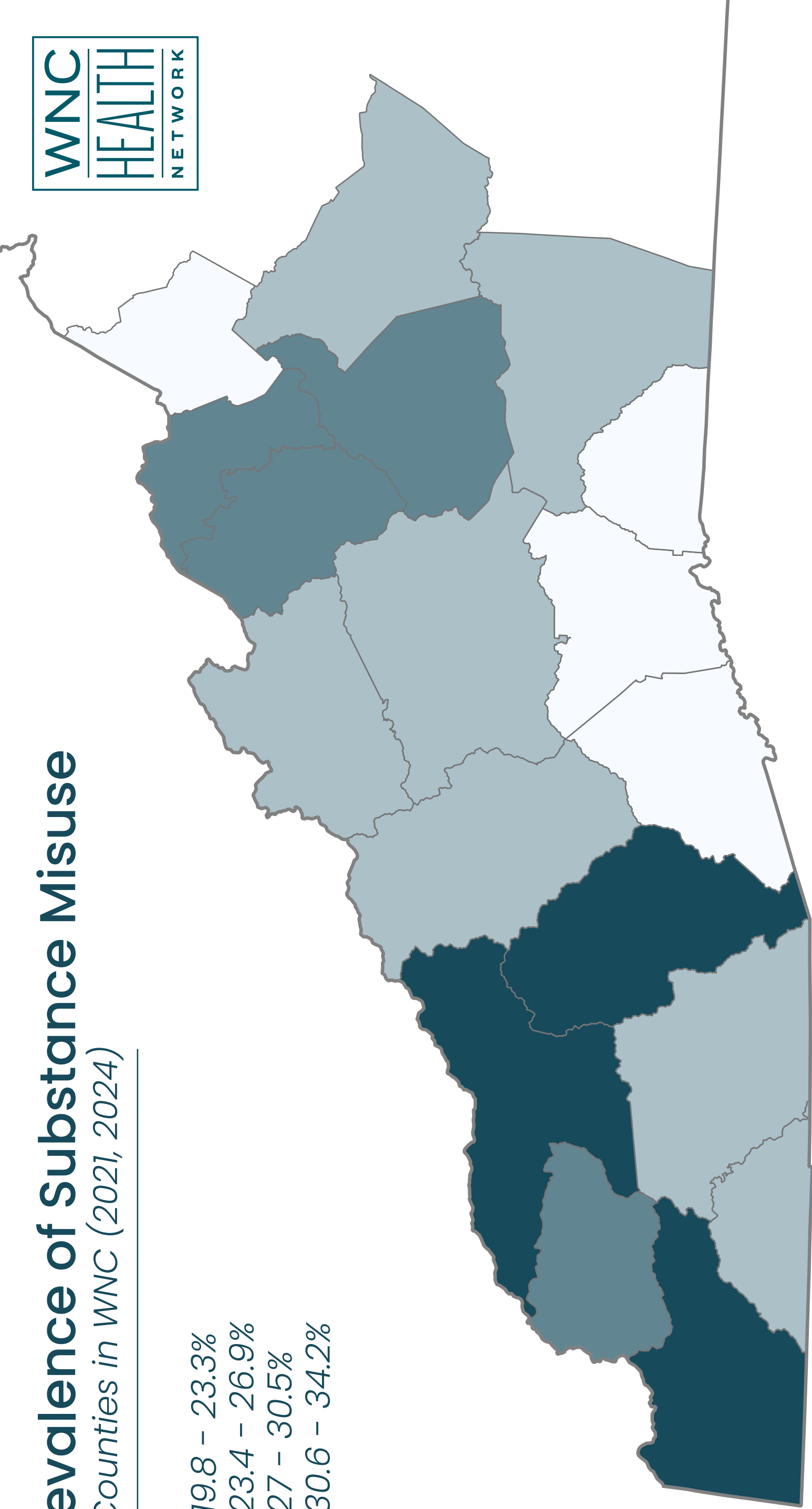
0   10   20 mi

APPENDIX D – COMMUNITY HEALTH SURVEY

WNC Healthy Impact Survey Instrument

Community Health Survey Results

A. Final 2024 WNC Healthy Impact Core Survey Questions (2/29/24)

Key:

- Purple Highlight – New or significantly modified question in 2024
- "Mod" – Last modified (or in 2024 potential to be modified)
- Yellow highlight – Modified language since 2/7 Draft

Count	2018 WNC Core Survey Question Wording	Survey Year to be Included				
		2012	2015	2018	2021	2024
	Demographics					
1	In order to randomly select the person I need to talk to, I need to know how many adults 18 and over live in this household?	x	x	x	x	
2	How many children under the age of 18 are currently LIVING in your household? (One through Five or More)	x	x	x	x	
3	Would you please tell me which county you live in?	x	x	x	x	
4	Zip code	x	x	x	x	
None	Sex of Respondent (Determined by Interviewer)	x	x	x	x	
5	The next questions are about sexual orientation and gender identity. We ask these questions in order to better understand the health and health care needs of people with different sexual orientations or gender identities. Do you identify your gender as: Man, Woman, Transgender Man, Transgender Woman, Non-Binary, Two-Spirited, Other (Specify), Don't Know, Refused				x	x
6	Do you consider yourself to be: Straight or Heterosexual, Gay or Lesbian, Bisexual, Other (Specify), Don't Know, Refused					x
7	What is the highest grade or year of school you have completed: (Grade Options)	x	x	x	x	x
8	Are you currently: (Employment Options)	x	x	x	x	x
9	Do you have any kind of health care coverage, including health insurance, a prepaid plan such as an HMO, or a government-sponsored plan such as Medicare, Medicaid, military, or Indian Health Services? (Y/N)	x	x	x	x	x

A. Final 2024 WNC Healthy Impact Core Survey Questions (2/29/24)

10	Next, I'd like to ask you some general questions about yourself. What is your age?	x	x	x	x	x
11	Are you of Hispanic or Latino origin, or is your family originally from a Spanish-speaking country?	x	x	x	x	x
12	What is your race? Would you say: (<mark>American Indian, Indigenous, or Alaska Native</mark> , Native Hawaiian, Pacific Islander/Asian/Black or African American/White) *(Do Not Read the Latino/Hispanic Code.)	x	x	x	x	x Mod
13	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	x Mod	x	x Mod
14	Total Family Household Income	x	x	x	x	x
	Questions used for Calculated Measures					
15	Now I would like to ask, about how much do you weigh without shoes? @@(INTERVIEWER: Round Fractions Up)	x	x	x	x	x
16	About how tall are you without shoes? @@(INTERVIEWER: Round Fractions Down)	x	x	x	x	x
	County Questions					
17	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	x	x
	Overall Health					
18	Would you say that, in general, your health is: (excellent, very good, good, fair, or poor)	x	x	x	x	
	Access to Care					
19	Was there a time during the past 12 months when you needed medical care, but could not get it? (Yes/No)	x	x	x	x	x
20	Was there a time in the past 12 months when you needed a prescription medicine, but did not get it because you could not afford it? (Yes/No)					x

A. Final 2024 WNC Healthy Impact Core Survey Questions (2/29/24)

#	Question					
21	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 child care, lack of transportation, language barrier, no access for people with disabilities, too long of wait for appointment, too long of wait in waiting room, other (specify))	x	x	x	x	x
22	In the future, how likely would you be to use telemedicine instead of office visits if you needed routine medical care--such as a check-up--got sick or hurt, or needed advice about a health problem? Would you be: (Extremely likely to not at all likely)				x	x
	Chronic Disease					
23	Have you ever suffered from or been diagnosed with COPD or Chronic Obstructive Pulmonary Disease, Including Bronchitis, or Emphysema? (Yes/No)		x	x	x	x
24	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	x	x
25	(b) A Stroke (Yes/No)		x	x	x	x
26	Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (Yes/No)		x	x	x	x
27	Do you still have asthma? (Yes/No)		x	x	x	x
28	Have you ever been told by a doctor that you have diabetes? (Yes/No)	x	x	x	x	x
	Was this only when you were pregnant? (Yes/No)	x	x	x	x	x
29	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (Yes/No)	x	x	x	x	x
	Was this only when you were pregnant? (Yes/No)	x	x	x	x	x
30	Have you ever been told by a doctor, nurse or other health care professional that you had high blood pressure? (Yes/No)	x	x	x	x	x

A. Final 2024 WNC Healthy Impact Core Survey Questions (2/29/24)

31	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	x	x	x
	Substance Use					
32	Do you NOW smoke cigarettes? ("Every Day," "Some Days," or "Not At All")	x	x	x	x	x
33	The next questions are about electronic "vaping" products, such as electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors. Do you NOW use electronic "vaping" products, such as e-cigarettes, "Every Day," "Some Days," or "Not At All"?		x	x	x	x
34	The next few questions are about alcohol use. Keep in mind that one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. @@ During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, hard cider, a malt beverage, or liquor? (NOTE: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.) (1 to 30)	x	x	x	x	x Mod
35	On the day(s) when you drank, about how many drinks did you have on the average? (0 to 10)	x	x	x	x	x
36	(If 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	x	x	x
37	(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	x
38	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	x

A. Final 2024 WNC Healthy Impact Core Survey Questions (2/29/24)

	Food Security/ Nutrition					
39	Now I would like you to think about the food you ate during the past week. About how many 1-cup servings of fruit did you have in the past week? For example, one apple equals 1 cup.	x	x	x	x	x
40	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	x	x Mod	x
41	Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months. The first statement is: "I worried about whether our food would run out before we got money to buy more." Was this statement:			x	x	x
42	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	x
	Physical Activity					
43	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	x	x	x
44	What type of physical activity or exercise did you spend the MOST time doing during the past month?			x	x	x
45	How many times per week or per month did you take part in this activity during the past month?			x	x	x
46	And when you took part in this activity, for how many minutes or hours did you usually keep at it?			x	x	x
47	What OTHER type of physical activity gave you the NEXT most exercise during the past month?			x	x	x
48	How many times per week or per month did you take part in this activity during the past month?			x	x	x
49	And when you took part in this activity, for how many minutes or hours did you usually keep at it?			x	x	x

A. Final 2024 WNC Healthy Impact Core Survey Questions (2/29/24)

50	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	x	x	x
	Mental Health					
51	Now I would like to ask, in general, how satisfied are you with your life? Would you say: (Very Satisfied; Satisfied; Dissatisfied; or Very Dissatisfied)	x	x	x	x	x
52	How often do you get the social and emotional support you need? Would you say: (Always, Usually, Sometimes, Seldom, or Never)	x	x	x	x	x
53	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	x
54	Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health NOT good? (0 to 30)	x	x	x	x	x
55	Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: Excellent to Poor scale)					x
56	Thinking about the amount of stress in your life, would you say that most days are: (Extremely, Moderately, Not at all stressful)				x	x
57	Please tell me your level of agreement or disagreement with the following statement: I am able to stay hopeful even in difficult times. (Strongly Agree-Strongly Disagree)				x	x Mod
58	How often do you feel lonely? (Often/always, Some of the time, Occasionally, Hardly ever, Never)					x

A. Final 2024 WNC Healthy Impact Core Survey Questions (2/29/24)

59	Was there a time in the past 12 months when you needed mental health care or counseling, but did not get it at that time? (Yes/No)	x	x	x	x	x
60	Reason did not receive mental health care/counseling: What is the MAIN reason you did not get mental health care or counseling? (Open-ended)	x	x			x
61	Are you NOW taking medication or receiving treatment, therapy, or counseling from a health professional for any type of mental or emotional health need? (Yes/No)				x	x
62	[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	x
	Racism and Discrimination					
63	==The next questions are about *discrimination and unfair treatment*.== 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	x
64	*In the past 12 months*, how often have you been threatened or harassed? (Never, Rarely, Sometimes, Often, Don't know, Refused)				x	x Mod
65	*In the past 12 months*, how often have you been treated unfairly or been discriminated against when getting medical care? (Never, Rarely, Sometimes, Often, Don't know, Refused)				x	x Mod
66	*In the past 12 months*, how often have you been treated unfairly or been discriminated against *in a* school? Would you say… (Never, Rarely, Sometimes, Often, Don't know, Confused)				x	x Mod
67	Follow-up Question (Asked only of those answering "sometimes" or "often" to at least one question above.)				x	x Mod

A. Final 2024 WNC Healthy Impact Core Survey Questions (2/29/24)

	What do you think is the main reason for these experiences? a) [Don't Know/Not Sure] b) [Refused] c) Accent/The Way I Talk d) Age e) Ancestry, Culture, or National Origins f) Appearance g) Disability h) Gender i) Height and/or Weight j) Income k) Language l) Race m) Religion n) Sexual Orientation o) Other (Specify)					
68	Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated? (Yes/No)					x
	Housing					
69	Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe? (Yes/ No)					x
70	Next, I would like to ask about your living situation. Was there a time in the past 12 months when you did not have electricity, water, or heating in your home?: (Yes/No)				x	x
71	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	x
72	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? (Yes/ No)				x	x

A. Final 2024 WNC Healthy Impact Core Survey Questions (2/29/24)

73	Has there been a time in the past three years when you were living on the street, in a car, or in a temporary shelter? (Yes/No)				x	x
74	Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement? (Yes/ No)					x
	Climate					
75	The next question is about climate, the weather conditions in an area in general or over a long period, for example extreme heat, flooding or drought. To what extent do you feel that climate is connected to health risks? (Strongly connected, Somewhat, Not Connected)					x

2024 COMMUNITY HEALTH SURVEY

Transylvania County

1

WNC Healthy Impact Region
Counties We Serve
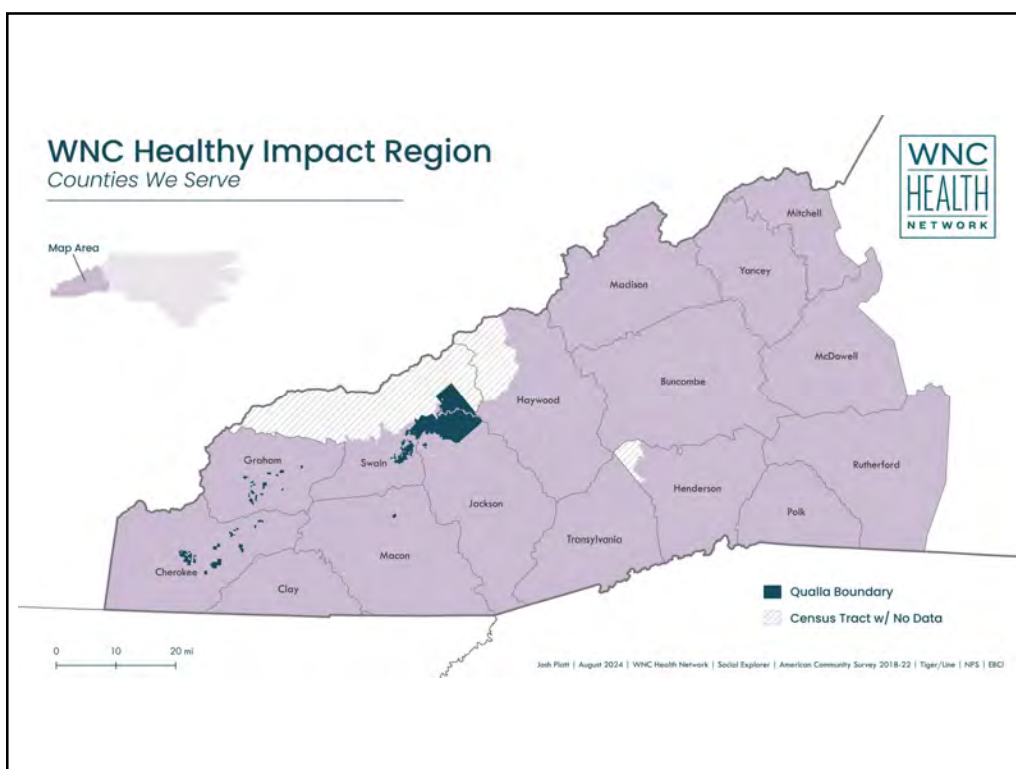
2

Methodology

Survey methodology
- 5,898 surveys throughout WNC (including Avery & Burke)
  - 2,356 surveys were completed via the telephone (both landlines and cell phones); another 1,308 surveys were completed online by individuals invited through third-party providers to participate.
  - 2,234 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, income
- English and Spanish

WNC HEALTH NETWORK

3

Methodology

5,898 surveys throughout WNC
- Adults age 18+
- Gathered data for each of 18 counties
- Weights were added to enhance representativeness of data at county and regional levels

WNC HEALTH NETWORK

4

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
  - Other categories, based on question responses

WNC HEALTH NETWORK

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 stakeholder input

WNC HEALTH NETWORK

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 each of the 18 counties have maximum error rates ranging from ±3.3% to ±9.8% at the 95% confidence level

PRC indicates in regional report when differences – between county and regional results, different demographic groups, and data years – are statistically significant

WNC HEALTH NETWORK

	Sample	Error Rate
Avery County	n = 166	± 8.0%
Buncombe County	n = 908	± 3.3%
Burke County	n = 492	± 4.6%
Cherokee County	n = 213	± 6.9%
Clay County	n = 208	± 6.9%
Graham County	n = 136	± 9.8%
Haywood County	n = 393	± 5.2%
Henderson County	n = 755	± 3.6%
Jackson County	n = 345	± 5.7%
Macon County	n = 272	± 6.2%
Madison County	n = 294	± 6.2%
McDowell County	n = 231	± 6.9%
Mitchell County	n = 203	± 6.9%
Polk County	n = 246	± 6.9%
Rutherford County	n = 223	± 6.9%
Swain County	n = 247	± 6.9%
Transylvania County	n = 264	± 6.2%
Yancey County	n = 302	± 5.7%
WNC Service Area	n = 5,898	± 1.3%

Approximate Error Ranges at the 95 Percent Level of Confidence

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

Example: If 50% of the sample of 5,898 respondents answered a certain question with a "yes one could be certain with a 95 percent level of confidence that between 48.7% and 51.3% (50% ± 1.3%) of the total population would respond "yes" if asked this question.

WNC HEALTH NETWORK

Population & Survey Sample Characteristics
(Transylvania County, 2024)

9

American Indian/ Alaska Native Sample
(By County, 2024)

10

11

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

2015 2018 2021 2024

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 5]
Notes: Asked of all respondents.

12

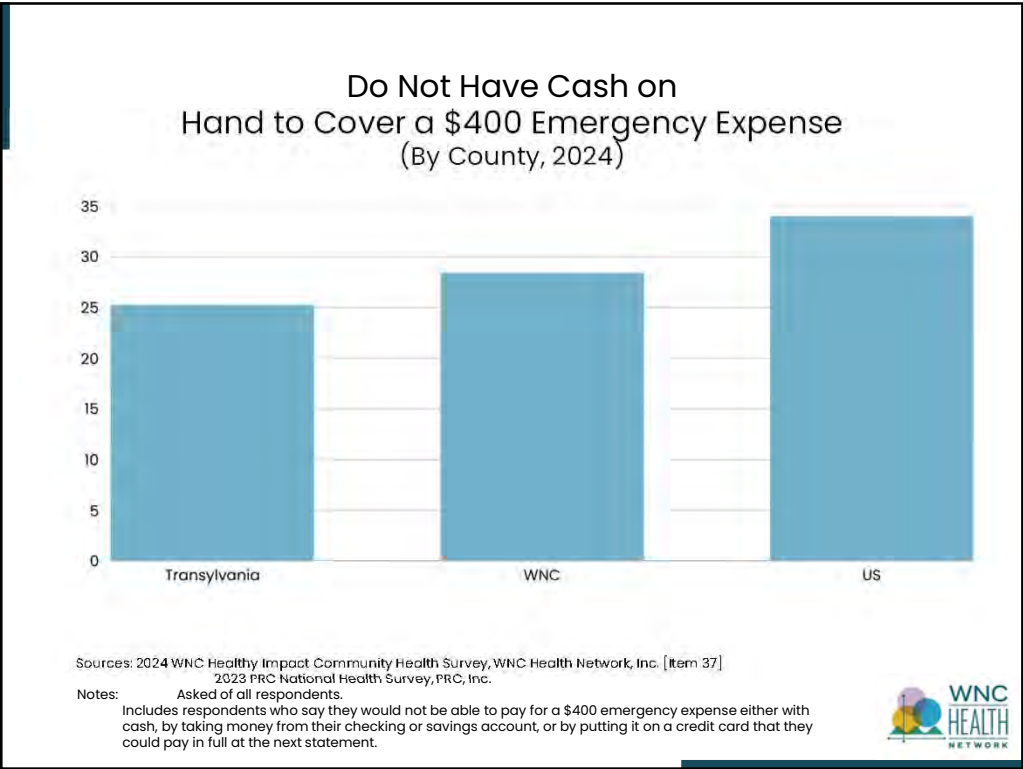County is a "Fair/Poor" Place to Live
(Western North Carolina, 2024)
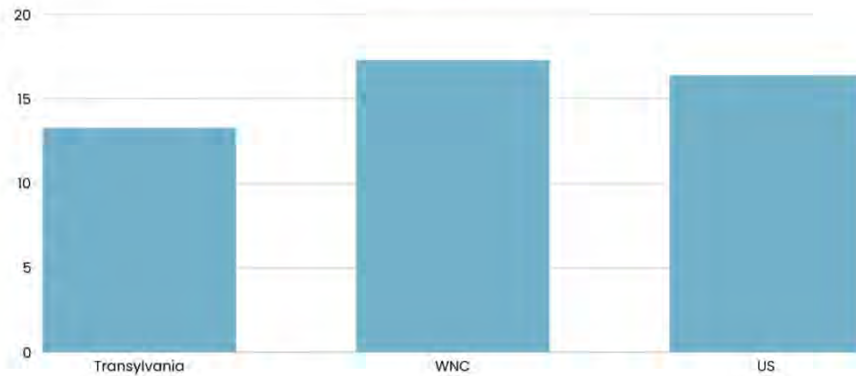
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 5]
Notes: Asked of all respondents.

13

SOCIAL DETERMINANTS OF HEALTH

14

15

16

Disagree That the Community Is a
Welcoming Place for People of All Races and Ethnicities
("Disagree" or "Strongly Disagree" Responses; Western North Carolina, 2024)
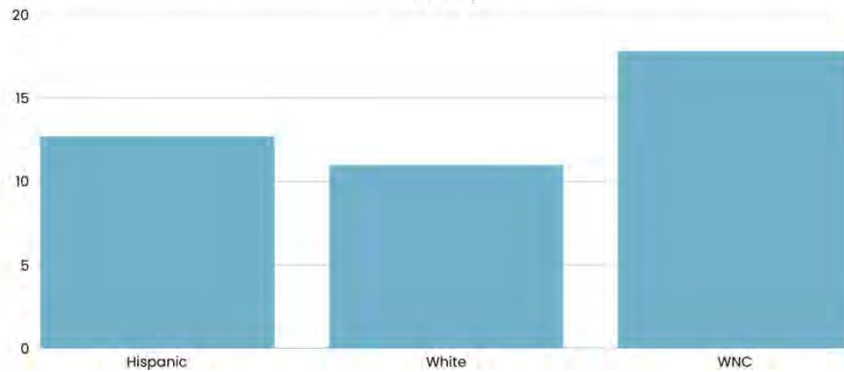
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 75]
Notes: Asked of all respondents.

17

"Often/Sometimes" Threatened or Harassed in the Past Year
(By County, 2024)
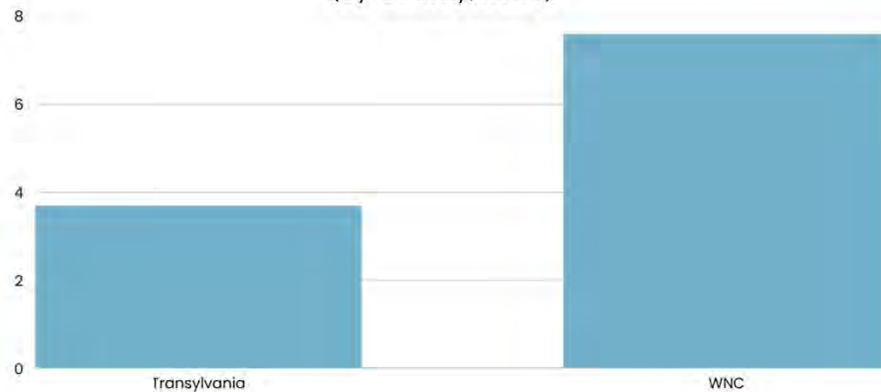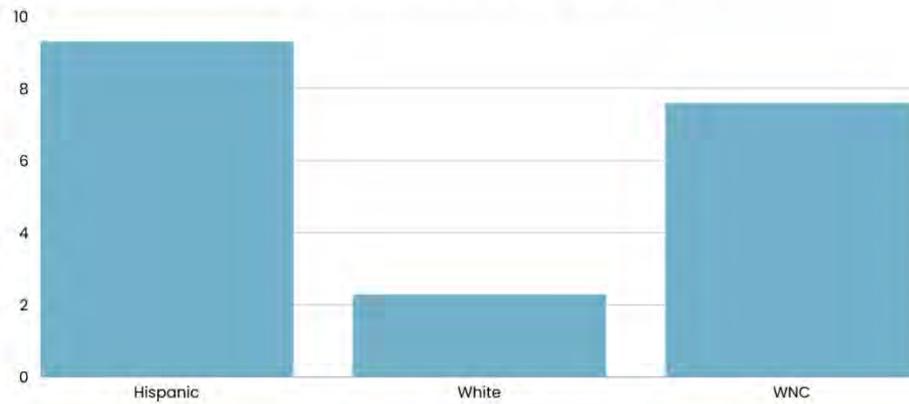
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 70]
Notes: Asked of all respondents.

18

19

20

"Often/Sometimes" Treated Unfairly When Getting Medical Care in the Past Year
(Western North Carolina, 2024)
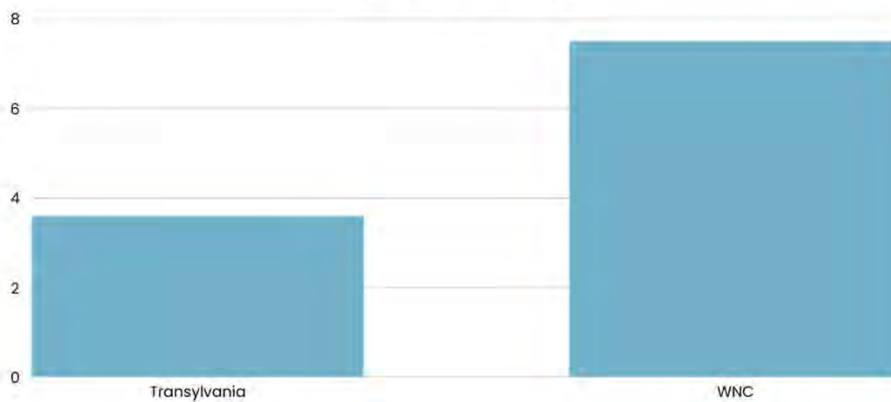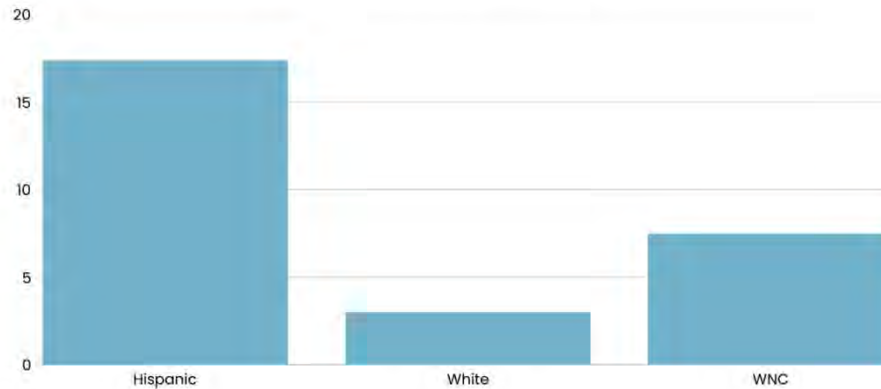
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 71]
Notes: Asked of all respondents.

21

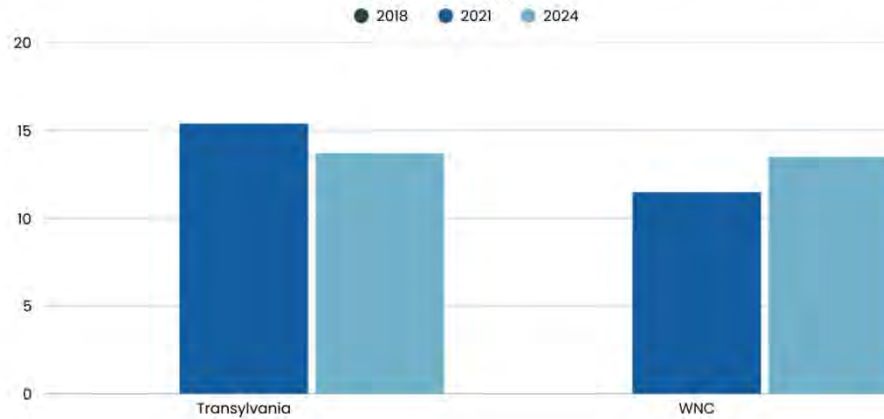**"Often/Sometimes" Treated Unfairly at School in the Past Year**
(By County, 2024)
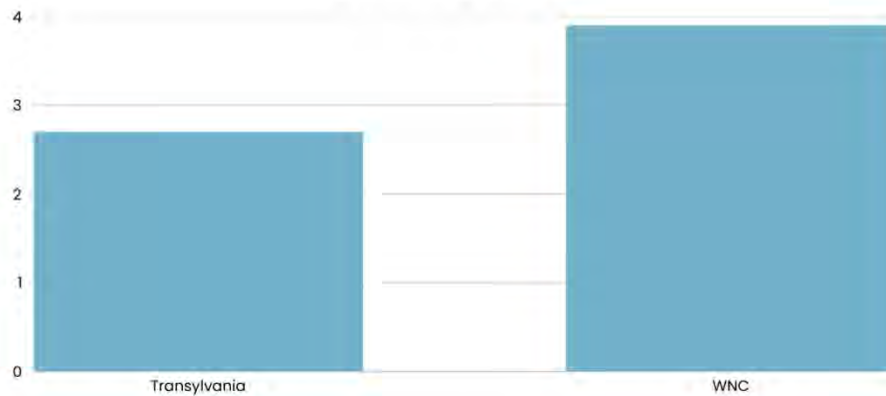
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 72]
Notes: Asked of all respondents.

22

11

"Often/Sometimes" Treated Unfairly at School in the Past Year
(Western North Carolina, 2024)
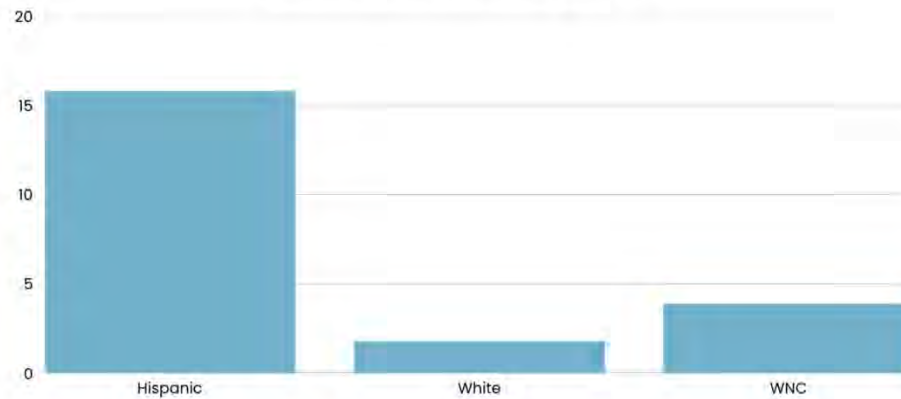
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 72]
Notes: Asked of all respondents.

23

Perceived Main Reason for Unfair Treatment in the Past Year
(Among Those Treated Unfairly "Often" or "Sometimes";
Western North Carolina, 2024)
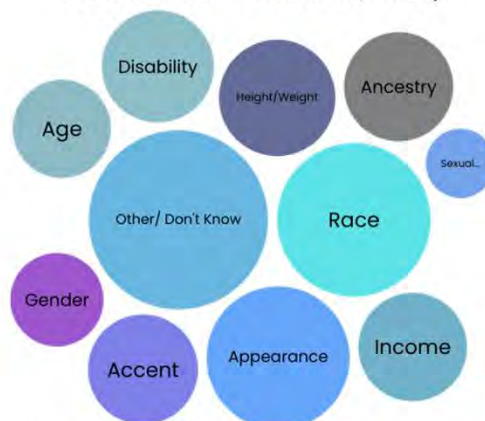
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 73]
Notes: Asked of respondents reporting they received unfair treatment "often" or "sometimes" in the past year.
          Unfair treatment includes threats, harassment, discrimination when receiving medical care, and/or discrimination at
school.

24

12

Experienced Negative Physical Symptoms in the Past Month as a Result of Any Unfair Treatment
(By County, 2024)
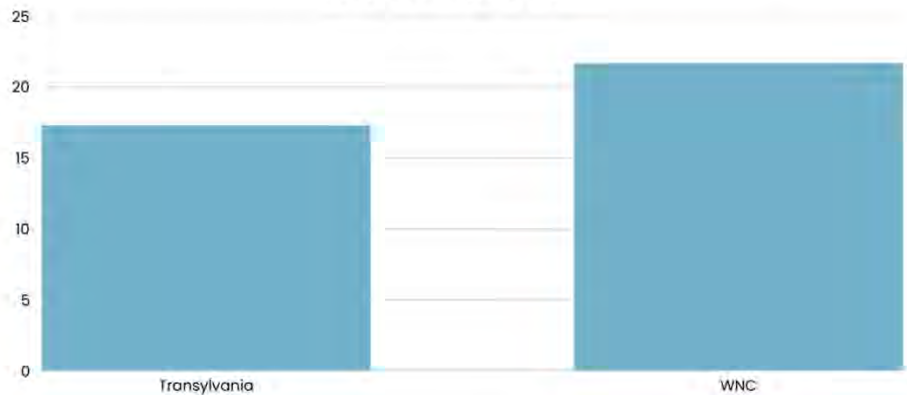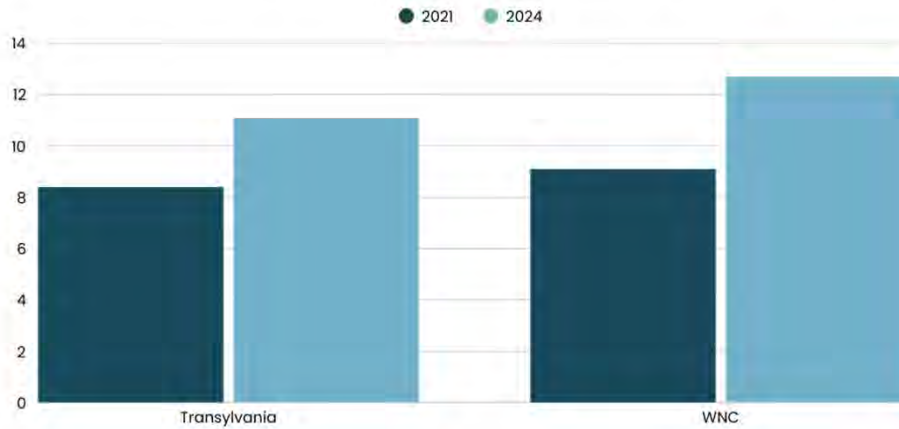
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 74]
Notes: Asked of all respondents.
Examples of physical symptoms include a headache, an upset stomach, tensing of muscles, or a pou

25

Experienced Negative Physical Symptoms in the Past Month as a Result of Any Unfair Treatment
(Western North Carolina, 2024)
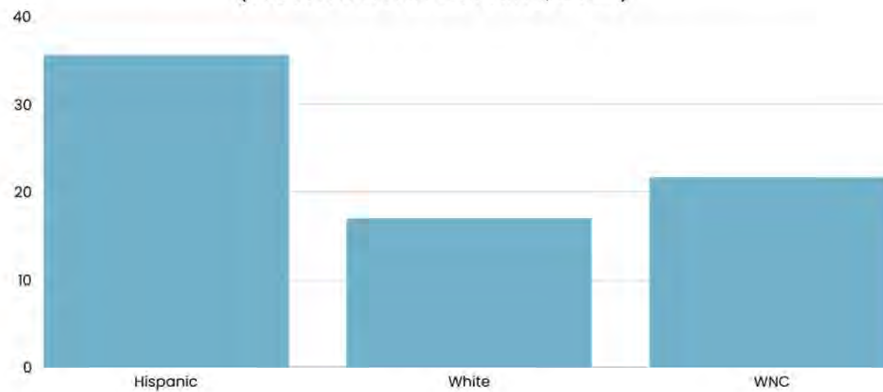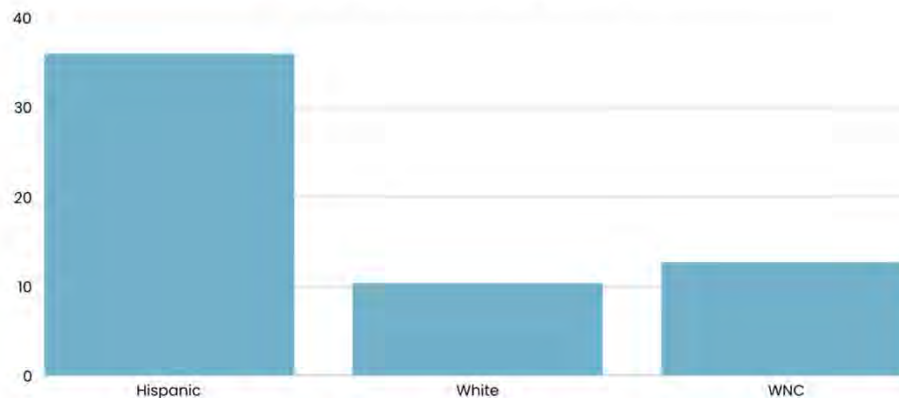
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 74]
Notes: Asked of all respondents.
Examples of physical symptoms include a headache, an upset stomach, tensing of muscles, or a poundir

26

13

27

Do Not Have Cash on
Hand to Cover a $400 Emergency Expense
(By County, 2024)

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 37]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

28

14

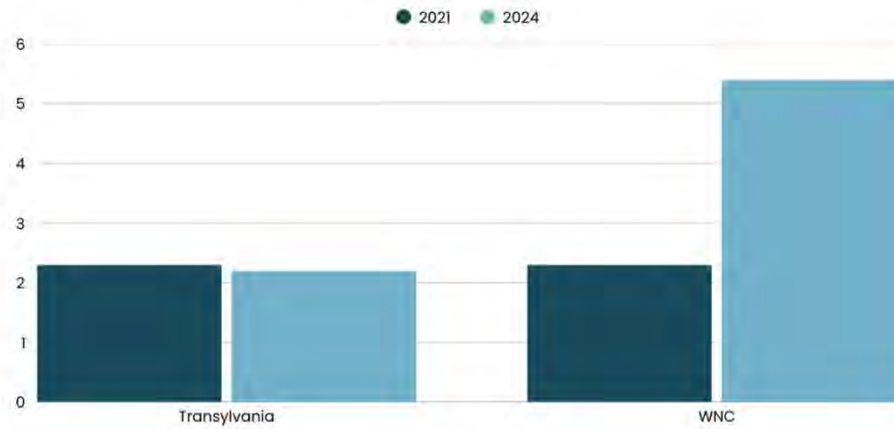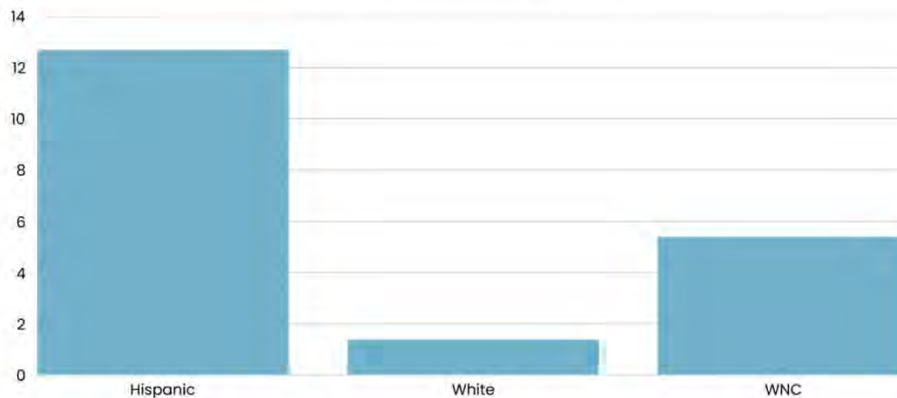Do Not Have Cash on
Hand to Cover a $400 Emergency Expense
(Transylvania County, 2024)
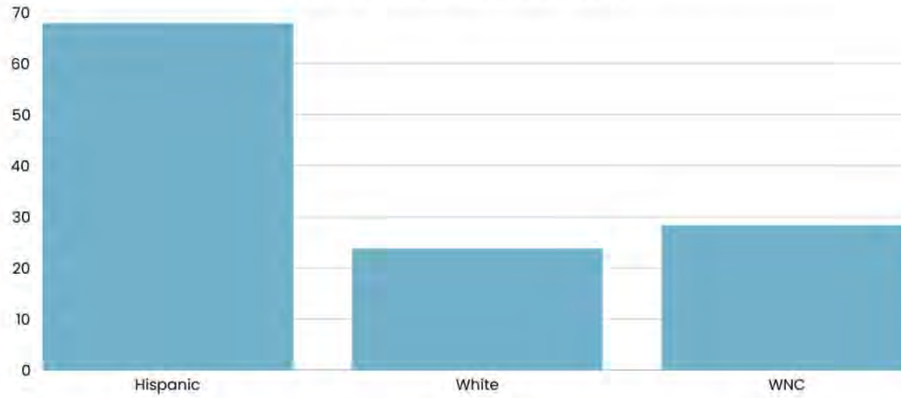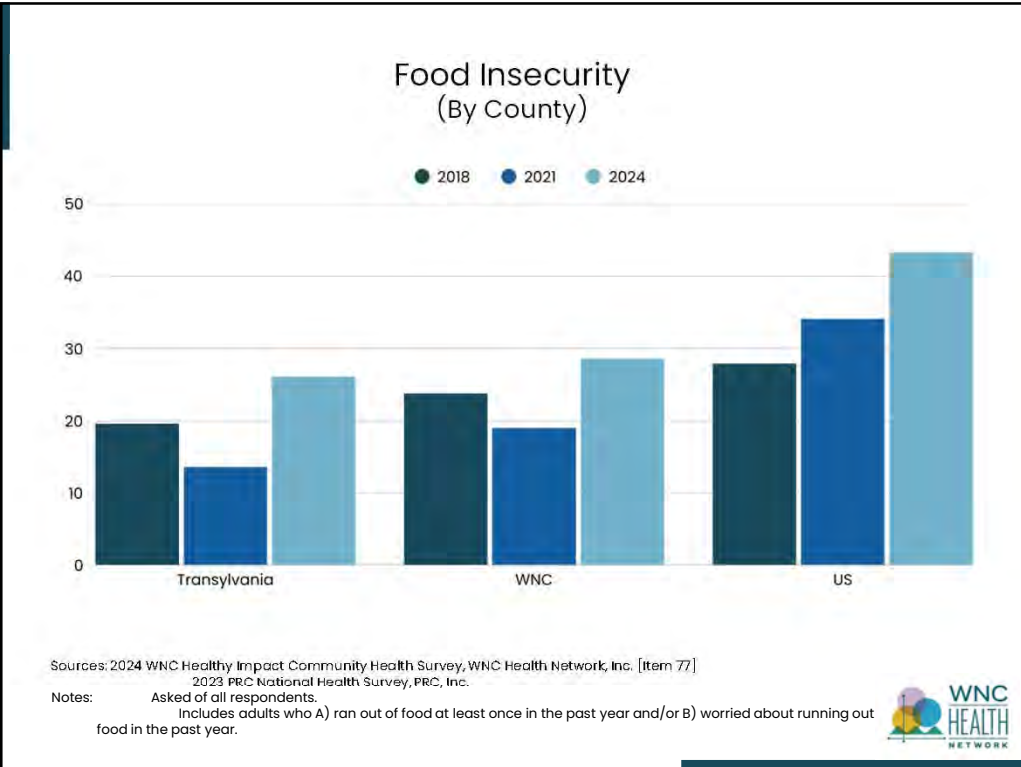
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 37]
Notes: Asked of all respondents.
Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash,
taking money from their checking or savings account, or by putting it on a credit card that they could pay in full
at the next statement.

29

HOUSING

30

31
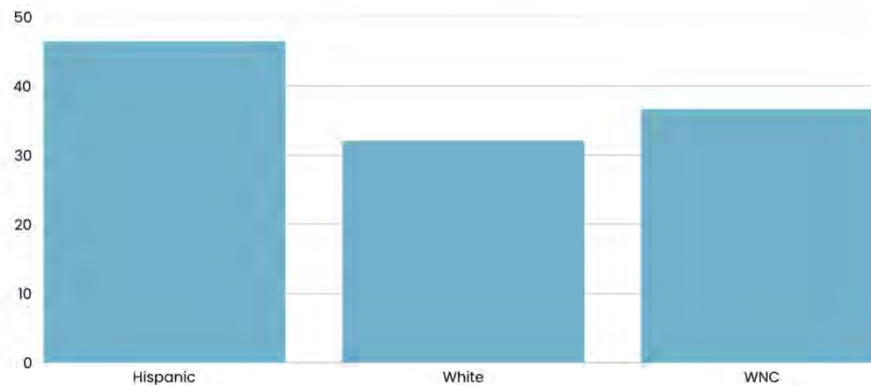
32

Unhealthy or Unsafe Housing Conditions in the Past Year
(By County, 2024)

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 39]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
Includes respondents who say they experienced ongoing problems in their current home with
water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

33

Unhealthy or Unsafe Housing Conditions in the Past Year
(Transylvania County, 2024)
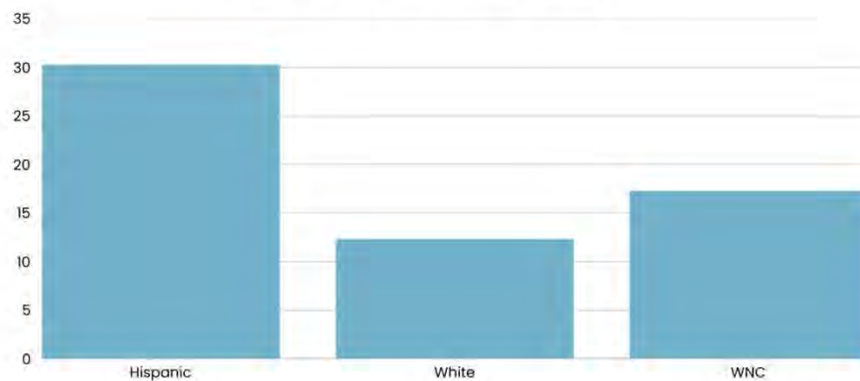
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 39]
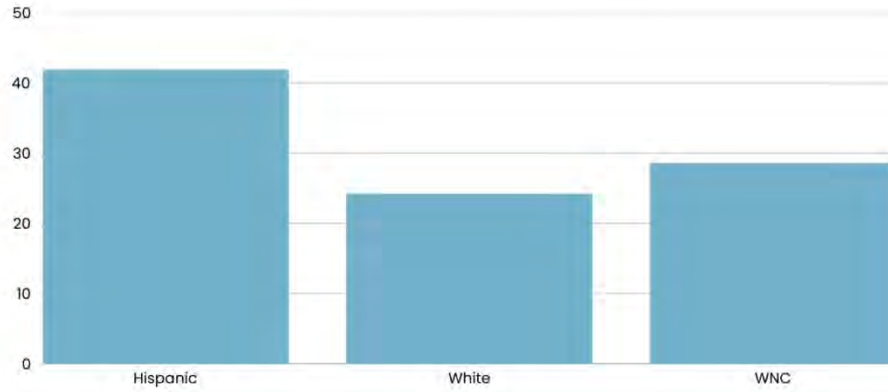Notes: Asked of all respondents.
Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents,
insects, mold, or
other housing conditions that might make living there unhealthy or unsafe.

34

35
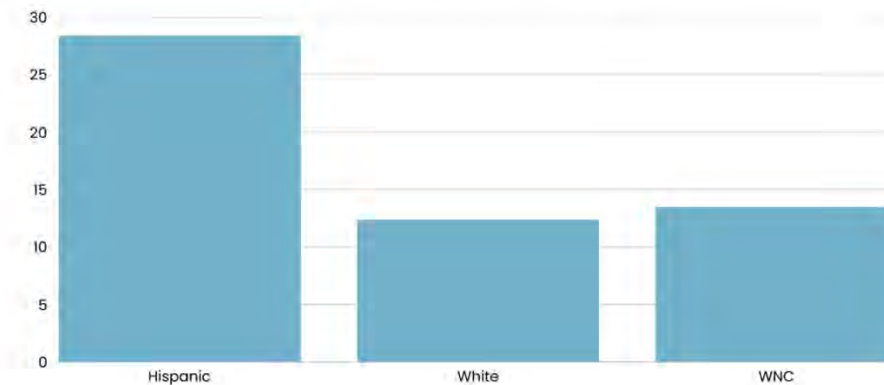
36

Have Had to Live With a Friend/Relative
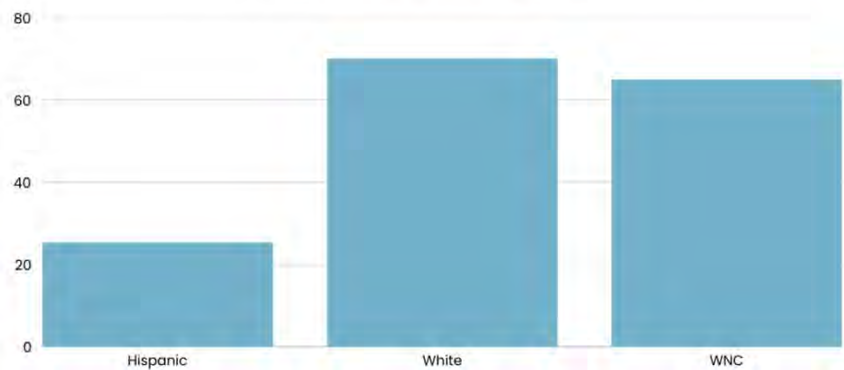in the Past Three Years Due to a Housing Emergency
(By County)

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 41]
Notes: Asked of all respondents.

37

Have Had to Live with a Friend/Relative
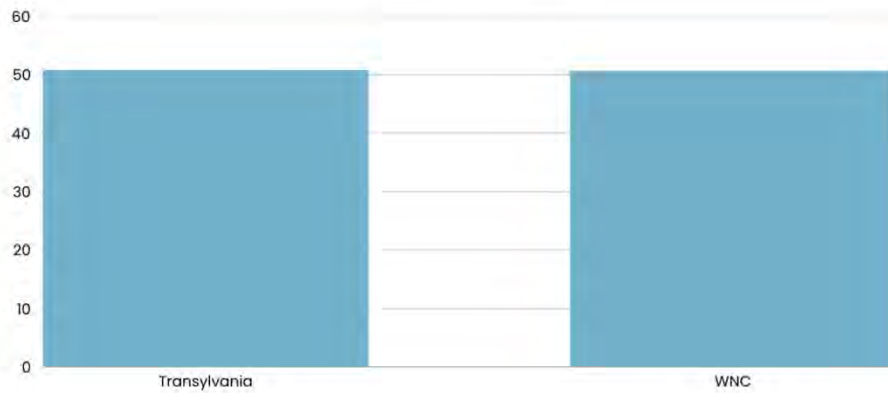in the Past Three Years Due to a Housing Emergency
(Transylvania County, 2024)

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 41]
Notes: Asked of all respondents.

38

39

40

FOOD INSECURITY

41

Food Insecurity
(By County)

● 2018   ● 2021   ● 2024

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 77]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out
food in the past year.

42

21

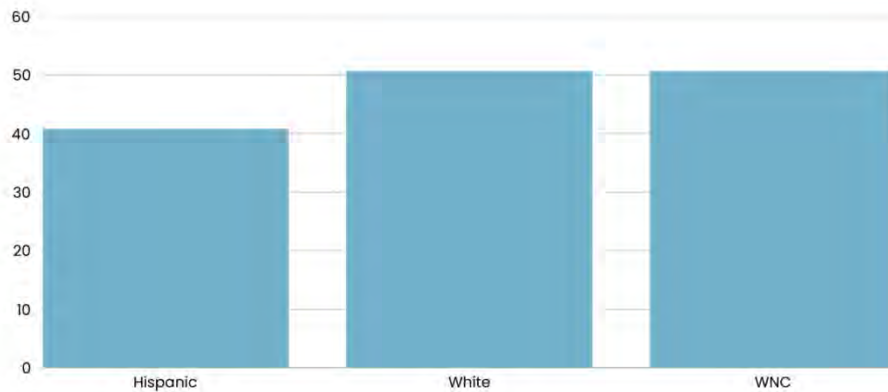**Food Insecurity**
(Transylvania County, 2024)

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 77]
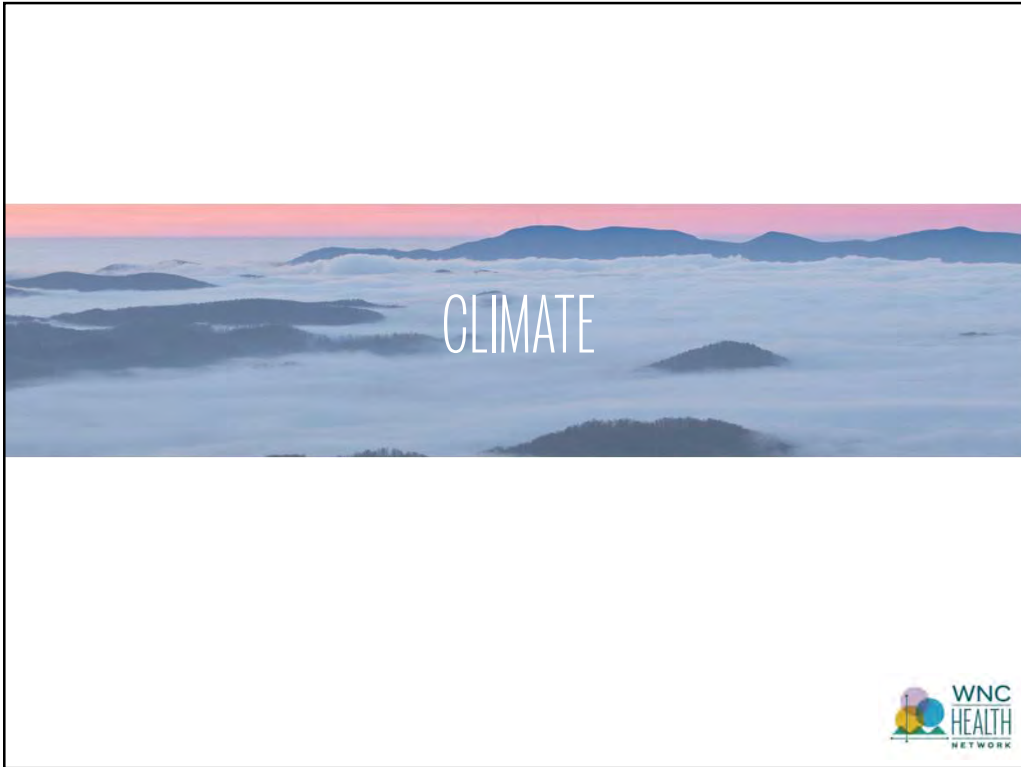Notes: Asked of all respondents.
                     Includes adults who A) ran out of food at least once in the past year and/or B) worried about running o
               food in the past year.

43

44

"Always" or "Usually" Have
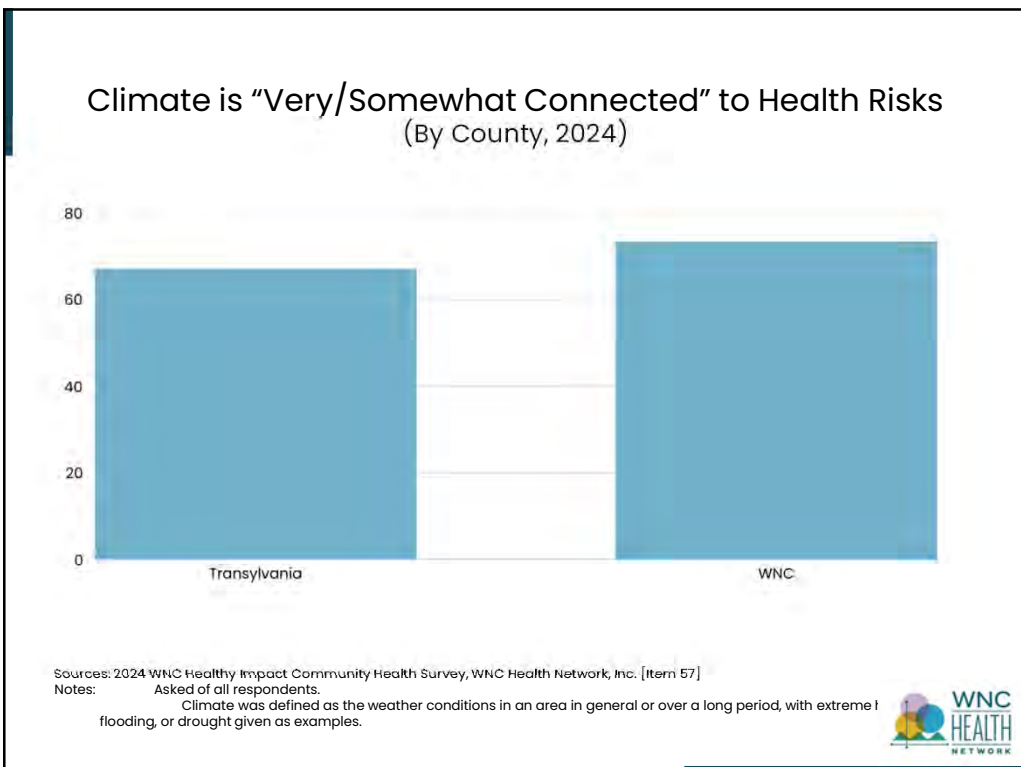Someone to Rely on for Help When Needed
(By County)
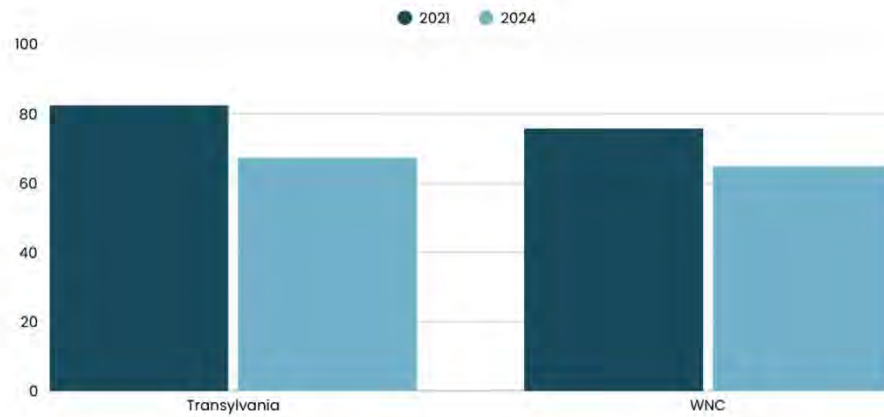
● 2021 ● 2024

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 62]
Notes: Asked of all respondents.

45

"Always" or "Usually" Have
Someone to Rely on for Help When Needed
(Transylvania County, 2024)

Sources 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 62]
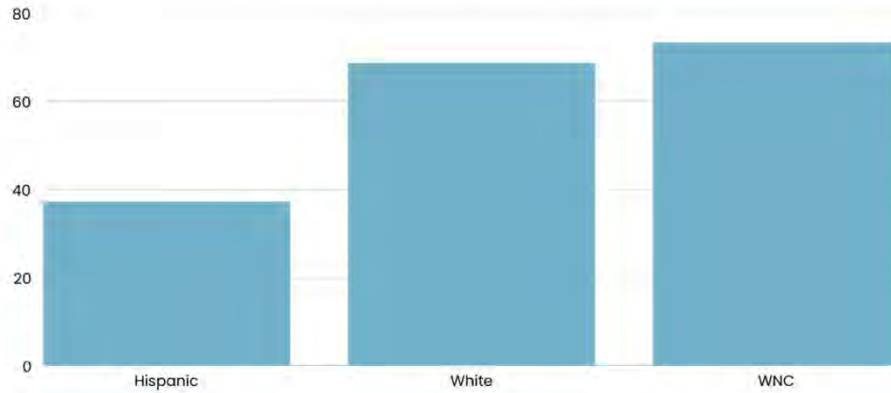Notes: Asked of all respondents.

46

47

48

CLIMATE

49

Climate is "Very/Somewhat Connected" to Health Risks
(By County, 2024)

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 57]
Notes: Asked of all respondents.
              Climate was defined as the weather conditions in an area in general or over a long period, with extreme heat,
   flooding, or drought given as examples.

50

25

Climate is "Very/Somewhat Connected" to Health Risks
(Transylvania County, 2024)

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 57]
Notes: Asked of all respondents.
                  Climate was defined as the weather conditions in an area in general or over a long period, with extre
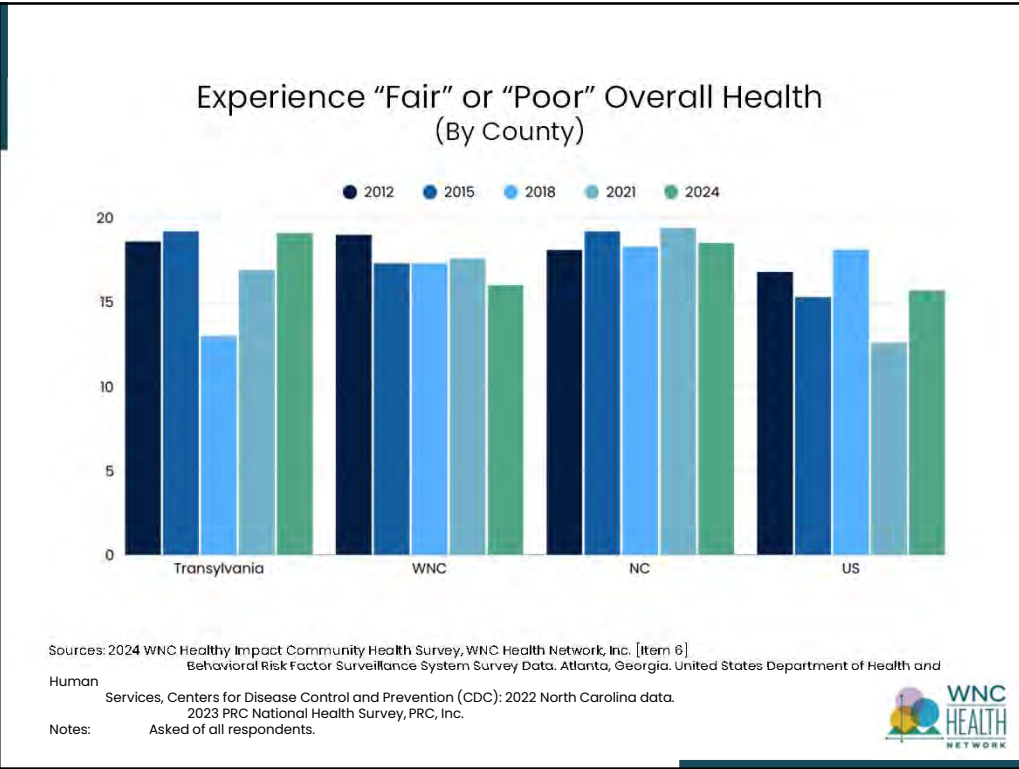flooding, or drought given as examples.

WNC HEALTH NETWORK

51

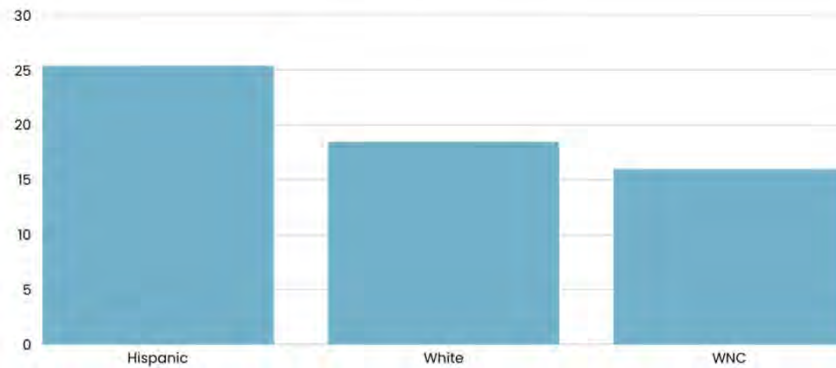SELF-REPORTED HEALTH STATUS

WNC HEALTH NETWORK

52
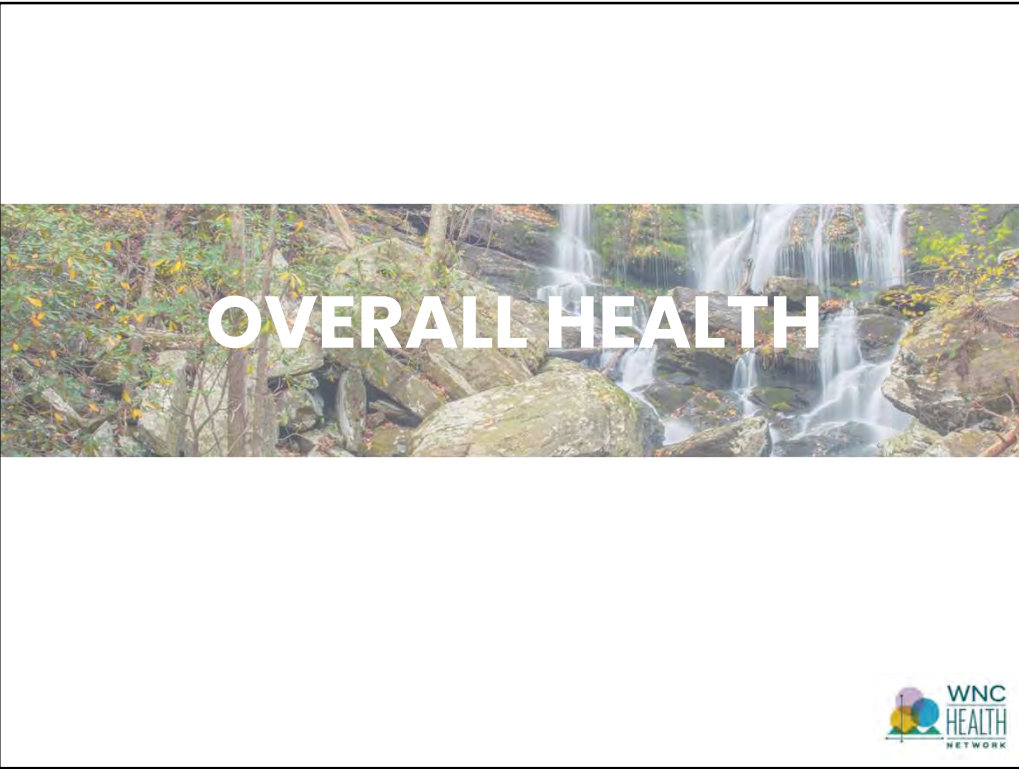
53

54

Experience "Fair" or "Poor" Overall Health
(Transylvania County, 2024)

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 6]
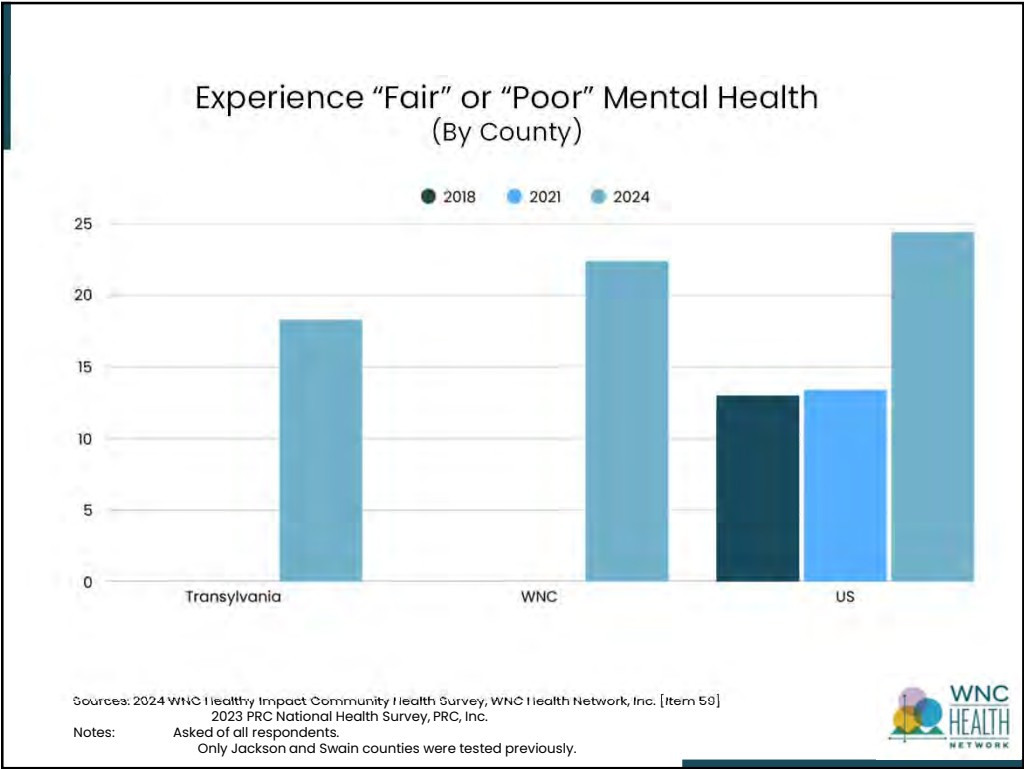Notes: Asked of all respondents.

55

MENTAL HEALTH & MENTAL DISORDERS

56

28

Experience "Fair" or "Poor" Mental Health
(By County)

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 59]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
Only Jackson and Swain counties were tested previously.

57

Experience "Fair" or "Poor" Mental Health
(Transylvania County, 2024)

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 59]
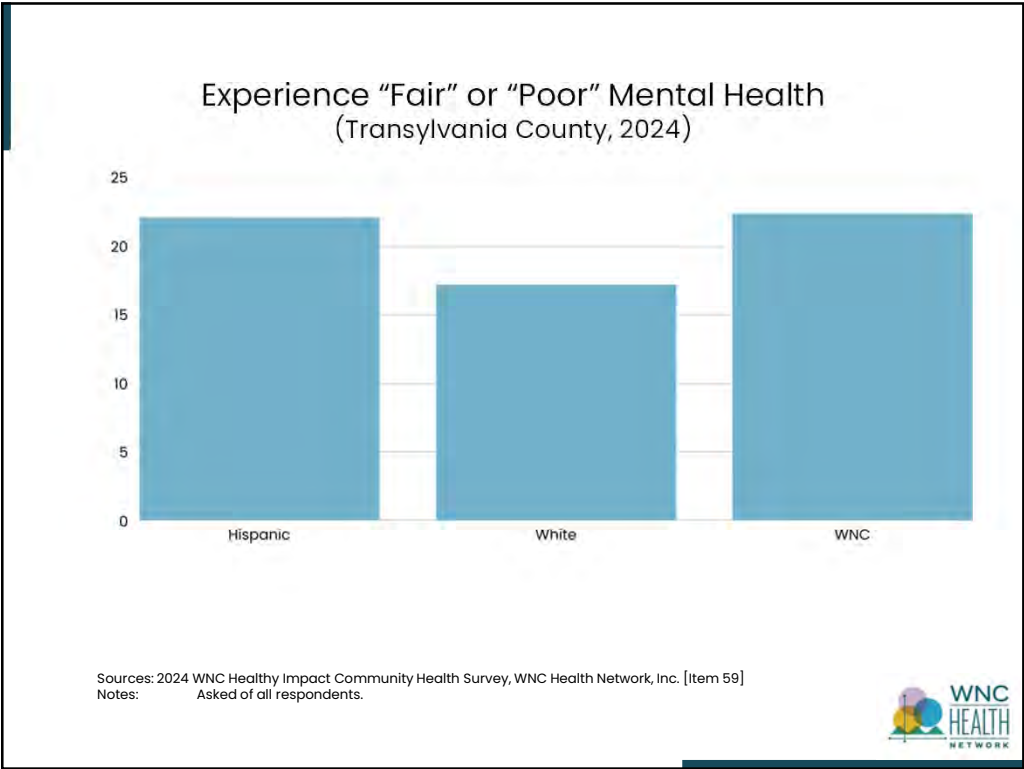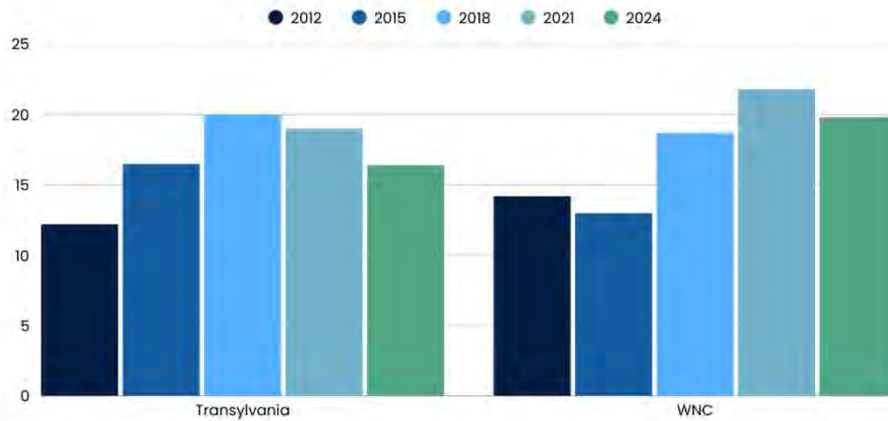Notes: Asked of all respondents.

58

61

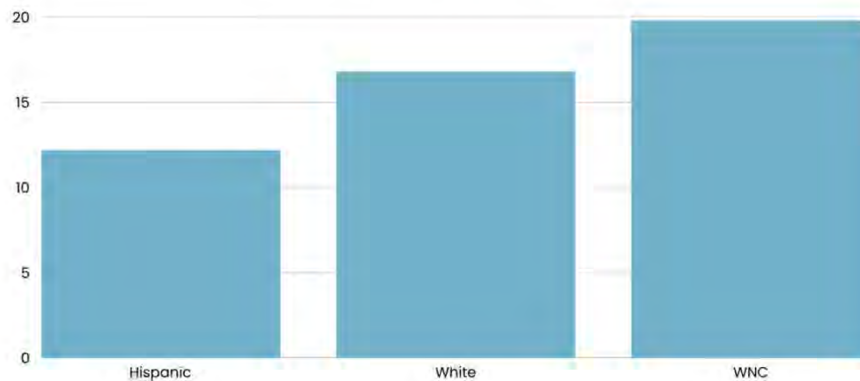62

Able to Stay Hopeful in Difficult Times
(By County)

● 2021　● 2024

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 64]
Notes:　　Asked of all respondents.
　　　　　Includes "strongly agree" and "agree" responses.

63

Able to Stay Hopeful in Difficult Times
(Transylvania County, 2024)

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 64]
Notes:　　Asked of all respondents.
　　　　　Includes "strongly agree" and "agree" responses.

64

32
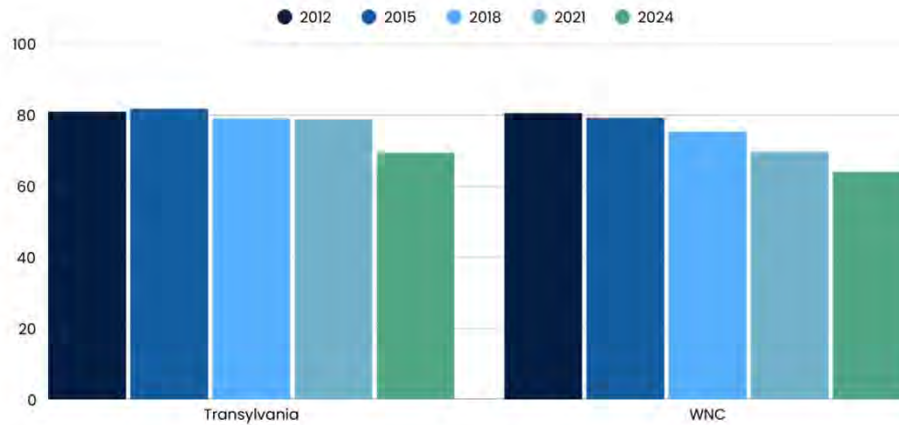
65

66

Have Considered Suicide in the Past Year
(By County)

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 66]
Notes: Asked of all respondents.

69

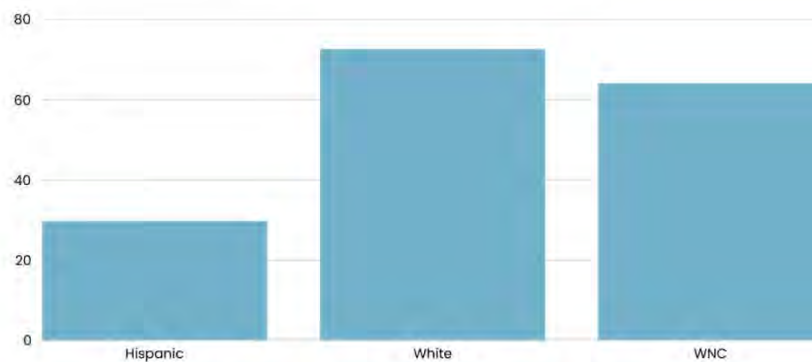Have Considered Suicide in the Past Year
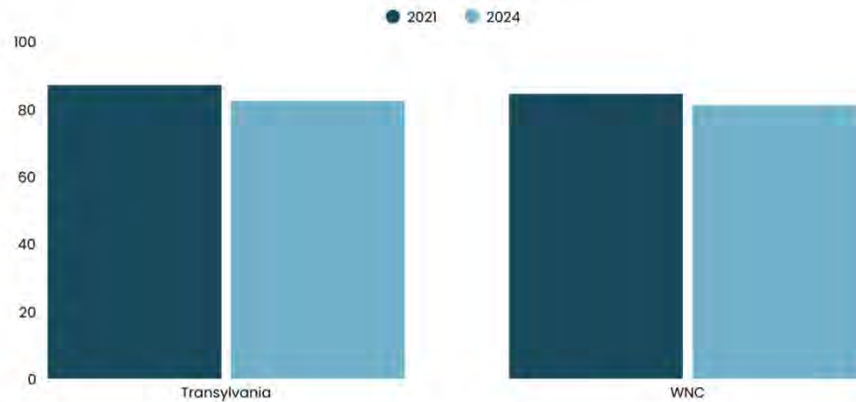(Transylvania County, 2024)

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 66]
Notes: Asked of all respondents.

70

71

72

Unable to Get Mental Health Services When Needed in the Past Year (By County)

73

Unable to Get Mental Health Services When Needed in the Past Year (Transylvania County, 2024)

74

CHRONIC CONDITIONS

75

CARDIOVASCULAR RISK

76

Prevalence of Heart Disease (By County)

77

Prevalence of Heart Disease (Transylvania County, 2024)

78

79

80

81

82

Prevalence of High Blood Cholesterol
(By County)

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 19]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.

83

Prevalence of High Blood Cholesterol
(Transylvania County, 2024)
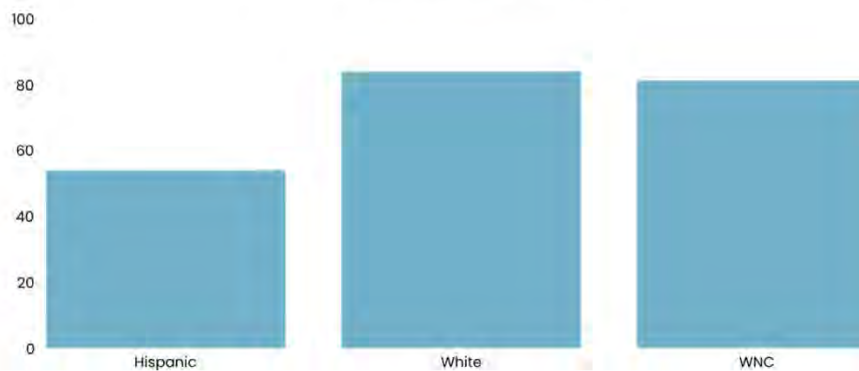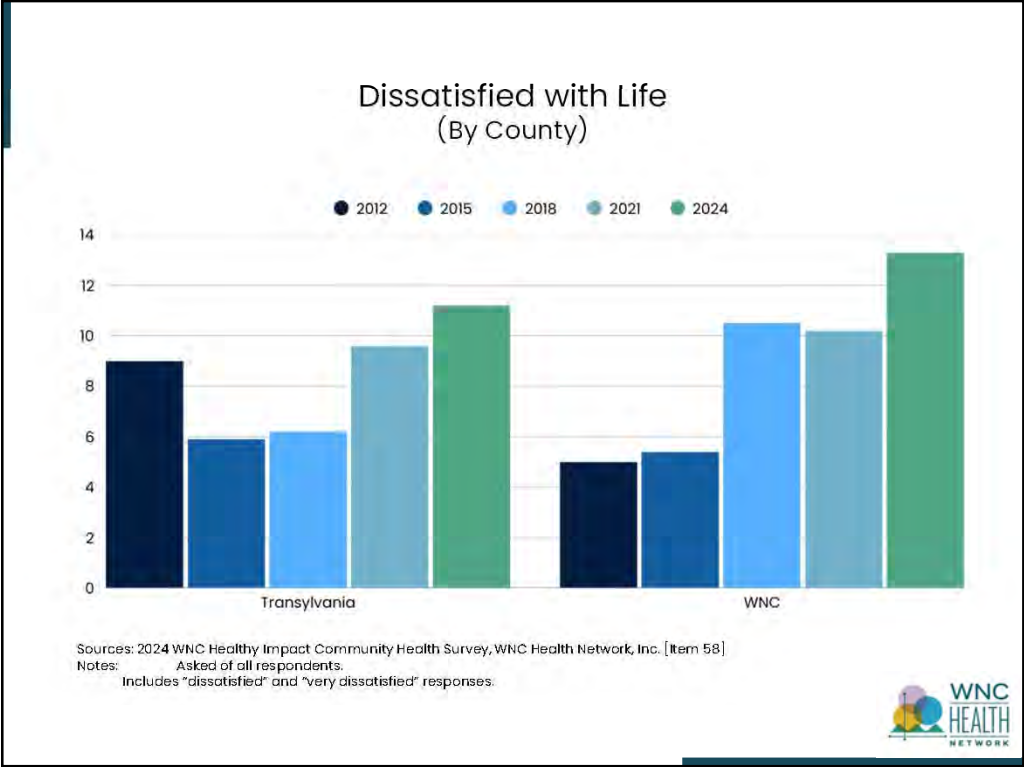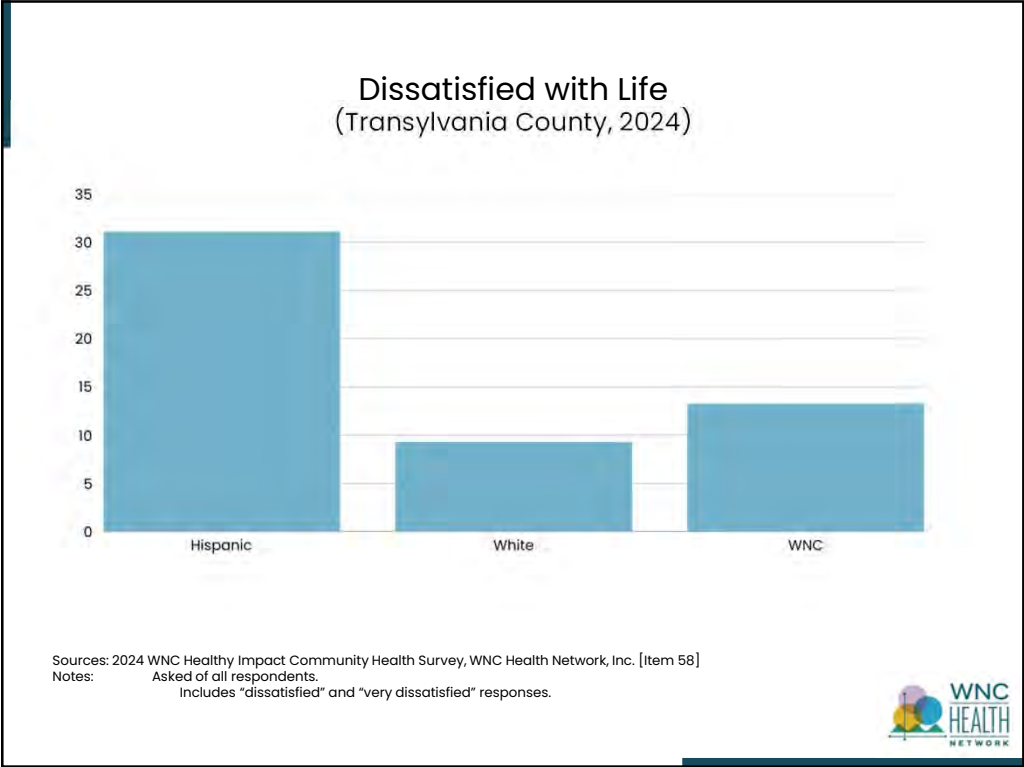
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 19]
Notes: Asked of all respondents.

84

42

85

Prevalence of Diabetes
(By County)

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 80]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and
Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.

86

Prevalence of Borderline or Pre-Diabetes (By County)

87

Prevalence of Diabetes (Transylvania County, 2024)

88

RESPIRATORY CONDITIONS

Prevalence of Asthma
(By County)

● 2015   ● 2018   ● 2021   ● 2024

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 79]
            Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States
Department of Health
            and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
            2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.

91

92

Prevalence of
Chronic Obstructive Pulmonary Disease (COPD)
(Transylvania County, 2024)
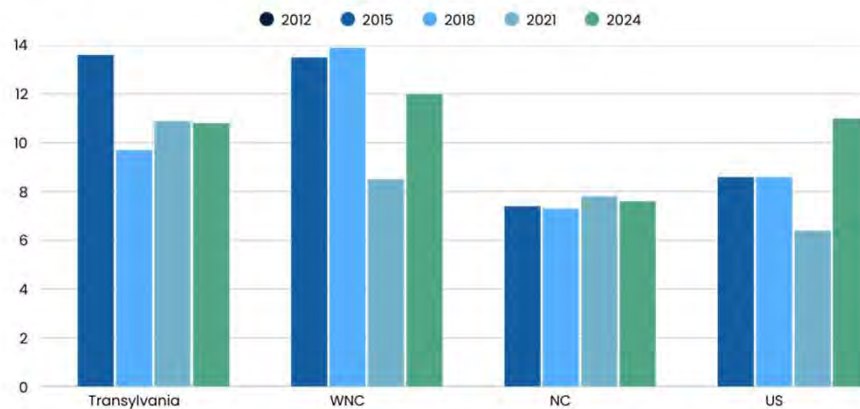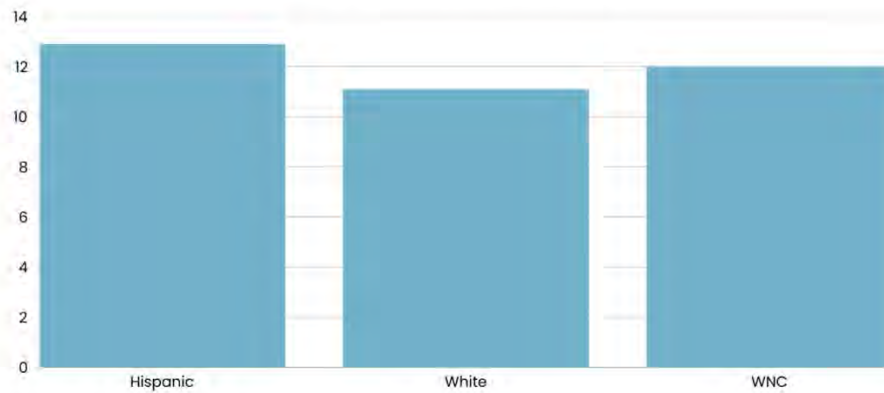
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 11]
Notes: Asked of all respondents.
Includes conditions such as chronic bronchitis and emphysema.

93

MODIFIABLE HEALTH RISKS

94

NUTRITION

95

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

● 2012 ● 2015 ● 2018 ● 2021 ● 2024

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 81]
Notes: Asked of all respondents.
For this issue, respondents were asked to recall their food intake during the previous week.
Reflects 1-cup servings of fruits and/or vegetables in the past week, excluding potatoes. Surveys before 2021
also excluded lettuce salads.

96

48

Consume Five or More Servings of Fruits/Vegetables Per Day
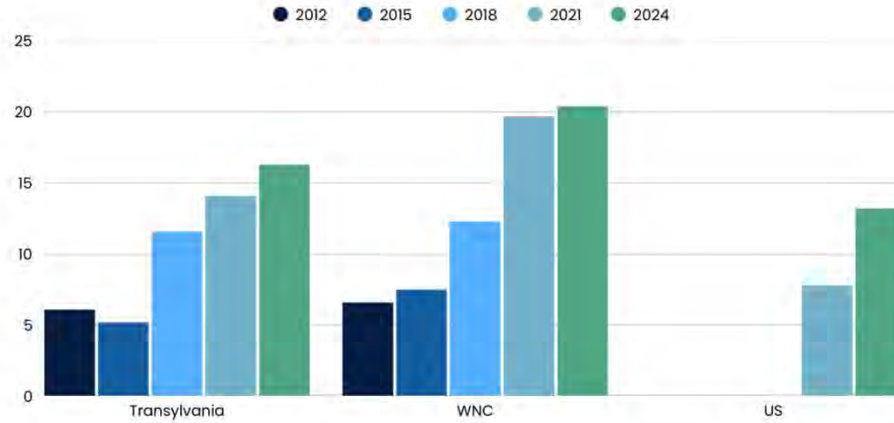(Transylvania County, 2024)
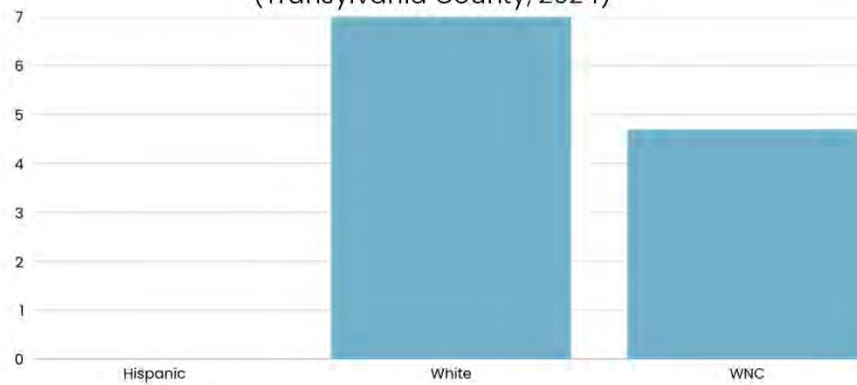
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 81]
Notes: Asked of all respondents.
                   For this issue, respondents were asked to recall their food intake during the previous week.
                   Reflects 1-cup servings of fruits and/or vegetables in the past week, excluding potatoes.

97

PHYSICAL ACTIVITY & FITNESS

98

No Leisure-Time Physical Activity in the Past Month
(By County)
Healthy People 2030 = 21.8% or Lower

No Leisure-Time Physical Activity in the Past Month
(Transylvania County, 2024)
Healthy People 2030 = 21.8% or Lower
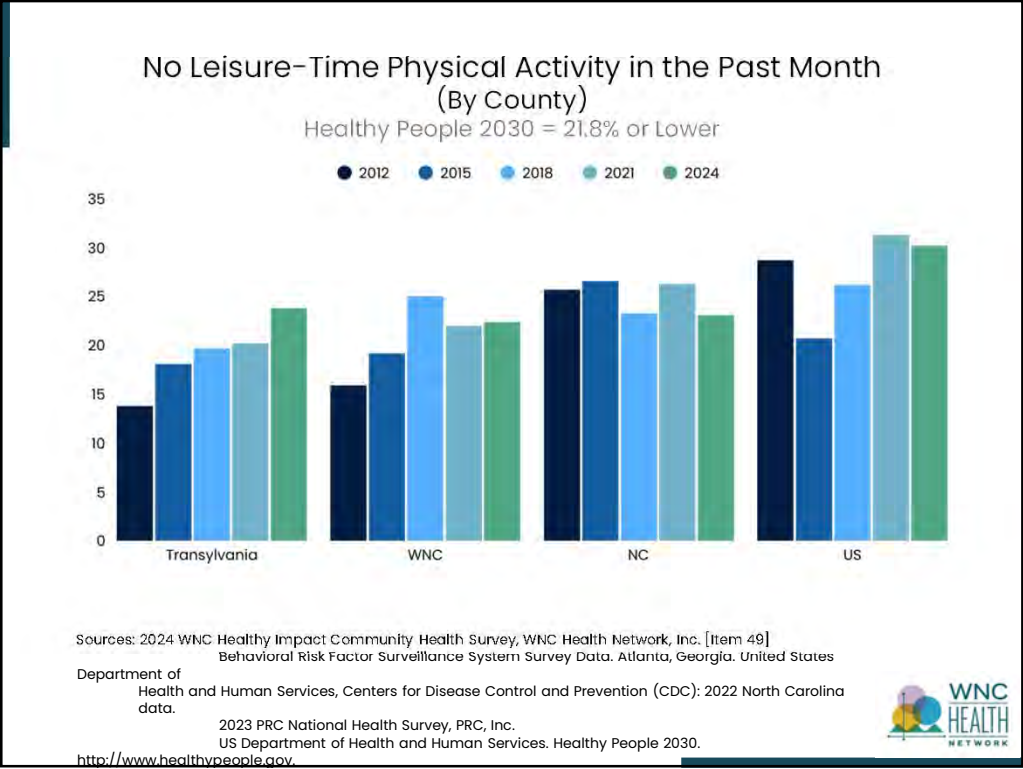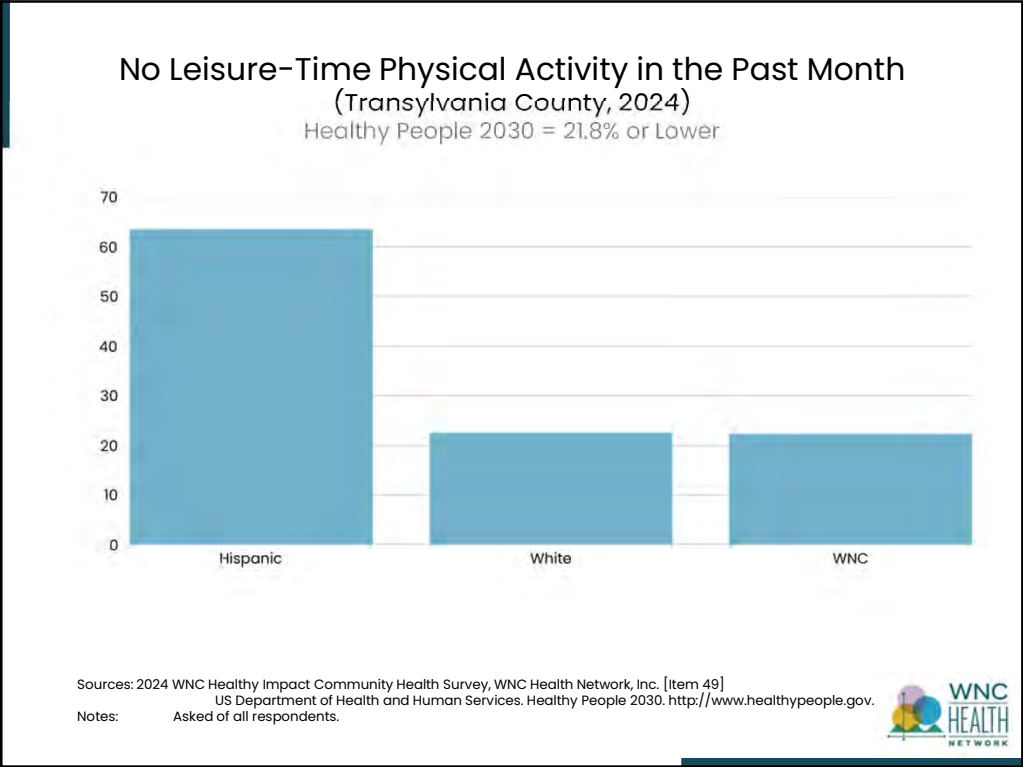
Meets Physical Activity Recommendations
(By County)
Healthy People 2030 Target = 29.7% or Higher
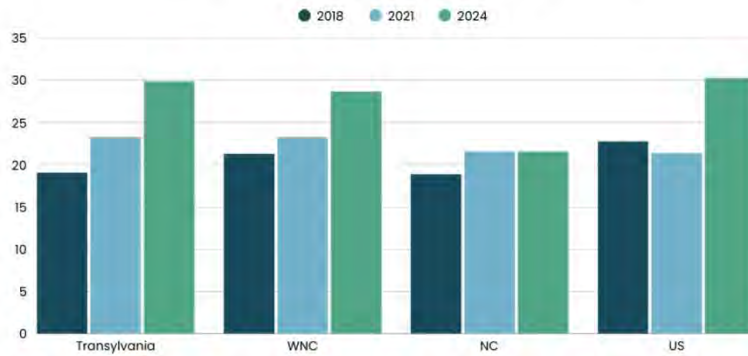
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 82]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.
US Department of Health and Human Services. Healthy People 2030. http://www.healthypeople.gov.
Notes: Asked of all respondents.
Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) and who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

101

Meets Physical Activity Recommendations
(Transylvania County, 2024)
Healthy People 2030 Target = 29.7% or Higher
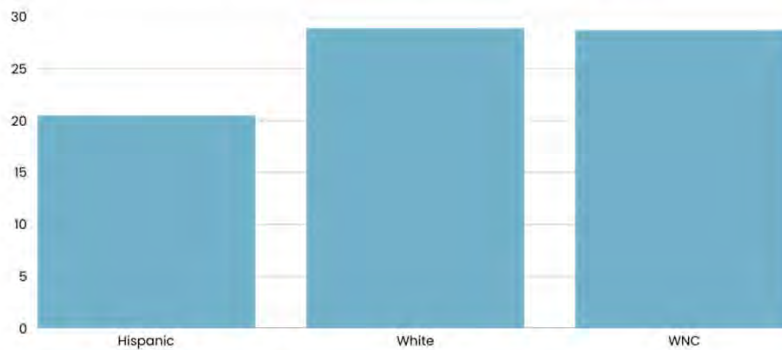
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 82]
US Department of Health and Human Services. Healthy People 2030. http://www.healthypeople.gov.
Notes: Asked of all respondents.
Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate ae activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) and who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

102

Strengthening Physical Activity
(By County)

103

Strengthening Physical Activity
(Transylvania County, 2024)

104

105

Prevalence of Total Overweight (Overweight or Obese)
(By County)

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 84]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services,
Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.
Notes: Based on reported heights and weights; asked of all respondents.
The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared),
greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

106

Prevalence of Obesity
(By County)
Healthy People 2030 Target = 36.0% or Lower

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 84]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services,
Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.
US Department of Health and Human Services. Healthy People 2030. http://www.healthypeople.gov.
Notes: Based on reported heights and weights; asked of all respondents.
The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater
than or equal to 30.0, regardless of gender.

107

Prevalence of Obesity
(Transylvania County, 2024)
Healthy People 2030 Target = 36.0% or Lower

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 84]
US Department of Health and Human Services. Healthy People 2030. http://www.healthypeople.gov.
Notes: Based on reported heights and weights; asked of all respondents.
The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters
squared), greater than or equal to 30.0, regardless of gender.

108

54

109

Current Drinking
(By County)

● 2012 ● 2015 ● 2018 ● 2021 ● 2024

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 338]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health
and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
Current drinking reflects persons age 18 years and over who had at least one alcoholic drink in the past month.

110

111

112

Excessive Drinking
(Transylvania County, 2024)
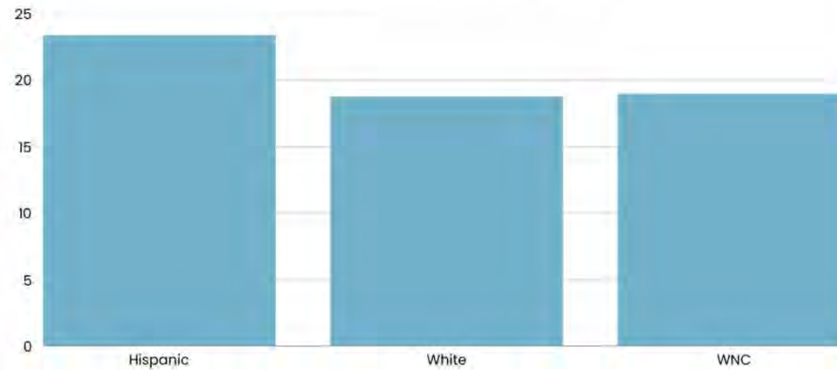
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 85]
Notes: Asked of all respondents.
                          Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g.,
"White" reflects
            non-Hispanic White respondents).
                          Excessive drinking reflects the number of persons aged 18 years and over who drank more than
two drinks
            per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or
            more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women)
            during the past 30 days.

113

Used a Prescription Opioid in the Past Year,
With or Without a Prescription
(By County)
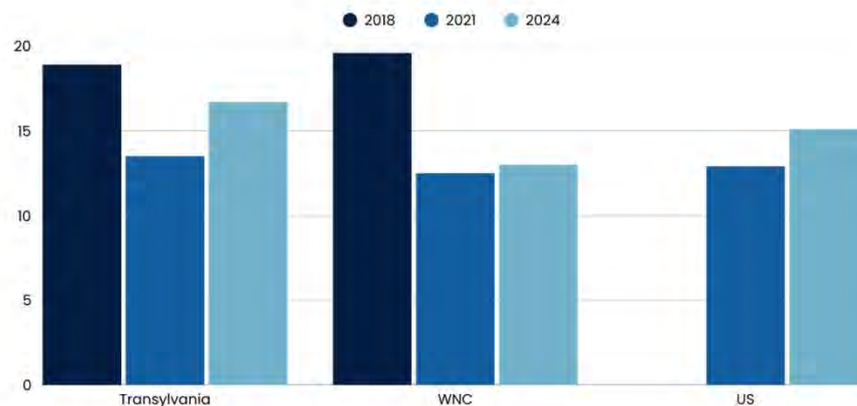
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 23]
                    2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.

114

Used a Prescription Opioid in the Past Year,
With or Without a Prescription
(Transylvania County, 2024)
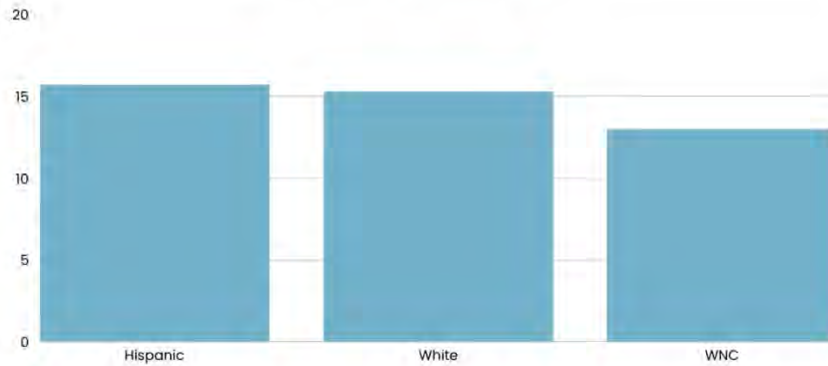
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 23]
Notes: Asked of all respondents.

115

Life Has Been Negatively Affected
by Substance Use (by Self or Someone Else)
(By County)
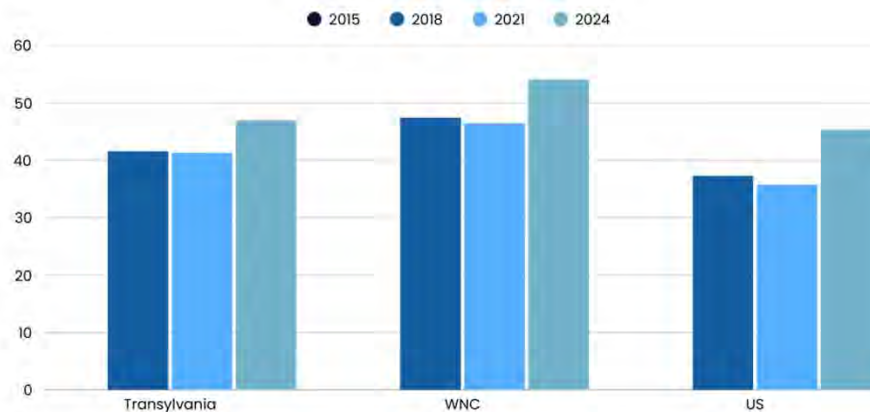
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 24]
2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.

116

Life Has Been Negatively Affected
by Substance Use (by Self or Someone Else)
(Transylvania County, 2024)
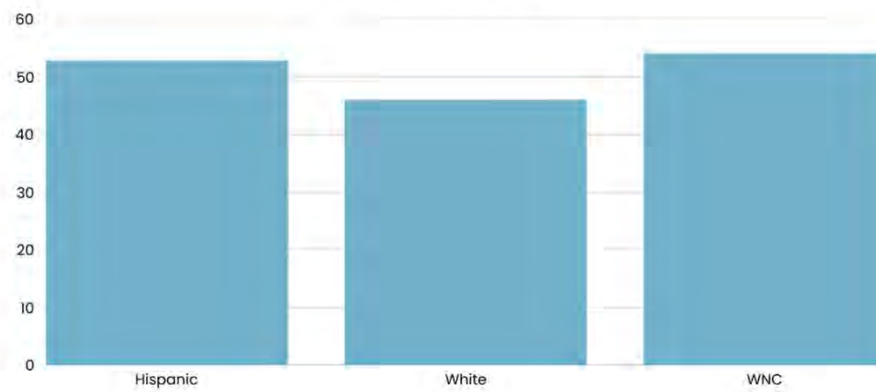
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 24]
Notes: Asked of all respondents.

117

TOBACCO USE

118

119

120

121

122

ACCESS TO HEALTH CARE

123

HEALTH INSURANCE COVERAGE
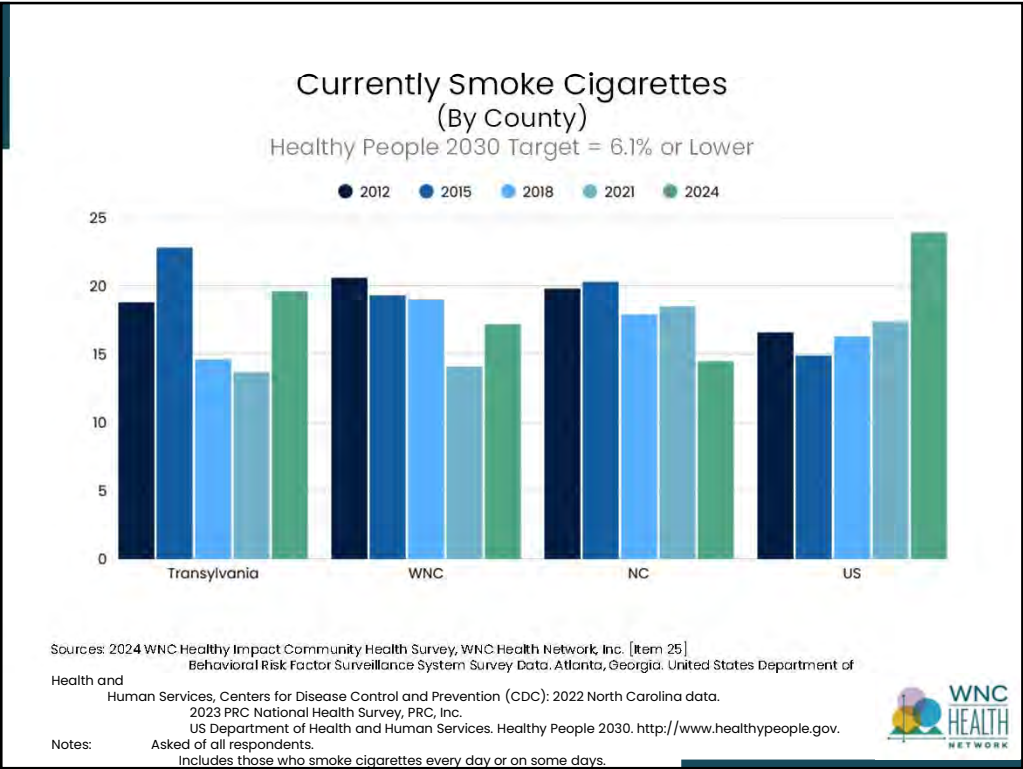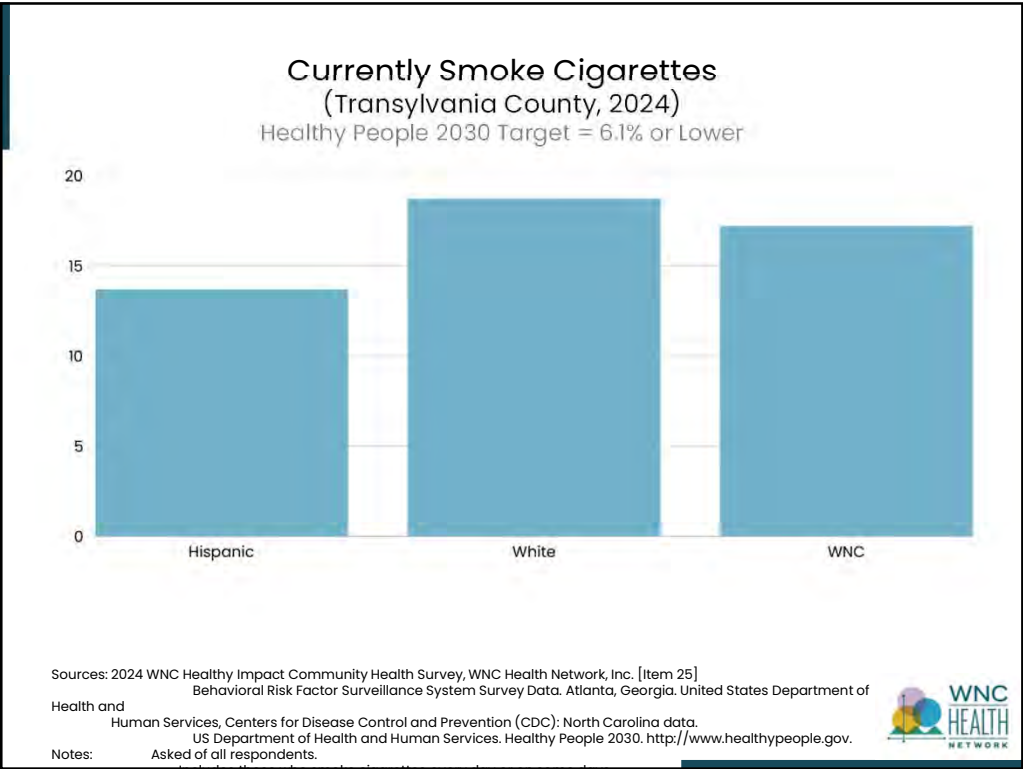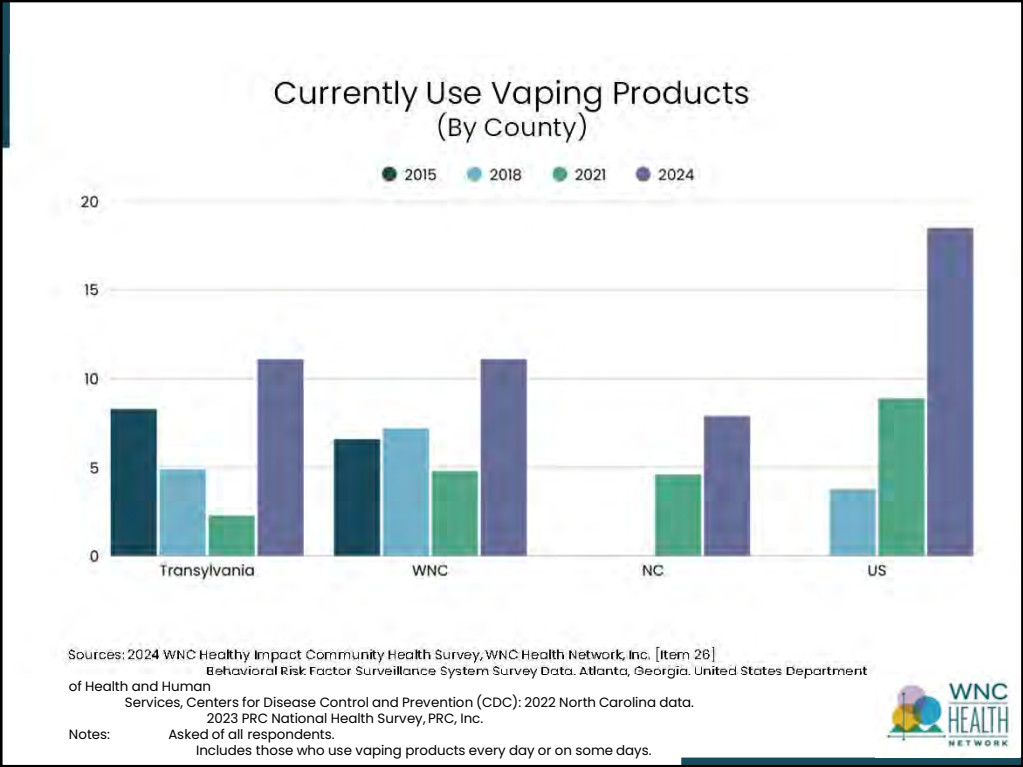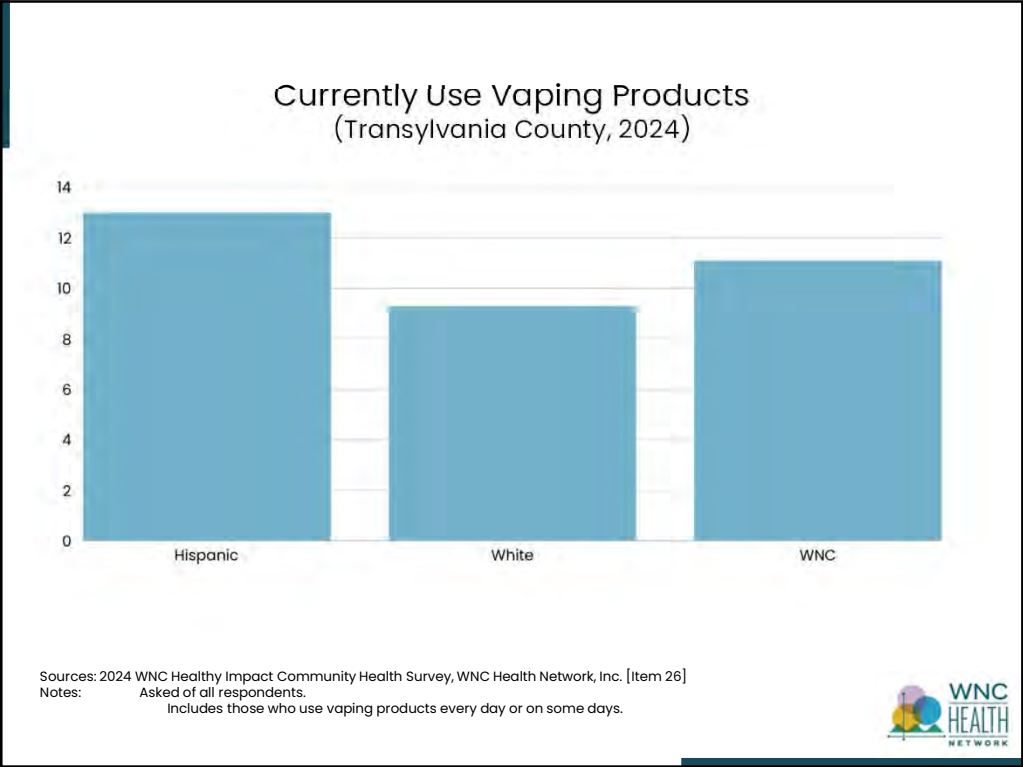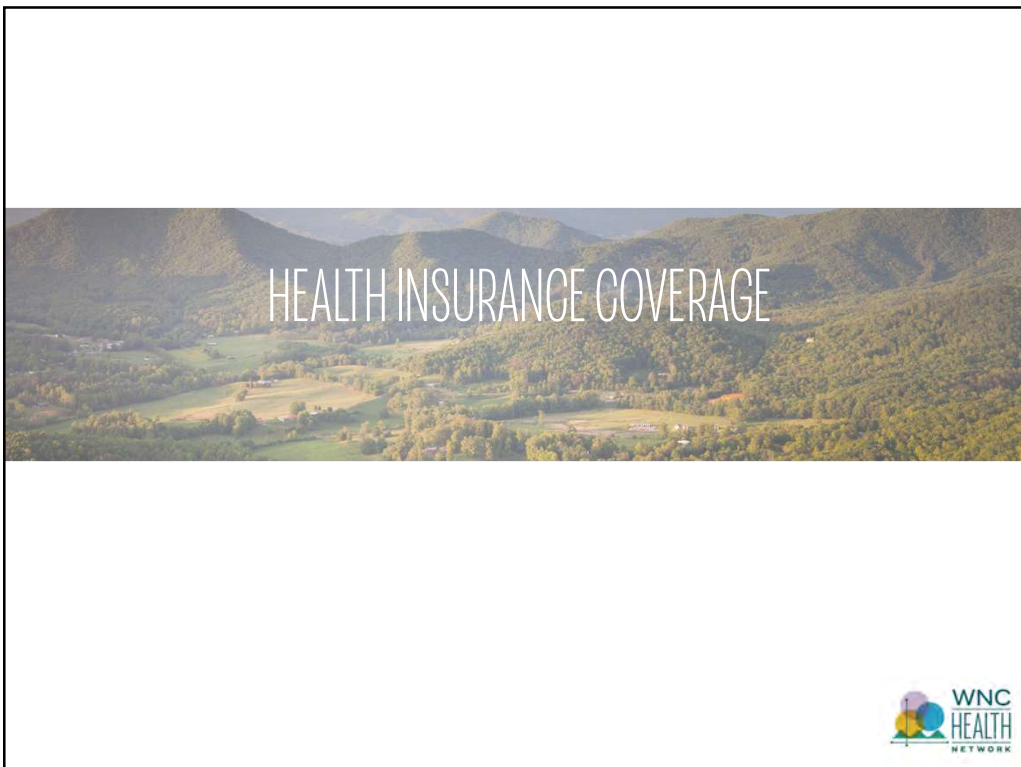
124
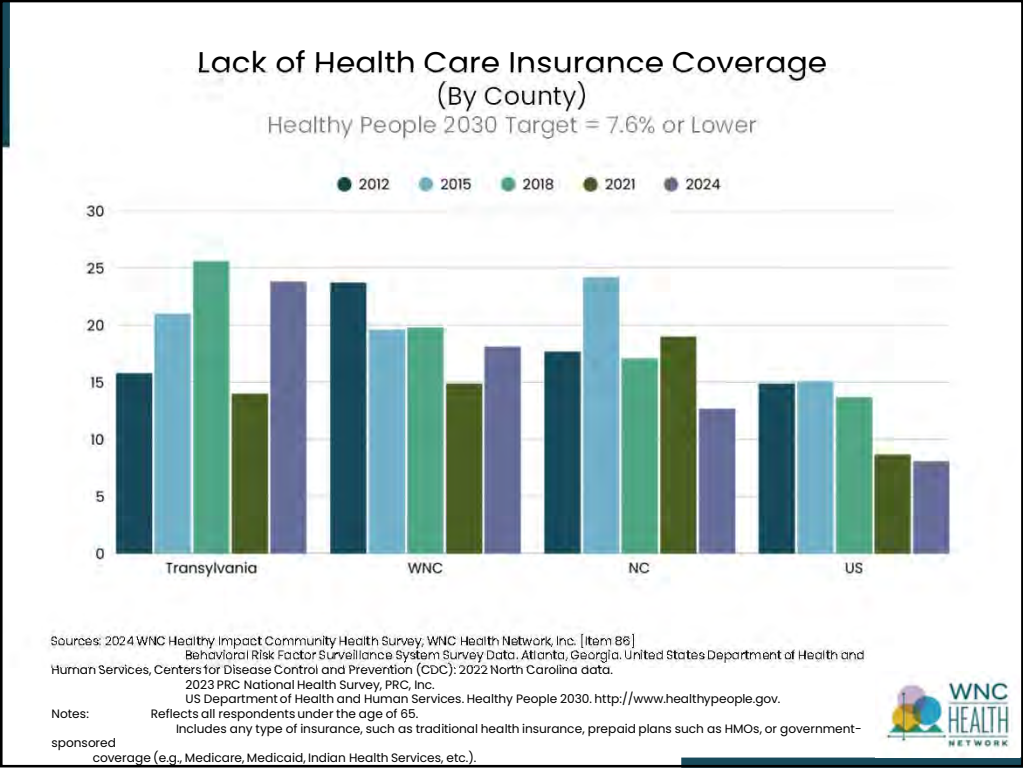
125
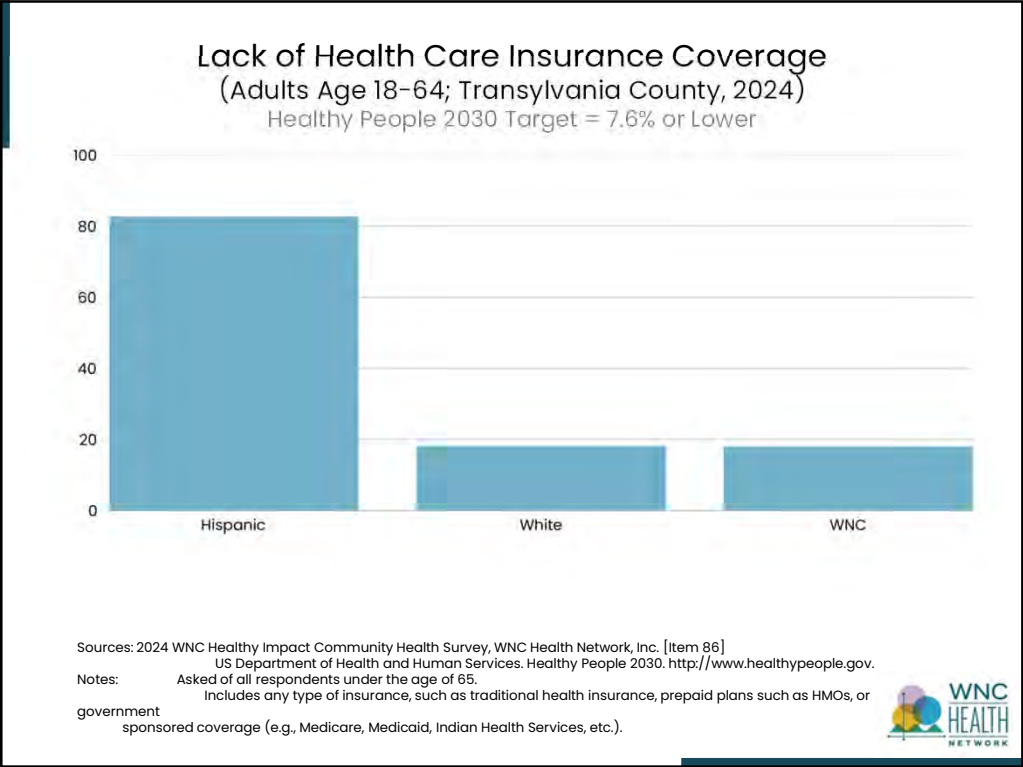
126

127
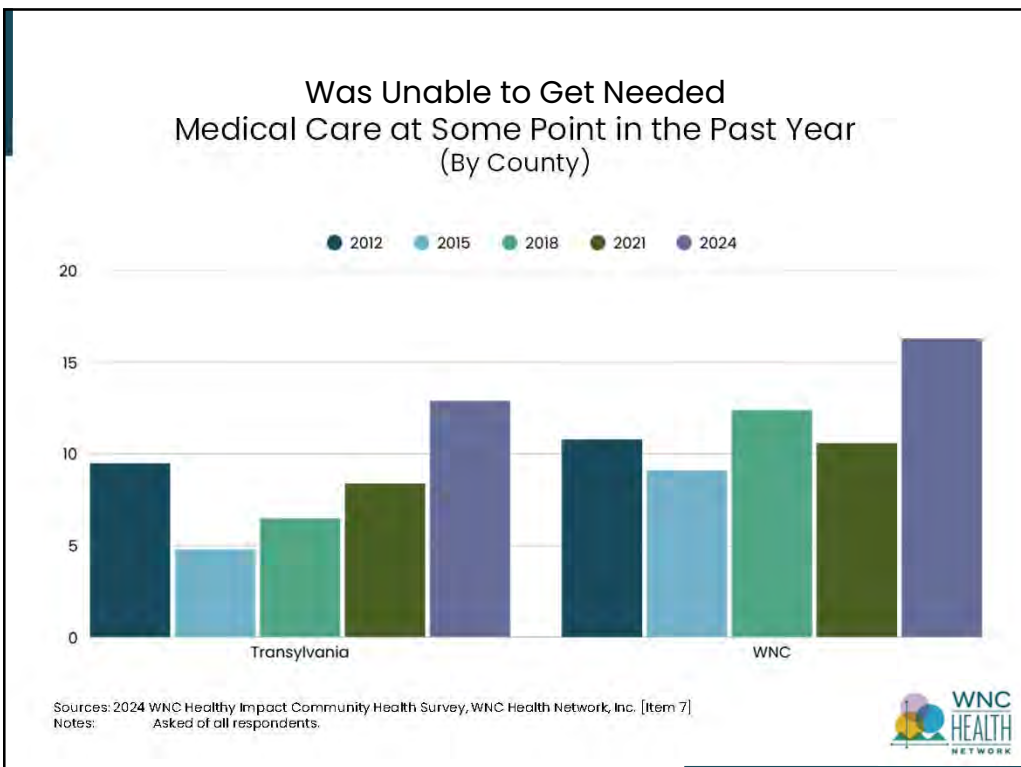
128

Was Unable to Get Needed
Medical Care at Some Point in the Past Year
(Transylvania County, 2024)
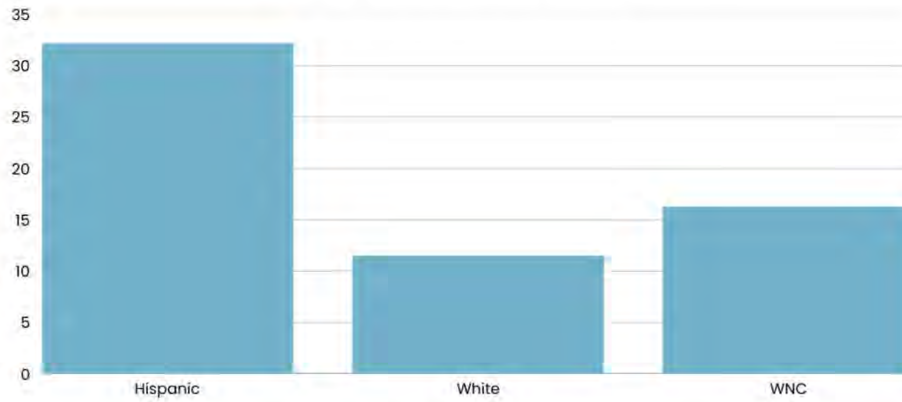
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 7]
Notes: Asked of all respondents.

129

Cost Prevented Getting a Prescription in the Past Year
(By County, 2024)
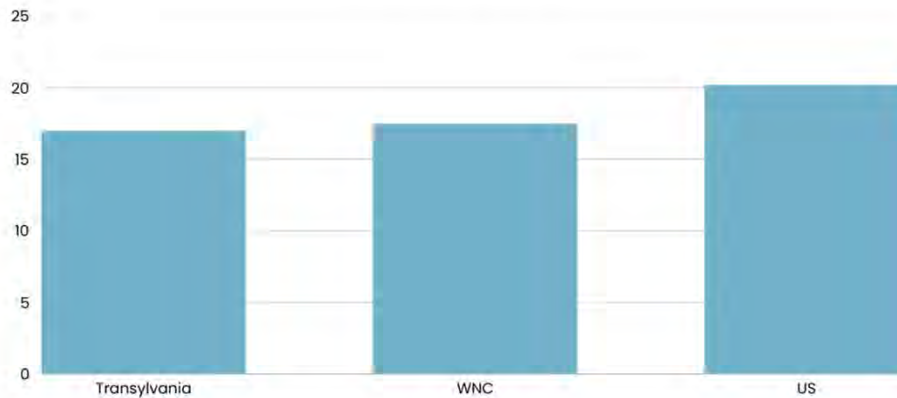
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 9]
          2023 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.

130

Cost Prevented Getting a Prescription in the Past Year
(Transylvania County, 2024)
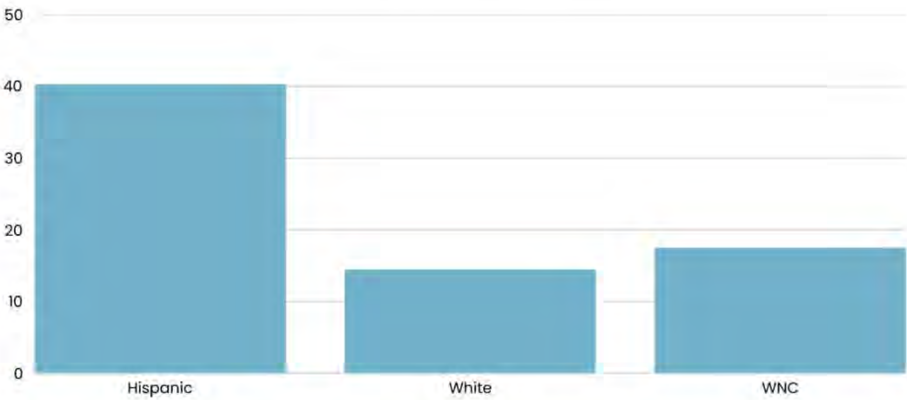
131

TELEMEDICINE

132

"Extremely/Very Likely" to Use Telemedicine for Routine Care
(By County)
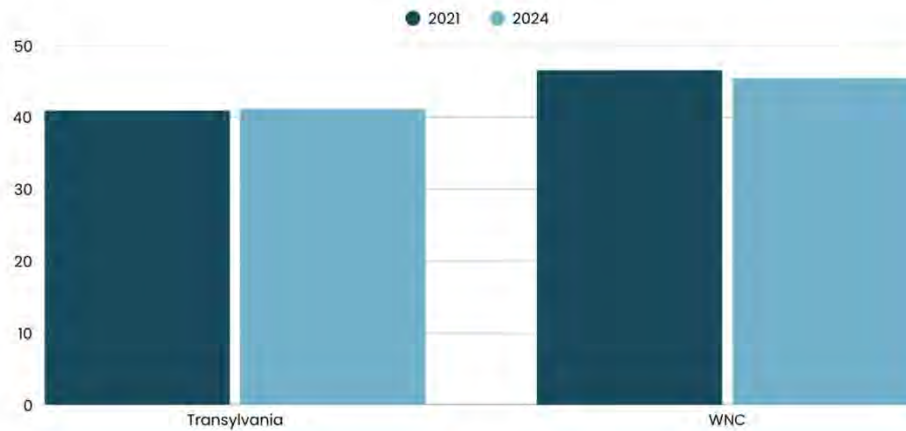
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 10]
Notes: Asked of all respondents.
During a telemedicine visit, a patient uses a computer, smartphone, or telephone to communicate with a h care
professional in real time without being face-to-face.

133

"Extremely/Very Likely" to Use Telemedicine for Routine Care
(Transylvania County, 2024)
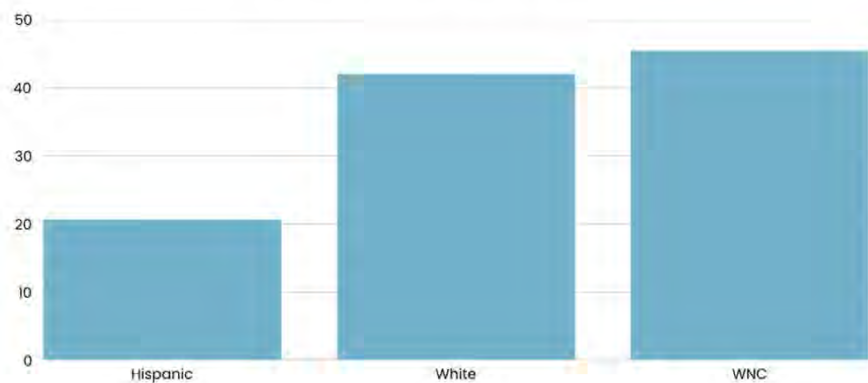
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 10]
Notes: Asked of all respondents.
During a telemedicine visit, a patient uses a computer, smartphone, or telephone to communicate with
a health care professional in real time without being face-to-face.

134

67

COUNTY-SPECIFIC QUESTIONS

Frequency of Worry or Stress About Child's or Grandchild's Mental/Emotional Health in Past Year
(Among Those with Children or Grandchildren; Transylvania County, 2024)

Always
7.1%

Usually
5.3%

Sometimes
26.5%

Seldom
16.9%

Never
44.2%

Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 334]
Notes: Asked of respondents with a child or grandchild younger than 18.

Would Know Where to Go or Refer Someone Else
for Substance Use or Mental Health Counseling
(By County, 2024)
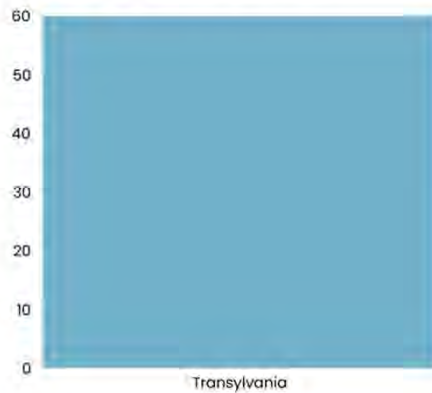
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 313]
Notes: Asked of all respondents.

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Perceived Sufficiency of Prenatal and Labor & Delivery
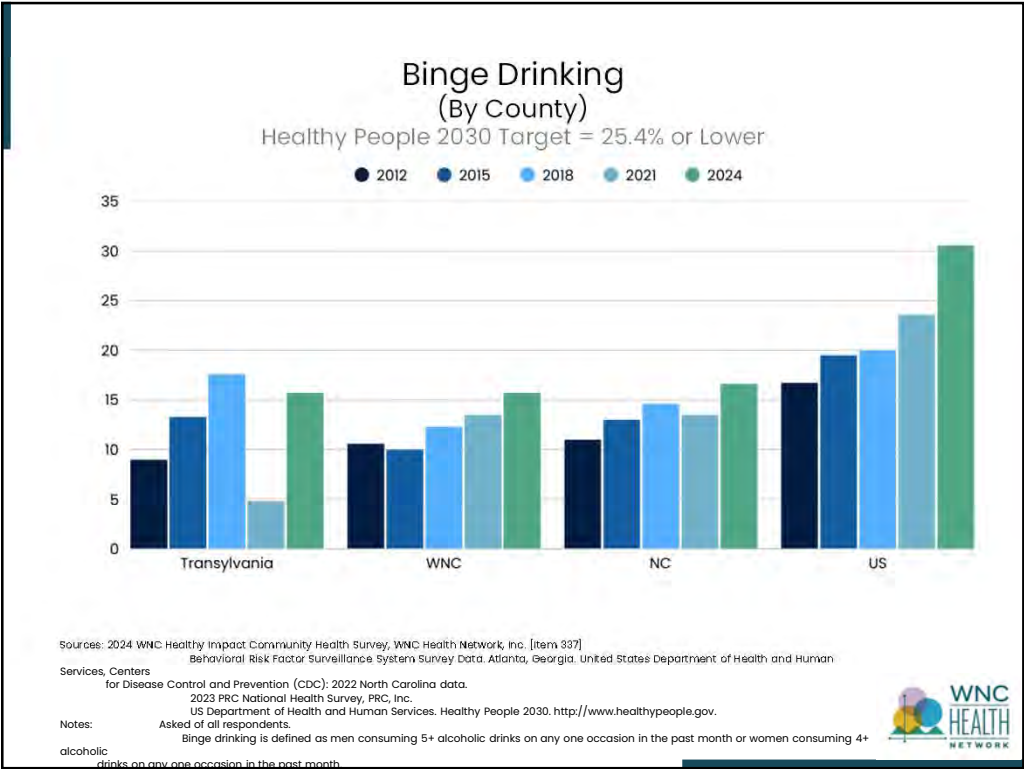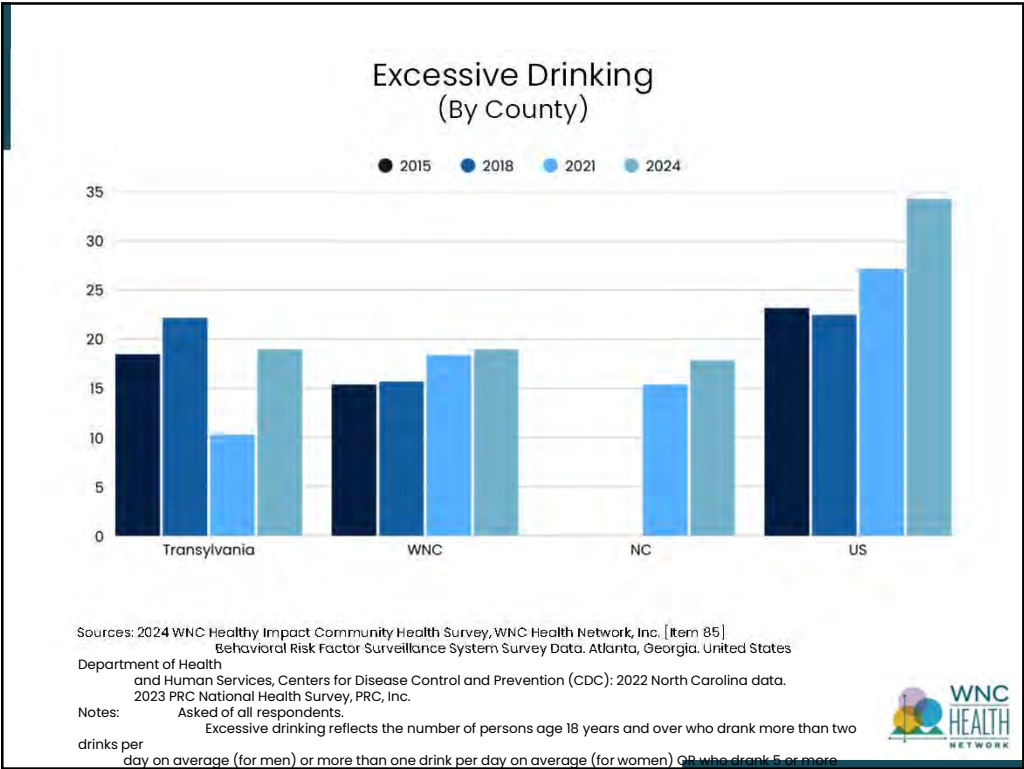Services in County
(Transylvania County, 2024)
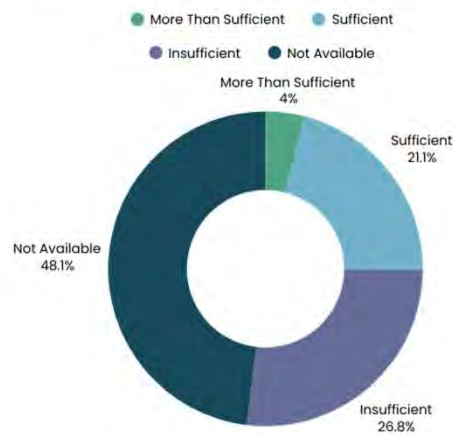
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 307]
Notes: Asked of all respondents.

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Transylvania County Key Informants: Relative Position of Health Topics as Problems in the Community
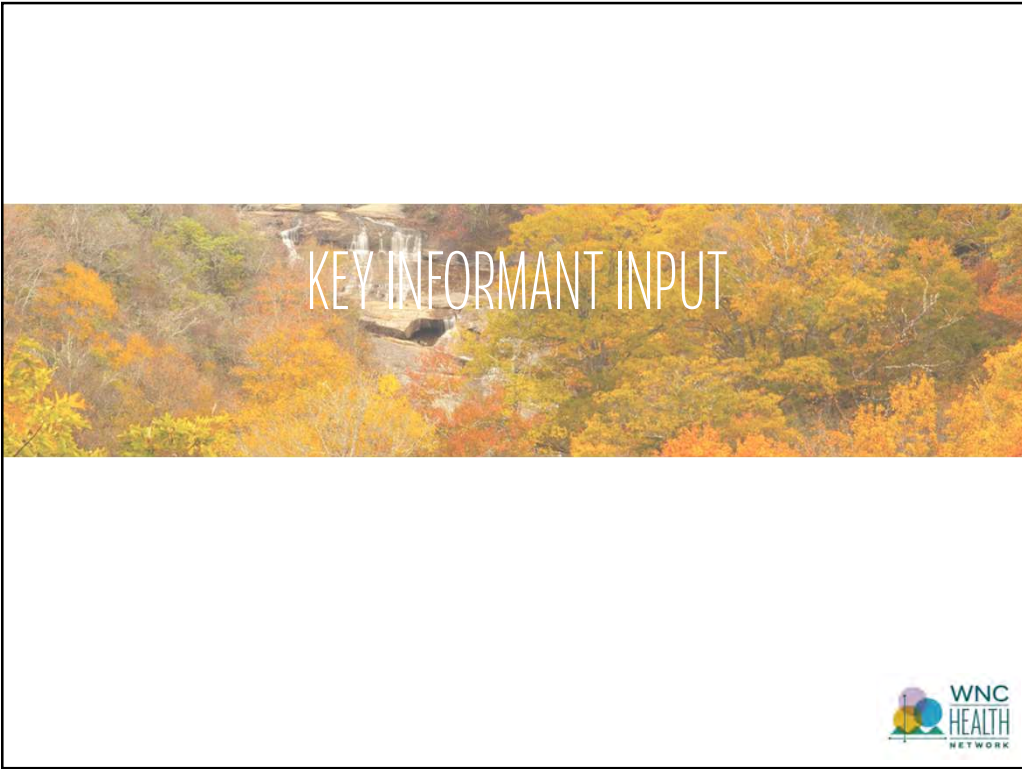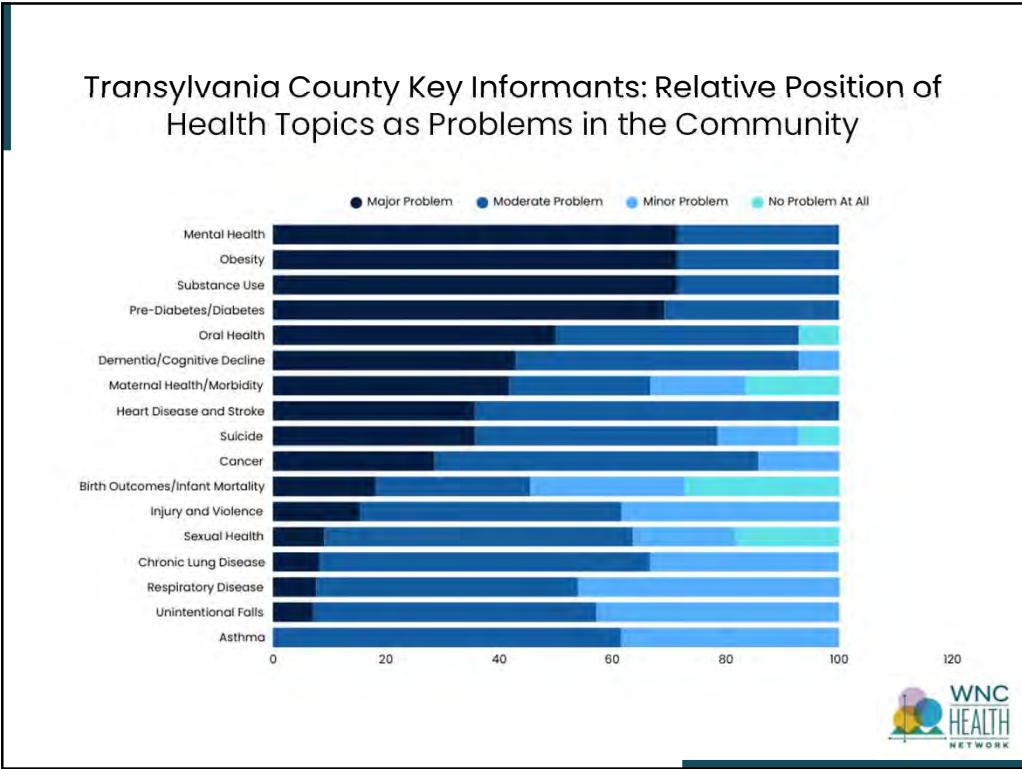
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APPENDIX E –
KEY INFORMANT SURVEY

2024
COMMUNITY HEALTH NEEDS ASSESSMENT —
KEY INFORMANT FINDINGS
Transylvania County, North Carolina

Sponsored by

WNC Health Network
for WNC Healthy Impact

TABLE OF CONTENTS

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

TRANSYLVANIA COUNTY: ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Public Health Representatives	5
Other Health Providers	3
Social Services Providers	4
Other Community Leaders	4

Final participation included representatives of the organizations outlined below.

- Brevard City Council
- Brevard/Transylvania Chamber of Commerce
- Rosenwald Community
- Rosman Board of Aldermen
- SAFE Inc
- Sharing House
- Transylvania County Board of Health
- Transylvania County Library
- Transylvania County Schools
- Transylvania Public Health

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

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 back 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-Based Organizations

Transylvania Legacy program, Community Conversations: both advocate for better communication and understanding in a nonpartisan, nonjudgemental (and sometimes historical) context. – Public Health Representative (Transylvania County)

There is a large sense of community among most members. Organizations such as CARE Coalition, TC Strong, The Family Place all care deeply about the children of Transylvania County. – Social Services Provider (Transylvania County)

Community Support

A renewed sense of participation in advocacy for the needs of the community. Many listening sessions and people getting organized to provide equitable resources for those in need. Also, lots of community festivals, including potlucks at community centers, blood drives, street dancing. Another visual of community has been the increased use of the soccer fields. I sense a collective spirit of people pulling together to help each other. – Social Services Provider (Transylvania County)

The signs to support the youth in the community that are dealing with mental health. The support for youth has grown more over the years. – Social Services Provider (Transylvania County)

Board of Health

Serving on the Board of Health has helped me be more aware of resources and the hard work/ dedication of the Transylvania County Health Department. My job in health care has also contributed to me feeling hopeful that the community is working hard to support those in need. – Health Care Provider (Transylvania County)

The Board of Health comprehensive care for the community. – Public Health Representative (Transylvania County)

Nothing

Nothing in my community has inspired me to feel hopeful related to health and wellbeing of people in my community. I see low wages, limited avoidable housing, no diversity. – Community Leader (Transylvania County)

Nothing. Many of my old friends are dying. – Public Health Representative (Transylvania County)

Collaboration

Lots of organizations planning public programming related to community wellness, mental health initiatives and community trainings, work in forests to make trails/natural resources more accessible, lots of energy around affordable housing issues. – Social Services Provider (Transylvania County)

Awareness/Education

Community events that bring opportunities for citizens to learn about health and well-being, while also having fun. We have many opportunities like this every year at no cost to the community. – Health Care Provider (Transylvania County)

Access to Affordable/Safe Housing

I have participated in several conversations regarding affordable housing, health care, education and community needs. Health care needs are always a hot topic and I love that our area is finding solutions to meet the needs of our residents with new providers and organizations moving into our area. – Community Leader (Transylvania County)

Churches

When we had Health care staff come to our congregation and do blood pressure and glucose screenings. – Community Leader (Transylvania County)

COVID-19

> Thank goodness COVID is nearly gone. The completed round-abouts may reduce fatalities, but seem to increase lesser accidents. – Public Health Representative (Transylvania County)

Leadership

> 1. County leadership's (elected official and county manager) commitment to a strategic investment process for opiate settlement funds. 2. TCSTRONG's emergence for advocacy around youth mental health supports (preventive and responsive) 3. CARE Coalition's advocacy for youth substance abuse prevention and jail-based substance use response staff. – Public Health Representative (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 Quality Care/Services

Insurance. – Community Leader (Transylvania County)

Access to health care. – Health Care Provider (Transylvania County)

Availability of physical and emotional resources. – Public Health Representative (Transylvania County)

Quality Employment Opportunities

Plenty of employment opportunities. – Public Health Representative (Transylvania County)

A community that provides jobs for its citizens. – Public Health Representative (Transylvania County)

Access to Affordable Healthy Food

Making things affordable for all economic levels- food, housing, safety, health. If people can't have basic needs, moving to self-sufficiency may not be accomplished. – Social Services Provider (Transylvania County)

Awareness/Education

Creating an environment for education and learning and communication leading to understanding. – Public Health Representative (Transylvania County)

Community Engagement

Community members have a sense of belonging (they're plugged in, engaged in something. volunteerism, church, sports, etc.). – Social Services Provider (Transylvania County)

Safe Spaces

Safe places to be active. – Health Care Provider (Transylvania County)

Community Support

Community Support. – Community Leader (Transylvania County)

Equitable Access to Health Services

Equality. – Community Leader (Transylvania County)

Prevention/Screenings

Recognizes the importance of preventive measures and preventive personal skills/strategies. – Public Health Representative (Transylvania County)

Diverse Population

Every person in community is valued – diversity is embraced. People are valued for their work, their family structure, their unique view of the world, their opinions, their voice. No type of group should be more or less valued. – Social Services Provider (Transylvania County)

Mental Health Services

Accessibility to great mental and health care providers. – Community Leader (Transylvania County)

SECOND MENTION

Access to Affordable/Safe Housing

Access to safe, affordable places to live (with a wide variety of types of homes) and a way to get around, food to eat (basic needs are met). – Social Services Provider (Transylvania County)

Accessibility to affordable housing. – Community Leader (Transylvania County)

Affordable housing or salaries that will support the housing market. – Community Leader (Transylvania County)

Answering the physical and emotional needs of a community: housing, food, health care (physical and mental). – Public Health Representative (Transylvania County)

Community needs affordable housing. – Public Health Representative (Transylvania County)

Awareness/Education

Opportunities to learn about health and well-being at no cost. – Health Care Provider (Transylvania County)

Numerous educational opportunities. – Public Health Representative (Transylvania County)

Agencies/people supporting one another by providing useful information. – Social Services Provider (Transylvania County)

Knowledge and understanding of evidence-based practices related to improved health outcomes. – Public Health Representative (Transylvania County)

Quality Employment Opportunities

Opportunity to Thrive–People should be able to work and live and serve in the community in which they desire. People should be able to work in Transylvania County, play in Transylvania County, live in Transylvania County. – Social Services Provider (Transylvania County)

Access to Affordable Care/Services

Affordable health care. – Health Care Provider (Transylvania County)

Positive Social Interaction

Individuals willing to help others. – Community Leader (Transylvania County)

Health Providers

Professional health providers and mental health professionals. – Community Leader (Transylvania County)

THIRD MENTION

Collaboration

Unity. – Community Leader (Transylvania County)

Working together in a collaborative way toward establishing a community vision. – Public Health Representative (Transylvania County)

Access to Affordable Healthy Food

Healthy food is made to be available for all citizens. – Public Health Representative (Transylvania County)

Places to buy healthy food at an affordable price, and it would be nice if could ban fast food places but shall never happen. – Public Health Representative (Transylvania County)

Awareness/Education

Accessibility to a great education system. – Community Leader (Transylvania County)

Transportation

Transportation. – Health Care Provider (Transylvania County)

Quality Employment Opportunities

Jobs with more than living wages. – Community Leader (Transylvania County)

More Inclusive

Civility- The emerging intolerance of difference and the inciting of unexamined conscious thought is tearing at the fabric of our beautiful community. Trust in one another has eroded around politics. – Social Services Provider (Transylvania County)

Culturally Rich

Culturally rich – equitable opportunities for play, learning, gathering, creation. – Social Services Provider (Transylvania County)

SOCIAL DETERMINANTS OF HEALTLH

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.

Accessibility of Reproductive Care/Family Planning Services

STRENGTHS

Access to Care/Services

> 1. Easy access to free family planning services through the Health Department 2. Continued support of minor consent law in NC for family planning (birth control) and STD treatment 3. Basic personal health and reproductive health education through schools and other community outlets. – Public Health Representative (Transylvania County)

CHALLENGES

Awareness/Education

> Parent's Bill of Rights that limits basic education around human anatomy and understanding the basics of reproductive health decisions. This has nothing to do with gender ideology and everything to do with youth understanding the basic facts of how a pregnancy does/does not occur and how STDs are transmitted. – Public Health Representative (Transylvania County)

POPULATIONS MOST IMPACTED

Children

> Youth. – Public Health Representative (Transylvania County)

Adverse Childhood Experiences

STRENGTHS

Community-Based Organizations

The work of TCSTRONG and the CARE Coalition to build coping skills and resiliency skills in youth in a preventive manner related to mental health and substance abuse is an incredible strength in the community. A high ACE score leaves children at-risk for mental health concerns and substance abuse. The evidence-based practices supported by both endeavors provide critical upstream prevention and early response capacity. – Public Health Representative (Transylvania County)

Organizations such as Spark Point, TC Strong, Family Place, The Children's Center, our school and are social workers and counselors. – Community Leader (Transylvania County)

Counseling

I don't know of any besides the first level of counseling. – Community Leader (Transylvania County)

Social Network

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

CHALLENGES

Access to Care/Services

Not enough resources to meet the demands of our community. Lack of education and family support to address existing issues. – Community Leader (Transylvania County)

The lack of crisis response capacity in mental health services. The crisis response capacity that does exist is either for Medicaid clients or private-pay clients. There's also the challenge of getting community members and organizations/service systems to understand the value of doing the upstream prevention work in building resilience and coping skills in youth related to mental health and substance use avoidance. – Public Health Representative (Transylvania County)

Insurance Coverage

Insurance/transportation. – Community Leader (Transylvania County)

Follow Up/Support

Support beyond the first level of counseling which may involve the need for residential treatment and medicine. – Community Leader (Transylvania County)

POPULATIONS MOST IMPACTED

Children

Youth. – Public Health Representative (Transylvania County)

Children to adults in their 50s. – Community Leader (Transylvania County)

Everyone

Trauma affects everyone, if not addressed it continues through adulthood. – Community Leader (Transylvania County)

Minorities

Race/ethnic, older adults and children. – Community Leader (Transylvania County)

Availability of Providers/Sources of Care

STRENGTHS

Local Medical Providers/Clinics

Public health and private health services and providers: Dept of Public Health, Blue Ridge Health, Pardee, HCA, individual providers. All these provide care and also create an atmosphere and environment for encouraging and emphasizing health care including mental health care. – Public Health Representative (Transylvania County)

There are many resources in the community for care, but they seem to be filling up quickly. Blue Ridge Health, Pardee Associates, and a few private practices provide primary care. MAHEC Women's Care provides OBGYN care and has access in Brevard, Franklin, and Asheville. Transylvania Regional Hospital provides ER, OR, and inpatient care. The Center for women, and The Family Place provide support for OB patients and families. – Health Care Provider (Transylvania County)

There needs to be a clinic or something inside the Town of Rosman, It needs to be available 6 days a week with reasonable hours daily. – Community Leader (Transylvania County)

Health Department

Public health and private health services and providers: Dept of Public Health, Blue Ridge Health, Pardee, HCA, individual providers. All these provide care and also create an atmosphere and environment for encouraging and emphasizing health care including mental health care. – Public Health Representative (Transylvania County)

We have an excellent Health Department staffed with committed professionals. – Public Health Representative (Transylvania County)

Community-Based Organizations

Non profit organizations try to fill the gaps in care availability and affordability. – Health Care Provider (Transylvania County)

Access to Care/Services

There are many options where one can obtain medical services. – Public Health Representative (Transylvania County)

CHALLENGES

Access to Care/Services

Access to providers is an ongoing issue in our community. Most of the PCP's are full, not accepting new patients. We have OB/GYN care with access, but they deliver at Mission Hospital due to lack of L&D in our county. There is no longer Urology, Behavioral Health is hard to get patients into, and Orthro has limited office hours due to only having one provider who is in the OR 2 days a week. – Health Care Provider (Transylvania County)

Availability and affordability. – Health Care Provider (Transylvania County)

No where close by to go to. – Community Leader (Transylvania County)

Awareness/Education

Poor education and poverty. – Public Health Representative (Transylvania County)

Lack of widespread information of the resources available. – Public Health Representative (Transylvania County)

Income/Poverty

Finances get in the way of people seeking health services. Lack of trust of medical professionals that do not look like the person that is seeking health care services. Transportation also is an issue. – Social Services Provider (Transylvania County)

Affordable Care/Services

Cost of care, uncooperative insurance plans, emphasis by HCA on profits rather than quality of care. – Public Health Representative (Transylvania County)

POPULATIONS MOST IMPACTED

Older Adults

Older adults with few resources. – Public Health Representative (Transylvania County)

> The elderly and others with mobility and transportation issues are affected greatly by lack of care in our community as they cannot easily commute. – Health Care Provider (Transylvania County)

Low Income

> The poor, the people of color, those without easy access to care providers. – Public Health Representative (Transylvania County)

Everyone

> ALL Residents. – Community Leader (Transylvania County)

Minorities

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

Uneducated/Undereducated

> Uneducated perhaps. – Public Health Representative (Transylvania County)

Children and Young Adults

> Children and young adults. – Health Care Provider (Transylvania County)

Climate Change/Extreme Weather Events

No comments.

Community Safety

STRENGTHS

Law Enforcement

> There is great support from law enforcement, who work hard to provide a safe community to live in. – Health Care Provider (Transylvania County)

CHALLENGES

Alcohol/Drug Use

> Drugs continue to be a barrier in community safety for the US. Law enforcement does an excellent job of working on this, but worldwide this problem is bigger than it has ever been. There is a shortage of LEOs, as well as their salaries being less than some fast-food restaurants. We cannot expect men and women to put their lives on the line daily, when they could work almost anywhere for a better wage. – Health Care Provider (Transylvania County)

POPULATIONS MOST IMPACTED

High Crime Neighborhoods

> I feel the biggest impact would be your areas of high crime, and remote areas that it takes longer for law enforcement to respond to. – Health Care Provider (Transylvania County)

Early Childhood Education/Child care

STRENGTHS

Community-Based Organizations

> Nonprofit organizations that partner to support young families with community spaces and programs (ie: The Family Place activities/parent chat groups, Family Friend and Neighbor Network at Smart Start, public library programming). – Social Services Provider (Transylvania County)

Community Support

> Concerned citizens who are advocating for the rights of our children for a quality education. Community who bring to light the impossible position people are facing with no child care. Creative solutions that young families are having to form. Parents/grandparents who are willing to provide child care for working parents. Churches who offer preschool. Public schools who offer pre-K classes. Smart Start has done incredible advocacy work and bringing grant funding to a major problem for the county. – Social Services Provider (Transylvania County)

Family/Friends

> Family/friends and church/community. – Community Leader (Transylvania County)

CHALLENGES

Access/Affordable Child Care

> Lack of child care options, the expense of the child care options that do exist, unaffordable housing, low pay for child care workers. – Social Services Provider (Transylvania County)

> Not enough child care facilities. Too expensive to operate and too few workers who are willing to be paid such low wages as to fulfil their needs. We need better pay for child care workers, as well as more innovative locations and options. Smart Start worked on home day cares, but it wasn't enough. – Social Services Provider (Transylvania County)

Insurance Coverage

> Insurance. – Community Leader (Transylvania County)

POPULATIONS MOST IMPACTED

Families

> Young families who absolutely need two incomes to get by in this high-cost of living area. Women in particular will undoubtedly be affected by the lost years of employment, and over the course of their careers will earn less than men. – Social Services Provider (Transylvania County)

> Young families. – Social Services Provider (Transylvania County)

Minorities

> Race/ethnic, children. – Community Leader (Transylvania County)

Education

School System

The public school system– teachers are working really hard to take care of their students. The schools are also a major employer in our county. External support services like tutoring organizations (El Centro, Rise & Shine, etc.). Free and low-cost college programs at Blue Ridge Community College, alternative schools like Davidson River, which offer small class sizes and personalized learning environments for students who need them. – Social Services Provider (Transylvania County)

Vocal public school supporters who show up to address the issues faced by our county schools. People bring to light the neglected aspects of our school buildings, and the low-wages for our teachers. Nonprofits that support education– Rise and Shine, St. Augustine literacy, Boys & Girls Club, Scouting, etc. Innovative teachers. Quality colleges- both BRCC and Brevard College. Private schools such as Mountain Sun Brevard Academy is functioning well and serving a diverse group of kids. – Social Services Provider (Transylvania County)

Awareness/Education

Being well informed and having the financial ability to make things happen. – Public Health Representative (Transylvania County)

College/University

Local community college. – Health Care Provider (Transylvania County)

CHALLENGES

Awareness/Education

Being uneducated and not financially sound. – Public Health Representative (Transylvania County)

Lack of Funding

Having the budget flexibility to spend dollars on education. For our younger population we have a high rate of truancy, parents need opportunity to be more educated on the need for children to be in school and support dealing with roadblocks preventing them taking children to school regularly. – Health Care Provider (Transylvania County)

Government/Policy

The conflict between the County Commissioners and the Board of Education Politics Advocacy groups that want to censor books because of their own religious beliefs. Separation of Church and State. – Social Services Provider (Transylvania County)

Lack of Trust

Distrust, lack of experience, and misinformation between the county's board of commissioners and the school board, obstructionist behavior surrounding the school improvement bond, dangerous and distracting physical conditions in the schools (presence of mold, leaky roofs, broken HVACs), inflating costs of construction for school repairs, low wages for school workers makes it hard to attract and keep talented teachers in our schools, lack of affordable housing also make it hard to attract and keep teachers. – Social Services Provider (Transylvania County)

POPULATIONS MOST IMPACTED

Children

Young people (school-aged people). – Social Services Provider (Transylvania County)

Children – they are not receiving the best education that Transylvania County has HISTORICALLY been associated with, due to the factioning politics. It is absurd. Teachers who cannot afford to live here due to the high cost of living. Teachers who are asked to burden the impact of the political divide in the classroom – teaching in spaces that risks health. – Social Services Provider (Transylvania County)

Adolescent to young adults. – Health Care Provider (Transylvania County)

Low Income

The poor and uneducated. – Public Health Representative (Transylvania County)

Family/Social Support

STRENGTHS

Community-Based Organizations

> This county has several resources that support the health and well-being of our community. The Family Place, The Center for Women, Transylvania Community Health Department, Pregnancy Care Managers, Social Services, SAFE, are just a few of the resources for families. – Health Care Provider (Transylvania County)

> Family Place, Community groups, churches, The Children Center. – Community Leader (Transylvania County)

Parks and Recreation

> Natural resources (access to public lands and recreation), strong faith communities and social opportunities there, the public school system and the built-in social supports (sports teams, clubs, PTOs, etc.), nonprofit programs addressing social cohesion (The Family Place and their support groups; public library programs like storytimes, book clubs, adult craft programs; SparkPoint and their social gatherings), community centers (often host monthly dinners, social occasions), congregate meals, Senior center programming at Silvermont. – Social Services Provider (Transylvania County)

CHALLENGES

Access to Care/Services

> Access. – Community Leader (Transylvania County)

Affordable Housing

> I would throw lack of affordable housing in here, too– working multiple jobs to keep up takes away time from family and friends, leads to chronic stress. Social isolation is also common in our aging community (due to death of life partners, illness, immobility, mental illness). Lack of knowledge of available resources. – Social Services Provider (Transylvania County)

Lack of Support

> Generational beliefs or trauma. Lack of trust of those offering help. Parents mental wellbeing. Lack of housing, finances, transportation. – Community Leader (Transylvania County)

Transportation

> Lack of transportation. – Health Care Provider (Transylvania County)

POPULATIONS MOST IMPACTED

Everyone

> ALL. – Community Leader (Transylvania County)

Older Adults

> Seniors. – Social Services Provider (Transylvania County)

Minorities

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

Those Without Transportation

> Those with transportation issues. – Health Care Provider (Transylvania County)

Healthy Foods

STRENGTHS

Community-Based Organizations

Nonprofits which focus on neglected individuals: churches, food banks, as well as nonprofit health care organizations such as Blue Ridge Health. – Public Health Representative (Transylvania County)

Hunger Coalitions once a month. – Community Leader (Transylvania County)

Food Banks/Pantries

There is a food pantry close by. – Community Leader (Transylvania County)

Farmer's Markets

Community farmers market and local food stands. – Public Health Representative (Transylvania County)

Hospitals

The local hospital and local medical staff. The vast amount of forest and parks. – Public Health Representative (Transylvania County)

CHALLENGES

Access to Affordable Healthy Food

The cost of groceries. – Community Leader (Transylvania County)

A lack of affordable healthy food. – Public Health Representative (Transylvania County)

Access to Care/Services

Not enough recreational facilities. – Public Health Representative (Transylvania County)

Transportation

For those who do not drive, a full-service grocery store is not accessible. – Community Leader (Transylvania County)

Racism

Systemic racism, systemic denigration of the poor, transportation limitations, polarizing politicization of responses to helping the poor and homeless. – Public Health Representative (Transylvania County)

POPULATIONS MOST IMPACTED

Low Income

Low social economic segment of the population. – Public Health Representative (Transylvania County)

The poor: the working poor who fall outside of public support programs. – Public Health Representative (Transylvania County)

Everyone

Neighborhoods do not seem as united as before. There seems to be less unity in the neighborhoods. – Public Health Representative (Transylvania County)

ALL. – Community Leader (Transylvania County)

Older Adults

Older adults. The predominantly African American population. – Community Leader (Transylvania County)

Healthy Environment

STRENGTHS

Public Health

> The work of Public Health Environmental staff to ensure the proper installation of septic and wells to protect ground water is an essential support for maintaining the integrity of water sources. The county's investment in the expansion of public water supply also improves the management options related to water. – Public Health Representative (Transylvania County)

CHALLENGES

Affordable/Safe Housing

> The pace at which residential development is occurring in the county, and all of WNC, is very concerning. The easy to permit land for septic and wells is long gone. Only the complex soils and steep slopes are left for potential development. Many existing septic systems are aging out at 50+ years, with the necessary repairs or replacements being profoundly complicated or less than ideal. This creates concern for compromise to ground water and existing wells. The development of expanded public sewer capacity is needed but is complex from a treatment and management perspective. – Public Health Representative (Transylvania County)

POPULATIONS MOST IMPACTED

Low Income

> County residents with average and/or limited income. – Public Health Representative (Transylvania County)

Housing

STRENGTHS

Habitat for Humanity

> Habitat, Davidson Presbyterian Church, Housing Coalition, Community Conversations. – Community Leader (Transylvania County)

> Habitat for humanity Housing coalition City council HUD. – Community Leader (Transylvania County)

Access to Affordable/Safe Housing

> people supporting others through encouragement to seek housing. – Social Services Provider (Transylvania County)

Community-Based Organizations

> The newly formed Brevard/Transylvania County Housing Coalition- where citizens, government officials and nonprofit representatives have come together solely to collaborate to address the looming issues of affordable/work force housing. Vocal groups to bring to light innovative approaches to solutions. Action oriented, instead of simply studying the problem and doing nothing. – Social Services Provider (Transylvania County)

Family/Friends

> Family/friends. – Community Leader (Transylvania County)

Employment Opportunities

> Industry that provides jobs that provides a living wage. – Public Health Representative (Transylvania County)

CHALLENGES

Affordable/Safe Housing

> Affordable low-income housing. – Social Services Provider (Transylvania County)

> A lack of affordable housing and a lack of housing period. – Public Health Representative (Transylvania County)

> Affordability and lack of available units. – Community Leader (Transylvania County)

> NIMBY, affordable & workforce housing, finances, lack of wealth, lack of education, lack of available land. – Community Leader (Transylvania County)

Government/Policy

> County commissioners who are ill-informed about the crisis faced by Transylvania residents– effecting everyone. The work force who provides services to all of us will be adversely affected (already is) when people cannot live and work here. Building an economy on service industry will fail if housing is not seen as part of economic development. Not enough public housing for Section 8 vouchers. Our newest community threat is outside businesses coming to purchase mobile home parks as "investments". The threat is the nuanced idea that this is good for "home ownerships"- for low-income people to own their mobile home trailers that are 30 years old- paying a cost of $6,000 per trailer, when they are not worth $1000. And then if they need to repair or move the trailers, it is an additional $5,000. This is a bad idea for low-income people, and it verges on predatory. Apathy around those who cannot find housing due to the less than 1% availability for rentals. – Social Services Provider (Transylvania County)

Access to Care/Services

> Insurance. – Community Leader (Transylvania County)

POPULATIONS MOST IMPACTED

Everyone

> All. – Social Services Provider (Transylvania County)

Low Income

> Low-income residents who are working for hourly pay. Young families who cannot afford housing. Seniors on fixed incomes who cannot keep up with the pace of rental housing. Low-income people who feel like they cannot complain about their rent or the condition of their housing for FEAR of being evicted with no other place to go. – Social Services Provider (Transylvania County)

Children

> Young people across the population spectrum. – Public Health Representative (Transylvania County)

Working Class

> General working population. – Community Leader (Transylvania County)

Adults

> Adults. – Community Leader (Transylvania County)

Minorities

> Race/ethnic. – Community Leader (Transylvania County)

Income/Employment

STRENGTHS

Awareness/Education

Being educated and financially sound. – Public Health Representative (Transylvania County)

College/University

Community college programs that help develop job skills. – Health Care Provider (Transylvania County)

Economy

Growing new businesses and maintaining present jobs. – Public Health Representative (Transylvania County)

CHALLENGES

Employment/Low Wages

Lack of living wages and opportunity for jobs that allow professional growth. – Health Care Provider (Transylvania County)

Lack of income a good paying job. People can't afford the cost of housing. – Public Health Representative (Transylvania County)

Income/Poverty

Being poor and uninformed. – Public Health Representative (Transylvania County)

POPULATIONS MOST IMPACTED

Low Income

Low social economic segment of the population. – Public Health Representative (Transylvania County)

Poor and uneducated. – Public Health Representative (Transylvania County)

Adults

Adults. – Health Care Provider (Transylvania County)

Intimate Partner Violence

No comments.

Physical Activity Opportunities

STRENGTHS

Parks and Recreation

> The forest and parks that we have both in the county and western NC. – Public Health Representative (Transylvania County)

CHALLENGES

Aging Population

> Older adults' mobility. – Public Health Representative (Transylvania County)

POPULATIONS MOST IMPACTED

Older Adults

> Older adults. – Public Health Representative (Transylvania County)

Public Transport

No comments.

Racism/Discrimination

STRENGTHS

Equality

> The small amount of people that support making change for equality of all. – Social Services Provider (Transylvania County)

CHALLENGES

Lack of Trust

> Fear and lack of trust of people that do not look like the population seeking support. Language barriers. – Social Services Provider (Transylvania County)

POPULATIONS MOST IMPACTED

Everyone

> All. – Social Services Provider (Transylvania County)

Tobacco/Vape-Free Spaces

No comments.

HEALTH ISSUES

KEY INFORMANT
RATINGS OF HEALTH ISSUES

When key informants taking part in the Online Key Informant Survey were asked to rate each of 17 health issues.

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

Legend: ▪ Major Problem   ▪ Moderate Problem   ▪ Minor Problem   ▪ No Problem At All

Health Topic	Major Problem	Moderate Problem
Mental Health	71.4%	28.6%
Obesity	71.4%	28.6%
Substance Use	71.4%	28.6%
Pre-Diabetes/Diabetes	69.2%	30.8%
Oral Health	50.0%	42.9%
Dementia/Cognitive Decline	42.9%	50.0%
Maternal Health/Morbidity	41.7%	25.0%
Heart Disease and Stroke	35.7%	64.3%
Suicide	35.7%	42.9%
Cancer	28.6%	57.1%
Birth Outcomes/Infant Mortality	18.2%	27.3%
Injury and Violence	15.4%	46.2%
Sexual Health	9.1%	54.5%
Chronic Lung Disease	8.3%	58.3%
Respiratory Disease	7.7%	46.2%
Unintentional Falls	7.1%	50.0%
Asthma		61.5%

SPECIAL TOPICS

For the following, key informants who acknowledged having personal or professional insight, experience, and/or knowledge about youth mental health and/or Medicaid expansion were further asked to outline what they see as going well or currently working (strengths) and what is missing or not helping (challenges).

Key Informant Perceptions of Youth Mental Health

STRENGTHS

Resources Available to Child/Youth

> TC Strong, Spark Point, local therapist. I heard we were getting a new psychiatrist in the area. – Community Leader (Transylvania County)

> The upstream prevention work of TCSTRONG and the CARE Coalition both focus on building resiliency and coping skills for mental health concerns and substance abuse avoidance in youth. – Public Health Representative (Transylvania County)

> Organizations such as CARE, TC Strong, The Family Place are all working together in other organizations such as Transylvania County Schools, Boys and Girls Club, Brevard academy to implement programs. – Social Services Provider (Transylvania County)

> A new mental health facility that opened that is providing availability for inpatient treatment. – Health Care Provider (Transylvania County)

Increasing Access from Local Providers/Centers

> I have a network of mental health professionals outside of my community. – Community Leader (Transylvania County)

Awareness/Education

> More awareness that this is an issue (TC Strong's work), breakdown of stigmas (happening more and more), social emotional learning in schools, more training around MH & suicide prevention for school workers, community org workers, churches. – Social Services Provider (Transylvania County)

Parent Support

> Talking with parents and providing support. – Community Leader (Transylvania County)

CHALLENGES

Lack of Providers

> Overall lack of crisis response providers. The current limited capacity is only available to Medicaid and or private pay clients. – Public Health Representative (Transylvania County)

> Enough Care providers to meet the demands of our youth. – Community Leader (Transylvania County)

> Professional health care providers. – Community Leader (Transylvania County)

> Lack of available mental health providers and workers; systemic bias against discussions about and addressing mental health issues. – Public Health Representative (Transylvania County)

Access to Care/Services

> Lack of behavioral health services that can provide timely services. – Health Care Provider (Transylvania County)

> Access to care. – Community Leader (Transylvania County)

Resources

> Transylvania County Department of Social Services is getting involved with families and working to eliminate barriers such as low income, housing, and parental neglect and abuse. – Social Services Provider (Transylvania County)

School System

> Lack of movement on school repairs sends a very bad message to our students (you're not worth it/not important), fear/misinformation around social emotional learning in schools, social media is not helping. – Social Services Provider (Transylvania County)

Second Chances

> Allowing children more than one chance. – Community Leader (Transylvania County)

Key Informant Perceptions of Medicaid Expansion

STRENGTHS

More People are Enrolled

> Better access for people to get assistance with signing up for Medicaid and more support for people once approved. – Social Services Provider (Transylvania County)

> NC Medicaid is now finally available to the people in the income gap previously omitted, but information about enrollment and re-enrollment is not readily available. – Public Health Representative (Transylvania County)

> That it is available. – Health Care Provider (Transylvania County)

Increased Access to Care/Services

> It allows for more residents to receive the care that is much needed. – Community Leader (Transylvania County)

> Individuals that previously did not have affordable coverage can now access coverage through Medicaid. – Public Health Representative (Transylvania County)

CHALLENGES

Awareness/Education

> Slow progress getting the message to the affected people. – Public Health Representative (Transylvania County)

Lack of Providers

> Provider capacity is profoundly limited across all spectrums and specialties of care. Wait times for appointments are extensive. – Public Health Representative (Transylvania County)

Understaffed

> DHHS office understaffed. – Health Care Provider (Transylvania County)

Time

> Time. – Social Services Provider (Transylvania County)

APPENDIX F –
DATA PRIORITIZATION

Health Priority Workshop Presentation Slides

Key Health Issues Prioritization Worksheet

2024 Transylvania County Community Health Assessment

HEALTH PRIORITY WORKSHOP
JANUARY 21, 2025

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
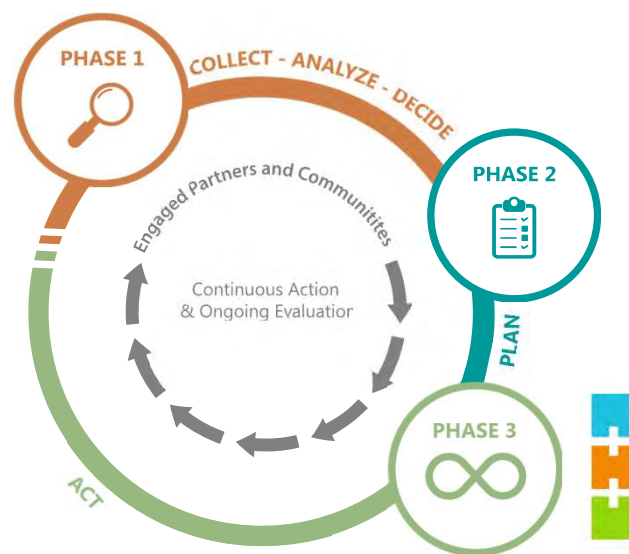
4

PHASE 1: Collect Community Data

5

Collect Community Data: Community Survey

- Quantitative questions based largely on national survey models and determined through regional input
  - 75 core questions + 3 county-specific questions
  - Available in English and Spanish
- Data collected from 5,898 adults ages 18+ (264 from Transylvania)
  - 2,356 via phone (random-digit dial landline and cell phone)
  - 3,542 via website (2,234 open link + 1,308 from invitation)
  - Generalizable to county population (+/- 1.3% at the 95% confidence level)
  - Weighted to enhance representativeness at county and regional levels

Conducted by Professional Research Consultants (PRC)

See survey results at https://www.canva.com/design/DAGNSIFLkno/oYw0IgLdHR_lb88MFYq8Ug/view

6

Collect Community Data: Key Informant Survey

- Online survey emailed to community "key informants" - individuals from variety of backgrounds, selected for ability to identify concerns for populations they work with and overall community
- Qualitative questions about:
  - Perceptions of local quality of life and social determinants of health
  - Strengths, challenges, and populations most affected
  - Rating of health issues
- 16 total responses collected

Conducted by Professional Research Consultants (PRC)

7

Collect Community Data: Secondary Sources

- 180+ 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

8

Collect Community Data: Maps

- 15 population, morbidity, mortality indicators
- Based on publicly-available census tract-level data
- County data and comparisons to WNC region

9

PHASE 1: Analyze Community Data

10

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

11

Mortality: Leading Causes of Death

Source: NC State Center for Health Statistics

Age-Adjusted Rates per 100,000 population (2018-2022)	Transylvania # of Deaths	Transylvania Mortality Rate	Difference from NC Rate	Change Over Time
ALL CAUSES	**2311**	**676.6**	**-172.8**	▲
1. Diseases of Heart	465	130.8	-30.4	▲
2. Cancer	466	129.3	-22.8	▼
3. All Other Unintentional Injuries	123	46.9	-5.6	▲
4. Chronic Lower Respiratory Diseases	130	35.8	-4.0	---
5. Cerebrovascular Disease	117	30.9	-13.5	---
6. COVID-19	89	26.9	-16.6	---
7. Alzheimer's disease	103	25.2	-11.4	---
8. Diabetes Mellitus	46	15.2	-11.8	▲
9. Suicide	26	15.2	1.7	▼
10. Pneumonia and Influenza	48	13.0	-0.8	---
11. Chronic Liver Disease and Cirrhosis	30	10.9	-1.8	▼
12. Nephritis, Nephrotic Syndrome, and Nephrosis	31	9.4	-7.1	▼
13. Unintentional Motor Vehicle Injuries	20	7.9	-8.2	▼
14. Septicemia	30	7.6	-4.7	▼

12

Morbidity: Top Concerns

- 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*

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Key informants' ranking of health issues

	Major Problem	Moderate Problem	Minor Problem	No Problem At All
Mental Health	71.4			28.6
Obesity	71.4			28.6
Substance Use	71.4			28.6
Pre-Diabetes/Diabetes	69.2			30.8
Oral Health	50.0		42.9	7.1
Dementia/Cognitive Decline	42.9		50.0	7.1
Maternal Health/Morbidity	41.7	25.0	16.7	16.7
Heart Disease and Stroke	35.7		64.3	
Suicide	35.7	42.9	14.3	7.1
Cancer	28.6	57.1		14.3
Birth Outcomes/Infant Mortality	18.2	27.3	27.3	27.3
Injury and Violence	15.4	46.2	38.5	
Sexual Health	9.1	54.5	18.2	18.2
Chronic Lung Disease	8.3	58.3	33.3	
Respiratory Disease	7.7	46.2	46.2	
Unintentional Falls	7.1	50.0	42.9	
Asthma	61.5		38.5	

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7

Slide 15

Connections with physical environment, social and economic factors, health behaviors, and clinical care

County Health Rankings model © 2014 UWPHI

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Slide 16
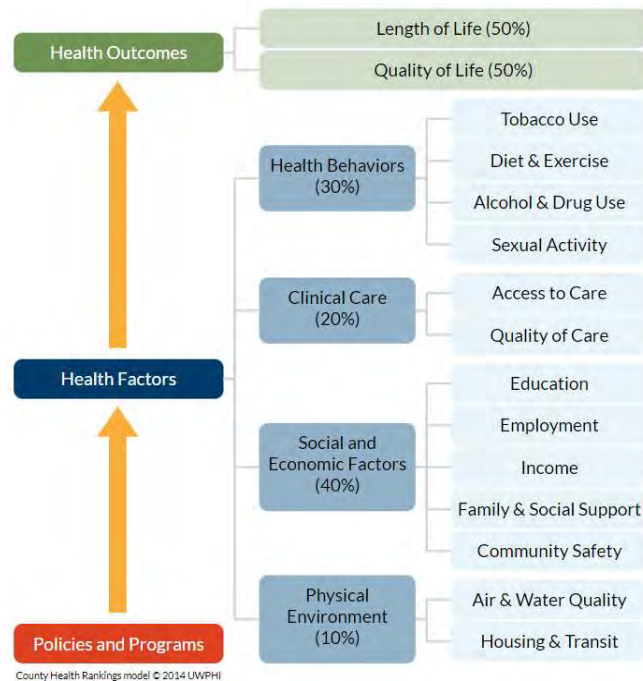
Healthy North Carolina 2030 Indicators

- Health Outcomes
  - Life expectancy
  - Infant mortality

- Health Behaviors
  - **Overweight and obesity**
  - **Tobacco use**
  - **Excessive alcohol use**
  - Drug overdose deaths
  - ✓Sexual health

- Clinical Care
  - **Uninsured population**
  - **Mental health care**
  - ✓Primary care workforce
  - ✓Early prenatal care

- Social & Economic Factors
  - **Reading proficiency**
  - **People living in poverty**
  - ✓Childhood well-being
  - ✓Unemployment
  - ✓School suspensions
  - ✓Incarceration rate

- Physical Environment
  - **Access to healthy food**
  - **Physical activity**
  - **Housing quality**

Learn more about HNC 2030 at: https://schs.dph.ncdhhs.gov/units/ldas/hnc.htm

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Past CHA Priorities

2021:
- Mental health
- Substance use
- Obesity

2018:
- Mental health and substance use
- Healthy lifestyle

2015:
- Substance use
- Mental health
- Nutrition, physical activity, and weight

17

Top Health Concerns: our "short list"

- Cancer
- Dementia/cognitive decline
- Diabetes
- Heart disease and stroke
- Maternal health
- Mental health
- Obesity
- Oral health
- Respiratory disease
- Substance use

18

Cancer

Transylvania County Gender Disparity Trend: Total Cancer Mortality Rates

■ Males ■ Females

For 2018-2022,

- 1,374 new cancer cases (rate of 418 per 100,000)
- 466 cancer deaths (rate of 129.3 per 100,000)

Chart values (Males, Females) by period:
- 2002-2006: 190.5, 143.1
- 2003-2007: 178.8, 137.3
- 2004-2008: 176.0, 140.2
- 2005-2009: 177.8, 130.0
- 2006-2010: 171.7, 119.1
- 2007-2011: 179.3, 118.3
- 2008-2012: 164.2, 107.9
- 2009-2013: 169.7, 113.0
- 2010-2014: 174.2, 114.6
- 2011-2015: 171.3, 119.0
- 2012-2016: 176.4, 112.1
- 2013-2017: 177.1, 115.2
- 2014-2018: 166.5, 109.5
- 2015-2019: 164.4, 108.7
- 2016-2020: 158.0, 102.3
- 2017-2021: 153.6, 110.6
- 2018-2022: 159.5, 103.8

- Higher mortality among men
- Female breast cancer highest incidence (244 new cases)
- Lung/bronchus cancer highest mortality (115 deaths)
- Connections with access to care, nutrition, tobacco use, environmental exposures

19

Dementia/Cognitive Decline

Transylvania County Gender Disparity Trend: Alzheimer's Disease Mortality Rates

■ Males ■ Females

For 2018-2022,

- 25.2 mortality rate for Alzheimer's disease – but almost twice as high for females compared to males

Chart values (Males, Females) by period:
- 2002-2006: 35.1, 38.4
- 2003-2007: 36.7, 34.1
- 2004-2008: 32.3, 31.2
- 2005-2009: 19.8, 31.4
- 2006-2010: 16.6, 27.8
- 2007-2011: 16.7, 34.1
- 2008-2012: 15.9, 30.3
- 2009-2013: 0.0, 28.0
- 2010-2014: 14.3, 24.1
- 2011-2015: 14.2, 24.8
- 2012-2016: 17.4, 25.8
- 2013-2017: 16.0, 28.4
- 2014-2018: 16.7, 27.1
- 2015-2019: 19.0, 30.3
- 2016-2020: 18.7, 32.8
- 2017-2021: 15.3, 29.9
- 2018-2022: 17.2, 31.3
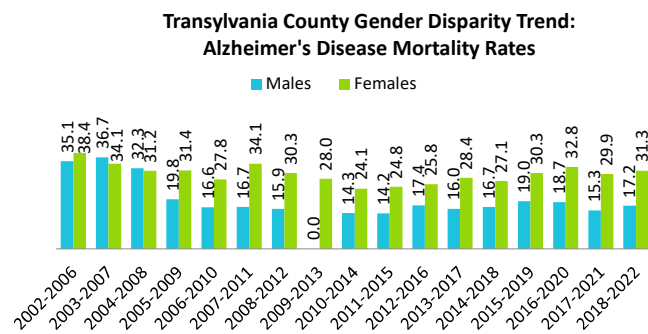
- Connections with mental health, social/economic factors, aging, availability and adequacy of long-term care services

20

Diabetes

Adult Diabetes Prevalence Trend
(Age-Adjusted Percentage)

— Transylvania — WNC Region — North Carolina

In 2024 survey,

- 13% reported pre-diabetes
- 11% reported diabetes

6.0 7.0 8.0 7.5 7.1 6.8 6.5 7.7 7.2 6.6 6.5 6.3 6.7 6.9 7.9 8.4 7.2 7.5

2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021
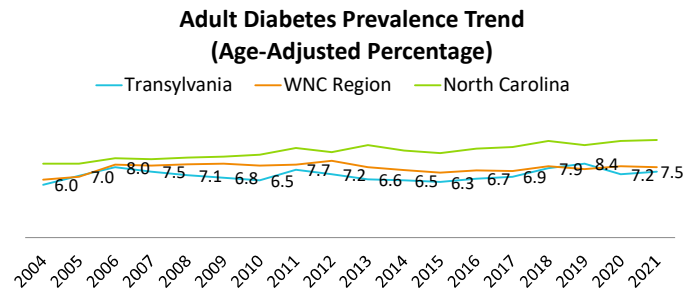
Source: US Diabetes Surveillance System, CDC

- Pre-diabetes numbers similar to region, lower than nation
- Diabetes numbers increasing over time, similar to region but remain a bit lower than state and nation
- Diabetes mortality rates increasing but lower than region and state
- Connections with obesity, nutrition, physical activity, other health outcomes

21

Heart Disease & Stroke

Heart Disease Mortality Rate Trend
(per 100,000 population)

— Transylvania — WNC Region — North Carolina

In 2024 survey,

- 8% reported having heart disease
- 3% reported having had a stroke
- 39% reported high blood pressure (93% taking action to control)
- 39% reported high cholesterol (95% taking action to control)

172.5 166.7 156.3 158.7 160.3 147.7 149.1 128.1 146.0 118.8 117.5 132.4
146.8 122.8 115.2 123.2 130.8

2002-2006 2003-2007 2004-2008 2005-2009 2006-2010 2007-2011 2008-2012 2009-2013 2010-2014 2011-2015 2012-2016 2013-2017 2014-2018 2015-2019 2016-2020 2017-2021 2018-2022

- Higher heart disease mortality among men
  - but stroke mortality rates are similar or slightly higher for women
- Connections with access to care, nutrition, physical activity, obesity, tobacco use

22

Heart Disease & Stroke

Transylvania County Gender Disparity Trend: Heart Disease Mortality Rates

Males | Females

232.2, 125.2 (2002-2006); 217.1, 126.1 (2003-2007); 210.1, 114.3 (2004-2008); 189.1, 113.3 (2005-2009); 202.9, 122.8 (2006-2010); 206.2, 123.9 (2007-2011); 187.9, 117.6 (2008-2012); 183.1, 118.4 (2009-2013); 184.5, 114.8 (2010-2014); 156.5, 104.5 (2011-2015); 153.8, 97.6 (2012-2016); 153.7, 91.0 (2013-2017); 149.6, 87.5 (2014-2018); 152.2, 88.7 (2015-2019); 162.2, 91.1 (2016-2020); 173.7, 97.6 (2017-2021); 174.6, 93.6 (2018-2022)

Transylvania County Gender Disparity Trend: Cerebrovascular Disease Mortality Rates

Males | Females

53.4, 58.4 (2002-2006); 53.9, 54.2 (2003-2007); 47.2, 48.2 (2004-2008); 44.5, 42.9 (2005-2009); 37.9, 42.8 (2006-2010); 33.1, 35.5 (2007-2011); 28.5, 32.8 (2008-2012); 27.7, 33.5 (2009-2013); 27.9, 35.3 (2010-2014); 24.6, 36.3 (2011-2015); 26.6, 37.5 (2012-2016); 27.9, 36.3 (2013-2017); 31.0, 34.0 (2014-2018); 27.5, 33.0 (2015-2019); 29.6, 31.4 (2016-2020); 30.1, 30.7 (2017-2021); 30.1, 30.4 (2018-2022)

23

Maternal Health

In 2024 survey,

- 42% of key informants said maternal health and morbidity was a major problem

- 27% of residents said prenatal and labor/delivery services were insufficient – another 48% said they weren't available at all
- 11% of babies born to moms who smoked while pregnant
- 37 per 1000 newborn discharges with infant drug withdrawal diagnosis (higher than the region)
- Connections to substance use, social/economic factors, infant birth weight and infant mortality, health outcomes

Percent of Pregnancies Receiving Prenatal Care in the First Trimester

Transylvania — WNC Region — North Carolina

83.2 (2011), 77.0 (2012), 81.1 (2013), 78.9 (2014), 83.2 (2015), 84.0 (2016), 85.7 (2017), 82.4 (2018), 82.1 (2019), 84.1 (2020), 82.8 (2021), 92.1 (2022)

Source: NC State Center for Health Statistics

24

Mental Health

ED Visits for Suicide Attempt or Self Harm, Transylvania County residents all ages, 2017-2024

— total — females — males
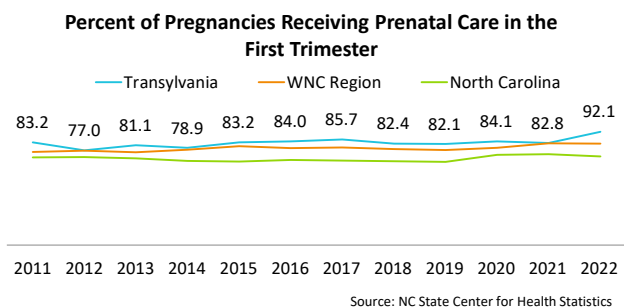
In 2024 survey,
- 18% reported having fair or poor mental health
- 14% reported typical day being extremely or very stressful
- 51% reported feeling lonely
- 10% considered suicide in past year
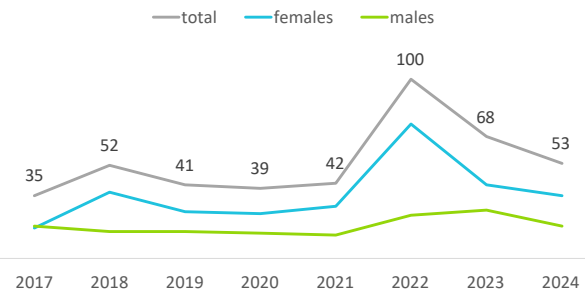
- 26% currently taking medication or receiving treatment for mental health
- 16% did not get mental care or counseling they needed in past year
- 67% have someone to rely on for help
- 69% usually get the social/emotional support they need
- Connections to substance use, social/economic factors, health outcomes

25

Obesity

Adult Obesity Prevalence Trend (Age-Adjusted Percentage)

— Transylvania — WNC Region

Source: US Diabetes Surveillance System, CDC

In 2024 survey,
- 68% overweight or obese
- 32% obese
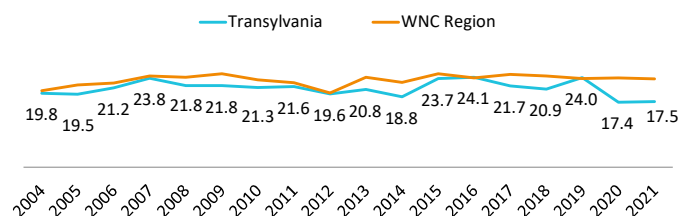
- 24% reported no leisure-time physical activity
- 30% met physical activity recommendations
- 7% consumed 5+ servings of fruit and vegetables per day
- 26% reported food insecurity
- Connections with nutrition and food insecurity, physical activity, diabetes, heart disease, multiple other health concerns

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13

Oral Health

- 13% of kindergarten children have untreated tooth decay
- 52% of adults have had permanent teeth extracted
- 25% of adults ages 65+ had all their permanent teeth extracted

- 48% of Medicaid-eligible children/teens ages 1-20 received preventative dental services
- 16% of adults last visited a dentist 5+ years ago
- 49% of adults have access to dental insurance

- Connections with nutrition, growth, education, heart disease, substance use

27

Respiratory Disease

Transylvania County Gender Disparity Trend: CLRD Mortality Rates

■ Males ■ Females

In 2024 survey,
- 14% reported having asthma
- 11% reported having COPD
- 20% reported smoking
- 11% reported vaping

Period	Males	Females
2002-2006	37.1	46.5
2003-2007	48.1	39.5
2004-2008	45.3	32.5
2005-2009	43.8	33.4
2006-2010	41.5	36.7
2007-2011	42.1	35.8
2008-2012	33.2	34.4
2009-2013	33.1	41.0
2010-2014	34.2	40.3
2011-2015	32.0	38.9
2012-2016	31.8	41.4
2013-2017	35.0	41.6
2014-2018	32.1	39.1
2015-2019	33.7	40.3
2016-2020	33.1	39.7
2017-2021	32.3	38.6
2018-2022	30.9	39.5
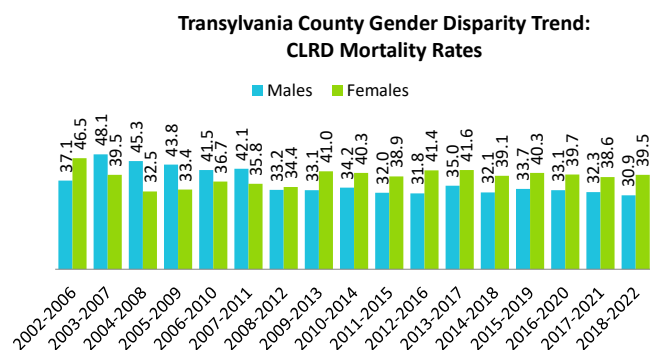
- Chronic lower respiratory disease mortality level over time and lower than state and region
- Higher mortality rate among women since ~2010
- Connections to cancer, tobacco use, environmental exposures

28

Substance Use

In 2024 survey,

- 19% reported excessive drinking
- 17% reported using opiates in past year (with or without Rx)
- 11% use vape products

- 4,568 residents received an opiate prescription in 2023
- 47% reported life negatively affected by substance use
- Connections with mental health, social/economic factors, health outcomes

Unintentional Poisoning Mortality Rate Trend (per 100,000 population)

Transylvania — WNC Region — North Carolina

26.8 26.9 25.6 25.2 22.0 21.8 21.9 18.5 15.7 18.8 16.8 19.8 21.0

2006-2010 2007-2011 2008-2012 2009-2013 2010-2014 2011-2015 2012-2016 2013-2017 2014-2018 2015-2019 2016-2020 2017-2021 2018-2022

29

TRANSYLVANIA PUBLIC HEALTH

EVERYDAY.
EVERYWHERE.
EVERYONE.
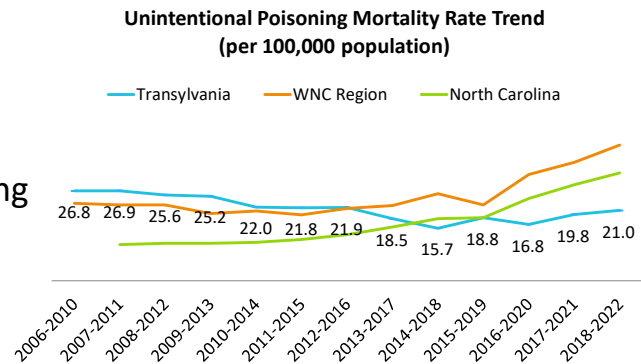
PHASE 1: Decide What To Act On

30

Prioritizing Data: RELEVANCE

- Size and severity of the problem
  - Number of people affected
  - Death, hospitalization, decreased quality of life, economic impact
  - Trends over time
  - Equity and disparities

- Community concern

- Connection to other issues

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Prioritizing Data: IMPACT

- Availability of solutions: proven strategies shown to work

- Builds on or enhances current work

- Significant consequences of NOT addressing issue

32

Prioritizing Data: FEASIBILITY

- Availability of resources
  - Staff, community partners, time, money, space, equipment, etc.

- Political will

- Ethical, acceptable to community

- Easy, short-term wins

33

Individually Rate Health Topics

- STEP 1: Using your copy of the prioritization worksheet, write each health topic in the first column

- STEP 2: Rate each topic for relevance, impact, and feasibility

  1=low, 2=medium, 3=high, 4=highest

- STEP 3: Add the three scores for each topic and write the total in the "TOTAL RATING" column

- STEP 4: Circle the topics receiving your 3 highest overall scores; write them in order in the Step 4 table

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Share Your Top Priorities
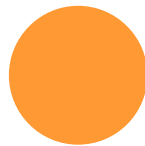
- Based on the results from your individual worksheet, vote for your top 3 health issues using the colored dots
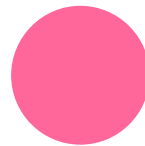
#1 #2 #3

35

For Each Selected Priority:

- Suggested partners? Who is already working on this?

- What is already happening to address this issue?

- What else do we need to know about this issue?

- ***Who is willing to join a conversation or work on this issue?***

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Next Steps

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 2025
  - Emailed to workshop participants
  - Online at transylvaniahealth.org
  - Hard copies at Transylvania County Library, Transylvania Public Health

COLLECT - ANALYZE - DECIDE

PHASE 1

PLAN

PHASE 2

ACT

PHASE 3

JANUARY 2024–MARCH 2025
- ✓ **COLLECT & ANALYZE COMMUNITY HEALTH DATA**
- ✓ **DECIDE WHAT IS MOST IMPORTANT TO ACT ON**
- • Submit CHA document to NCDHHS by March 2025
- • Share CHA with community

MARCH–SEPTEMBER 2025
- • **COMMUNITY HEALTH IMPROVEMENT PLAN**
- - Develop a plan for what works to do better
- - Form workgroups around each strategic area
- - Determine performance results and measures
- - Submit CHIP to NCDHHS by September 2025

OCTOBER 2025–DECEMBER 2027
- • **TAKE ACTION & EVALUATE HEALTH IMPROVEMENT**
- - Plan how to achieve results
- - Put plan into action
- - Workgroups continue to meet and monitor results; and make changes to plan as needed
- - Submit SOTCH to NCDHHS by March 2026 and 2027

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Next Steps: Plan & Act to Improve Health

Phase	Opportunities for Engagement	Timeline
PHASE 2: Community Health Strategic Planning	• Participating in a planning meeting • Bringing your unique perspective to root causes of an issue • Identifying best practices and promising practices	March 2025 – September 2025
PHASE 3: Taking Action & Evaluating Health Improvement	• Championing or leading a project • Participating on a workgroup • Asking "who's better off?" • Improving programs and practices	October 2025 – December 2027 and beyond (ongoing process)

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TRANSYLVANIA PUBLIC HEALTH

2024 Community Health Assessment
Key Health Issues Prioritization Worksheet

This worksheet helps identify top health priorities based on their relevance, impact, and feasibility in our community.

See Priority Workshop slides 30-35 for additional guidance if needed.

	RELEVANCE *How important is this issue?*	IMPACT *Can anyone make a difference?*	FEASIBILITY *Can we actually do it?*
	• Size and severity of problem • Equity and disparities • Community concern • Connection to other issues	• Availability of solutions: proven strategies known to work • Builds on or enhances current work • Significant consequences of *not* addressing issue now	• Availability of resources (staff, community partners, time, money, space, equipment) • Political will • Ethical, acceptable to community • Easy, short-term wins

Step 1: Consider the data for each of these KEY HEALTH ISSUES

Step 2: Select a rating for each SELECTION CRITERIA (1=low; 2=medium; 3=high; 4=highest)

Step 3: Add scores to get a COMBINED RATING

Consider the data for each of these KEY HEALTH ISSUES	RELEVANCE *How important is this issue?*		IMPACT *Can anyone make a difference?*		FEASIBILITY *Can we actually do it?*		COMBINED RATING
Cancer		+		+		=	
Dementia/cognitive decline		+		+		=	
Diabetes		+		+		=	
Heart disease and stroke		+		+		=	
Maternal health		+		+		=	
Mental health		+		+		=	
Obesity		+		+		=	
Oral health		+		+		=	
Respiratory disease		+		+		=	
Substance use		+		+		=	

Step 4:
Identify the health issues with the HIGHEST COMBINED RATINGS and write them below

#1	
#2	
#3	

CLICK HERE TO SUBMIT YOUR RESPONSES