



**2018
TRANSYLVANIA
COUNTY
COMMUNITY
HEALTH
ASSESSMENT**



ACKNOWLEDGEMENTS

This document was developed by Transylvania Public Health in partnership with Transylvania Regional Hospital, with support from WNC Healthy Impact and other key partners as part of a local community health (needs) assessment process.

The following agencies and individuals should be acknowledged for their contributions and support in conducting this health assessment:

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Our community health assessment process and products were supported collaboratively by **WNC Healthy Impact**, a partnership between hospitals and health departments to improve community health in western North Carolina. This innovative regional effort is coordinated, housed and financially supported by **WNC Health Network**, the alliance of western NC hospitals working together to improve health and healthcare. Learn more at www.WNCHN.org.



TABLE OF CONTENTS

EXECUTIVE SUMMARY

CHAPTER 1: COMMUNITY HEALTH ASSESSMENT PROCESS	1
Purpose	1
Data Collection	2
Community Input & Engagement	3
At-Risk & Vulnerable Populations	4
CHAPTER 2: TRANSYLVANIA COUNTY	6
Geography & History	6
Population	7
CHAPTER 3: A HEALTHY COMMUNITY	10
CHAPTER 4: SOCIAL & ECONOMIC FACTORS	11
Income & Poverty	11
Employment	12
Education	13
Community Safety	14
Housing	16
Family & Social Support	17
Adverse Childhood Experiences	17
CHAPTER 5: HEALTH DATA SUMMARY	18
Mortality	18
Health Status & Behaviors	19
Clinical Care & Access	24
At Risk Populations	25
CHAPTER 6: PHYSICAL ENVIRONMENT	28
Air & Water Quality	28
Access To Healthy Food & Places	29
CHAPTER 7: HEALTH RESOURCES	30
CHAPTER 8: IDENTIFICATION OF HEALTH PRIORITIES	32
Health Priority Identification	32
Priority Health Issue Identification	32
Priority Health Issue #1: Mental Health & Substance Use	32
Priority Health Issue #2: Healthy Lifestyle	32
CHAPTER 9: NEXT STEPS	35
WORKS CITED	36
PHOTOGRAPHY CREDITS	39
APPENDIX A: DATA COLLECTION METHODS & LIMITATIONS	
APPENDIX B: DATA PRIORITIZATION RESOURCES	
Health Priority Workshop Presentation Slides	
Top-Ranked Morbidity and Mortality Indicators based on Size and Severity, Clustered by Topic	
Key Informants: Top Community Concerns and Feasibility	
Resource Availability for High Concern Issues Worksheet	
Behavioral, Socioeconomic, Environment, Health Access, and Demographic Data That “Stand Out”	
Key Health Issues Prioritization Worksheet	
APPENDIX C: COUNTY MAPS	
APPENDIX D: COMMUNITY SURVEY	
WNC Healthy Impact Survey Instrument	
Community Health Survey Results	
APPENDIX E: KEY INFORMANT SURVEY	

2018 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

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.

Partnerships

Representatives from 32 community partners, including healthcare systems, businesses, education, emergency services, elected officials, law enforcement, government agencies, and other civic and non-profit organizations, as well as healthcare and behavioral health providers and the general public participated in efforts to gather data and determine priorities to create this community health assessment.

Partnerships	Number of Partners
Public Health Agency	1
Hospital/Healthcare Systems	2
Healthcare Providers	7
Behavioral Health Providers	3
EMS Providers	2
Pharmacist	1
Community Organizations	13
Businesses	1
Educational Institutions	2
Public School System	1
General Public	1
Other:	6
<ul style="list-style-type: none">• Brevard Police Department• Transylvania County Sheriff• Brevard City Council• Transylvania County Commissioners• Transylvania County Parks and Recreation• Transylvania County Department of Social Services	

Regional/Contracted Services

Transylvania County received support from **WNC Healthy Impact**, a partnership between hospitals, public health agencies, and key regional partners in western North Carolina that works locally and regionally to assess health needs, develop collaborative plans, take action, and evaluate progress and impact. This effort is coordinated and supported by **WNC Health Network**, which is the alliance of hospitals working together to improve health and healthcare in western North Carolina.

Theoretical Framework/Model

This process was guided by tools and support developed by WNC Health Network based on Results-Based Accountability™ (RBA). RBA is a disciplined, common-sense approach to thinking and acting with a focus on how people, agencies, and communities are better off.

Collaborative Process Summary

In January 2018, regional telephone surveys supported by WNC Healthy Impact began to collect health data from randomly-selected individuals in each county. In April and May 2018, 41 key informants within the community were identified and administered an online survey also supported by WNC Healthy Impact. Additional local data was collected based on specific community questions in the fall and winter of 2018.

In October 2018 and January 2019, Transylvania Public Health hosted two Priority-Setting Workshops attended by 34 community members who discussed and identified top health-related concerns based on size, severity, community concerns, feasibility, and related socioeconomic data.

Key Findings

Based on the number of residents affected and the severity of the conditions, the biggest health concerns in Transylvania County include overweight/obesity, high blood pressure, high blood cholesterol, mental health hospital visits, cardiovascular disease, stroke, digestive disease, asthma, COPD, cancer mortality, diabetes, pre-term births, alcohol-related car crashes, and falls among those ages 65 and older.

Key informants were most concerned about the need to address obesity/nutrition/physical activity, substance use, infant and child health, diabetes, general mental health, depression/anxiety/stress, heart disease/stroke, and injury/violence. In addition, they identified housing and early childhood education as socioeconomic factors that were critical to address.

Other Transylvania County data that may be of concern compared to the state or region or due to trends over time include employment, road maintenance, housing, access to care and health insurance, physical activity, nutrition, mental health, substance use, and radon. Violence and crime were much lower in Transylvania County compared to the state and region.

Health Priorities

Community members prioritized the following health issues as being most important to address:

Mental Health & Substance Use

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

Healthy Lifestyle

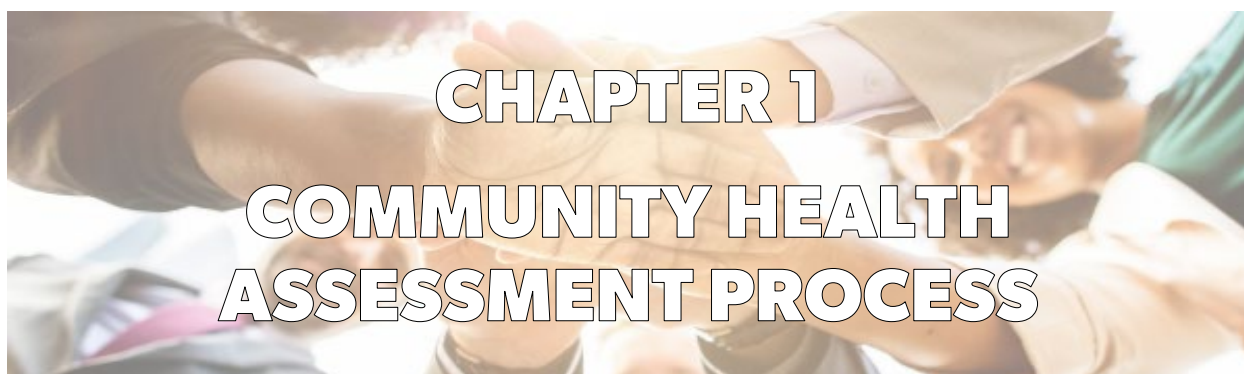
Transylvania County's top two causes of death and many of our morbidity statistics of concern including obesity, type 2 diabetes, high blood pressure, heart disease, certain cancers, and stroke are directly affected by nutrition and physical activity. Residents report having trouble accessing healthy food and getting the recommended amount of physical activity.

Other Notes

Community members also identified overarching themes around the ways that health in Transylvania County is affected by financial stability, including links to housing, education, employment, food security, and access to care. There is an important role that elected officials, policy-makers, businesses, funders, and other community organizations can play in addressing this issue to improve health.

Next Steps

Next steps include continued collaboration with interested stakeholders to develop a Community Health Improvement Plan that will address the identified priorities and improve health for Transylvania County residents. 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 and website (transylvaniahealth.org), on the WNC Health Network website (wnchn.org), and in the reference section of Transylvania County Library.



PURPOSE

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

Definition of Community

Community is defined as "county" for the purposes of the N.C. Community Health Assessment process. Transylvania County is included in Transylvania Regional Hospital's community for the purposes of community health improvement, and as such, they were a key partner in this 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.



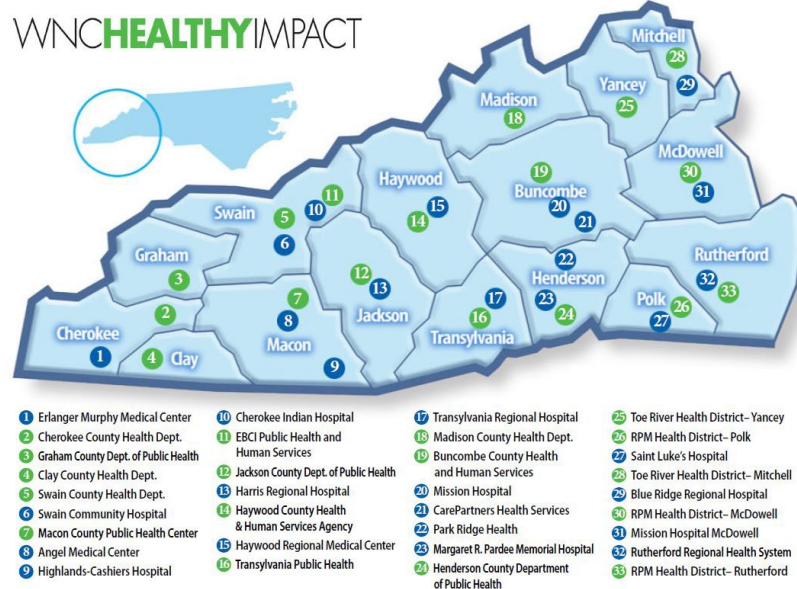
WNC Healthy Impact

WNC Healthy Impact is a partnership and coordinated process between hospitals, public health agencies, and key regional partners in western North Carolina, working towards a vision of improved community health. This group works together locally and regionally to assess health needs, develop collaborative plans, take action, and evaluate progress and impact.

This regional initiative is designed to support and enhance local efforts by:

- Standardizing and conducting data collection,
- Creating communication and report templates and tools,
- Encouraging collaboration,
- Providing training and technical assistance,
- Addressing regional priorities, and
- Sharing evidence-based and promising practices.

This innovative regional effort is supported by financial and in-kind contributions from hospitals, public health agencies, and partners, and is coordinated by **WNC Health Network**. WNC Health Network, Inc. is an alliance of hospitals working together, and with partners, to improve health and healthcare. Learn more at www.WNCHN.org.



DATA COLLECTION

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

Core Dataset Collection

The data reviewed as part of our community's health assessment came from the WNC Healthy Impact regional core set of data and additional local data compiled and reviewed by our local CHA team. WNC Healthy Impact's core regional dataset includes secondary (existing) and primary (newly-collected) data compiled to reflect a comprehensive look at health.

The following data set elements and collection are supported by WNC Healthy Impact data consulting team, a survey vendor, and partner data needs and input:

- Publicly-available secondary data with our county compared to the 16-county WNC region (and the state and nation, where available);
- A set of maps accessed from Community Commons and the NC Center for Health Statistics;
- Primary data from the WNC Healthy Impact Community Health Survey (cell phone, landline and internet-based survey) of a random sample of 200 adults in the county;
- Primary data from an online key informant survey of 41 individuals representing a broad cross-section of healthcare providers, government agencies, elected officials, and other community organizations; and

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 for substance use from NC DETECT, calls and transports related to substance use and Narcan administration from Transylvania County EMS, and substance use and attitudes among adults and youth from school and community surveys administered by the C.A.R.E. Coalition of Transylvania County. In addition, we reviewed reports from local task forces on senior adults and young children.

Health Resources Inventory

The CHA team conducted an inventory of available resources of our community by reviewing a subset of existing resources currently listed in the 2-1-1 database for our county, as well as working with partners to include additional information. Where gaps were identified, we partnered with 2-1-1 to fill in or update this information when applicable. 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:

- Partnership with Transylvania Regional Hospital in conducting the health assessment process
- Primary data collection efforts including feedback from 230 community members who participated in the community survey and online key informant survey
- Working with members of community coalitions such as C.A.R.E. (working to prevent substance use and underage drinking) and TRAIN (a roundtable of non-profit, government, and other community agencies) to better understand the story behind the numbers
- Participation by 34 community members in identifying and prioritizing health issues

Community engagement is an ongoing focus as we move forward to the collaborative planning phase of the community health improvement process. Partners and stakeholders with ongoing 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 populations, minority populations, and others experiencing health disparities.

Definitions

Although there are no universally accepted definitions of these groups, here are some basic definitions from the [Health Department Accreditation Self-Assessment Instrument](#):

Underserved Populations

Underserved populations are those who do not access health care because of a lack of services or providers available or because of limitations of income, literacy, or understanding on how to access services. *In our region, underserved populations also include those with limitations on transportation.*

At-Risk Populations

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 or having an indicator or precursor (such as high blood pressure) that could lead to a specified health condition. *At-risk populations also include those who have a high ACE score, which is correlated with increased risk of specified health conditions.*

Vulnerable Populations

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

Identified Populations

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

Underserved Populations

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

At-Risk Populations

- People who are overweight/obese
- People who use tobacco, take prescription drugs, or drink excess alcohol
- People who do not eat the recommended daily allowance of fruits and vegetables
- People who are not physically active
- People who have limitations on physical activity
- People who have diabetes or pre-diabetes
- People who have high blood cholesterol

- People who have high blood pressure
- Pregnant women who smoke, drink alcohol, or use opiates or other drugs
- Men (for lung cancer, prostate cancer, liver disease)
- Women (for stroke, breast cancer, domestic violence, sexual assault)

Vulnerable Populations

- Older adults
- Young children
- 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 do not speak English
- People living with chronic stress
- People who have high ACE (adverse childhood experience) scores

CHAPTER 2

TRANSYLVANIA COUNTY

GEOGRAPHY & 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. It is adjacent to Buncombe, Henderson, Jackson, and Haywood counties, as well as South Carolina. The county has a total area of 381 square miles with elevations reaching from 1,265 to 6,045 feet above sea level.

Transylvania County is known for its natural beauty. Framed by the Appalachian Mountains, it is called the “Land of Waterfalls” because of its 250 natural waterfalls (and because it receives over 90 inches of rain annually — more than any other county in the state), include Sliding Rock, Looking Glass Falls, and 411-foot-tall Whitewater Falls, recognized as the highest water cascade east of the Rocky Mountains. Over half of the county’s geographical area (100,000 acres) is protected forestland in Pisgah National Forest, Gorges State Park, and Dupont State Forest.

The county is home to two municipalities: the City of Brevard (the county seat, population 7,600) and the Town of Rosman (population 576). It has eight townships with zip codes: Balsam Grove, Brevard, Cedar Mountain, Lake Toxaway, Penrose, Pisgah Forest, Rosman, and Sapphire. Other communities include Cathey’s Creek, Conneestee Falls, Dunn’s Rock, East Fork, Estatoe, Gloucester, Little River, Quebec, Silversteen, Whitewater, and Williamson Creek.

The area that is now Transylvania County was first inhabited by Cherokee Indians. In the late 1700s, Scotch-Irish created a permanent settlement on the outer edges of the French Broad River area. In 1803, the area became Walton County, Georgia, which led to a border skirmish known as the “Walton War” that was resolved in 1807. Transylvania County was formed from Henderson and Jackson Counties in 1861. By 1880, the county had a total population of 5,339, of whom 4,822 were white.

The arrival of the railroad in 1895 brought greater accessibility and Transylvania County became a popular destination among tourists and nature enthusiasts, attracting the nation’s elite. Today, outdoor activities like walking, hiking, camping, rock climbing, canoeing, tubing, fishing, and hunting are popular with residents and with the many tourists who visit year-round. Brevard is becoming more and more popular as a destination for mountain biking and road biking.



Summer camps began to spring up in the county in the first half of the 20th century, including Brevard Music Center in 1936, which continues to attract performers and gifted students from around the world. Tourism and summer camps continue to play an important role in the community, with Transylvania County being home to the state's second-highest concentration of summer camps.

Manufacturing first came to county in the late 1800s, based on timber and other products harvested from Pisgah Forest. One of the first industries in the county was Joseph Silverstein's Toxaway Tanning Company, located in what is now known as Rosman. Dr. Carl Schenck founded the nation's first forestry school in Transylvania County in 1898, as part of his job as manager of George Vanderbilt's Biltmore Forest. The Cradle of Forestry was established in 1968 to commemorate America's first attempt at forest conservation. In 1939, Harry Strauss was drawn by clean mountain water and a trainable workforce to open the nation's first cigarette paper mill in Pisgah Forest, providing manufacturing jobs with good pay to hundreds of local residents and creating sense of a community for its employees. DuPont located a facility producing medical x-ray film in the county in 1959 and American Thread opened a plant in 1965, providing additional sources of employment. All three facilities closed within a year of each other in 2002-2003, resulting in the loss of 700 jobs (10% of the county's employment). The American Thread facility was purchased by a plastics packaging manufacturer that employs around 100 workers; the DuPont property is now a state park, and the Ecusta property was purchased for development as a retail park but is currently sitting idle as a superfund site. Current industries in the county include MB Industries, New Excelsior, Gaia Herbs, Oskar Blues, and SylvanSport. The hospital, county government, and the school system are now the county's largest employers.

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

Transylvania County is also known for its cultural influences. Nine art galleries are located in downtown Brevard and a dozen more art studios are located throughout the county. Brevard Music Center presents more than 80 public concerts attended by 30,000 people every year. Other musical and performing arts influences include the Brevard Philharmonic, Brevard Little Theatre, Brevard College's Paul Porter Center for Performing Arts, Transylvania Choral Society, 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 33,062 residents in 2016. About 52% are females, which is similar to regional and state percentages. However, Transylvania County's median age is 50.4, which is older than the regional average of 45.9 and several years older than the state average of 38.3 (US Census Bureau 2016).

Transylvania County has a higher proportion of whites (90.4%) than the region (89.9%) or state (69.2%) and lower proportions of all racial and ethnic minority groups. (US Census Bureau 2016) Because the small number of minority residents in Transylvania County, racial and ethnic disparities are very difficult to accurately measure; we often cannot calculate rates for these populations because the results are statistically unstable.

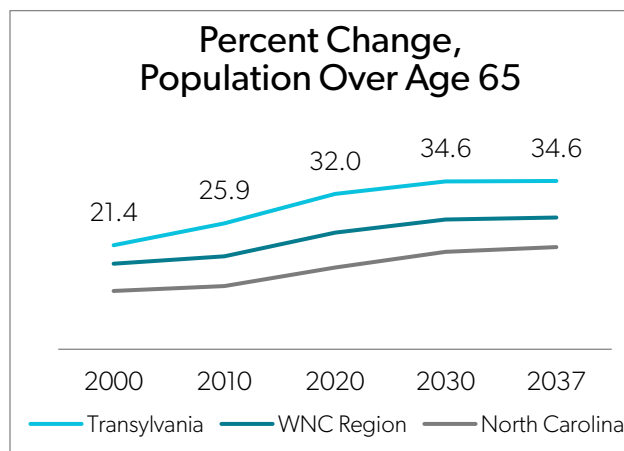
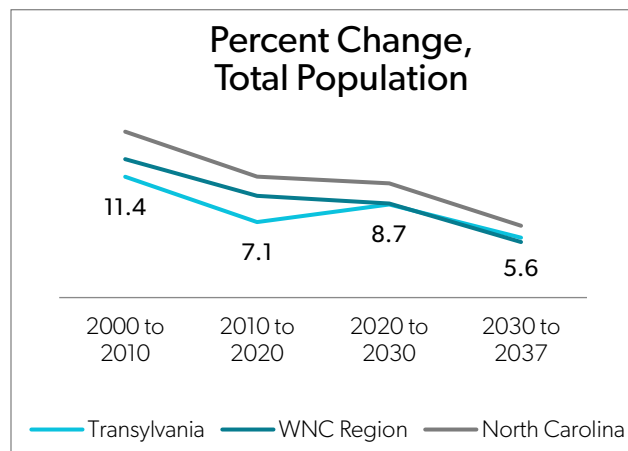
2016 ACS Estimates																	
	Total Population (2016)	White		Black or African American		American Indian, Alaskan Native		Asian		Native Hawaiian, Other Pacific Islander		Some Other Race		Two or More Races		Hispanic or Latino (of any race)	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Transylvania	33,062	29,879	90.4	1,273	3.9	117	0.4	227	0.7	17	0.1	1,009	3.1	540	1.6	1,024	3.1
WNC Region	775,745	697,662	89.9	33,872	4.4	10,920	1.4	6,563	0.8	438	0.1	11,976	1.5	14,314	1.8	44,780	5.8
Statewide	9,940,828	6,882,915	69.2	2,137,131	21.5	117,479	1.2	254,550	2.6	6,588	0.1	298,795	3.0	243,370	2.4	884,736	8.9

Population Change

The projected population in Transylvania County is estimated to be 35,434 by 2020 and 38,434 by 2030. The rate of population growth by decade was expected to slow significantly through 2020 but surpass the region population growth rate by 2030, while remaining below the state population growth rate. (US Census Bureau, 2016)

Similarly, the population under age 18 was expected to shrink from 5,837 in 2010 to 5,766 in 2020 but then grow to 6,181 by 2030. (US Census Bureau, 2016)

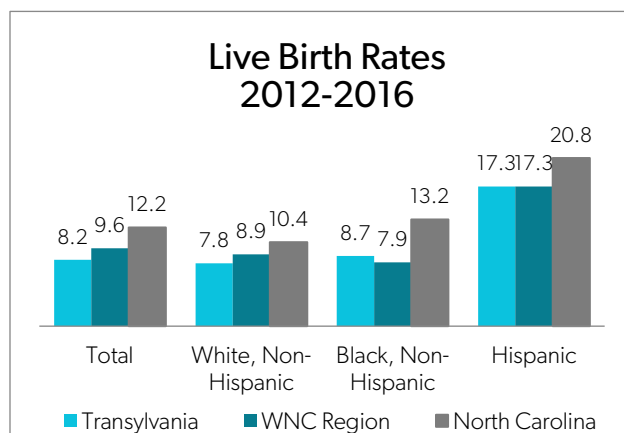
The population over age 65 was expected to grow from 8,575 in 2010 to 11,337 in 2020 to 13,317 in 2030. (US Census Bureau, 2016)



Birth Rate

The total birth rate for 2012-2016 was 8.2 live births per 1,000 Transylvania County residents; this has not changed over time and is slightly lower than the regional mean of 9.6 and much lower than the state rate of 12.2. (NC SCHS, 2018)

Although the birth rate among Hispanic women is much higher than for any other group, it is still lower in Transylvania County and the region compared to the state. (NC SCHS, 2018)



Geographic Mobility

Among the total population of Transylvania County age 1 year or older, an estimated 7.4 had moved within the county, compared to 5.5 for the region and 8.2 for the state. In addition, 3.0 residents had moved from within the state, 2.8 had moved from another state, and 0.2 had moved from outside the United States during 2012-2016. (US Census Bureau, 2016)

An estimated 1,516 people born outside the United States lived in Transylvania County in 2011-2015; 388 were naturalized U.S. citizens and 825 were not U.S. citizens at the time of the survey. Of these, 141 had entered the United States after 2010, 576 entered between 2000 and 2009, 264 entered between 1990 and 1999, and 535 entered before 1990. (US Census Bureau 2016)

Military Veterans

There were an estimated 3,556 military veterans living in Transylvania County in 2012-2016. More than 2/3 of these veterans were older than age 65 (34% were 65-74 years of age, and 35% were 75 years or older); only 3% were ages 18-34. (US Census Bureau, 2016)

Family Composition

Transylvania County had an estimated 13,841 households for 2012-2016; 9,357 of these were family households, 3,888 were individuals living alone, and 1,950 were age 65 and older. Of the family households with children under 18 years of age, 1,616 were headed by a married couple, 131 were headed by a single male, and 772 were headed by a female. (US Census Bureau, 2016)

For the years 2012-2016, Transylvania County there were 571 grandparents living with their own grandchildren under age 18; the grandparents were responsible for their grandchildren under age 18 in almost 45% of those households, and the child's parents were not present in about 36% of those households. Households in which grandparents are living with their grandchildren are more likely to be Black (12% compared to 4% of the population) and Hispanic or Latino (25% compared to 3% of the population). Over 34% of the grandparents who were responsible for their grandchildren were below the poverty level, almost 15% had a disability, and nearly 12% did not speak English well. (US Census Bureau, 2016)

Urban-Rural Population

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; rural is defined as all territory, population, and housing units located outside these urban areas. In 2010 in Transylvania County, 235 people lived in urbanized areas and 13,121 people lived in urban clusters; 19,734 people lived in rural areas. (US Census Bureau, 2016)

Linguistic Limitations

Almost 4% of Transylvania County households were estimated to have limited English language skills in 2012-2016, including 60 of 248 households that spoke Spanish, 33 of 206 households that spoke other European languages, and 11 of 52 households that spoke Asian and Pacific Island languages. (US Census Bureau, 2016)

Voting Trend

In 2017, there were 25,214 registered voters living in Transylvania County; there were slightly higher proportions of white voters (92.3% compared to 90.4% for the population) and lower proportions of Hispanic voters (0.7% compared to 3.1% of the population). (North Carolina Office of State Budget and Management, 2017)



ELEMENTS OF A HEALTHY COMMUNITY

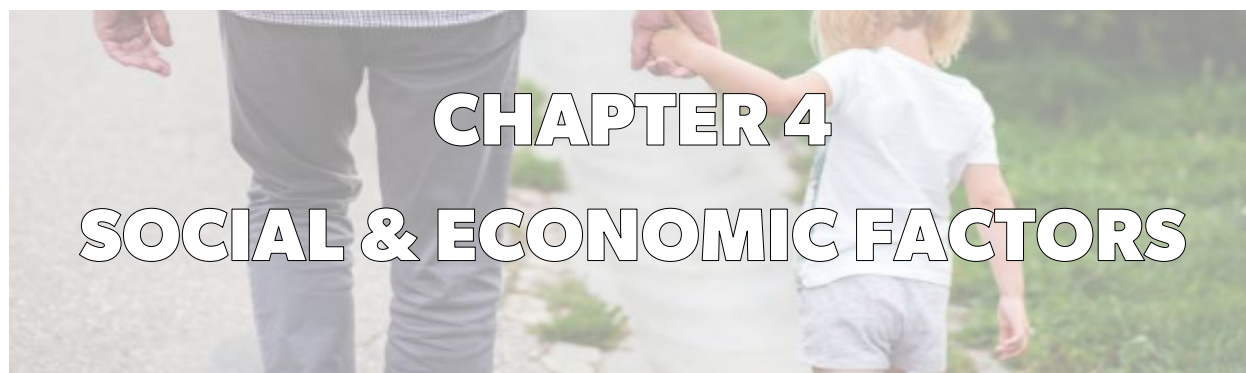
In the online survey, key informants were asked to list characteristics of a healthy community. They were also asked to select the health issues or behaviors that they feel are the most critical to address collaboratively in their own community over the next three years or more. Follow-up questions asked them to describe which contributors to progress and impediments of progress exist for these issues, as well as the likelihood that collaborative effort could make a positive change for these issues.

When key informants were asked to describe what elements they felt contributed to a healthy community in our county, they reported:

- Employment, economics, and poverty
- Awareness of issues and ongoing outreach programs
- Access to good quality, affordable health care, mental health care, and other services
- Healthy citizens with healthy lifestyles, including healthy foods, physical activity, low obesity, and low alcohol and drug use
- Education and access to good schools
- A positive atmosphere with shared values, caring, support, and social connection
- Clean and healthy environment
- Collaboration among government agencies, law enforcement, and community organizations
- Equity and social justice
- Safety and low crime rates
- Affordable housing and low rates of homelessness
- Good leadership and a positive political situation
- Infrastructure to handle growth (WNC Health Network 2018)

During our collaborative planning efforts and next steps, we will further explore these concepts and the results our community has in mind.





As described by [Healthy People 2020](#), economic stability, education, health and healthcare, neighborhood and built environment, and social community and context are five important domains of social determinants of health. 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 2016 County Health Rankings ranked Transylvania County 15th among the 100 North Carolina counties for social and economic factors. (County Health Rankings & Roadmaps, 2016) Among Transylvania County residents, only 2% said that the county was a “fair” or “poor” place to live. (WNC Health Network, 2018)

INCOME & POVERTY

“Income provides economic resources that shape choices about housing, education, child care, food, medical care, and more. Wealth, the accumulation of savings and assets, helps cushion and protect us in times of economic distress. As income and wealth increase or decrease, so does health” (County Health Rankings, 2018).

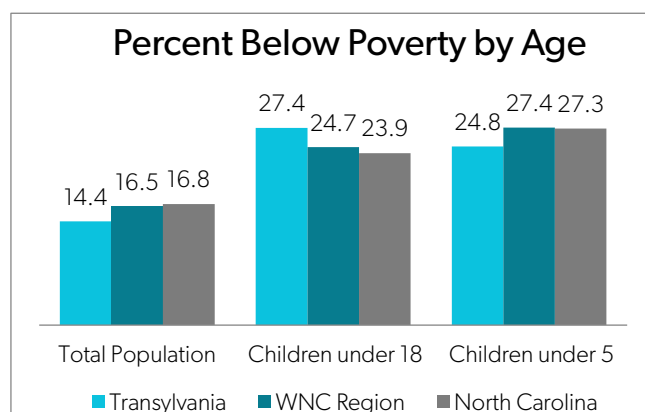
Income

The median household income in Transylvania County for 2012-2016 was \$43,918, higher than the regional mean of \$40,004, but lower than the state median of \$48,256. Among family households, the median income was \$52,765 in Transylvania County, also higher than the region but lower than the state. The per capita income for the county was \$25,394. (US Census Bureau, 2016)

Poverty

About 14% of Transylvania County residents had incomes below the poverty level in 2012-2016. However, 27% of children under age 18 and 25% of children under age 5 were living in poverty. Also, 34% of black residents and 55% of Hispanic residents were below the poverty level, compared to 12% of white residents and 10% of Asian residents. (US Census Bureau, 2016)

Over 36% of county residents had incomes below 200% of the poverty level. (US Census Bureau, 2016)



Food Assistance

In January 2018, 4,965 people in Transylvania County received Food and Nutrition Services (often referred to as food stamps), including 1,960 children under age 18 and 374 adults ages 65 and older. Despite higher rates of poverty compared to white residents, only about 10% (439 recipients) were black and 7% (334 recipients) were Hispanic. (UNC-Chapel Hill Jordan Institute for Families, 2018)

For the school year 2016-2017, 57% of students in Transylvania County Schools (1,915 of 3,374 total students) qualified to receive free and reduced lunch. (Public Schools of North Carolina, 2016)

EMPLOYMENT

“Employment provides income and, often, benefits that can support healthy lifestyle choices. Unemployment and under employment limit these choices, and negatively affect both quality of life and health overall. The economic condition of a community and an individual’s level of educational attainment play important roles in shaping employment opportunities” (County Health Rankings, 2018).

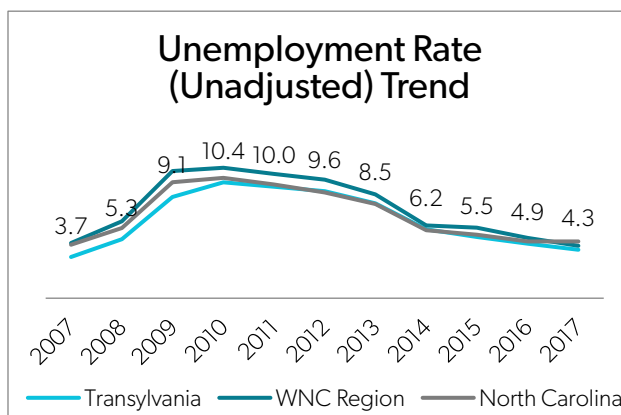
Economic Development

Transylvania County is designated as a Tier Two County* for economic development. (North Carolina Department of Commerce, 2017) For fiscal year 2016-2017, the county had \$15,727,098 in gross collections and \$329,455,560 in taxable sales, which have both increased around 40% over the past 5 years. (North Carolina Department of Revenue, 2016)

*North Carolina’s development 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) based on a) average unemployment rate for the most recent 12 months for which data are available, b) median household income for the most recent 12 months for which data are available, c) percentage growth in population for the most recent 36 months for which data are available, and d) adjusted property tax base per capita for the most recent taxable year. (North Carolina Department of Commerce, 2017)

Unemployment

Transylvania County’s unemployment rate has followed similar trends as the state and region since 2007. In 2017, the county unemployment rate of 4.3 was lower than the regional (4.7), state (5.1), and national (4.9) rates. (NC Department of Commerce, 2017) However, unemployment data does not include those who are not actively seeking employment.



Wages

The 8,830 people employed in Transylvania County in 2017 earned an average weekly wage of \$692, which was lower than the regional average of \$726 and less than two-thirds of the state average of \$1,076. (NC Employment Security Commission, 2017)

Nearly 17% of Transylvania County workers were employed in health care and social assistance, which has an average wage of \$702 per week, which is nearly \$30 higher than the regional average but almost \$250 lower than the state average for this sector. About 15% of county workers were employed in retail trade, with average wages of \$457 per week, which was around \$15 higher than the region, but more than \$75 lower than the state average. Around 13% were employed in accommodation and food services, with average wages around \$450 per week, which was higher than both the state and regional averages. Another 12% were employed in educational services, with an average wage of \$677 per week, which is about \$25 lower than the region and \$190 lower than the state average. (NC Employment Security Commission, 2017)

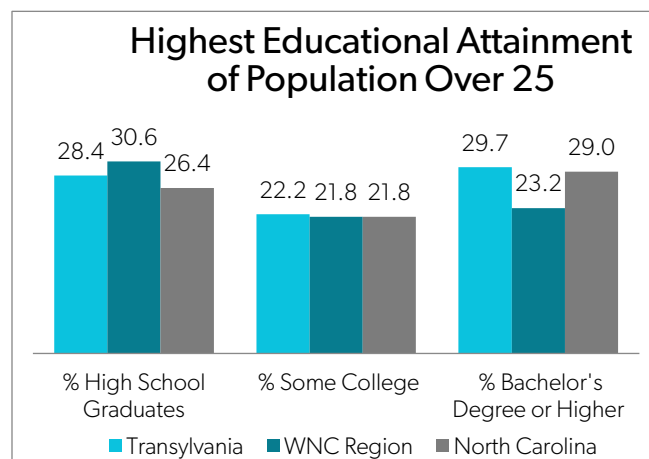
EDUCATION

“Better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. This is true even when factors like income are taken into account” (County Health Rankings, 2018).

Educational Attainment

Nearly 30% of Transylvania County residents had earned a bachelor’s degree or higher in 2012-2016, which is higher than the regional average and similar to the state. Like the region and state, the proportion of county residents earning a bachelor’s degree or higher has increased slightly over time, from 27% in 2006-2010. (US Census Bureau, 2016)

The proportion of Transylvania County residents who completed high school or its equivalency was slightly lower than the region, but higher than the state. The proportion of county residents who completed some college but had not earned a degree was similar to the state and region. (US Census Bureau, 2016)



Educational Facilities

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

Transylvania County Schools enrolled 3,595 students for the 2016-2017 school year; this number has been slowly decreasing over the past 5 years. In addition, Brevard Academy, a charter school serving grades K-8, enrolled 323 students in 2016-2017. (NC Department of Public Instruction, 2017)

High School Graduation & Drop-Out Rates

About 86% of Transylvania County 9th graders in 2013-2014 graduated from high school within four years. This rate is very similar to the state percentage, but somewhat lower than the regional average. Like the state and regional rates, female students were more likely to graduate within four years (89%) than male students (84%). Less than 80% of economically disadvantaged students graduated within four years. Although the total numbers (14 students) are small, Black students were more likely to graduate than any other racial group: 93% of Black students graduated within four years, compared to 87% of white students, 73% of Hispanic students, and 75% of students who were two or more races. This trend is not seen in the state or regional data, in which graduation rates for these races fall in the range of 80-90%. (NC Department of Public Instruction, 2017)

A total of 8 students dropped out of high school in the 2016-2017 school year, resulting in a dropout rate of 0.70, lower than the regional average of 2.13 and the state average of 2.31. (NC Department of Public Instruction, 2017)

Educational Achievement

According to the end-of-grade test results, 66% of Transylvania County students were proficient in grade level skills for the 2016-2017 school year. Among 3rd graders, 66% were proficient in reading

and 72% were proficient in math; among 8th graders, 53% were proficient in reading and 39% were proficient in math. The percentages of Black (39%) and Hispanic (47%) students who earned proficient scores were much lower than White (69%) and Asian (88%) students; similar trends are seen in the region and state, but to a lesser extent. (NC Department of Public Instruction, 2017)

Early Childhood Education

In 2015, 38% of rising kindergarteners in Transylvania County Schools had not attended any child care or preschool program. At the beginning of the 2015-2016 school year, 78% of students entering kindergarten tested below or far below readiness for entering school. This rate improved 12% for the 2016-2017 school year. (Transylvania County Early Childhood Initiative, 2016)

A total of 274 children were enrolled in licensed child care centers or preschools; 255 children were enrolled in non-regulated centers in 2015. (Transylvania County Preschool Task Force, 2015)

As of April 2018, Transylvania County had 10 licensed child care centers and 1 family child care home; 8 of these facilities had earned 5-star* ratings. (NC DHHS Division of Child Development and Early Education, 2018) In August 2018, NC Pre-K was offered at six locations in Transylvania County to 4-year-olds whose family income is at or below 75% of the state median income.

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

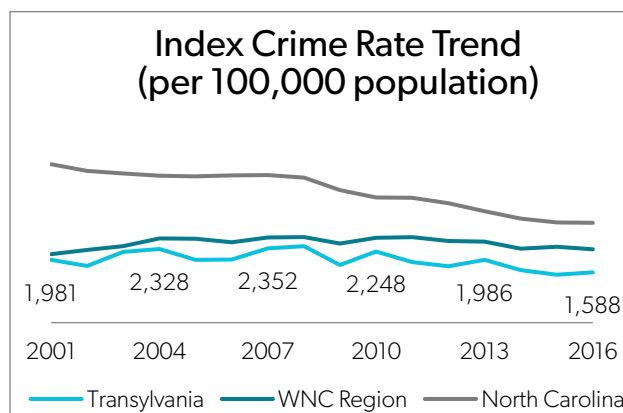
COMMUNITY SAFETY

"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, 2018).

Index Crime

The index crime rate* in Transylvania County was 1,588 per 100,000 residents in 2016, which is much lower than the rates for the region (2,318) and state (3,164). The county rate has remained fairly steady over time but is currently at its lowest in the last 15 years.

There were 536 crimes reported in Transylvania County in 2016, for a rate of 113 violent crimes and 1,476 property crimes per 100,000 residents. The crimes included 9 rapes, 10 robberies, 19 aggravated assaults, 167 burglaries, 311 larcenies, and 20 motor vehicle thefts. (NC Department of Justice, 2016)



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

Domestic Violence and Sexual Assault

A total of 1,281 services were provided to 166 Transylvania County residents for domestic violence in the 2016-2017 fiscal year. In addition, 31 people in Transylvania County experienced sexual assault, including 7 rapes, 6 marital rapes, 5 cases of incest, 12 adult survivors of child sexual assault, and 1 other assault during fiscal year 2016-2017. Only 2 assaults were committed by a stranger; 22 were

committed by a relative, 4 by an acquaintance, and 3 by a boyfriend or girlfriend. (NC Department of Administration, Council for Women, 2017)

Child Abuse and Neglect

Reports of abuse and neglect were investigated for 202 Transylvania County children in fiscal year 2016-2017. Of those, 22 (11%) were found to be unsubstantiated and 8 (4%) were found to be substantiated, including 3 cases of abuse, 4 cases of neglect, and 1 case of dependency. (UNC-Chapel Hill Jordan Institute for Families, 2017)

Of the 15 Transylvania County children who entered Child Welfare custody in fiscal year 2016-2017, 7% of children were placed in their own homes (compared to 3% statewide), 60% were placed with relatives (compared to 33% of children statewide) and 13% were placed in a group home (compared to 6% statewide). All children were in custody or placements for 180 days and 56% were still in custody or placements after 540 days; 47% experienced 2 placements during that time. (UNC-Chapel Hill Jordan Institute for Families, 2017)

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

School Safety

Students in Transylvania County schools were given 181 short-term suspensions (up to 10 days) and 8 long-term suspensions (11 or more days) in the 2016-2017 school year; no students were expelled. High school students accounted for about one-third of the short-term suspensions, with a rate of 6.09 suspensions per 100 students. (NC Department of Public Instruction, 2017)

During the 2016-2017 school year, there were 14 reportable acts* among Transylvania County high school students, for a rate of 12.54 acts per 1,000 students. This rate has fluctuated widely in the past 8 years, with a low of 10.43 in 2015-2016 to a high of 33.04 in 2014-2015. (NC Department of Public Instruction, 2017)

Among all grade levels, there were 17 reportable acts in Transylvania County School for 2016-2017, for a rate of 5.04 per 1,000 students, which is lower than both regional and state rates. These acts included 7 possessions of a weapon, 5 possessions of controlled substance, 4 possessions of an alcoholic beverage, and 1 bomb threat. (NC Department of Public Instruction, 2017)

** 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, 2017)*

Juvenile Justice

Authorities received 55 total complaints related to juvenile justice in Transylvania County for 2017, including 23 reports of undisciplined* minors and 32 reports of delinquent* minors. The county rate for undisciplined minors (5.79 per 1,000 youth ages 6 to 17) is higher than the regional rate of 5.20 and more than 3.5 times the state rate of 1.53. However, the county rate for delinquent minors has recently decreased and is lower than the region (15.73) and almost half that of the state (19.58). In

2017, 2 youth were placed in detention centers and 95 were served in community programs supported by Juvenile Crime Prevention Councils. (NC Department of Public Safety, 2017)

*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.

HOUSING

"The housing options and transit systems that shape our communities' built environments affect where we live and how we get from place to place. The choices we make about housing and transportation, and the opportunities underlying these choices, also affect our health" (County Health Rankings, 2018).

Housing Costs

The median monthly housing costs for a homeowner with a mortgage in Transylvania County was estimated at \$1,156 for 2012-2016. This cost is about \$100 higher than the region but almost \$90 lower than the state. Housing costs for the 10, 526 owned housing units in Transylvania County have increased over time, even as the costs in the region and the state have remained steady or decreased. Almost 14% of Transylvania County homeowners spent more than the recommended 30% of household income on housing costs, which has recently decreased and is somewhat lower than the region (16%) and state (18%); 7% of homeowners spent more than 50% of their household income on housing. (US Census Bureau 2016)

For 2012-2016, the estimated median gross rent in Transylvania County was \$670 per month, which is lower than the regional average of \$665 and the state average of \$816. The median rent has steadily increased since a low of \$647 in 2010-2014 but remains lower than the peak of \$682 in 2008-2012. Of the 3,315 rental units in the county, an estimated 46% of tenants spent more than the recommended 30% of household income on housing rent, which is higher than the region (43%) and similar to the state; 20% of tenants spent more than 50% of their household income on rent. (US Census Bureau 2016)

Housing Adequacy

Of the 13,841 housing units in Transylvania County in 2012-2016, an estimated 2,434 were mobile homes and 17 were some "other" type of housing (including boats, RVs, vehicles, etc.). More than 44% of the 349 housing units in Gloucester township and around 25% of the units in Boyd, Catheys Creek, and Eastatoe were mobile homes. (US Census Bureau 2016)

About 16% of housing units throughout the county and 28% of the housing units in Brevard township were built in 1959 or earlier. An estimated 57 housing units lacked complete plumbing facilities, 60 had no heating source, 98 lacked complete kitchen facilities, and 171 had no telephone service available; 49% of units in Gloucester township were using fuel oil, kerosene, or other fuels for heat. (US Census Bureau 2016)

Homelessness

Based on the 2017 Point-In-Time Count, Transylvania County had 80 homeless people; 62 were adults and 10 were children. There were 14 people 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. Three homeless people were identified as military veterans. (North Carolina Coalition to End Homelessness 2018)

Vacant Housing Units

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)

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, 2018).

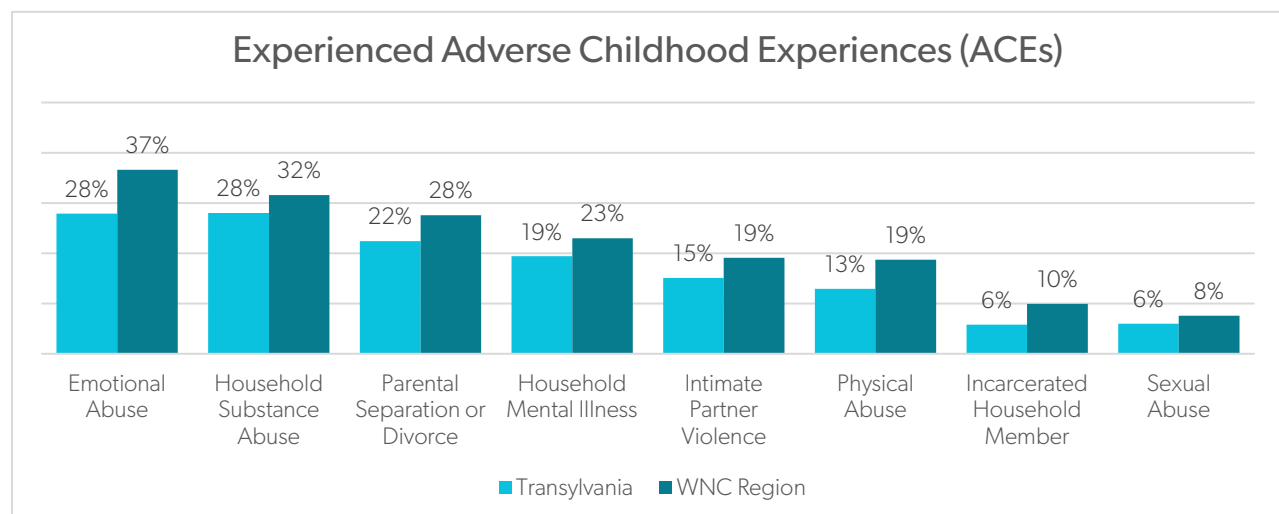
About 79% of Transylvania County residents said they “always” or “usually” get the social and emotional support they need, which may be slightly lower than in 2012 and 2015 but remains higher than the regional average of 75%. (WNC Health Network, 2018)

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.” (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 in Transylvania County were household substance abuse (28%), emotional abuse (28%) and parental separation or divorce (23%). (WNC Health Network, 2018)

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





CHAPTER 5

HEALTH DATA SUMMARY

MORTALITY

People in Transylvania County have lower age-adjusted mortality rates than the population statewide for 9 of the 12 leading causes of death. The only causes of death for which mortality rates are higher in the county than in North Carolina are unintentional non-motor vehicle injuries (e.g. falls, poisonings, animal bites), suicide, and liver disease, which are shaded orange in the table below (NC SCHS, 2018).

Compared to rates for 2009-2016, there was a decline in the mortality rate for heart disease (which fell from the #1 cause of death to #2), a decrease in the mortality rate for all other unintentional injuries (which may point to progress due to efforts around opiate overdose), and a small decrease in the mortality rate for unintentional motor vehicle injuries.

However, mortality rates for suicide and liver disease are higher than state rates and increasing. Although they remain lower than the state mortality rates, there were also increases in the rates for cancer, cerebrovascular disease (stroke), diabetes, pneumonia and influenza, and kidney diseases.

Age-Adjusted Mortality Rates (2012-2016)	Transylvania # of Deaths	Transylvania Mortality Rate	Difference from State Rate	Rate Change from 2009-2015
Cancer	443	140.4	-26.1	+3.2
Diseases of Heart	419	122.8	-38.5	-24.9
All Other Unintentional Injuries	91	45.1	+13.2	-3.9
Chronic Lower Respiratory Diseases	127	36.7	-8.9	-0.6
Cerebrovascular Disease	109	32.8	-10.3	+1.8
Suicide	39	23.9	+11.0	+4.7
Alzheimer's disease	83	22.3	-9.6	-0.3
Diabetes Mellitus	45	14.7	-8.3	+3.3
Pneumonia and Influenza	48	14.0	-3.8	+3.0
Chronic Liver Disease and Cirrhosis	34	13.6	+3.3	+2.4
Nephritis, Nephrotic Syndrome, and Nephrosis	45	13.5	-2.9	+1.4
Unintentional Motor Vehicle Injuries	18	9.7	-4.4	-1.5

Source: NC State Center for Health Statistics

Green numbers indicate that current Transylvania County rates are "better" than the state rate or the rate in 2009-2015, while red numbers indicate that Transylvania County is "worse."

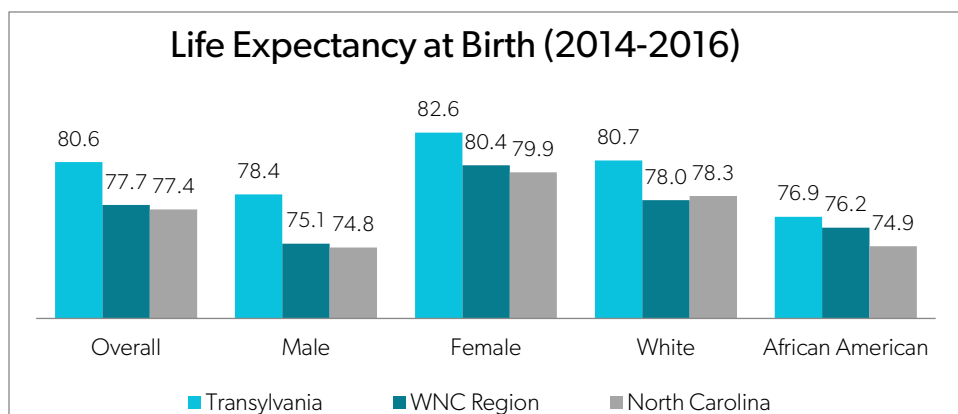
HEALTH STATUS & BEHAVIORS

Overall Health Status

The 2016 County Health Rankings ranked Transylvania County 16th overall among the 100 North Carolina counties. For health outcomes, Transylvania County was ranked 12th for quality of life, 17th for length of life, and 2nd for health behaviors. (County Health Rankings & Roadmaps, 2016)

Among Transylvania County residents, 13% reported being in “fair” or “poor” physical health and 6% reported being “dissatisfied” or “very dissatisfied” with life. (WNC Health Network, 2018)

For people born in 2014-2016, the life expectancy at birth for people in Transylvania County is 80.6 years, which is higher than any other county in western North Carolina and 3 years higher than the regional and state life expectancy (NC SCHS, 2018).

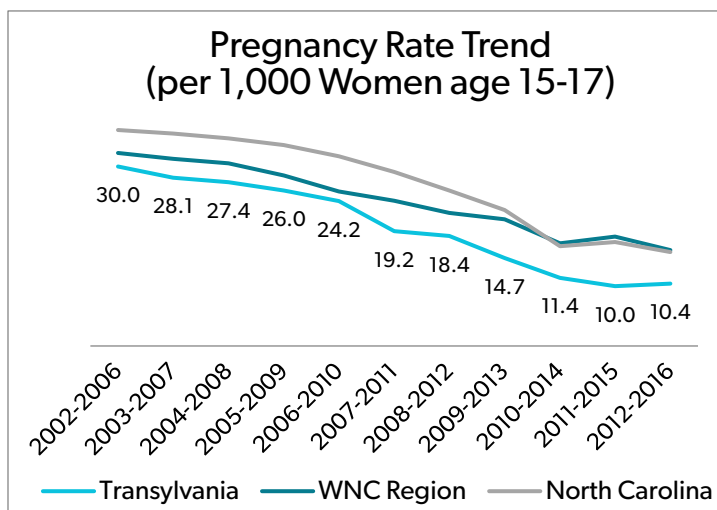


Pregnancy & Births

There were 252 babies born to Transylvania County residents in 2017 (NC SCHC, 2018).

The county's total pregnancy rate is one of the lowest in the region at 57 pregnancies per 1,000 women ages 15-44 in 2016. The teen pregnancy rate among ages 15-17 in the county was 10.4 for 2012-2016, which is much lower than the regional mean and the state rate and has been steadily falling over time. (NC SCHC, 2018).

There were 7 infant deaths in Transylvania County in 2012-2016; this number is too small to calculate a stable rate (NC SCHC, 2018). However, the infant mortality rate in North Carolina is the 11th highest in the nation. While the national rate in 2017 was 5.8, the infant mortality rate in North Carolina was 7.1 deaths per 1,000 live births (CDC/ National Center for Health Statistics, 2017).



About 9% of babies born in 2012-2016 had a low birth weight, and 1.5% had a very low birth weight, both of which are strong indicator of infant mortality, and are increasing over time. For 2012-2016, 10% of babies were premature (born before 37 weeks), which is similar to state and regional percentages (NC SCHC, 2018).

The WNC region has very high percentages of women who smoke during pregnancy (around 20% in the region compared to around 9% statewide for 2016), and although the state numbers seem to be decreasing, regional rates are steady. The percentage of pregnant women who smoked in

Transylvania County in 2016 (18.6%) was slightly lower than the region (19.9%) but does not seem to be improving over time (NC SCHC, 2018).

The percentage of Transylvania County women receiving first trimester prenatal care (84%) was higher than the region (79%) and state (69%) in 2016, but only 80% of Hispanic women received early prenatal care (NC SCHC, 2018). Prenatal care in the county is available at Transylvania Regional Hospital and Brevard Health Center, but the hospital closed its birthing center in 2015 so pregnant women must travel out of the county to give birth.

Chronic Disease

Cancer

Transylvania County cancer mortality rates have decreased over the past 10 years, from 162 per 100,000 for 2002-2016 to 140.4 for 2012-2016 and continue to stay below the region and state rates. However, cancer mortality is much higher for men (176.4 per 100,000) than for women (112.1). Cancer incidence for Transylvania County has remained steady and is very similar to state and regional rates (NC SCHC, 2018).

Although the lung cancer mortality rate (36.3 per 100,000) is lower than the region (47.9) and state (47.5) for 2012-2016, rates among men (48.9) were nearly twice the rates for women (25.5) (NC SCHC, 2018).

Transylvania County residents had lower rates of breast cancer mortality (15 per 100,000) compared to the state and region. Increased awareness or availability of screening for breast cancer may contribute to the increased incidence of breast cancer. However, only 72% of women ages 50-74 reported receiving a mammogram in the past year, which is lower than the rates for the region and fails to meet the Healthy People 2020 Target of 81.1% or higher. (WNC Health Network, 2018; ODPHP, 2018)

Diabetes

About 10% of Transylvania County residents reported being diagnosed with diabetes, and almost 9% reported being diagnosed with borderline or pre-diabetes in 2018 (WNC Health Network, 2018). The mortality rate for diabetes was 14.7 per 100,000 in Transylvania County for 2012-2016, compared to 21.5 for the region and 23.0 for the state (NC SCHC, 2018).

Heart Disease and Stroke

The mortality rate for cerebrovascular disease is lower among Transylvania County residents (32.8 per 100,000) compared to the region (42.8) and state (43.8) for 2012-2016, and all rates are decreasing over time. However, almost twice as many women (71) died from stroke compared to men (38) over this 5-year period (NC SCHC, 2018). In 2018, 3.6% of Transylvania County residents reported ever having had a stroke, compared to the regional mean of 4.3% (WNC Health Network, 2018).

Heart disease mortality is also decreasing over time. In 2012-2016, the mortality rate for Transylvania County residents was 122.8 per 100,000, compared to 166.9 for the region and 161.3 for the state. However, the rate for men was 153.8 compared to 97.6 for women (NC SCHC, 2018). About 7% of county residents reported having been diagnosed with a heart attack, angina, or coronary heart disease, which was a little lower than the region at 8% (WNC Health Network, 2018).

Almost 39% of county residents reported having high blood pressure in 2018 (compared to the Healthy People 2020 Target of 26.9% or lower); 93% of those people reported taking measures to control their high blood pressure. About 36% said they had been diagnosed with high blood cholesterol in 2018 (compared to the Healthy People 2020 Target of 13.5% or lower); about 95% reported taking actions to control their high blood cholesterol (WNC Health Network, 2018).

Respiratory Disease

Mortality rates from chronic lower respiratory disease in Transylvania County at 36.7 per 100,000 were lower than the region (56.1) and state (45.6) for 2012-2016; these rates have been stable over time. (NC SCHC, 2018) A total of 48 county residents died from pneumonia and influenza, for a mortality rate of 14 per 100,000 in 2012-2016; two-thirds of deaths were among women, but the rates remain lower than the region and state. (NC SCHC, 2018)

Almost 10% of county residents reported having chronic obstructive pulmonary disease (COPD) in 2018, compared to 14% for the region. More than 10% of county residents reported having asthma (WNC Health Network, 2018), and 20 county residents including 3 children ages 0-14 were hospitalized for asthma in 2014 (NC SCHC, 2018).

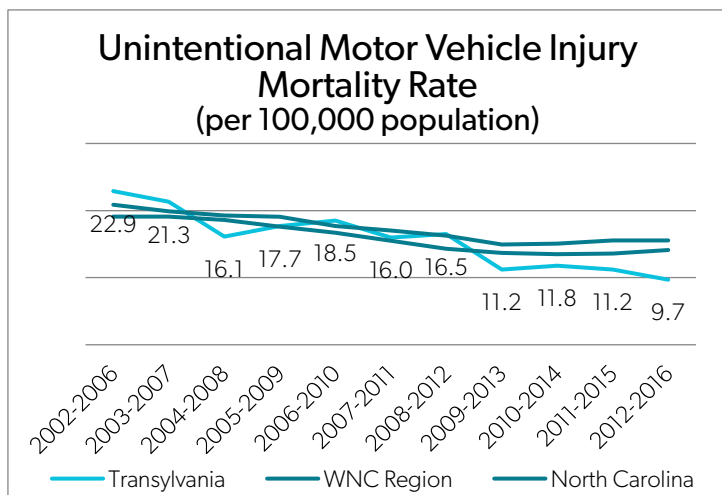
Injury & Violence

Motor Vehicle Injury

The overall motor vehicle crash rate for Transylvania County was 268 for 2015-2017, compared to 215 for the region and 303 for the state. However, the rate of fatal crashes (1.5) and the percent of alcohol-related crashes (6%) were both higher than the state and region. (NC Department of Transportation, 2017)

Transylvania County residents experienced 202 injuries from 598 reportable motor vehicle crashes in 2017; 8 crashes involved a pedestrian injury, 2 involved a bicycle, and 20 involved a motorcycle. In addition, 24 injuries and 40 crashes were related to alcohol. (NC SCHC, 2018)

The mortality rate due to unintentional motor vehicle injury in Transylvania County has decreased significantly over time, dropping from 22.9 in 2002-2006 to 9.7 in 2012-2016. Although state and regional rates are also decreasing over time, the county rate was higher than state and regional rates 10 years ago, but was lower than both the region (15.5) and state (14.1) for 2012-2016. (NC SCHC, 2018)



Falls

There were 9 deaths from unintentional falls in Transylvania County during 2012-2016; 8 of these deaths occurred in adults ages 65 and older. (NC SCHC, 2018)

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

Violence

Transylvania County's mortality rate from homicide is very low. There were 5 homicides over the 5-year period 2012-2016 for a rate of 3 per 100,000 residents. (NC SCHC, 2018)

Substance Use

When surveyed, 42% of Transylvania County residents said their lives had been negatively affected by their own or someone else's substance abuse. (WNC Health Network, 2018) There were 14 county residents served in state alcohol and drug treatment centers in 2016. (NC Office of State Budget and Management State Data Center, 2017)

A total of 31 Transylvania County residents died from unintentional poisoning in 2012-2016, for a mortality rate of 22 per 100,000; this rate is very similar to the regional rate but is 60% higher than the state rate. However, the county rate has decreased 5 points compared to 2007-2011 while the state rate has continued to increase. (NC SCHC, 2018) Most of these deaths (28) were due to medication or drug overdose, 91% of those who died were White and 52% were ages 45-64. (NC Injury and Violence Prevention Branch, 2017)

In 2012, 6 deaths were caused by commonly-prescribed opiate medications, 1 death was caused by other synthetic narcotics, and 1 death was caused by cocaine. For the years 2012-2016, 39 babies per 1,000 live births were hospitalized due to drug withdrawal symptoms in Transylvania County, compared to 9 per 1,000 statewide. (NC Injury and Violence Prevention Branch, 2017)

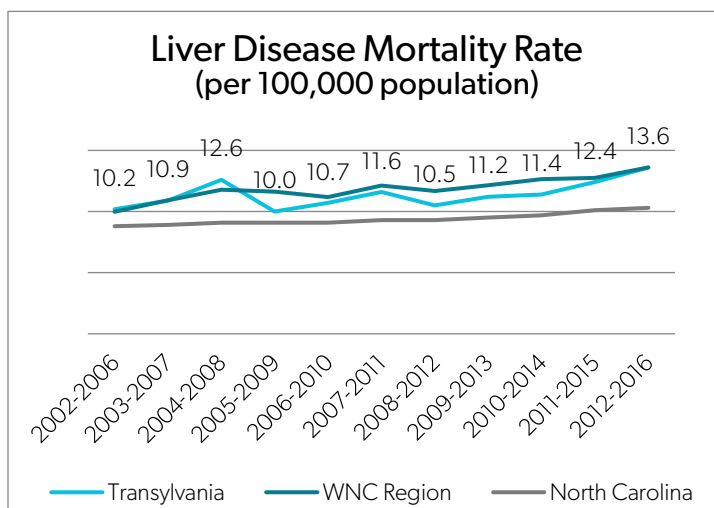
There were 55 Medicaid Part D opiate prescribers in Transylvania County in 2016; the prescribing rate for the county of 5.77 was lower than the region at 6.02 and the state at 5.94, but it was higher than the nation at 5.35. The county prescribing rate increased slightly from 2013 to 2016 but increased less than the state and national rates. (Centers for Medicare and Medicaid Services, 2018)

More than 2 million opioid pills were prescribed to Transylvania County residents in 2017. An average of 9 patients per 100,000 filled opiate prescriptions from 5 or more providers and 5 or more pharmacies during a 6-month period in 2017. (NC Opiate Action Plan, 2018) Just under 19% of county residents said they had used opiates in the past year, with or without a prescription. (WNC Health Network, 2018).

A total of 6 pharmacies in Transylvania County were covered by a standing order to dispense naloxone without a prescription to people who are at risk or know someone at risk of experiencing an opiate-related overdose. (NC Injury and Violence Prevention Branch, 2017) Transylvania County EMS administered Narcan 51 times in 2017. (Transylvania County EMS, 2018)

Nearly 18% of Transylvania County residents reported binge drinking, defined as 5 or more drinks for men or 4 or more drinks for women in a single occasion in the past month; 22% of residents reported excessive drinking, defined as drinking two or more drinks per day for men and one or more drinks per day for women or binge drinking in the past month. Although these rates are lower than the Healthy People 2020 Target of 24% for binge drinking and 25% for excessive drinking, county rates are higher than the region (12% and 16%), and all rates have increased compared to 2015. (WNC Health Network, 2018).

The mortality rate for liver disease was 13.6 per 100,000 in Transylvania County and the region in 2012-2016, which is higher than the state rate of 10.3; although all rates are increasing over time the rate in Transylvania County is increasing more rapidly. (NC SCHC, 2018)



Almost 15% of Transylvania County residents said they were a current smoker in 2018, compared to 19% of western North Carolina residents; although that number is down from 22% in 2015, it remains higher than the Healthy People 2020 Target of 12% or lower. About 4% said they used smokeless tobacco, which is 10 times the Healthy People 2020 Target of 0.3% or lower. Almost 5% said they used e-cigarettes or vapes, compared to 7% for the region (WNC Health Network, 2018).

Almost 22% of employed residents reported having breathed smoke at work in the past week, compared to 17% for the region (WNC Health Network, 2018).

Mental Health

One-fifth of Transylvania County residents reported having 7 or more days of poor mental health in the past month, which is slightly higher than the regional average of 19%. Nearly 12% said they were unable to obtain needed mental health services in the past year. (WNC Health Network, 2018).

A total of 1,171 people from Transylvania County were served in area mental health programs and 1 person was served in a state psychiatric hospital in 2017. (NC Office of State Budget and Management State Data Center, 2017)

During 2012-2016, there were 39 suicide deaths in Transylvania County, for a rate of 24 per 100,000; this is much higher than the regional rate of 19 and the state rate of 13 and the rates for all areas are increasing over time. Twice as many men died from suicide compared to women during this time period. (NC SCHC, 2018)

Oral Health

Just over 70% of Transylvania County residents had visited a dentist within the past year, compared to 62% of regional residents. (WNC Health Network, 2018). There were 6 dentists in Transylvania County who provided services to Medicaid recipients; they performed 5,605 services during 1,933 visits in 2017. (NC Division of Medical Assistance, 2018) Only 53% of children ages 1-5 enrolled in Medicaid had received any dental services in the past year in 2011; this rate is consistent with the region and state. Among Medicaid recipients ages 21 and older, only 27% had received services, which was lower than the regional rate of 28% and the state rate of 32%. (NC SCHC, 2018)

CLINICAL CARE & ACCESS

The 2016 County Health Rankings ranked Transylvania County 25th among the 100 North Carolina counties for clinical care. (County Health Rankings & Roadmaps, 2016)

Health Professionals

In 2017, Transylvania County was served by 16 physicians, 9 primary care physicians, 3 physicians assistants, 2 nurse practitioners, 71 registered nurses, and 3 dentists per 10,000 residents. The regional rates are higher for all of these professions except physicians and primary care physicians; however, the county and regional rates are much lower than the state rates. (UNC-Chapel Hill Cecil G. Sheps Center for Health Services Research, 2018)

With the exception of registered nurses, active health professionals in Transylvania County were more likely to be older than age 65 when compared to the region; they were 2-5 times as likely to be older than 65 compared to health professionals

Active Health Professionals Over Age 65					
	Physicians	Dentists	Physicians Assistants	Nurse Practitioners	Registered Nurses
Transylvania	25.0%	30.0%	20.0%	20.0%	8.2%
Regional Mean	23.2%	23.2%	10.5%	10.5%	8.3%
State Total	11.5%	15.2%	4.3%	5.0%	5.3%

throughout the state. (UNC-Chapel Hill Cecil G. Sheps Center for Health Services Research, 2018)

Healthcare Access

About 80% of Transylvania County adults reported having a specific source of ongoing healthcare, sometimes known as a “medical home,” and 71% had received a routine checkup within the past year. (WNC Health Network, 2018) Nearly 7% of county residents reported being unable to access needed medical care within the past year, which was lower than the regional rate of 12%. (WNC Health Network, 2018)

Mental Health Services

There are 10 licensed mental health facilities located in Transylvania County. These facilities provide 4 supervised living services for adults, 1 supervised alternative family living facility, 1 partial hospitalization and supervised living, and 1 residential therapeutic camp with a total capacity of 110 people, as well as 1 adult developmental vocational program and 2 facilities offering day treatment services for children. (NC Division of Health Services Regulation, 2018)

Licensed Facilities

Transylvania County had 8 licensed adult nursing facilities (2 adult care homes/homes for the aged, 2 nursing homes/homes for the aged, and 4 family care homes) with a total maximum capacity of 405 skilled nursing facility beds and 10 adult care home beds as of July 2018. The county was served by 5 facilities that provide home care and 1 facility that provides home care with hospice. (NC Division of Health Services Regulation, 2018)

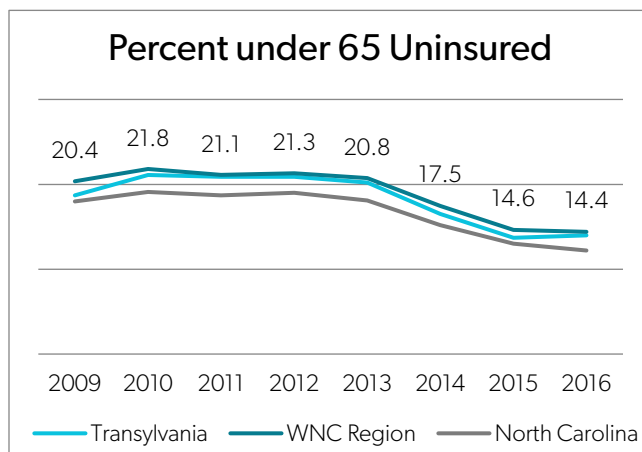
Health Insurance

Medicaid

A total of 6,842 people in Transylvania County (20% of the population) were eligible for Medicaid services in fiscal year 2016-2017. This number has remained fairly stable over time, even though rates for the region and state have increased. The largest groups of recipients in December 2017 were 2,006 people receiving for aid to families with dependent children, 1,243 infants and children, 916 people with disabilities, and 493 family planning clients. The average expenditure per eligible person in 2017 was \$5,600. (NC Division of Medical Assistance, 2017)

Uninsured

An estimated 6% of children under 19 years of age and 17% of adults ages 18-64 living in Transylvania County did not have any health insurance in 2016. These rates are slightly lower than the regional rates but higher than the state rates. (US Census Bureau 2016)



AT RISK POPULATIONS

Older Adults

More than one-quarter of Transylvania County's population is over age 65 (US Census Bureau 2016). Older adults are more likely to have low immunity and multiple medical conditions and are more likely to experience falls.

Young Children

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.

Pregnant Women

Almost 19% of pregnant women smoked cigarettes in 2016. (US Census Bureau, 2016) Exposures to substances such as air pollution, alcohol, tobacco, and other drugs during pregnancy can have long-lasting effects on developing babies. Access to prenatal care can help reduce the risk of pregnancy complications and adverse birth outcomes. There is one prenatal care provider within the county, but pregnant women must travel outside Transylvania County to give birth. Only 84% of women received prenatal care in the first trimester, but this rate is still higher than the region and state. (US Census Bureau, 2016).

Individuals with Low Incomes

An estimated 4,598 people in Transylvania County live in poverty, including 1,482 children under age 18. 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

More than 8% of Transylvania County residents said they “always” or “sometimes” worried about having enough money to pay the rent or mortgage. (WNC Health Network, 2018) 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. Homelessness is further linked to negative health outcomes from contracting Hepatitis A to having trouble managing diabetes.

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 575 households in Transylvania County had no vehicles available for the occupants’ use in 2012-2016; and additional 4,682 had one vehicle. Within the county, about 2-5% of households had no vehicle in most townships, but 15% of households in Gloucester did not have at least one vehicle available. (US Census Bureau 2016)

Individuals without Health Insurance

An estimated 3,200 people in Transylvania County under age 65 do not have health insurance. (US Census Bureau 2016) 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).

Individuals who Speak Limited English

More than 500 people living in Transylvania County do not speak English (US Census Bureau 2016). Language barriers can limit access to care, create misunderstandings between patient and provider, compromise quality of care, and lead to poorer health outcomes.

Racial Minorities

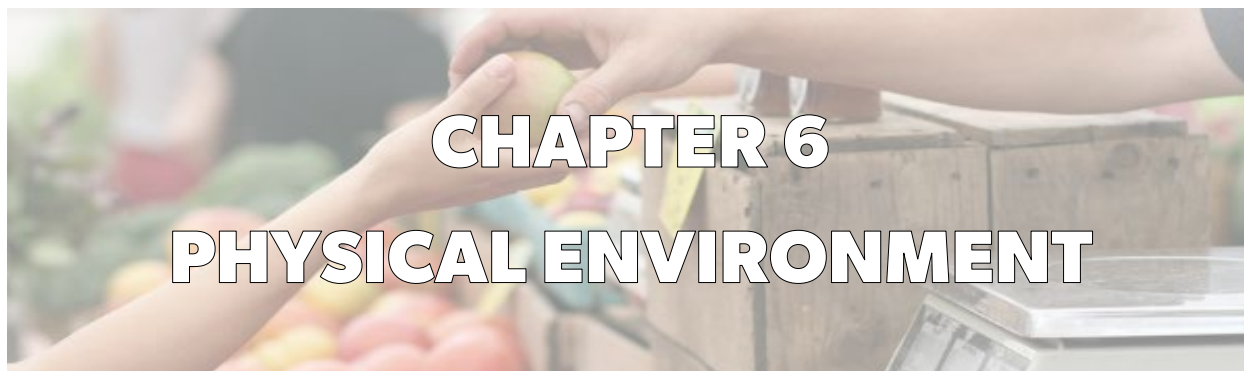
The biggest impacts on health from race come from disparities in access to care, but racial bias and toxic stress also contribute to poorer health outcomes among minority populations. Transylvania County’s population is over 90% white. (US Census Bureau, 2016) Because the numbers of racial minorities 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 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).



The 2016 County Health Rankings ranked Transylvania County 61st among the 100 North Carolina counties for physical environment. (County Health Rankings & Roadmaps, 2016)

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. Clean air and water support healthy brain and body function, growth, and development. Air pollutants such as fine particulate matter, ground-level ozone, sulfur oxides, nitrogen oxides, carbon monoxide, and greenhouse gases can harm our health and the environment. Excess nitrogen and phosphorus run-off, medicines, chemicals, lead, and pesticides in water also pose threats to well-being and quality of life" (County Health Rankings, 2018).

Air Quality

In 2017, the air quality for western North Carolina was unhealthy on 5 days and unhealthy for sensitive groups on 15 days; the most common pollutants were ozone and fine particulates. (US Environmental Protection Agency, 2017) Transylvania County does not have an air quality monitoring station, so county-level data is not available.

Radon

The average indoor radon level in Transylvania County was 6.6 pCi/L, a variance of 61% compared to the regional average and a variance of 408% compared to the national average. (NC Radon Information, 2015)

Tobacco Smoke

Almost 22% of Transylvania County residents reported breathing someone else's tobacco smoke at work in the past week, compared to 17% throughout the region. (WNC Health Network, 2018)

Community Water Systems

Nearly 48% of Transylvania County residents are served by permitted community water systems (US Environmental Protection Agency, 2018)

Wastewater Systems

Transylvania County has 21 permitted wastewater discharge systems: this includes 1 major municipal system, 1 minor municipal system, 2 minor industrial process and commercial systems, 1 water treatment plant, 1 groundwater remediation system, and 15 minor domestic systems. The Brevard Waste Water Treatment Plant has a flow rate of 2.5 million gallons per day. (NC Division of Water Resources, 2018).

ACCESS TO HEALTHY FOOD & PLACES

“Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life (Food and Agriculture Organization, 2006). The environments where we live, learn, work, and play affect our access to healthy food and opportunities for physical activity which, along with genetic factors and personal choices, shape our health and our risk of being overweight and obese. As of 2013, 29 million Americans lived in a food desert, without access to affordable, healthy food. Those with lower education levels, already at-risk for poor health outcomes, frequently live in food deserts” (County Health Rankings, 2018).

Access to Food

Almost 20% of Transylvania County residents were identified as being food insecure: 18% said it was “often” or “sometimes” true that they worried about whether their food would run out before they got money to buy more and 16% said it was “often” or “sometimes” true that the food they bought did not last and they did not have money to buy more. (WNC Health Network, 2018)

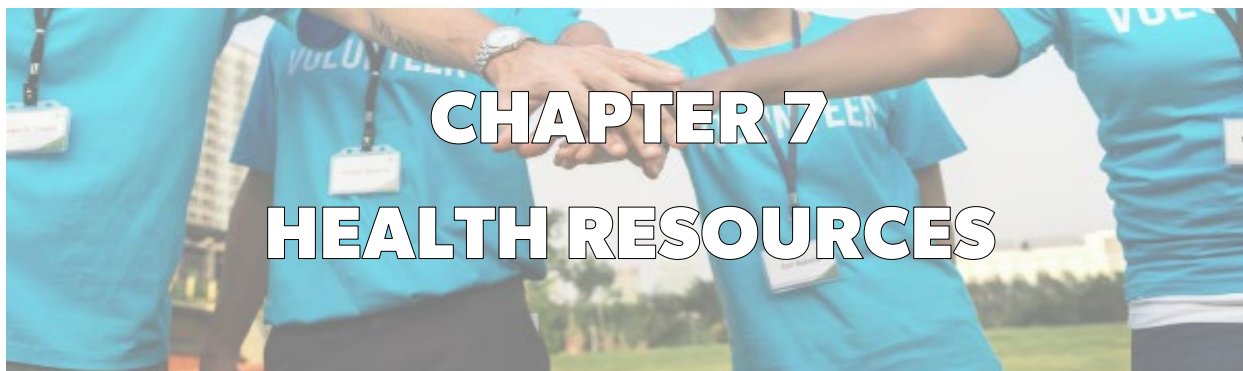
One-third of county residents said they found it “very” or “somewhat” difficult to buy fresh produce in 2015. (WNC Health Network, 2018) Transylvania County has 7 grocery stores and 1 farmer’s market. However, 494 households were identified as having no car and low access to a store in 2015. (US Department of Agriculture Economic Research Service, 2014)

The county has 18 fast food restaurants; residents spent \$645 per person at fast food restaurants in 2012. (US Department of Agriculture Economic Research Service, 2014)

Access to Places

Only 19% of county residents said they met the recommended guidelines for physical activity and 20% said they did no leisure time physical activity at all. 27% said they had limitations on physical activity. (WNC Health Network, 2018).

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



HEALTH RESOURCES

Process

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

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

WNC Healthy Impact provided a list of health resources available to residents of Transylvania county (including resources that are located in another county) based on resources listed in the NC 2-1-1 database in May 2018. The listing for each health resource contains the agency name, types, description, contact information, any eligibility to receive services from this organization, any fees for services, hours of operation, website, and physical address.

CHA team members reviewed the county 2-1-1 resource list and identified any errors or missing information. They reached out to agencies to correct existing information and encourage them to keep their listings up-to-date. During this process, team members also worked to identify any gaps in services.

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

Findings

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

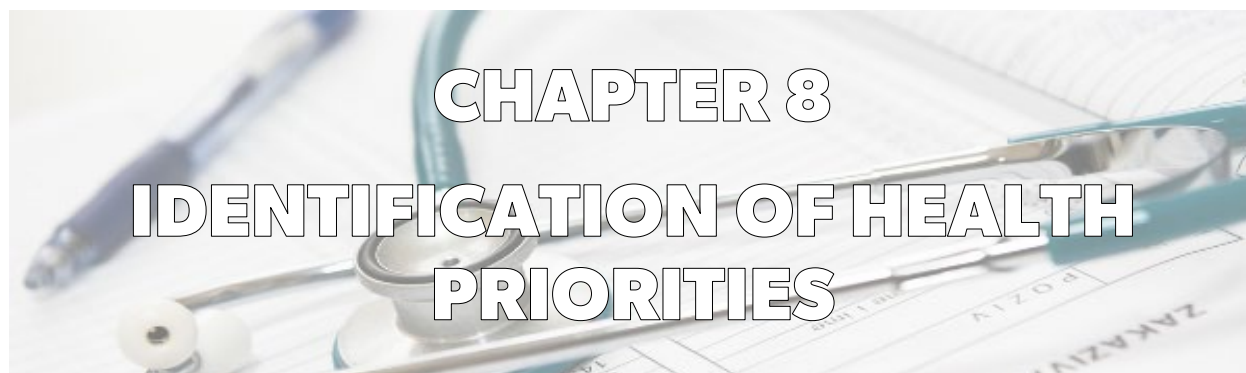
Some services that do exist in the county are not listed in the directory, and others have out-of-date information or are not described in a way that makes it easy to understand the services available and how to access them.

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

Resource Gaps

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

- Inpatient substance use treatment, especially facilities that accept mothers and children
- Case management services for at-risk populations
- Access to affordable, quality child care, including vouchers and additional capacity
- Collaboration around multiple efforts to reduce obesity, prevent diabetes, provide access to affordable healthy food, and encourage physical activity
- Affordable, adequate housing for both ownership and rental
- Assistance with job training and employment
- Dental care, especially for children and Medicaid recipients
- Transportation



HEALTH PRIORITY IDENTIFICATION

Process

Beginning in August 2018, our team began working to better understand the data and uncover what issues were affecting people in our community. We reviewed data from multiple sources and used the following criteria to identify significant health issues:

- Size and severity of population affected
- Concerning trends over time
- Significant disparities
- High community concern
- Notable deviation from the region, state or a benchmark

We presented these key health issues to partners representing a wide range of partners and community members. The participants used the information we presented to score each issue, and then vote for their top areas of concern. Some of the factors they considered were how much the issue impacts our community, how relevant the issue is to multiple health concerns, and how feasible it is for our community to make progress on this issue.

This process, often called health issue prioritization, is an opportunity for various 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.

Identified Issues

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

Heart Disease & Stroke

A large proportion of Transylvania County's population is affected by high blood pressure and stroke, and cardiovascular disease is a leading cause of death and hospitalization. Females are disproportionately affected by stroke. Key informants identified heart disease/stroke as a top community concern.

Overweight & Obesity

Many county residents are overweight or obese, which is connected to multiple poor health outcomes including diabetes. Residents are not meeting recommendations for nutrition and physical activity, and many residents experience regular stress and other barriers, all of which contribute to obesity. It was the #1 top concern among key informants and was selected as a health priority in 2015.

Cancer

Cancer was the leading cause of death in Transylvania County. 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. Lung cancer disproportionately affects males in Transylvania County.

Diabetes

Diabetes is related to obesity, physical activity, and nutrition, and rates are increasing. It was named as a top community concern by key informants.

Respiratory Disease

There was an increase in rates of asthma and deaths from pneumonia/influenza. Symptoms are exacerbated by smoking and air pollution. Some key informants said residents had difficulty adhering to medication for conditions like COPD.

Mental Health

Transylvania County residents reported more “poor” mental health days; some said they were unable to get the care they need. Suicide rates are higher than the state rates and residents are being treated for mental health symptoms through emergency department visits and hospitalization. Mental health concerns are linked to substance use and ACEs. Key informants named both general mental health and depression/anxiety/stress as top concerns and said that additional treatment resources were needed. Mental health was a priority health issue in 2015.

Substance Use

Substance use is related to overdose deaths, liver disease mortality, and motor vehicle crashes. Smoking rates among pregnant women and breathing someone else’s cigarette smoke at work are concerns. Substance use is connected to mental health and ACEs. Many residents reported their lives being affected by substance use and it was the #2 top community concern named by key informants. It was the top priority health issue in 2015.

Injury & Violence

Injuries other than motor vehicle crashes cause death at a higher rate compared to the state, although the rate has decreased some. Older adults are likely to be injured from falls. Crime rates are lower in Transylvania County than in comparison areas. Injury and violence was named as a top community concern by key informants.

Infant & Child Health

Infant mortality, pre-term births and low birth weight are areas of concern, along with prenatal exposure to tobacco and other drugs. Community members said that more access to quality, affordable child care is needed. Key informants said that early childhood education was as a top socioeconomic factor of concern.

Housing

Housing was the top socioeconomic factor selected by key informants. Access to adequate and affordable housing is related to other economic factors and to many health outcomes.

PRIORITY HEALTH ISSUE IDENTIFICATION

Process

During our group process, the following criteria were applied to the issues listed above to select priority health issues of focus for our community over the next three years:

Criteria 1 – Relevance

How important is this issue? Urgency to solve problem; community concern; focus on equity; links to other important issues.

Criteria 2 – Impact

What will we get out of addressing this issue? Availability of solutions/proven strategies; builds on or enhances current work; significant consequences of not addressing issue now.

Criteria 3 – Feasibility

Can we adequately address this issue? Availability of resources (staff, community partners, time, money, equipment) to address the issue; political capacity/will; community/social acceptability; social and cultural appropriateness; can identify easy, short-term wins.

Participants used a modified Hanlon method to rate the priorities using the criteria listed above. The facilitator used Technology of Participation (ToP) Consensus Workshop methods to organize participants' top-rated issues into clusters and identify the core idea in each cluster to narrow down the top priority health issues.

Identified Priorities

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

Priority 1: Mental Health & Substance Use

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

Priority 2: Healthy Lifestyle

Transylvania County's top two causes of death and many of our morbidity statistics of concern including obesity, type 2 diabetes, high blood pressure, heart disease, certain cancers, and stroke are directly affected by nutrition and physical activity. Residents report having trouble accessing healthy food and getting the recommended amount of physical activity.

Other Notes

Community members also identified overarching themes around the ways that health in Transylvania County is affected by financial stability, including links to housing, education, employment, food security, and access to care. There is an important role that elected officials, policy-makers, businesses, funders, and other community organizations can play in addressing this issue to improve health.



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 will be available to the public on March 4, 2019. It will be distributed via email to the CHA Team, those who participated in the priority-setting workshop, the Transylvania County Board of Health, and other interested groups and agencies. A summary of the findings will be presented to the Transylvania County Board of Health, the Transylvania County Board of Commissioners, the TRAIN Roundtable, and other interested community groups upon request.

The document will be made available for public access at Transylvania Public Health, in the reference section of Transylvania County Library, and to any interested organizations or individual community members upon request. It will also be available online at the Transylvania Public Health website (transylvaniahealth.org) and the WNC Health Network website (wnchn.org).

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 Health Educator, Tara Rybka, at 828-884-1730 or tara.rybka@transylvaniacounty.org.

WORKS CITED

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

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

Centers for Disease Control and Prevention (2017). *Tip Sheets: The Medically Uninsured*. Retrieved from <https://www.cdc.gov/healthcommunication/toolstemplates/entertainment/tips/MedicallyUninsured.html>.

Centers for Disease Control and Prevention (2018). *CDC Community Health Improvement Navigator*. Retrieved from www.cdc.gov/chinav.

Centers for Disease Control and Prevention /National Center for Health Statistics (2017). *Infant Mortality Rates by State*. Retrieved from https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant_mortality.htm.

Centers for Medicare and Medicaid Services (2018). *Medicare Part D Opioid Prescribing Mapping Tool*. Available from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/OpioidMap.html>.

County Health Rankings & Roadmaps (2016). Retrieved from <http://www.countyhealthrankings.org/>

County Health Rankings (2018). *Health Factors*. Retrieved from www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors.

National Vital Statistics System (2015). *Infant Mortality Statistics From the 2013 Period: Linked Birth/Infant Death Data Set*. Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_09.pdf.

NC Coalition to End Homelessness (2018). *Point-in-time Count: North Carolina Balance of State - by County*. Retrieved from <http://www.ncceh.org/pitdata/>.

NC Department of Administration, Council for Women (2017). *County Statistics - Sexual Assault*. Available from <https://ncadmin.nc.gov/about-doa/divisions/council-for-women>.

NC Department of Commerce (2017). *Labor Force (LAUS) - Unemployment Rate, Monthly Unadjusted, 2017*. AccessNC. [Website]. Retrieved from https://accessnc.opendatasoft.com/pages/dashboard_laborforce_laust.

NC Department of Commerce (2017). *County Development Tier Rankings*. Retrieved from <https://www.nccommerce.com/research-publications/incentive-reports/county-tier-designations>.

NC Department of Health and Human Services, Division of Child Development and Early Education (2018). Available from <https://ncchildcaresearch.dhhs.state.nc.us/search.asp>.

NC Department of Justice, State Bureau of Investigation (2016). *2016 Annual Summary*. Accessed from <http://crimereporting.ncsbi.gov/>.

NC Department of Public Instruction (2017). *High School Dropout Counts and Rates, 2010-2011 through 2016-2017*. Available from <http://www.ncpublicschools.org/research/dropout/reports/>.

NC Department of Public Safety (2017). *County Databook, Juvenile Justice*. Retrieved from <https://www.ncdps.gov/Juvenile-Justice/Community-Programs/Juvenile-Crime-Prevention-Councils/JCPC-Planning-Process/County-Databooks>.

NC Department of Public Instruction (2017). *NC Statistical Profile Online*. Available from <http://www.ncpublicschools.org/fbs/resources/data/#statistical-profile>.

NC Department of Public Instruction (2017). *4-Year Cohort Graduation Rate Report*. Available from <http://www.ncpublicschools.org/accountability/reporting/cohortgradrate>.

NC Department of Public Instruction (2017). *Consolidated Data Reports*. Available from <http://www.ncpublicschools.org/research/discipline/reports/#consolidated>.

NC Department of Public Instruction (2017). *NC School Report Cards, District Profile*. Available from <http://www.ncpublicschools.org/src/>.

NC Department of Revenue. (2016). *State Sales and Use Tax Statistics, For Fiscal Year 2015-2016* (Table 3). Available from <https://www.ncdor.gov/reports-and-statistics/state-sales-and-use-tax-reports-fiscal-year>.

NC Department of Transportation (2017). *Crash Data and Maps: County Crash Profiles*. Retrieved from <https://connect.ncdot.gov/resources/safety/Pages/Crash-Data.aspx>.

NC Division of Health Services Regulation (2018). *Licensed Facilities, Adult Care Homes, Family Care Homes, Nursing Facilities (by County)*. Available from <https://www2.ncdhhs.gov/dhsr/reports.htm>.

NC Division of Medical Assistance. (2017). *Medicaid North Carolina Annual Report*. Available from <https://dma.ncdhhs.gov/reports/annual-reports-and-tables>.

NC Division of Medical Assistance. (2018). *Monthly Enrollment Counts by County and Budget Groups*. Available from <https://dma.ncdhhs.gov/Medicaid-and-Health-Choice-Enrollment-Reports>.

NC Division of Medical Assistance (2018). *Payments to Providers Dashboard*. [Website]. Available from <https://dma.ncdhhs.gov/reports/dashboards>.

NC Division of Water Resources. (2018). *List of Active and Expired Individual Permits*. Available from <https://deq.nc.gov/about/divisions/water-resources/water-resources-permits/wastewater-branch/npdes-wastewater/permitting-process>.

NC Injury and Violence Prevention Branch (2017). *Unintentional Medication and Drug Poisoning Deaths by County*. Available from <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>.

NC Employment Security Commission (2017). *Quarterly Census Employment and Wages (QCEW), 2017*. AccessNC. [Website]. Available from <https://accessnc.opendatasoft.com/pages/home/>.

NC Office of State Budget and Management, State Data Center (2017). *Log Into North Carolina (LINC)* [Website]. Available from <http://linc.state.nc.us/>.

NC Opioid Action Plan Dashboard (2018). [Website]. Available at <https://injuryfreenc.shinyapps.io/OpioidActionPlan/>.

NC Radon Information. (2015). North Carolina Counties with Detailed Radon Information. Retrieved from http://nc-radon.info/NC_counties.html.

NC State Center for Health Statistics (2018). *Life Expectancy*. Available from <https://schs.dph.ncdhhs.gov/data/lifexpectancy/>

NC State Center for Health Statistics (2018). *2012-2016 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County*. Available from <https://schs.dph.ncdhhs.gov/data/databook/>

Office of Disease Prevention and Health Promotion (2018). *Healthy People 2020. Adolescent Health*. Retrieved from www.healthypeople.gov/2020/topics-objectives/topic/adolescent-health.

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

Public Schools of North Carolina (2016). *Free and Reduced Student Data by Site, Public School Year-to-Date Data 2015-2016*. Available from <http://www.ncpublicschools.org/fbs/resources/data/>.

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

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

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

Transylvania County EMS (2018). Unpublished data.

UNC-Chapel Hill Jordan Institute for Families (2017). *Experiences of Children Entering Child Welfare Custody*. Retrieved from <http://sasweb.unc.edu/cgi/pdf/expRep2.py?lib=cwwweb&county=Transylvania&label=County>.

UNC-Chapel Hill Jordan Institute for Families (2017). *Management Assistance for Child Welfare, Work First and Food & Nutrition Services in North Carolina*. Available from <http://ssw.unc.edu/ma/>.

UNC-Chapel Hill Cecil G. Sheps Center for Health Services Research. (2018). *North Carolina Health Professions Data System*. Available from <https://nchealthworkforce.sirs.unc.edu>.

US Census Bureau (2016). *ACS Demographic and Housing Estimates*. 2016 ACS 5-year estimates. Available from <http://factfinder2.census.gov>.

US Department of Agriculture Economic Research Service. (2014). *Your Food Environment Atlas*. [Website]. Available from <https://www.ers.usda.gov/FoodAtlas/>.

US Environmental Protection Agency (2018). *Envirofacts Safe Drinking Water Information System* [Website]. Available from <https://www.epa.gov/enviro/sdwis-search>.

WNC Health Network (2018). *2018 WNC Healthy Impact Community Health Survey: Data Workbook*. [Data set]. Available from www.wnchn.org/partner-resources/.

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

PHOTOGRAPHY CREDITS

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APPENDICES

APPENDIX A – DATA COLLECTION METHODS & LIMITATIONS

APPENDIX B – DATA PRESENTATION SLIDES

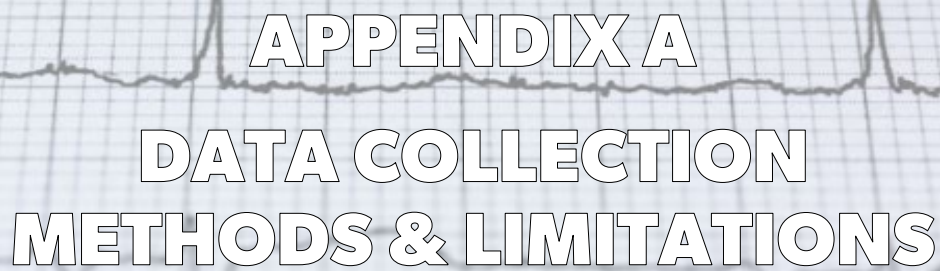
- Health Priority Workshop Presentation Slides
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- Behavioral, Socioeconomic, Environment, Health Access, and Demographic Data That “Stand Out”
- Key Health Issues Prioritization Worksheet

APPENDIX C – COUNTY MAPS

APPENDIX D – COMMUNITY SURVEY

- WNC Healthy Impact Survey Instrument
- Community Health Survey Results

APPENDIX E – KEY-INFORMANT SURVEY



APPENDIX A

DATA COLLECTION METHODS & LIMITATIONS

REGIONAL CORE DATASET (SECONDARY DATA)

Secondary Data Methodology

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

The principal source of secondary health data for this report was the NC State Center for Health Statistics (NC SCHS), including its County Health Data Books, Behavioral Risk Factor Surveillance System, Vital Statistics unit, and Cancer Registry. Other health data sources included:

- NC Division of Public Health (DPH) Epidemiology Section;
- NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services;
- Centers for Disease Control and Prevention;
- National Center for Health Statistics;
- NC DPH Nutrition Services Branch; and
- NC DETECT.

For data on demographic, economic and social characteristics of the region, sources included:

- US Census Bureau;
- Log Into North Carolina (LINC);
- NC Department of Health and Human Services;
- NC Office of State Budget and Management;
- NC Department of Commerce;
- Employment Security Commission of NC;
- UNC-CH Jordan Institute for Families;
- NC Department of Public Instruction;
- NC Department of Justice;
- NC Division of Medical Assistance;
- NC Department of Transportation; and the
- Cecil B. Sheps Center for Health Services Research.

Environmental data was gathered from sources including:

- US Environmental Protection Agency;
- US Department of Agriculture; and
- NC Department of Environment and Natural Resources.

Because in any CHA it is instructive to relate local data to similar data in other jurisdictions, throughout this report representative county data is compared to like data describing the 16-county region and the state of 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 data consultant team made every effort to obtain the most current data available at the time the report was prepared. It was not possible to continually update the data past a certain date; in most cases that end-point was August 2018.

It is important to note that this report contains data retrieved directly from sources in the public domain. In some cases, the data is very current; in other cases, while it may be the most current available, it is several years old. Note also that the names of organizations, facilities, geographic places, etc. presented in the tables and graphs in this report 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 SURVEY (PRIMARY DATA)

Survey Methodology

The 2018 WNC Healthy Impact Community Health Survey was conducted from March to June. The purpose of the survey was to collect primary data to supplement the secondary core dataset, allow individual counties in the region to collect data on specific issues of concern, and hear from community members about their concerns and priorities. 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 survey methodology, which included a combination of telephone (both landline and cell phone) interviews, as well as an online survey. The survey methodology was designed to achieve a representative sample of the regional population that would allow for stratification by certain demographic characteristics, while also maximizing data collection timeliness and efficiency. Survey sampling and implementation methodology is described in greater detail below.

Survey Instrument

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

The three additional questions included in the 2018 survey for Transylvania County residents were:

1. During the past 30 days, has someone you know used an illegal drug or taken a prescription drug that was not prescribed to them?
2. 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?
3. Except for donating or giving blood, have you ever had your blood tested for Hepatitis C?

Sampling Approach & Design

PRC designed the survey methodology to minimize sample bias and maximize representativeness by using best practice random-selection sampling techniques. They also used specific data analysis techniques, including poststratification, to further decrease sample bias and account for underrepresented groups or nonresponses in the population. Poststratification involves selecting

demographic variables of interest within the population (here, gender, age, race, ethnicity, and poverty status) and then applying “weights” to the data to produce a sample which more closely matches the actual regional population for these characteristics. This technique preserves the integrity of each individual’s responses while improving overall representativeness. In order to determine WNC regional estimates, county responses were weighted in proportion to the actual population distribution to appropriately represent Western North Carolina as a whole. Since the sample design and quality control procedures used in the data collection ensure that the sample is representative, the findings may be generalized to the region with a high degree of confidence.

Survey Administration

PRC piloted the survey through 30 interviews across the region and consulted with WNC Health Network staff to resolve substantive issues before full implementation. PRC used trained, live interviewers and an automated computer-aided telephone interviewing system to administer the survey region-wide. Survey interviews were conducted primarily during evening and weekend hours, with some daytime weekday attempts. Interviewers made up to five call attempts per telephone number. Interviews were conducted in either English or Spanish, as preferred by respondents. The final sample included 29 percent cell phone-based survey respondents and 71 percent landline-based survey respondents. Including cell phone numbers in the sampling algorithm allowed better representation of demographic segments that might otherwise be under sampled in a landline-only model.

PRC also worked with a third-party provider to identify and invite potential respondents for an online survey for a small proportion (20%) 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.

About the Transylvania County Sample

Size

The total regional sample size was 3,265 individuals age 18 and older, with 200 from Transylvania County. PRC conducted all analysis of the final, raw dataset.

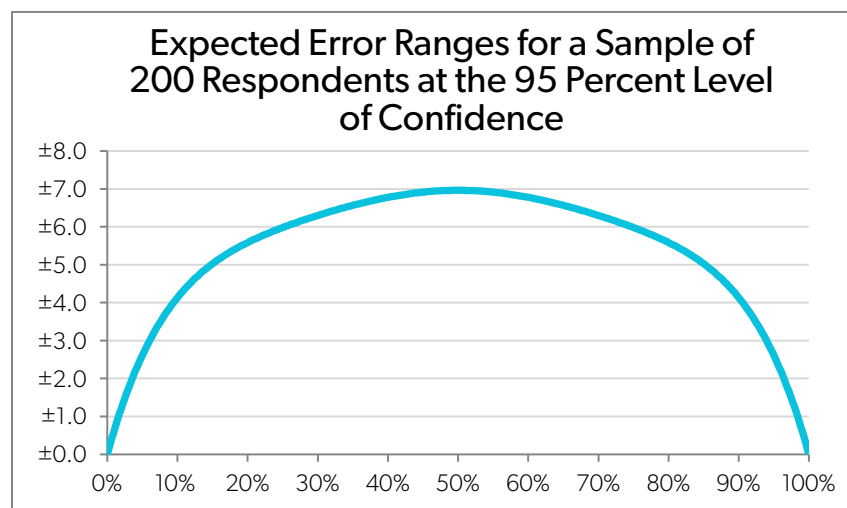
Sampling Error

Results for county-level findings have a maximum error rate of +6.9% at the 95% confidence level.

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.

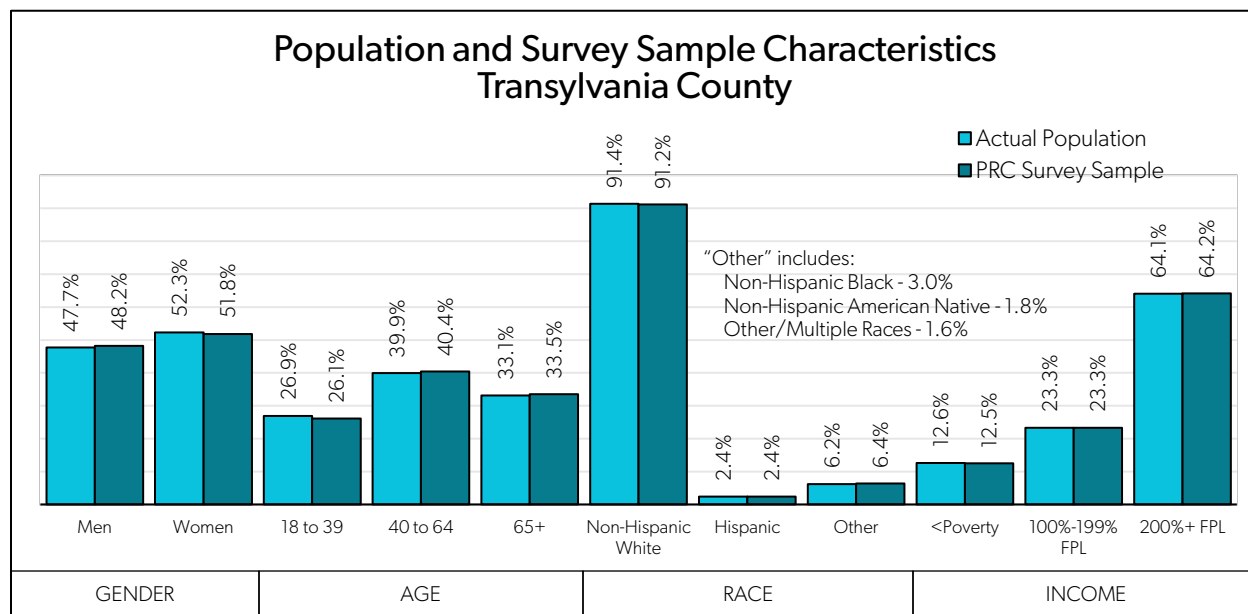
For example:

- If 10% of a sample of 200 respondents answered “yes,” it can be asserted that between 5.8% and 14.2% ($10\% \pm 4.2\%$) of the total population would offer this response.
- If 50% of respondents said “yes,” one could be certain with a 95 percent level of confidence that between 43.1% and 56.9% ($50\% \pm 6.9\%$) of the total population would respond “yes” if asked this question.



Sample Characteristics

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



Benchmark Data

North Carolina Risk Factor Data

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

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts where available, are taken from the 2017 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 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups (such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish) are not represented in the survey data. Other population groups (for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups) might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

ONLINE KEY INFORMANT SURVEY (PRIMARY DATA)

Purpose and Survey Administration

WNC Healthy Impact, with support from PRC, implemented an Online Key Informant Survey to solicit input from local leaders and stakeholders who have a broad interest in the health of the community. WNC Healthy Impact shared with PRC a list of recommended participants, including those from our county. This list included names and contact information for 42 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.

Online Survey instrument

The survey provided respondents the opportunity to identify critical health issues in their community, the feasibility of collaborative efforts around health issues, and what is helping/hurting their community's ability to make progress on health issues.

Participation

A total of 30 community stakeholders took part in the Online Key Informant Survey for Transylvania County, as outlined below:

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

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

Online 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

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

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

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

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

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 considers 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.



- Health Priority Workshop Presentation Slides
- Top-Ranked Morbidity and Mortality Indicators based on Size and Severity, Clustered by Topic
- Key Informants: Top Community Concerns and Feasibility
- Resource Availability for High Concern Issues Worksheet
- Behavioral, Socioeconomic, Environment, Health Access, and Demographic Data That “Stand Out”
- Key Health Issues Prioritization Worksheet



2018 Transylvania County Community Health Assessment

HEALTH PRIORITY WORKSHOP
OCTOBER 15, 2018



Agenda

- Welcome
- Community Health Assessment Process
- Community Data
- Decide What To Act On
- Next Steps

***Focus on WHAT we want to change...
...not HOW to change it (yet!)***



What is a Community Health Assessment?

- 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



Part of a Multi-Year Cycle of Improvement

- YEAR 1 – complete Community Health Assessment (CHA)
- YEAR 2 – develop Strategic Plan to address needs
- YEAR 2-3 – implement and evaluate Strategic Plan; create State of the County's Health reports



Collect & Analyze Community Data



Collect Data: Primary Sources

- Community health survey (quantitative, generalizable)
 - 75 core + 3 local questions: demographics, morbidity, behavior, ACEs, etc.
 - Random-digit dial landline and cell phones; online option; English and Spanish
 - 200 surveys completed in Transylvania County; 3,265 completed in region
- Key informant survey (qualitative)
 - Perceptions of major health issues, gaps in services, other factors
 - Selected for knowledge of populations or overall community
 - 30 of 41 key informants completed survey; 73% response rate

Conducted by Professional Research Consultants (PRC)



Collect Data: Secondary Sources

- Secondary data
 - 160+ indicators: demographic, morbidity, mortality, social determinants, environmental indicators, etc.
 - Publicly available from U.S. Census, NC State Center for Health Statistics, other state and federal departments
- Maps
 - 23 maps: selection of population, morbidity, mortality indicators
 - From Community Commons and NC State Center for Health Statistics



Analyze Data: What Stands Out

- Biggest impacts (size and severity)
- Trends over time
- Differences compared to state/region or other “norm”
- Disparities based on age, gender, race, etc.
- New data
- Connections to other data and past priorities



Analyze Data: Group into Categories

- Morbidity and mortality outcomes
 - Disease, injury, disability, death
- “Story” data
 - Who, where, why, what’s helping/hurting
- Risk factors (modifiable and non-modifiable)
 - Demographics, health behaviors, healthcare access, socioeconomic factors, environment



Narrow It Down

- Top 10-12 morbidity and mortality measures
 - Size: 0 (less than 0.01%) to 10 (25% or more)
 - Severity: 0 (teen acne) to 10 (Ebola)
 - + Previous CHA priorities



Top Morbidity and Mortality Issues (size only)

- Adult Overweight or Obese: 57.9% (Obese: 28.4%)
- High Blood Pressure: 38.6%
- High Blood Cholesterol: 35.8%
- Falls among those 65+: 31.5%
- ED visits for Anxiety, Mood, Psychotic Disorders: 4792
- Asthma: 10.6%
- Diabetes: 10.4%; Borderline/Pre-Diabetes: 8.8%
- COPD: 9.7%
- Heart Disease: 7.3%



Top Morbidity and Mortality Issues (size + severity)

- Overweight / Obesity
- High Blood Pressure
- High Blood Cholesterol
- Mental Health Hospital Visits
- Falls Among Those 65+*
- Cardiovascular Disease
- Stroke
- Digestive Disease
- Asthma
- COPD
- Cancer Mortality
- Diabetes
- Pre-Term Births *
- Alcohol-Related Car Crashes*



Narrow It Down

- Top 10-12 community concerns
 - Identified by 25%+ or 50%+ of key informants as "critical to address"
 - Rated by key informants as likely to make a positive change



Top Community Concerns

- Obesity/Nutrition/Physical Activity
- Substance Use
- Infant and Child Health
- Diabetes
- General Mental Health
- Depression/Anxiety/Stress
- Heart Disease/Stroke
- Injury and Violence
- PLUS:
- Housing
- Early Childhood Education



Resources to Address Issues

- High Resources
 - Dedicated staff
 - Funding
- Medium Resources
 - Existing organization focus
 - Active coalition or collaboration
- Low Resources
 - Multiple efforts in community
 - Strong leadership
 - Focus and momentum
 - Supportive policies, systems, environment



What Else Stands Out?

- Change from 2015
- Differ from WNC average
- Current CHA or other "headline" measure
- Strongly related to high concern or top morbidity/mortality indicators
- Modifiable (non-modifiable factors can be considered when developing strategies)



Decide What To Act On



Determine Top Priorities

Use Your Prioritization Worksheet

- For each health issue, consider the following criteria:
 - Relevance – how important is this issue?
 - Impact – will working on this make a difference?
 - Feasibility – can we make it happen?



Prioritizing Data: RELEVANCE

- Size
 - Number / percentage of people affected [community survey, secondary data]
- Severity
 - Death, hospitalization, decreased quality of life, economic impact
 - County different from state/region or other “norm”
 - Trends over time



Prioritizing Data: RELEVANCE

- Community concern
 - Identified as “critical to address” [key informant survey]
- Equity and disparities
 - Differences by gender, age, race (difficult for Transylvania)
 - Impediments of progress [key informant survey]
- Connection to other issues



Prioritizing Data: IMPACT

- Availability of solutions or proven strategies
 - Evidence-based strategies
- Builds on or enhances current work
 - Contributors to progress [key informant survey]
- Significant consequences of NOT addressing issue
 - Trends over time



Prioritizing Data: FEASIBILITY

- Availability of resources
 - Staff, community partners, time, money, equipment, etc.
 - Contributors to progress [key informant survey]
- Political will
 - Identified as “critical to address” [key informant survey]
 - Impediments of progress [key informant survey]
- Ethical, acceptable to community
- Easy, short-term wins



Using Your Prioritization Worksheet

- STEP 1: Select 8-10 indicators (from blue handout OR NOT)
- STEP 2: Rate each of the three selection criteria for each indicator
1=lowest, 2=medium, 3=high, 4=highest
- STEP 3: Add the three criteria scores for each indicator and enter the total into the "TOTAL RATING" column
- STEP 4: Circle the indicators receiving your 3 highest overall scores; write them in order in the Step 4 table



Identifying Top Priorities

- Group like indicators
- Vote on top indicators (if needed)



Next Steps



Next Steps: Selecting Strategies

- Consider the WHYs

<i>"Story" Data</i>	<i>Risk factors (modifiable and non-modifiable)</i>
<ul style="list-style-type: none"> • Who • Where • What's helping • What's hurting 	<ul style="list-style-type: none"> • Demographics • Health behaviors • Healthcare access • Socioeconomic factors
- Determine what works to do better (evidence-based strategies)



Next Steps: CHA Document

- Final document will contain:
 - Health, demographic, risk factor data
 - Selected indicators with background information
 - Resource listing
- Available to the public:
 - Submitted to NC Division of Public Health by March 2019
 - Emailed to workshop participants
 - Online at transylvaniahealth.org
 - Hard copies at Transylvania County Library, Transylvania Public Health



Top-Ranked Morbidity and Mortality Indicators based on Size and Severity, Clustered by Topic

INDICATOR	SIZE	SEVERITY	SCORE	DISPARITIES	NOTES
HEART DISEASE / STROKE					
High Blood Pressure: 38.6%	10	5	15		93% taking action to control
High Blood Cholesterol: 35.8%	10	5	15		95% taking action to control
Heart Disease Mortality 5-year aggregate: 419	5	9	14		all rates decreasing over time
Hospitalization for Cardiovascular Disease: 614	5	8	13		
Stroke: 3.6%	5	8	13		lower than 2012
Heart Disease: 7.3%	6	6	12		
Stroke Mortality 5-year aggregate: 109; 32.8/100,000	2	9	11	females higher than males	lower than state and regional; decreasing over time
OBESITY					
Overweight or Obese: 57.9%	10	5	15		2015 CHA Priority Measure
Obese: 28.4%	10	5	15		slightly lower than region
Children Overweight/Obesity Prevalence, 2-4 years: 96, 19.4%	9	5	14		overweight similar to state and region; obese slightly higher than state and region
Adult Obesity Prevalence: 6,449; 24.7%	8	5	13		lower than region; flat over time
CANCER					
Total Cancer Mortality 5-year aggregate: 443; 140.4/100,000	3	9	12		rates steady, lower than state and region
Total Cancer Incidence 5-year aggregate: 1269; 431.1/100,000	3	8	11		rates slightly lower than state and region
Breast Cancer Incidence 5-year aggregate: 206; 141.3/100,000 women	3	8	11		same as regional rate, lower than state
Lung Cancer Mortality 5-year aggregate: 122; 36.3/100,000	2	9	11	male rate is 2x female rate: 48.9 vs 25.5	lower than state and region; slight decrease over time
DIABETES					
Diabetes: 10.4%	7	5	12		increase since 2015
Adult Diabetes Prevalence estimate 3,008; 8.2%	6	6	12		lower than region; recent decrease
Maternal Gestational Diabetes: 23 / 8.7%	6	5	11		
RESPIRATORY DISEASE					
Asthma: 10.6%	7	6	13		slight increase since 2015
COPD: 9.7%	6	6	12		decrease since 2015
Hospitalization for Respiratory Disease: 324	4	7	11		
Pneumonia and Influenza Mortality 5-year aggregate: 48; 14/100,000	2	9	11		lower than state and region; decrease in 2003-2007, increasing since

MENTAL HEALTH					
ED Visits for Anxiety, Mood, Psychotic Disorders: 4792	7	8	15		
Hospitalization for "Other" Causes (including Mental Disorders): 492	5	8	13		
Suicide Mortality 5-year aggregate: 38; 23.9/100,000	2	9	11		higher than state and region; increasing over time
ED Visits for Affective Symptoms, Suicide Thoughts, and Drug or Alcohol Use: 66/10,000	2	8	10		2015 CHA Priority Measure
SUBSTANCE USE					
Hospitalization for Digestive System diseases: 356	5	8	13		
Alcohol-related Motor Vehicle (MV) Crashes: 7.8%	6	7	13		
Liver Disease Mortality 5-year aggregate: 34; 13.6/100,000	2	9	11	male rate 2x female rate	similar to regional rates; both higher than state
Unintentional Medication/Drug Overdose Deaths 5-year aggregate: 29; 18/100,000	1	9	10		2015 CHA Priority Measure
INJURY & VIOLENCE					
Falls among those 65+: 31.5%	10	5	15		
Hospitalization for injuries and poisonings: 322	4	7	11		
Other Injury Mortality 5-year aggregate: 91; 45.1/100,000	2	9	11	male higher than female	county and region similar, higher than state
INFANT/CHILD HEALTH					
Pre-Term Births: 136 / 10%	7	7	14		
Low Birth Weight 5-year aggregate: 124 / 9.2%	6	6	12	8.3% white; 11.3% black; 23.3% other; 14% Hispanic	rates not reliable
Infant Mortality 5-year aggregate: 7	1	10	11		too small for reliable rates

RATING	SIZE OF PROBLEM			SEVERITY OF PROBLEM
	• How many people affected			
	Percent	Rate/100,000	Number	• Death, hospitalization, quality of life, economic impact • County different from state/region; trends over time
9 or 10	>25%	25,000+	8,266+	Very serious
7 or 8	10% - 24.9%	10,000-24,999	3,306-8,265	Relatively serious
5 or 6	1% - 9.9%	1,000-9,999	331-3,305	Serious
3 or 4	0.1% - 0.9%	100-999	33-330	Moderately serious
1 or 2	0.01% - 0.09%	10-99	3-32	Relatively not serious
0	<0.01%	0-9	0-2	Not serious at all

Key Informants: Top Community Concerns and Feasibility

HEALTH ISSUES	CONCERN #	CONCERN %	FEASIBILITY
Obesity/Nutrition/Physical Activity	29	97%	96
Substance Use	27	90%	95
Infant and Child Health	26	87%	92
Diabetes	24	80%	97
General Mental Health	24	80%	79
Depression/Anxiety/Stress	21	70%	61
Heart Disease/Stroke	17	57%	57
Injury and Violence	16	53%	48
Dental Care/Oral Health	14	47%	48
Cancer	13	43%	45
Family Planning	11	37%	35
Dementia/Alzheimer's Disease	9	30%	31
Immunizations and Infectious Diseases	9	30%	28
Suicide	7	23%	20
Chronic Pain	5	17%	9
Hearing/Vision Conditions	4	13%	14
Upper Respiratory Diseases (such as Asthma)	3	10%	11
Chronic Kidney Disease	1	3%	5
Sexually Transmitted Infections	1	3%	5
Arthritis/Osteoporosis	1	3%	3
Chronic Obstructive Pulmonary Disease (COPD)	1	3%	3
HIV/AIDS	0	0%	0

SOCIOECONOMIC FACTORS	CONCERN #	CONCERN %	FEASIBILITY
Housing	20	67%	54
Early Childhood Education	15	50%	62
Adverse Childhood Experiences (ACEs)	13	43%	40
Access to Health Care	13	43%	39
Employment Opportunities	13	43%	39
Transportation	9	30%	34
Interpersonal Violence (IPV)	6	20%	19
Food Insecurity	5	17%	19

CONCERN: Key informants selected up to three health issues or behaviors from a list that they felt were the most critical to address collaboratively in the community over the next three years or more.

FEASIBILITY: Key informants were asked to rate the following statement: “Considering your community's values, current resources, and existing work, how likely is it that collaborative effort could make a positive change on this issue?” Responses were scored using the following scale: very likely=5; somewhat likely=3; not likely=1; not at all likely=0

Resource Availability for High Concern Issues

HIGH CONCERN AND HIGH RESOURCE ISSUES		Notes on resources (people, money, materials, efforts/momentum etc.)
a.		
b.		
c.		
d.		
e.		
f.		

HIGH CONCERN AND MEDIUM RESOURCE ISSUES		Notes on resources (people, money, materials, efforts/momentum etc.)
a.		
b.		
c.		
d.		
e.		
f.		

HIGH CONCERN AND LOW RESOURCE ISSUES		Notes on resources (people, money, materials, efforts/momentum etc.)
a.		
b.		
c.		
d.		
e.		
f.		

Behavioral, Socioeconomic, Environment, Health Access, and Demographic Data That “Stand Out”

“OTHER” INDICATORS	NOTES
Issues in most need of improvement: availability of employment, road maintenance, nothing	11/16 counties selected employment; 11/16 selected “nothing”
8% reported “always” or “usually” worrying about paying rent or mortgage	
13% reported “fair” or “poor” health	Lower than region (17%), state (18%), nation (18%); decrease from 2015 and 2012 (19%)
ACCESS TO CARE	
26% lack health insurance	Higher than region (20%), state (17%), nation (14%); increase from 2015 (21%) and 2012 (16%)
7% unable to get needed medical care in past year	Lower than region (12%); increase from 2015 (5%) decrease from 2012 (10%)
81% have medical “home”	Similar to region, higher than state (74%); decrease from 2015 (87%)
71% visited physician for checkup in past year	
72% of women got mammogram in past two years	Lower than region (79%), state (79%), nation (77%)
70% visited dentist in past year	Higher than region (62%), state (64%), nation (60%)
33% have been tested for Hep C	
Number of health care professionals per 10,000: 16.2 physicians, 9 primary care physicians, 2.9 dentists, 71 RNs, 2.9 PAs, 1.5 NPs	Lower than state for physicians, dentists, RNs, PAs, NPs; lower than region for dentists and NPs; higher than region and state for primary care physicians
11 licensed mental health facilities; capacity of 116 + day treatment and adult vocational program	
PHYSICAL ACTIVITY	
27% reported limited activities due to physical, mental, emotional problem; most common problems were back/neck (23%) and arthritis (17%)	Lower than region (31%), higher than state (22%) and nation (25%); decrease since 2015 (35%) and 2012 (37%)
20% reported no leisure-time physical activity	Lower than region (25%), state (24%), nation (26%)
19% met physical activity recommendations	Slightly lower than region (21%) and nation (23%), similar to state
NUTRITION	
14% consume 5+ servings of fruits/vegetables per day	Higher than region (7%), steady over time
20% reported food insecurity	Lower than region (24%) and nation (28%)
494 households (3.4%) with no car and low access to store	Similar to regional rate; slight increase from 2010 (406, 2.8%)
MENTAL HEALTH	
11% reported high (4+) adverse childhood experiences	Lower than region (15.9%)
28% reported emotional abuse; 28% reported household substance abuse	
20% reported 7+ days of poor mental health in past month	Higher than region (19%); increase from 2015 (17%) and 2012 (12%)
79% “always” or “usually” get needed social/emotional support	Higher than region (75%)
12% did not get mental health care or counseling needed in past year	Similar to region, increase from 2015 (5%)

SUBSTANCE USE	
18% reported binge drinking	Higher than region (12%) and state (15%), lower than nation (20%); increase from 2015 (13%) and 2012 (9%)
22% reported excessive drinking	Higher than region (16%), similar to state; increase from 2015 (18%)
19% reported using opiates in past year, with or without Rx	Similar to region
42% reported life negatively affected by substance use	Lower than region (47%), higher than state (37%)
5% reported use of illicit drug in past month (self or other)	Lower than region (9%)
19% of babies (49) born to moms who smoked	Related to low birth weight; similar to region (20%), higher than state (9%)
15% current smokers	Lower than region (19%), state (18%), nation (17%); decrease from 2015 (23%) and 2015 (19%)
4% use smokeless tobacco	Lower than region (6%), similar to state and nation
5% use vaping product	Lower than region (7%); decrease from 2015 (8%)
22% breathed someone else's smoke at work in past week	Higher than region (17%); increase from 2015 (14%), decrease from 2012 (23%)
RADON	
6.6 average indoor radon level	408% variance from national average; 61% variance from regional average
CRIME	
Index crime rate per 100,000: 1588	Lower than region (2318) and state (3154)
536 crime offenses	Much lower than region average (2286)
163 calls / 31 clients reporting sexual assault: adult survivor of child sexual assault (12), rape (7), marital rape (6), incest (5); offenders were relatives (22), acquaintance (4), boy/girlfriend (3), stranger (2)	
445 calls / 166 clients reporting domestic violence	

“Stand Out” Criteria:

- Change from 2015
- Differ from WNC average
- Current CHA or other “headline” measure
- Strongly related to high concern or top morbidity/mortality indicators
- Modifiable (non-modifiable factors can be considered when developing strategies)

Key Health Issues Prioritization Worksheet

Step 1: LIST KEY HEALTH ISSUES	Step 2: RATE SELECTION CRITERIA (1=lowest priority; 2=medium; 3=high; 4=highest)					Step 3: TOTAL RATING	
	RELEVANT <i>How important is this issue?</i>	IMPACTFUL <i>Will this make a difference?</i>		FEASIBLE <i>Can we actually do it?</i>			
	<ul style="list-style-type: none">• Size of problem (percent of population affected)• Severity of problem (cost to treat, lives lost, etc.)• Community concern• Equity and disparities• Connection to other issues	<ul style="list-style-type: none">• Availability of solutions or proven strategies• Builds on or enhances current work• Significant consequences of <i>not</i> addressing issue now		<ul style="list-style-type: none">• Availability of resources (staff, community partners, time, money, equipment)• Political will• Ethical, acceptable to community• Easy, short-term wins			
		+		+		=	
		+		+		=	
		+		+		=	
		+		+		=	
		+		+		=	
		+		+		=	
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		+		+		=	
		+		+		=	
		+		+		=	
		+		+		=	
		+		+		=	

Step 4: IDENTIFY AND RANK TOP HEALTH ISSUES	
Highest scoring health issue = 1, next highest scoring health issue = 2, etc.	
#1	
#2	
#3	



APPENDIX C

COUNTY MAPS

Transylvania County Maps

Community Health (Needs) Assessment

2018

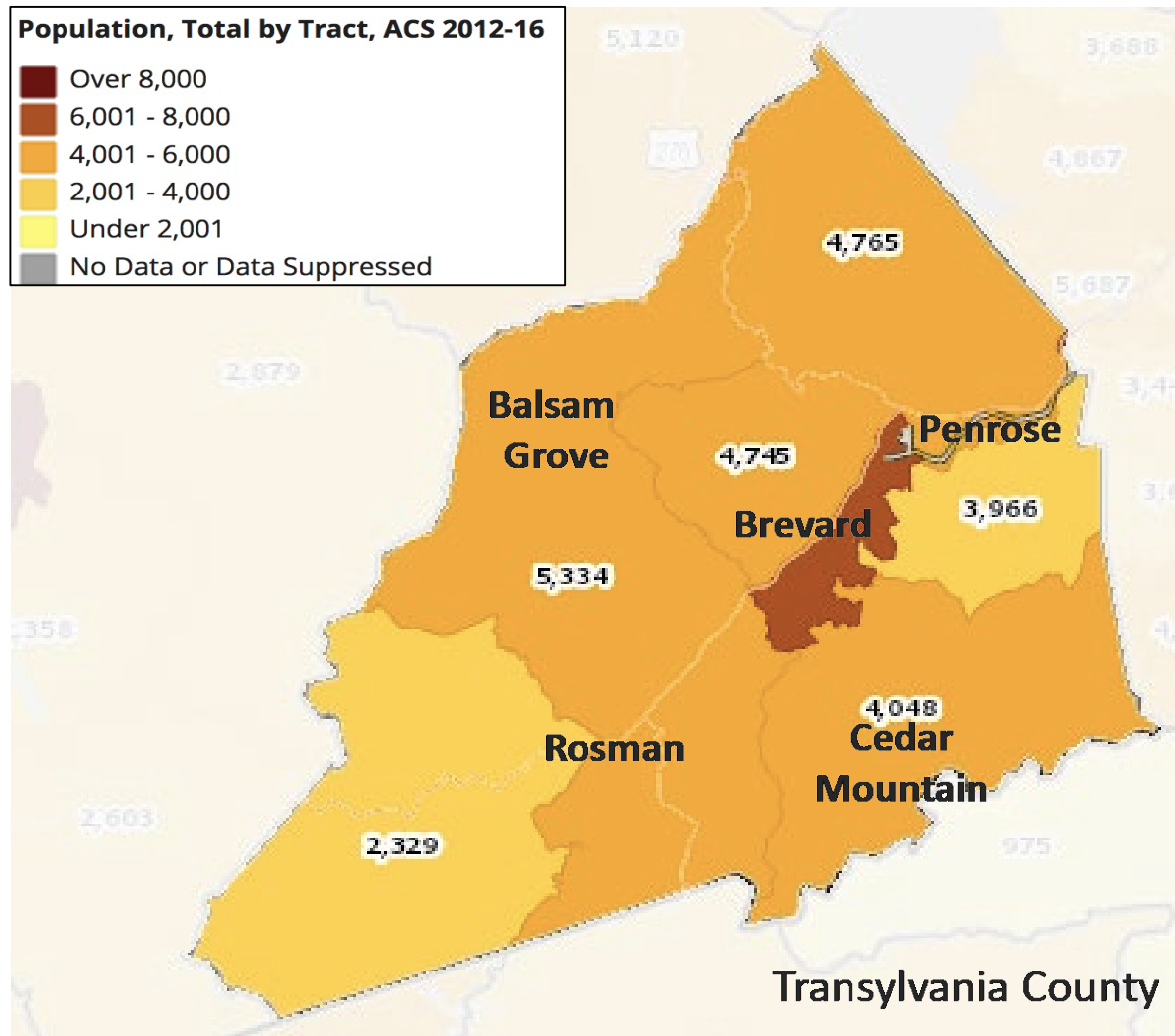
Why use maps?

- To show variation across the county (or a lack of it)
 - Using only one number or statistic to describe the entire county can hide variation across communities. Maps can show if communities are different.
- To show vulnerable populations
 - Mapping demographic information can show us where our most vulnerable populations live.
- To show masked associations
 - Maps can show where specific factors occur simultaneously.

Maps are one piece of the data puzzle

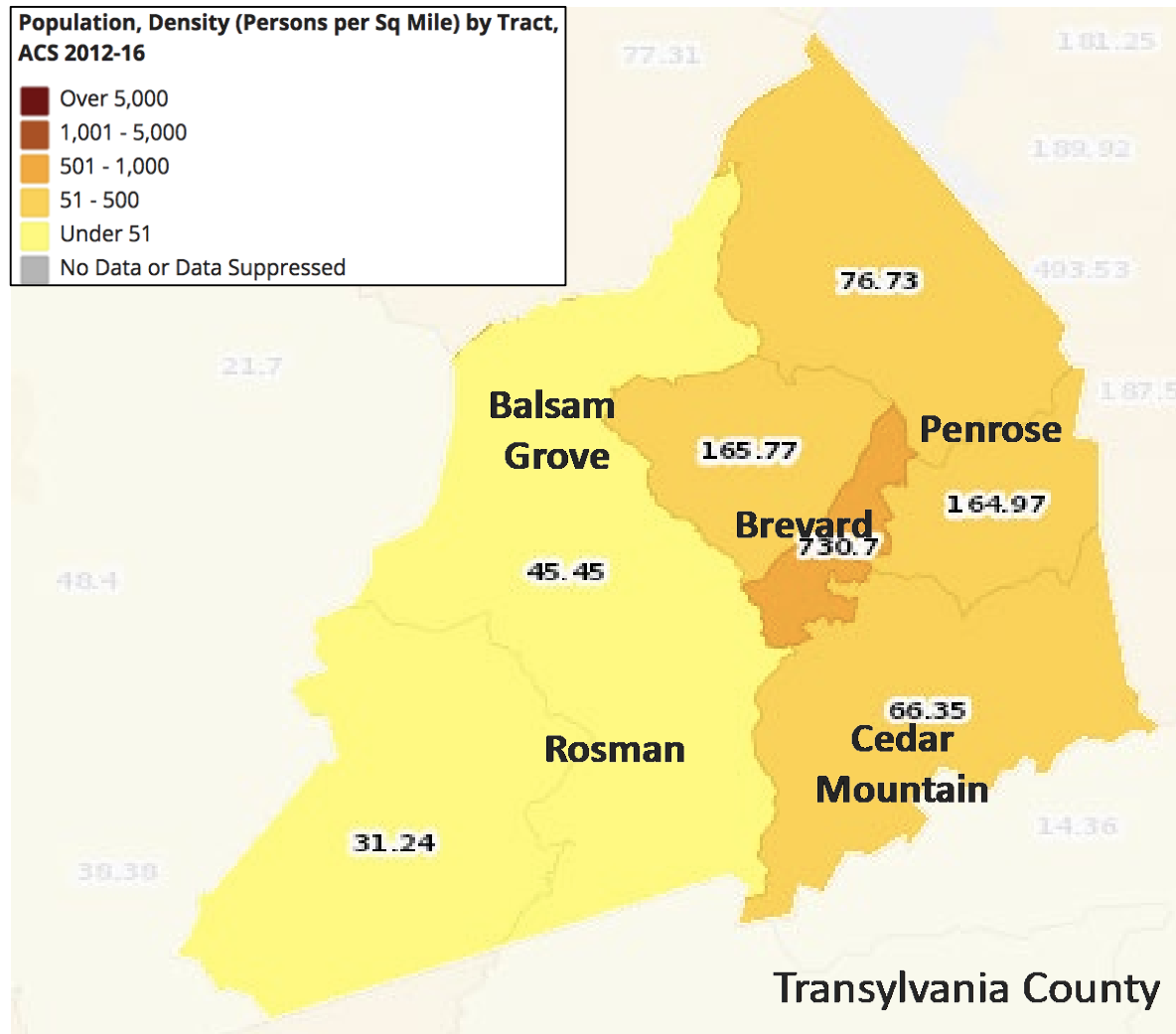
- Maps can be misleading and are best used to highlight which communities to investigate further.
 - Reliability of data decreases as it is cut into smaller and smaller pieces. Therefore, maps of census tract data have greater margins of error than county statistics.
- Maps should be supported by talking with community members or service providers specific to the community of interest to learn more about the community's needs and opportunities.

Population, Total



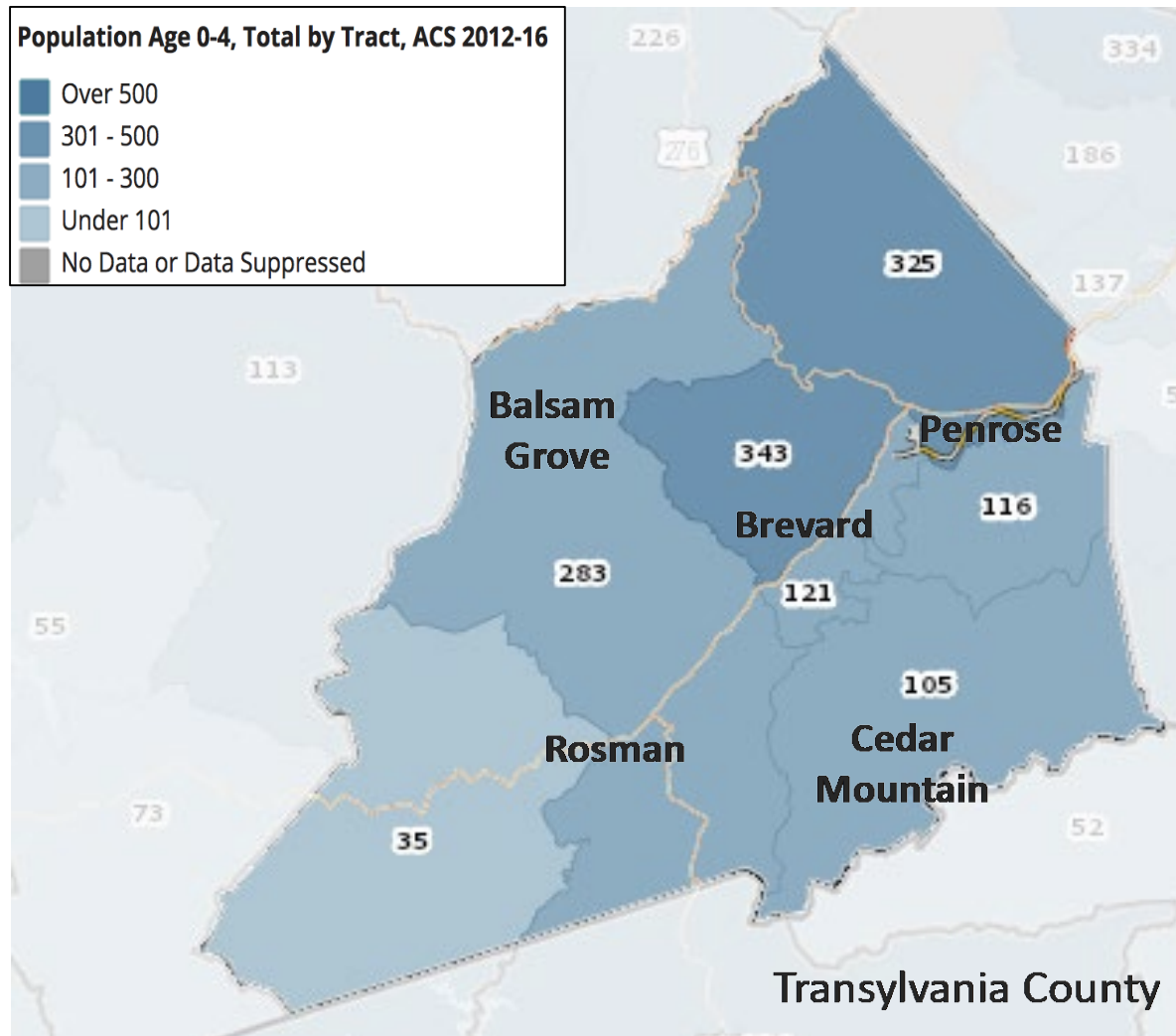
[Click to see map
in Community
Commons](#)

Population, Density



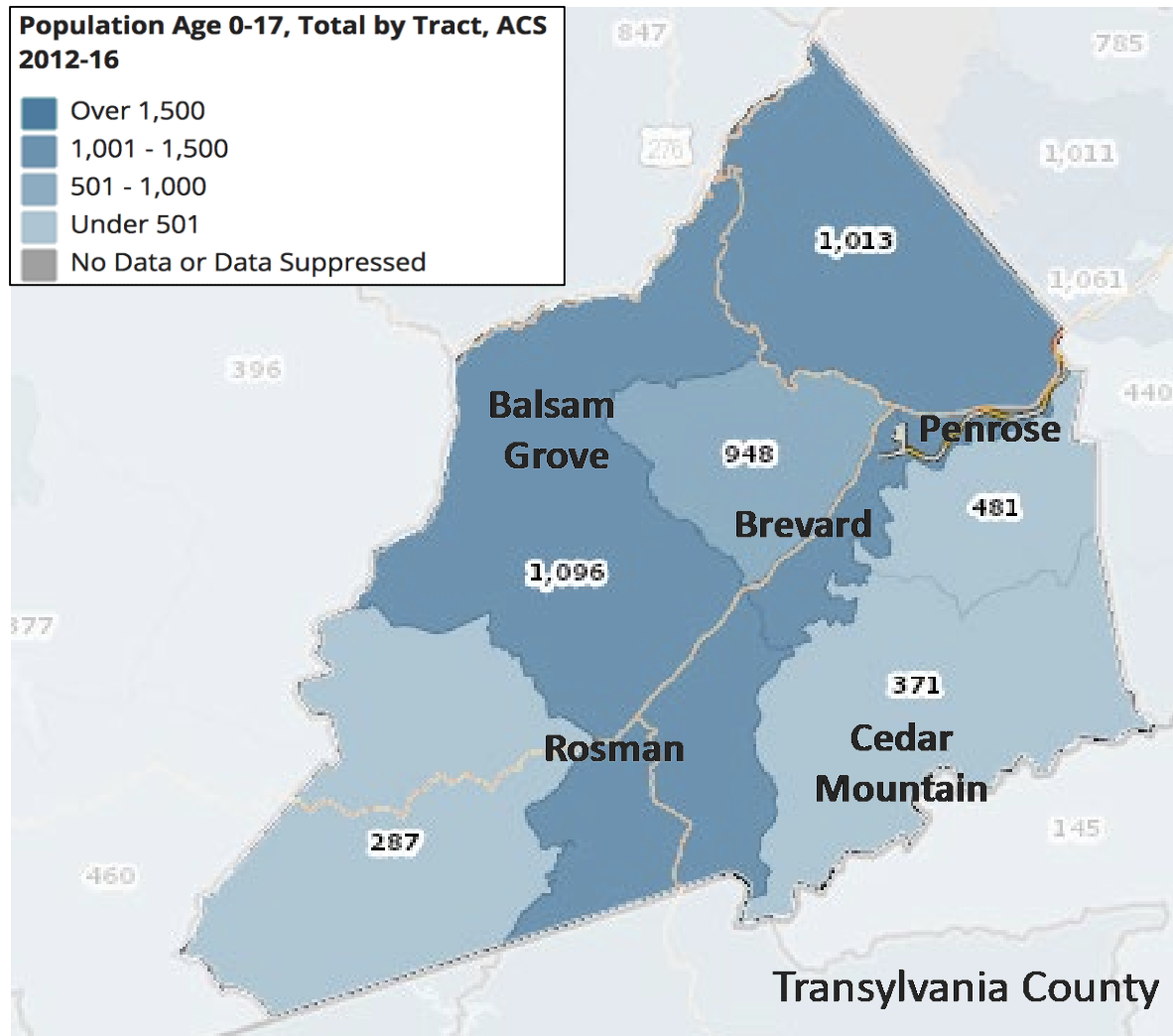
[Click to see map in Community Commons](#)

Population, Age 0-4



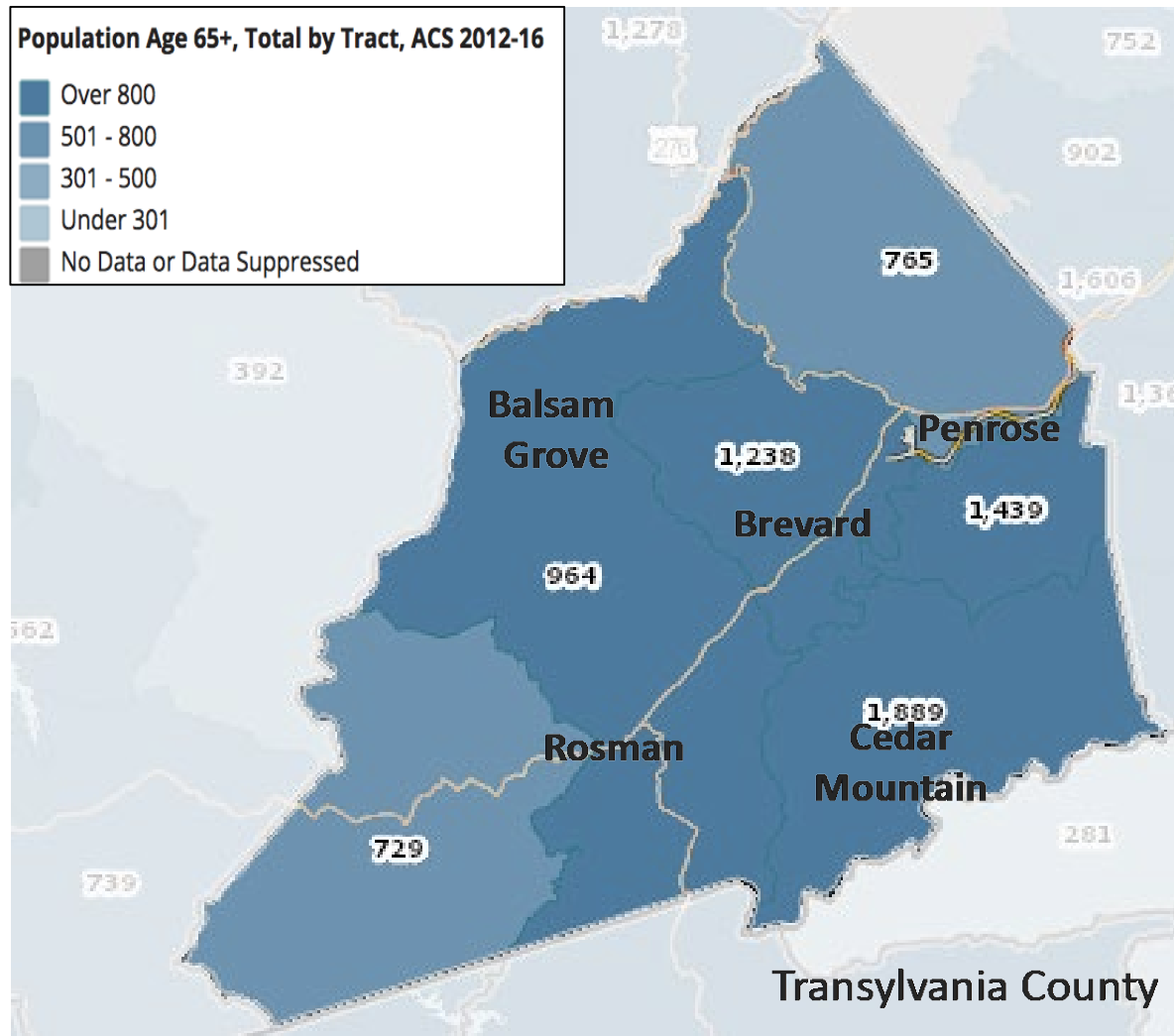
[Click to see map
in Community
Commons](#)

Population, Age 0-17



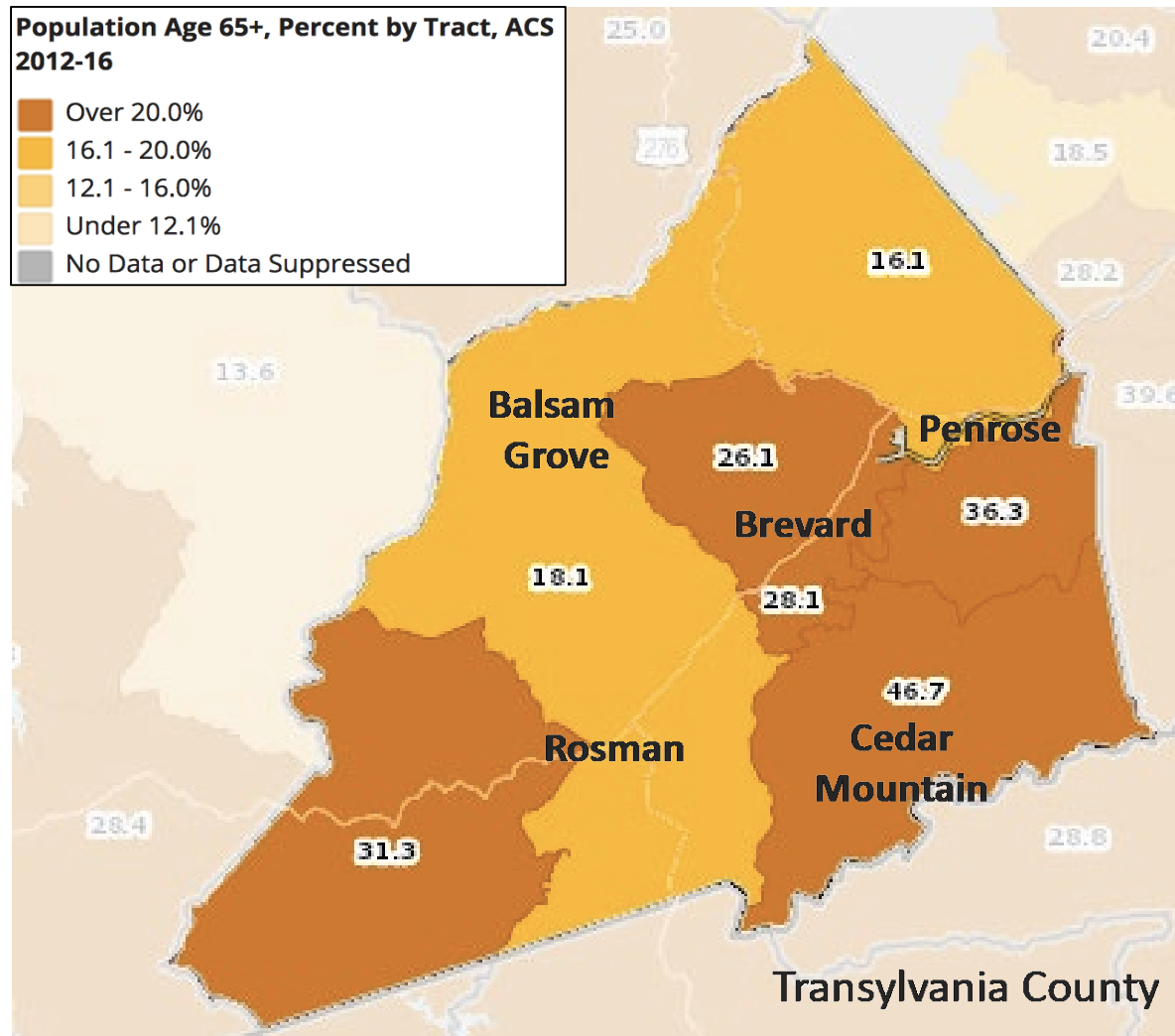
[Click to see map
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Commons](#)

Population, Age 65+



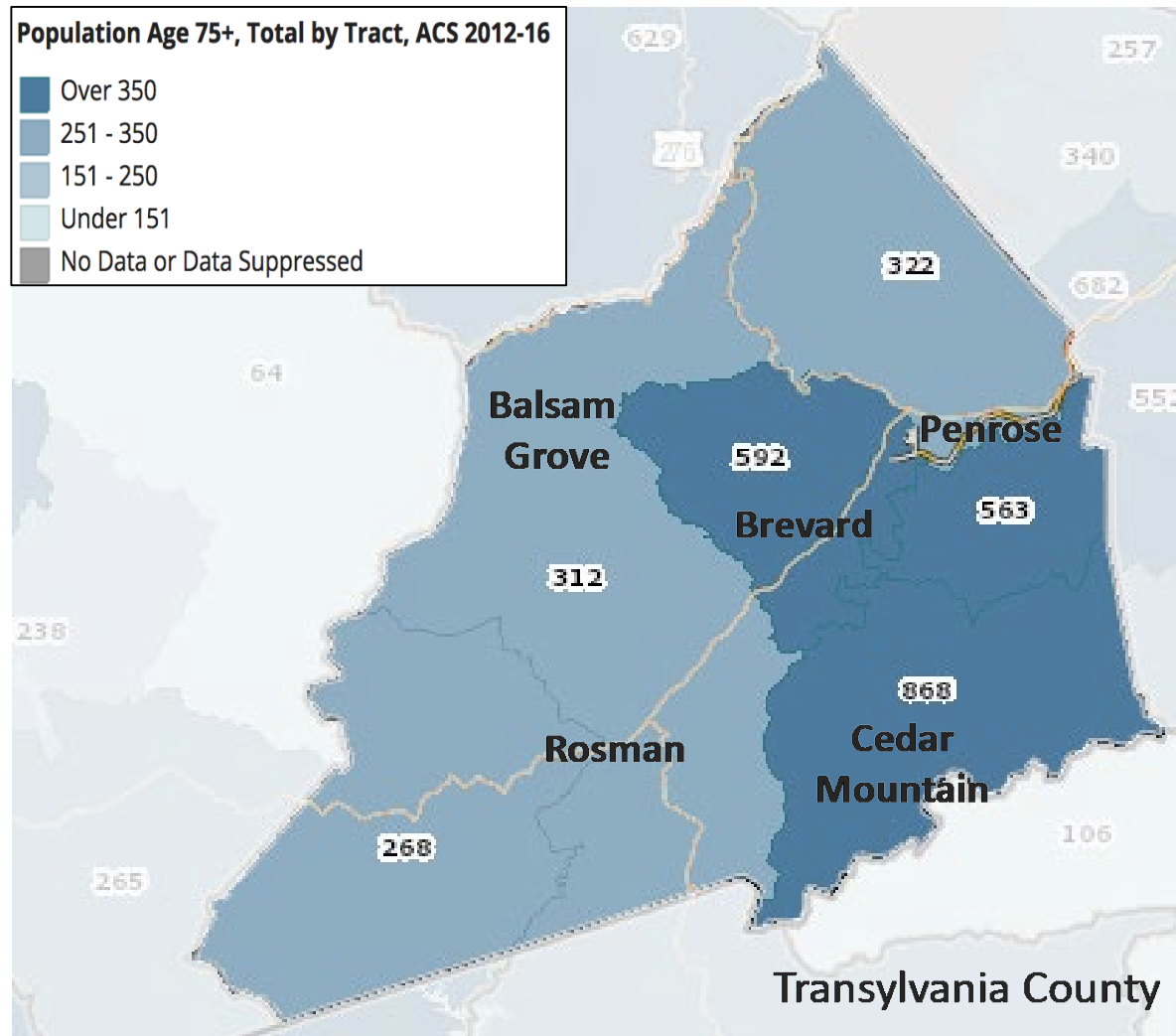
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Percent of the Population, Age 65+



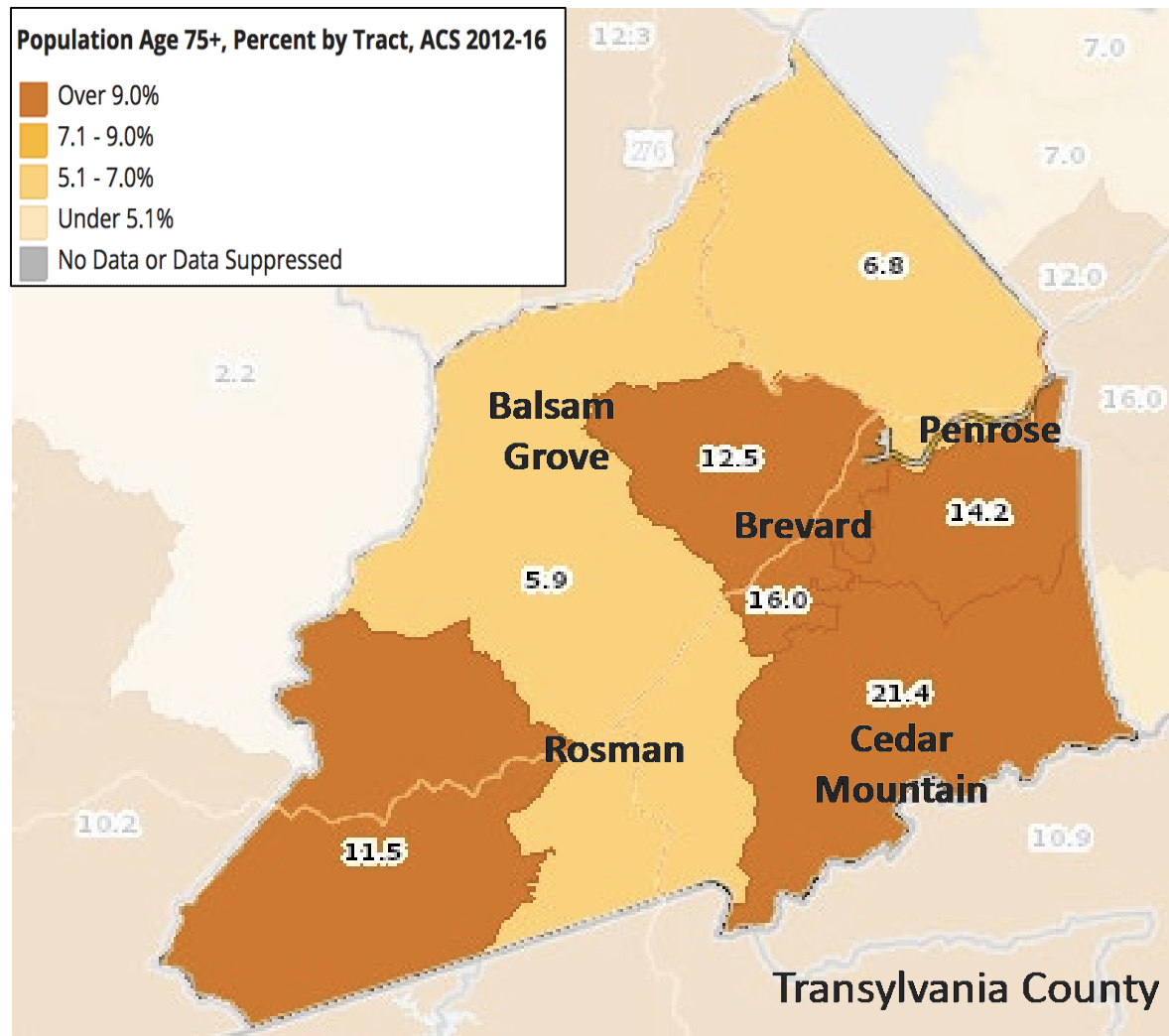
[Click to see map
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Population, Age 75+



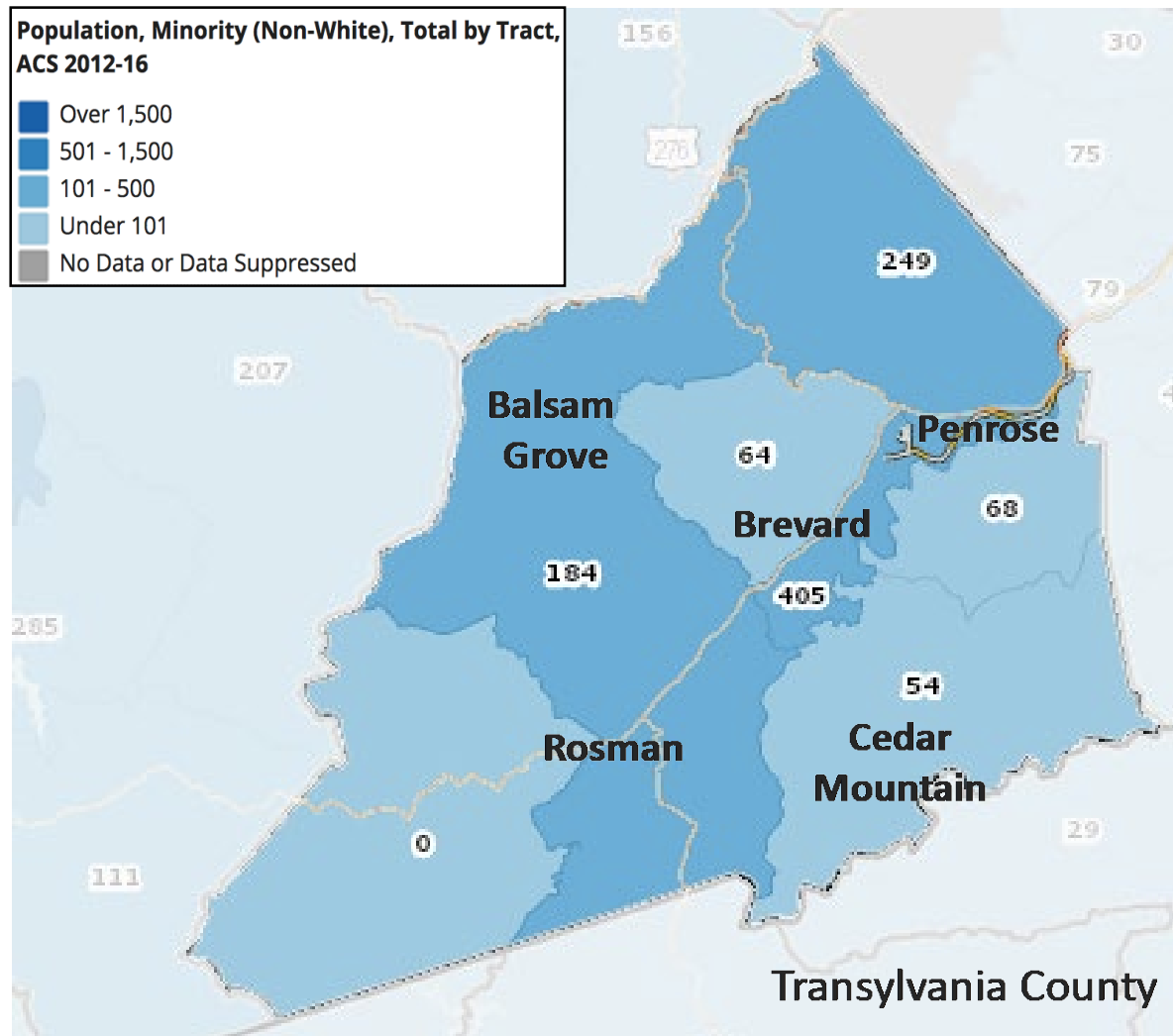
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Percent of the Population, Age 75+



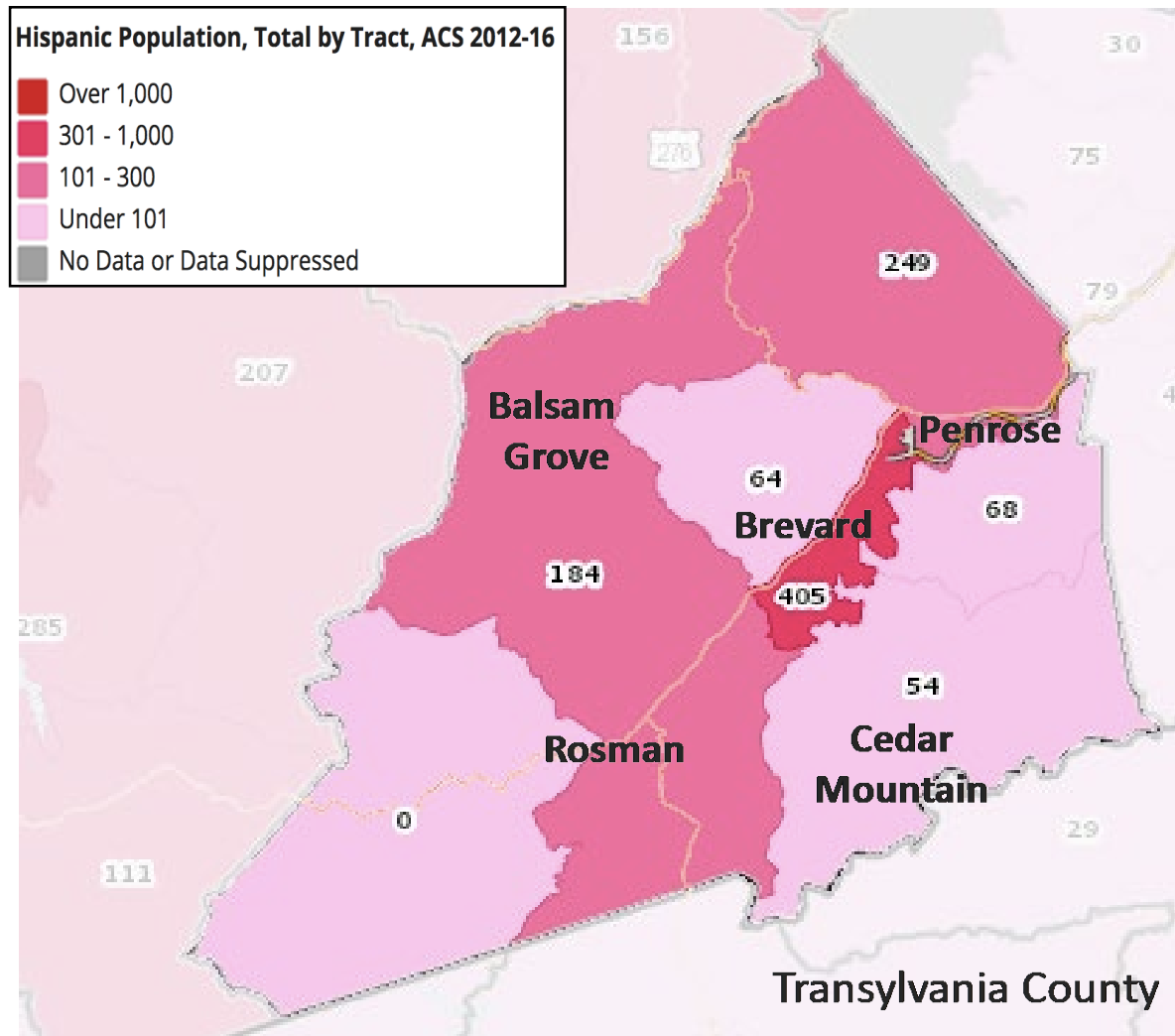
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Population, Minority (Non-White)



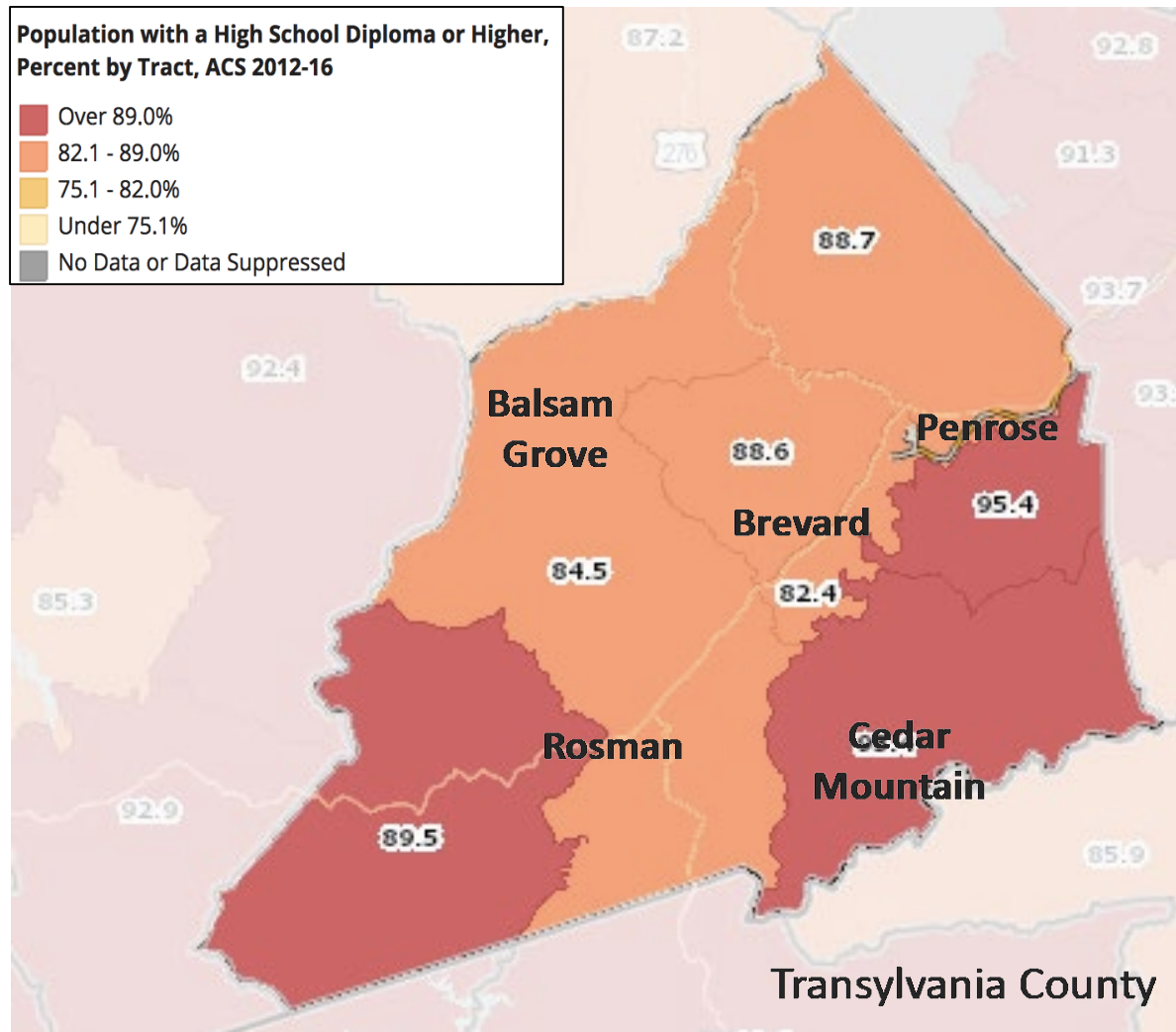
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Population, Hispanic



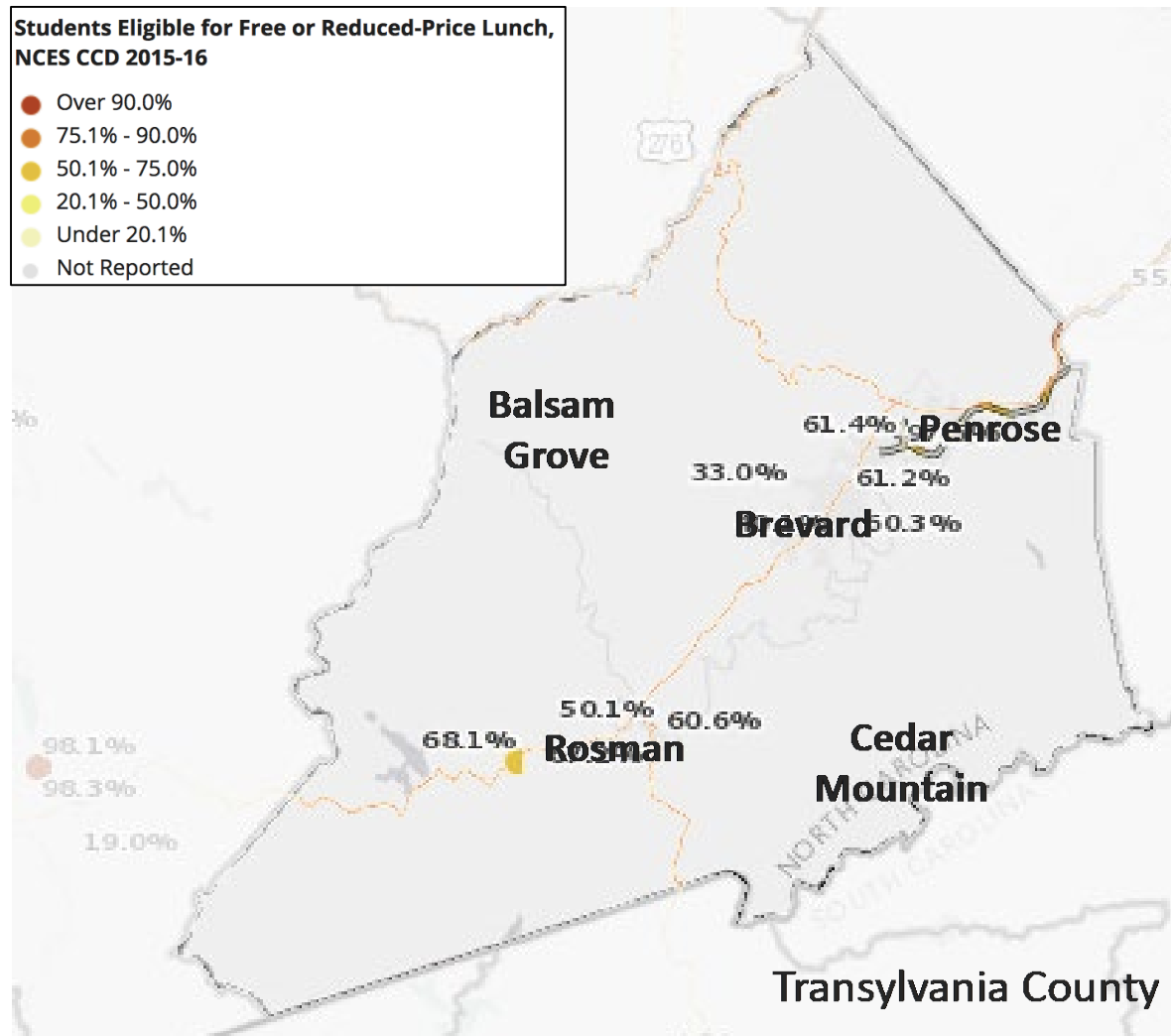
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Percent of the Population (Age 25+) with a High School Diploma or Higher Education Level



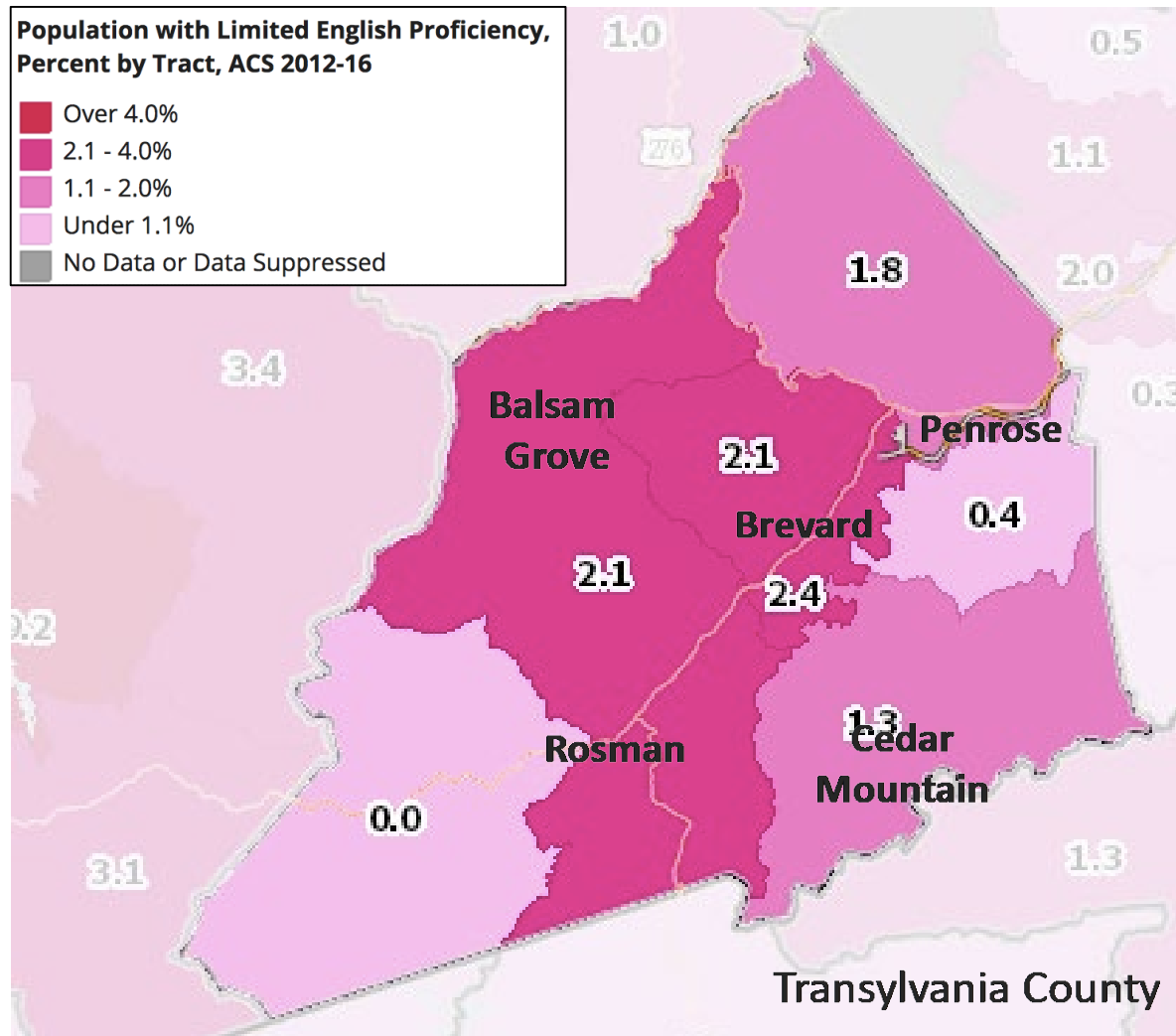
[Click to see map
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Percent of Students Eligible for Free or Reduced-Price Lunch



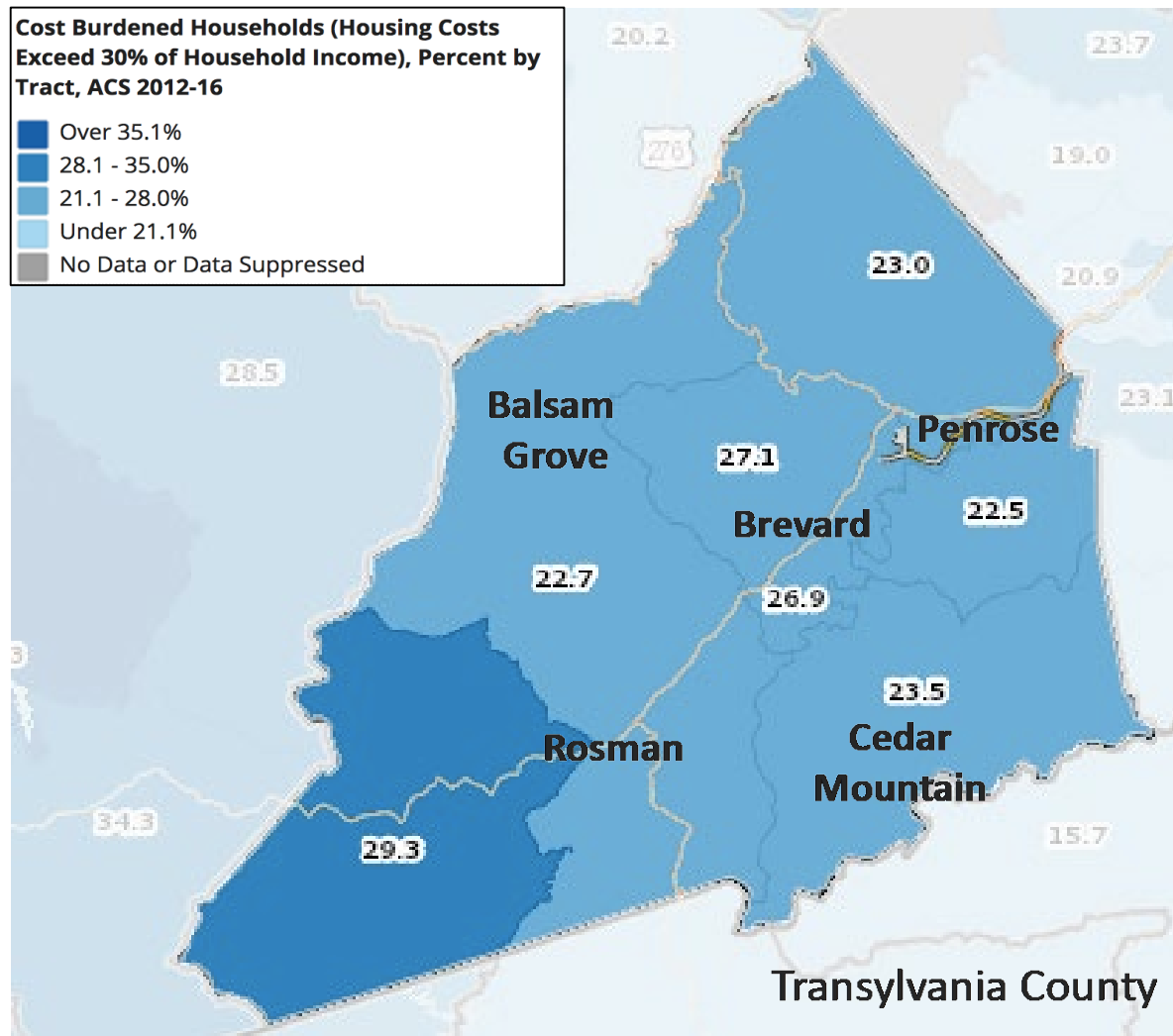
[Click to see map in Community Commons](#)

Percent of Population with Limited English Proficiency



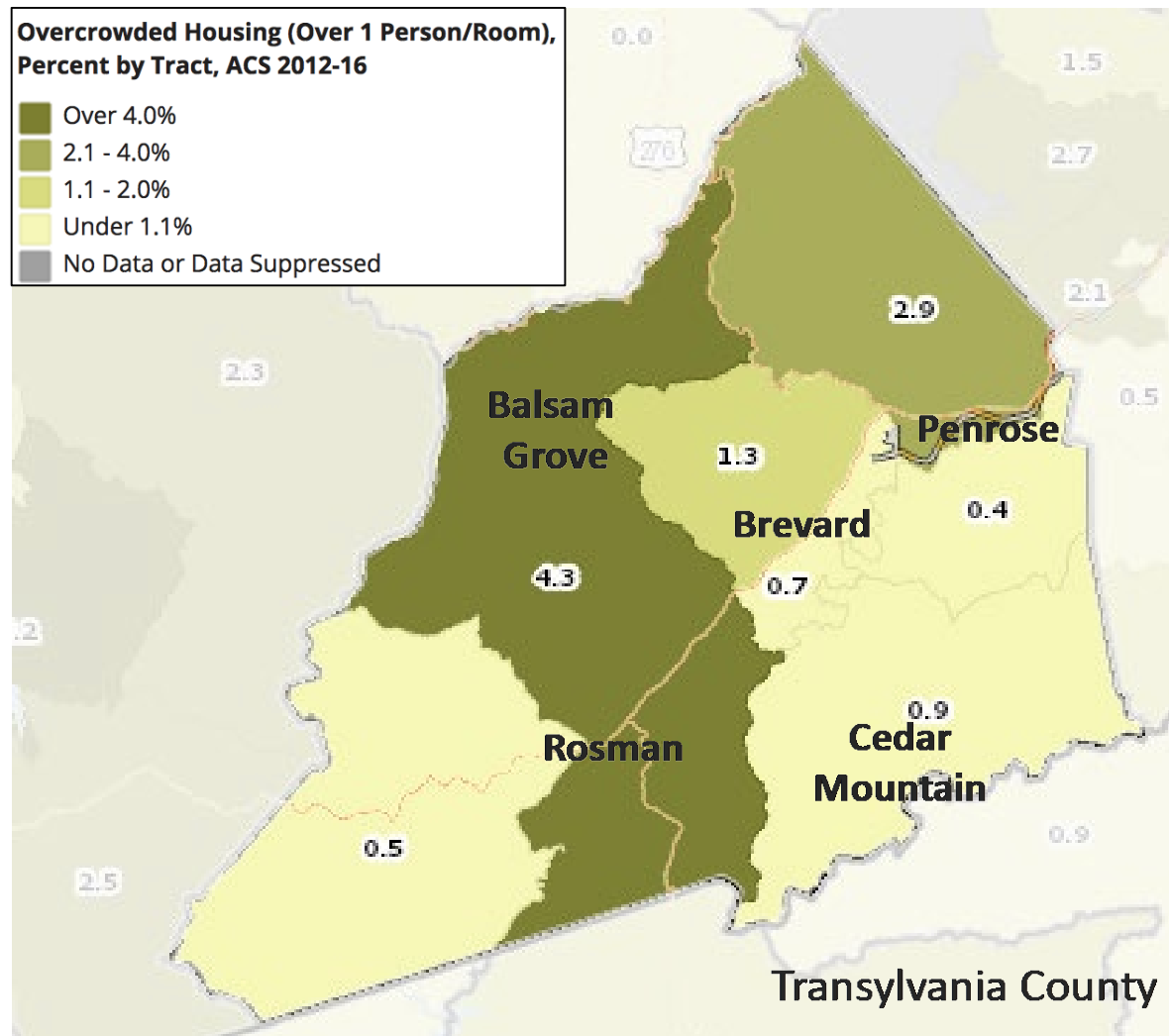
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Percent of Cost Burdened Households



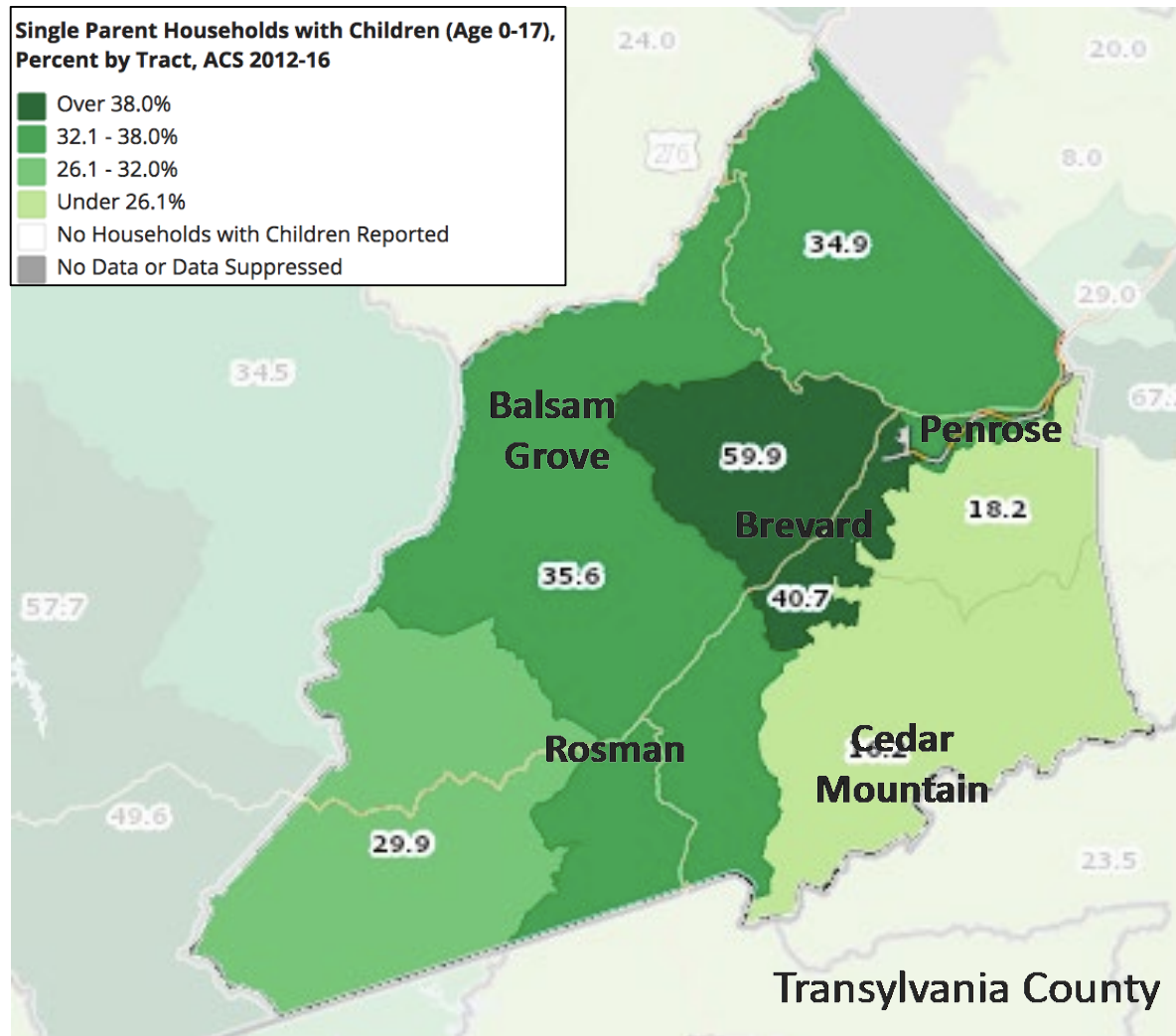
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Percent of Overcrowded Households



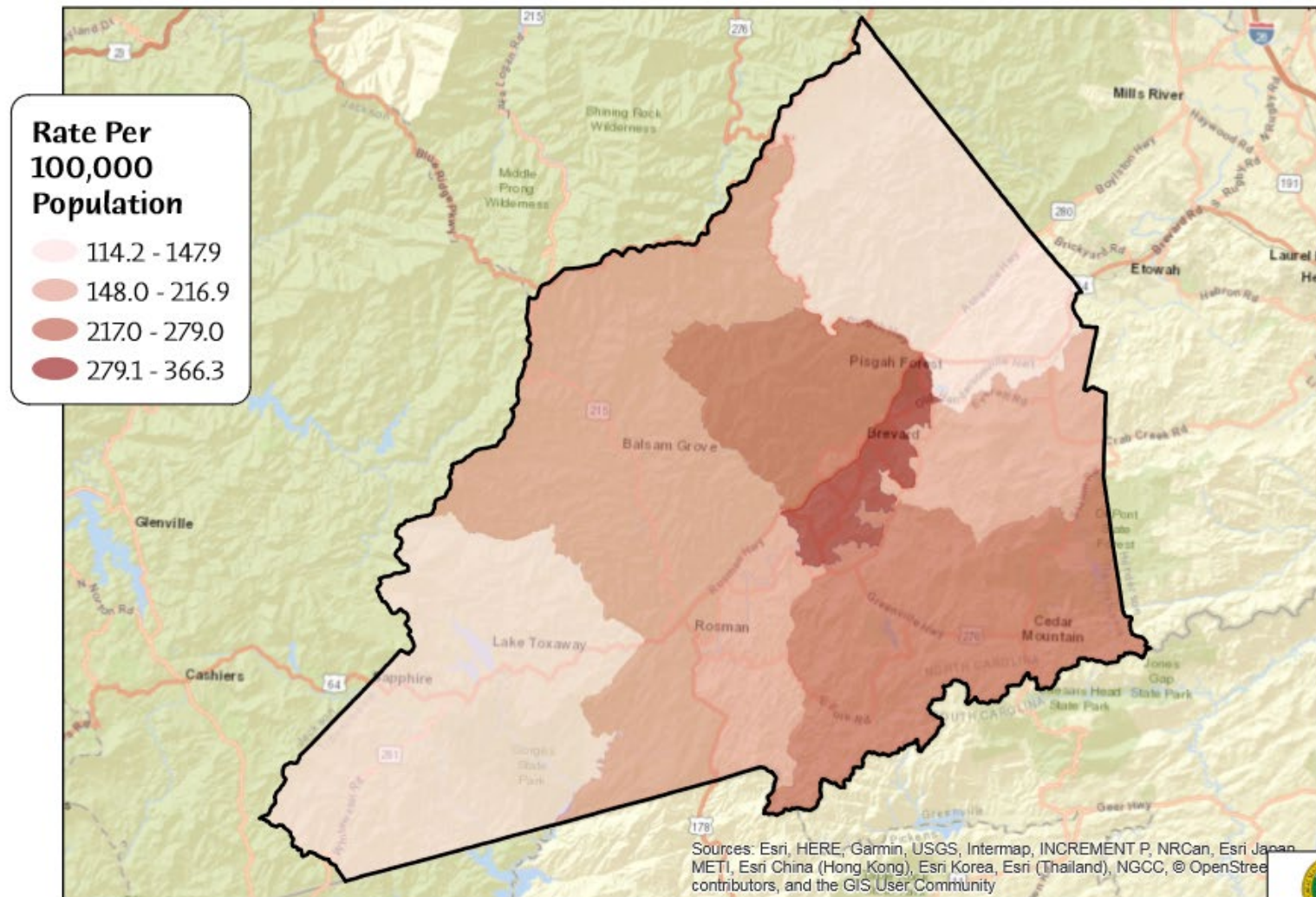
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Percent of Single Parent Households

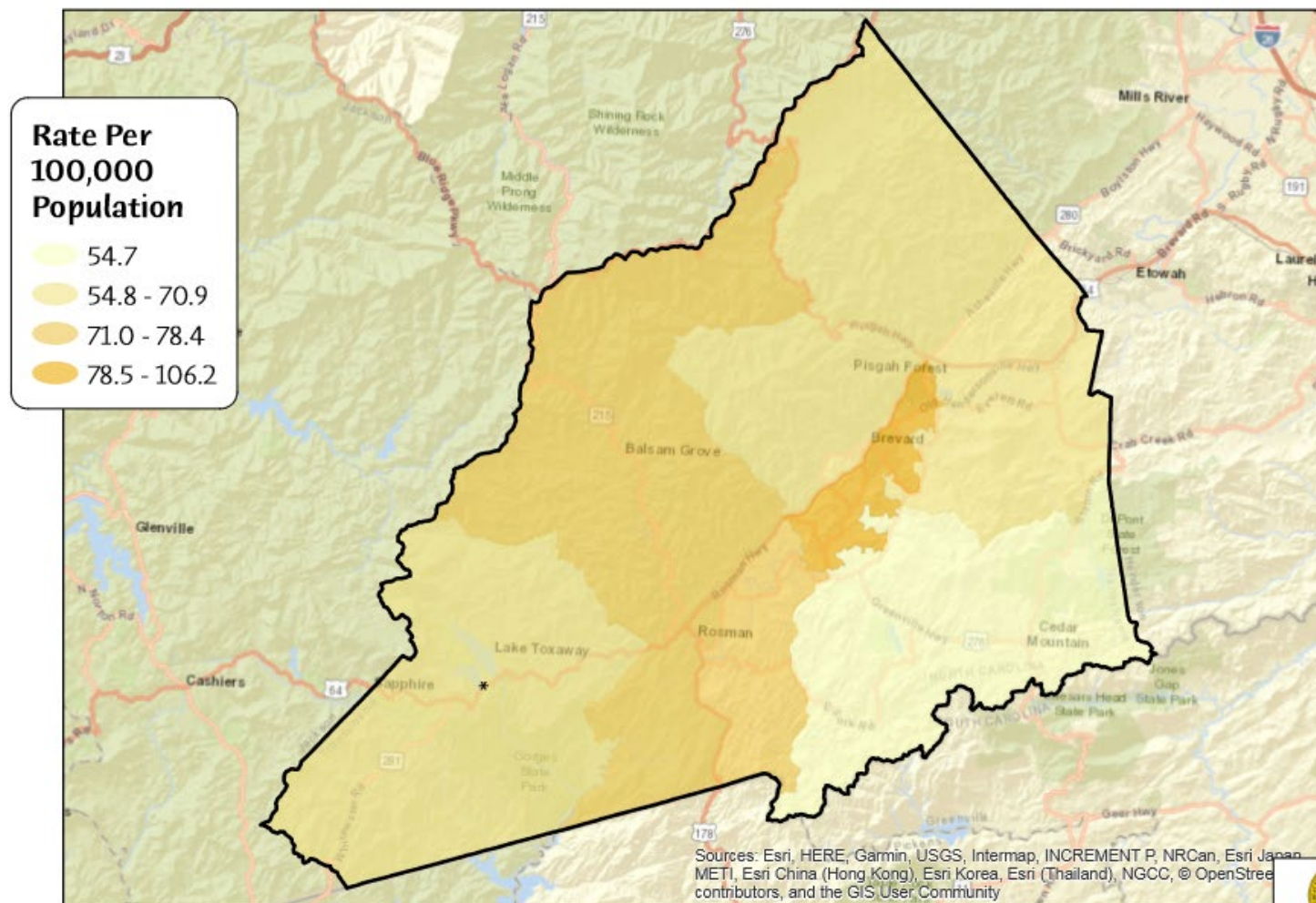


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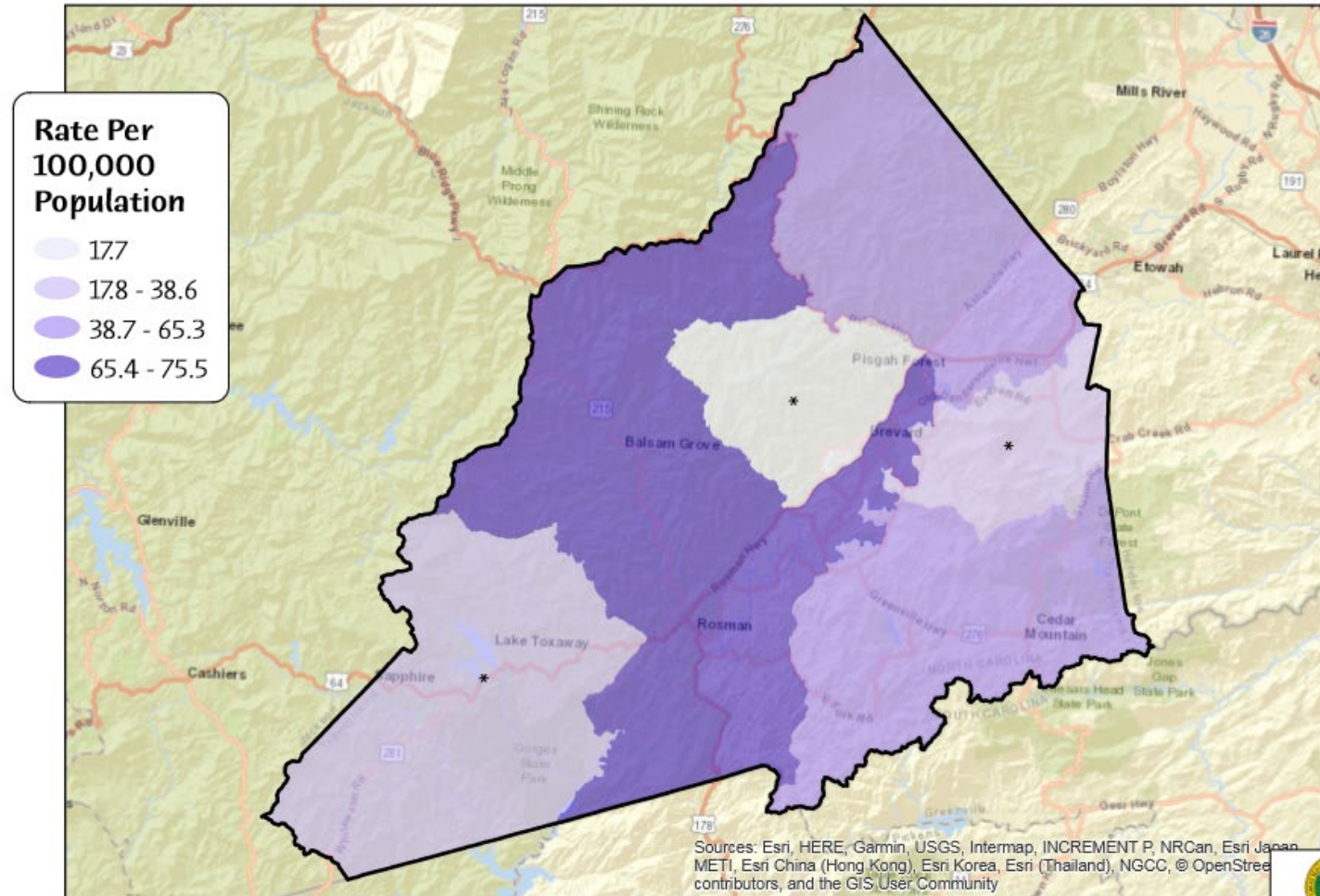
Heart Disease Mortality Rates



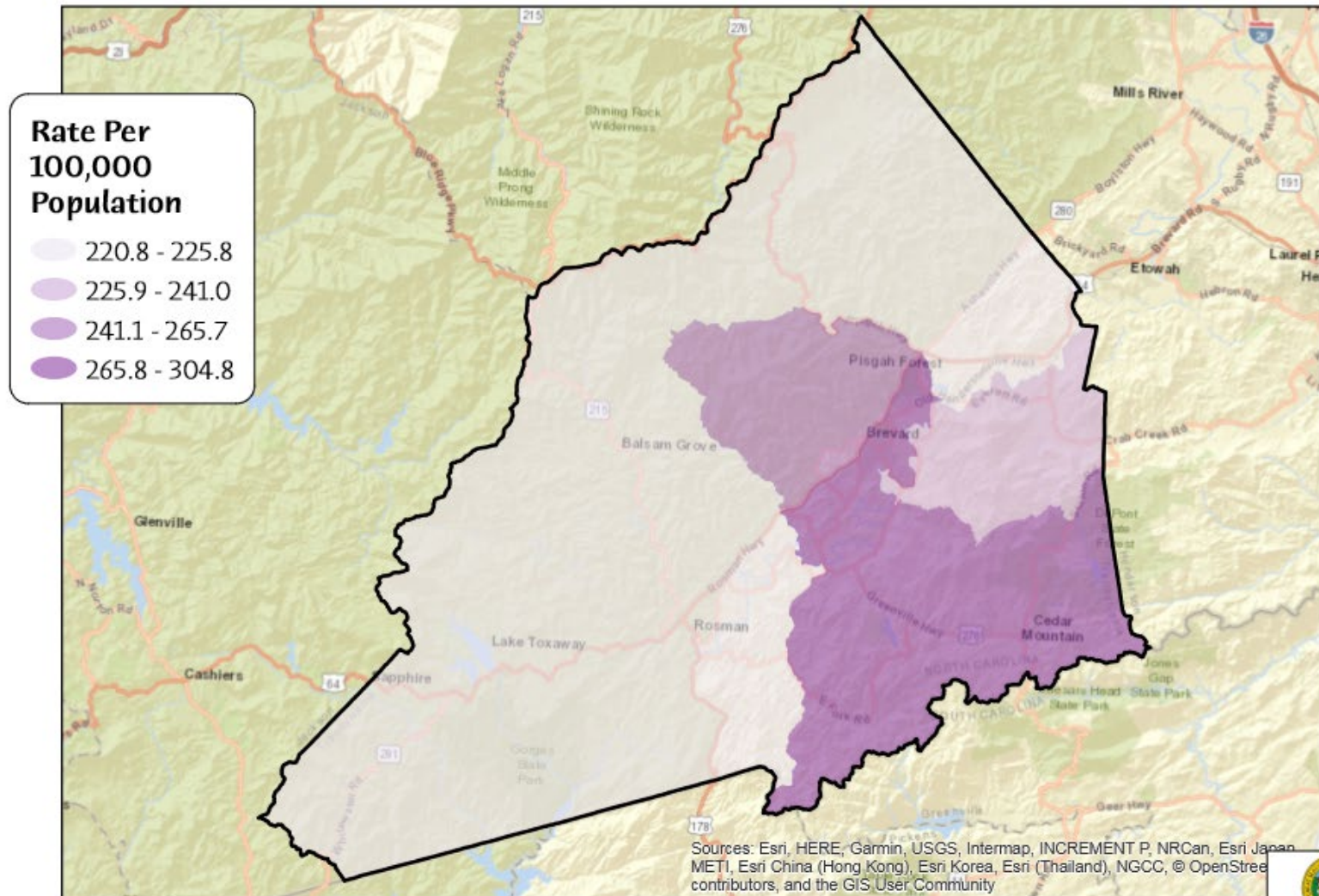
Chronic Lower Respiratory Disease Mortality Rates



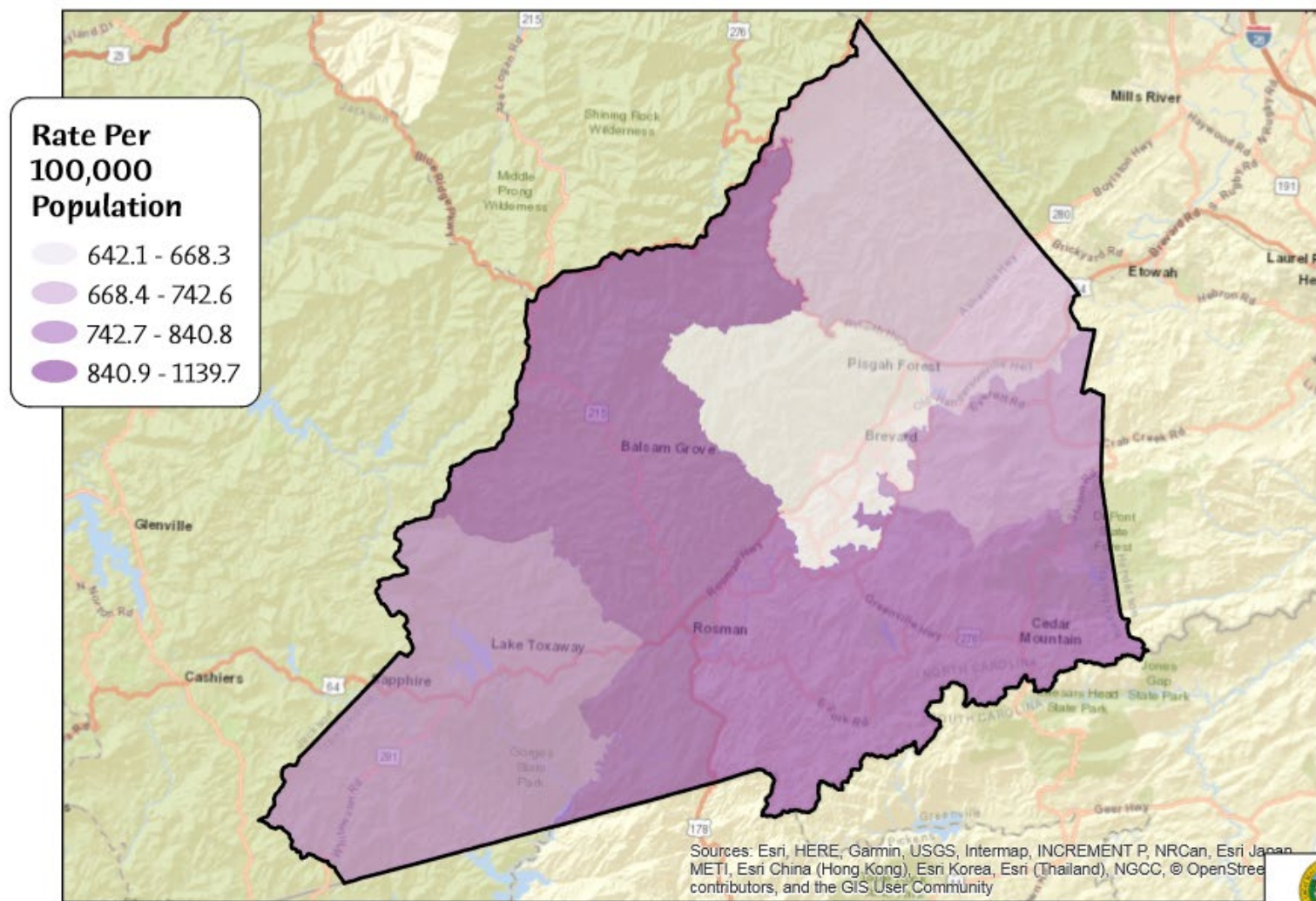
Other Unintentional Injuries Mortality Rates



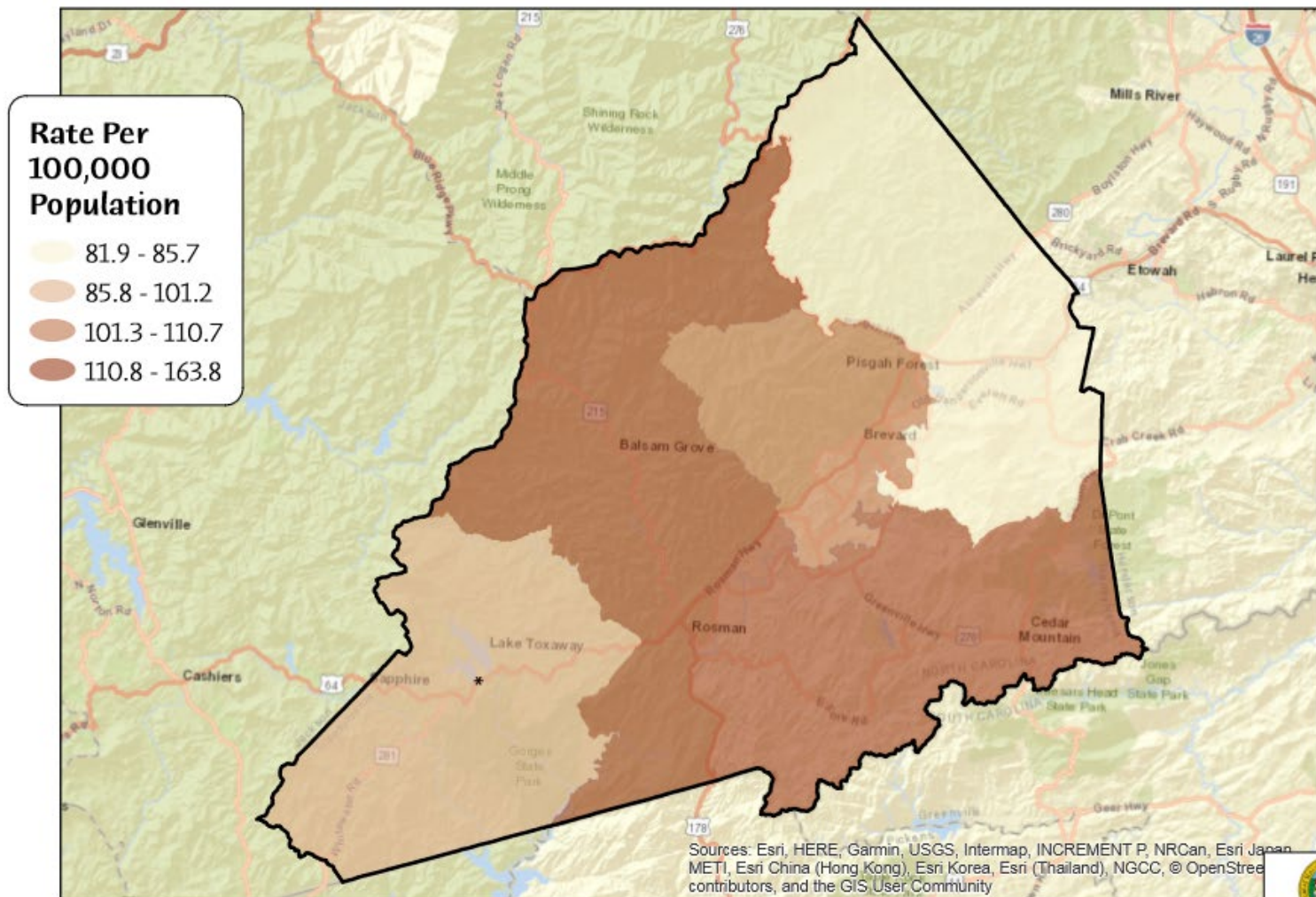
All Cancers Mortality Rates



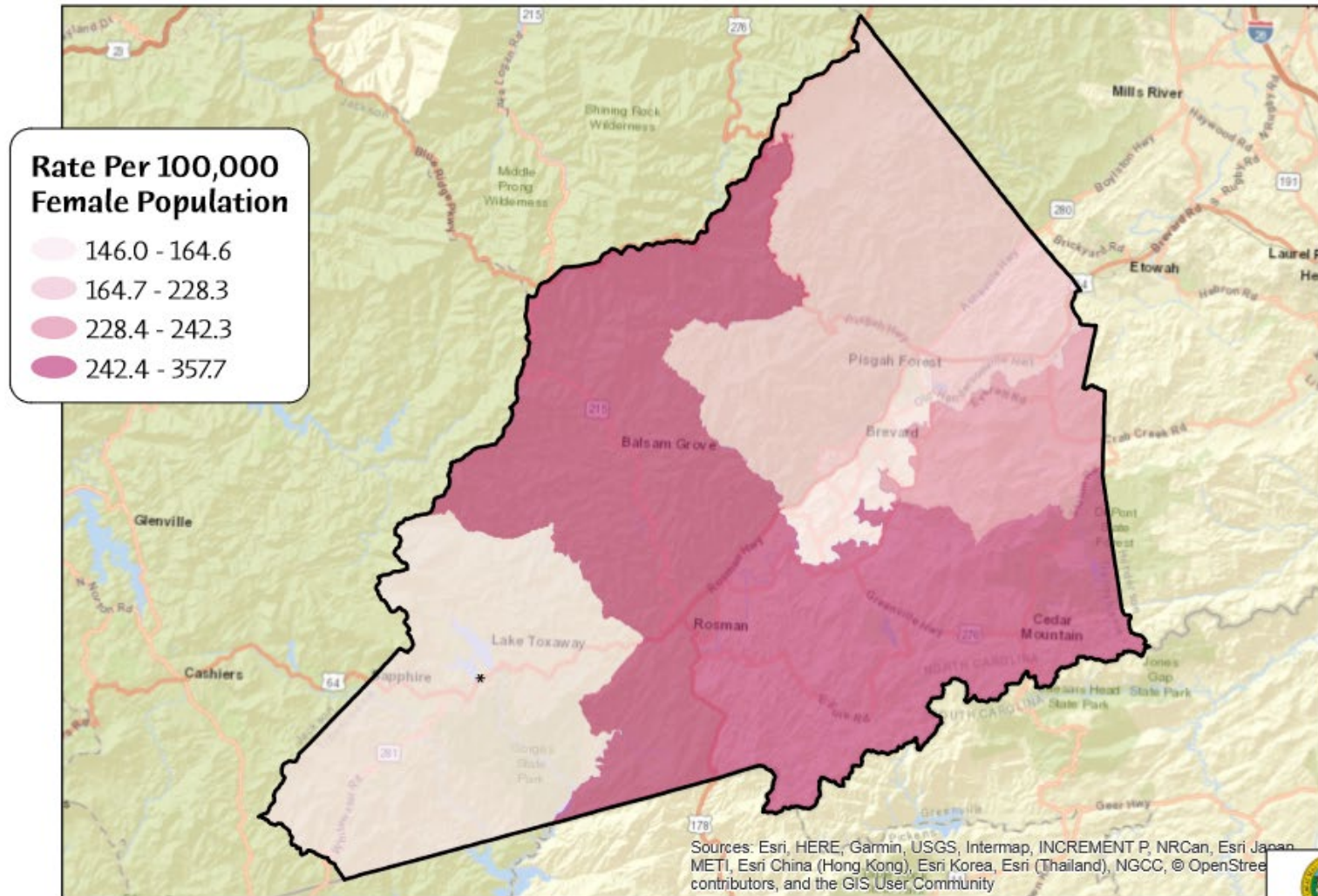
All Cancer Incidence Rates



Lung and Bronchus Cancer Incidence Rates



Breast Cancer Incidence Rates





APPENDIX D

COMMUNITY SURVEY

- WNC Healthy Impact Survey Instrument
- Community Health Survey Results

Overall, how would you describe your county as a place to live? Would you say it is:

- Excellent
- Very Good
- Good
- Fair
- Poor
- [Don't Know/Not Sure]

What is the ONE THING that needs the most improvement in your county?

- [Don't Know/Not Sure]
- [Nothing]
- Animal Control
- Availability of Employment
- Better/More Health Food Choices
- Child Care Options
- Counseling/Mental Health/Support Groups
- Culturally Appropriate Health/Support Groups
- Elder Care Options
- Healthy Family Activities
- Higher Paying Employment
- More Affordable Health Care
- More Affordable/Better Housing
- Number of Health Care Providers
- Positive Teen Activities
- Recreational Facilities (Parks, Trails, Community Centers)
- Road Maintenance
- Road Safety
- Safe Places to Walk/Ride Bike for Commuting
- Safe Places to Walk/Ride Bike for Recreation
- Services for Disabled People
- Transportation Options
- Other (Specify)

HEALTH STATUS

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

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

ACCESS TO MEDICAL CARE

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

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

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

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

MEDICAL HOME

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

- Yes
- No

- [Don't Know/Not Sure]

What kind of place is it:

- A Doctor's Office
- A Health Department or A Public Health Clinic
- Community Health Center
- An Urgent Care/Walk-In Clinic
- A Hospital Emergency Room
- A Military or Other VA Healthcare Facility
- Indian Health Services
- Some Other Place (specify)
- [Don't Know/Not Sure]

ROUTINE CHECKUP

A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.

About how long has it been since you last visited a doctor for a routine checkup?

- Within the Past Year (Less Than 1 Year Ago)
- Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
- Within the Past 5 Years (2 Years But Less Than 5 Years Ago)
- 5 or More Years Ago
- [Never]
- [Don't Know/Not Sure]

DENTAL VISIT

About how long has it been since you last visited a dentist or a dental clinic for any reason? This includes visits to dental specialists, such as orthodontists.

- Within the Past Year (Less Than 1 Year Ago)
- Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
- Within the Past 5 Years (2 Years But Less Than 5 Years Ago)
- 5 or More Years Ago
- [Never]
- [Don't Know/Not Sure]

COPD/EMPHYSEMA

Have you ever suffered from or been diagnosed with COPD, or Chronic Obstructive Pulmonary Disease, including Bronchitis or Emphysema?

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

HEART ATTACK

Has a doctor, nurse or other health professional ever told you that you had a heart attack, also called a myocardial infarction, or angina or coronary heart disease?

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

STROKE

Has a doctor, nurse or other health professional ever told you that you had a stroke?

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

ASTHMA

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

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

Do you still have asthma?

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

DIABETES

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

- Yes

- Yes, but only during pregnancy
- No
- [Don't Know/Not Sure]

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

- Yes
- Yes, but only during pregnancy
- No
- [Don't Know/Not Sure]

BLOOD PRESSURE

Have you ever been told by a doctor, nurse or other health professional that you had high blood pressure?

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

Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?

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

CHOLESTEROL

Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

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

Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?

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

HEPATITIS C

The hepatitis C virus causes inflammation and damage to the liver. A person contracts this virus by coming into contact with blood or other bodily fluids from someone else who is already infected with hepatitis C virus. Except for donating or giving blood, have you ever had your blood tested for hepatitis C?

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

SMOKING/TOBACCO

Do you NOW smoke cigarettes "Every Day," "Some Days," or "Not At All"?

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

During how many of the past 7 days, at your workplace, did you breathe the smoke from someone [for smokers: someone else] who was using tobacco?

- 0-7
- [Don't Know/Not Sure]

Do you currently use chewing tobacco, dip, snuff, or snus "Every Day," "Some Days," or "Not At All"?

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

Electronic "vaping" products, such as electronic cigarettes, are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. Do you NOW use electronic "vaping" products, such as electronic cigarettes, "Every Day," "Some Days," or "Not At All"?

- Every Day

- Some Days
- Not At All
- [Don't Know/Not Sure]

ALCOHOL

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

During the past 30 days [OR “during a typical month” if interviewing during December, January, February], on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

- 0
- 1-30
- [Don't Know/Not Sure]

On the day(s) when you drank, about how many drinks did you have on the average?

- 1-10
- [Don't Know/Not Sure]

Considering all types of alcoholic beverages, how many TIMES during the past 30 days did you have [for men: “5” / for women: “4”] or more drinks on an occasion?

- 1-30
- [Don't Know/Not Sure]

RX / OPIATES / SUBSTANCE USE

Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. (For Reference Only: Common Brand Name Opiates are Vicodin, Dilaudid, Percocet, Oxycontin, and Demerol.)

In the PAST YEAR, have you used any of these prescription opiates, whether or not a doctor had prescribed them to you?

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

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

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

To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs? Would you say:

- A Great Deal
- Somewhat
- A Little
- Not at All
- [Don't Know/Not Sure]

PHYSICAL ACTIVITY LIMITATIONS

Are you limited in any way in any activities because of physical, mental or emotional problems?

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

What is the major impairment or health problem that limits you?

- Arthritis/Rheumatism
- Back or Neck Problem
- Cancer
- Depression/Anxiety/Emotional Problem
- Diabetes
- Eye/Vision Problem
- Fractures, Bone/Joint Injury
- Hearing Problem
- Heart Problem
- Hypertension/High Blood Pressure

- Lung/Breathing Problem
- Stroke Problem
- Walking Problem
- Other Impairment/Problem
- [Don't Know/Not Sure]

DEMOGRAPHICS

What is your age?

- 18-110
- [Don't Know/Not Sure]

Are you of Hispanic or Latino origin, or is your family originally from a Spanish-speaking country?

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

What is your race? Would you say:

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

IF AMERICAN INDIAN, ALASKA NATIVE: Which of the following BEST describes you? Are you an enrolled member of the Eastern Band of Cherokee Indians, or EBCI, living ON the Qualla 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?

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

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

- Never Attended School or Kindergarten Only
- Grades 1 through 8 (Elementary)
- Grades 9 through 11 (Some High School)
- Grade 12 or GED (High School Graduate)
- College 1 Year to 3 Years (Some College or Technical School)
- Bachelor's Degree (College Graduate)
- Postgraduate Degree (Master's, M.D., Ph.D., J.D.)
- [Don't Know/Not Sure]

Are you currently:

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

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

- 1
- 2
- 3
- 4
- 5 or more
- [None]

AFFORDABLE HOUSING

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

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

BMI CALCULATION

About how much do you weigh without shoes?

- 40-600
- [Don't Know/Not Sure]

About how tall are you without shoes?

- 300 to 311
- 400 to 411
- 500 to 511
- 600 to 611
- 700 to 711
- 800 to 811
- [Don't Know/Not Sure]

MAMMOGRAM

How long has it been since you had your last mammogram?

- Within the Past Year (Less Than 1 Year Ago)
- Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
- Within the Past 3 Years (2 Years But Less Than 3 Years Ago)
- Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
- 5 or More Years Ago
- [Never]
- [Don't Know/Not Sure]

FRUIT AND VEGETABLE INTAKE

I would like you to think about the food you ate during the past week. About how many 1-cup servings of fruit did you have in the past week? For example, one apple equals 1 cup.

- 0-100
- [Don't Know/Not Sure]

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

- 0-100
- [Don't Know/Not Sure]

FOOD INSECURITY

Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months.

"I worried about whether our food would run out before we got money to buy more."

- Often True
- Sometimes True
- Never True
- [Don't Know/Not Sure]

"The food that we bought just did not last, and we did not have money to get more."

- Often True
- Sometimes True
- Never True
- [Don't Know/Not Sure]

PHYSICAL ACTIVITY / EXERCISE

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?

- Yes

- No
- [Don't Know/Not Sure]

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

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

- Volleyball
- Walking (aka Treadmill)
- Housework/Cleaning
- Waterskiing
- Weight Lifting (aka Gym, Gym Class)
- Wrestling
- Yoga
- Other
- [No Other Activity]
- [Don't Know/Not Sure]

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

- 1-25 times per week
- 1-100 times per month
- [Don't Know/Not Sure]

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

- 1-600 minutes
- 1-24 hours
- [Don't Know/Not Sure]

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

- Active Gaming Devices (Wii Fit, Dance Dance Revolution)
- Aerobics Video or Class (aka Gym, Gym Class, Zumba, etc.)
- Backpacking
- Badminton
- Basketball
- Bicycling Machine Exercise (aka Spinning, Spin Class, Bike, Cycling)
- Bicycling (aka Bike, Cycling)
- Boating (Canoeing, Rowing, Kayaking, Sailing for Pleasure, Camping)
- Bowling
- Boxing
- Calisthenics
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- Hunting Small Game-Quail
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- Paddleball
- Painting, Papering House
- Pilates
- Racquetball
- Raking Lawn (aka Yardwork)
- Running (aka Treadmill)
- Rock Climbing
- Rope Skipping (aka Jump Roping)
- Rowing Machine Exercise
- Rugby
- Scuba Diving
- Skateboarding
- Skating-Ice or Roller

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

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

- 1-25 times per week
- 1-100 times per month
- [Don't Know/Not Sure]

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

- 1-600 minutes
- 1-24 hours
- [Don't Know/Not Sure]

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.

- 1-25 times per week
- 1-100 times per month
- [Don't Know/Not Sure]

LIFE SATISFACTION

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

- Very Satisfied
- Satisfied
- Dissatisfied
- or Very Dissatisfied
- [Don't Know/Not Sure]

EMOTIONAL SUPPORT

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

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

MENTAL HEALTH

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?

- 0-30
- [Don't Know/Not Sure]

ACCESS TO MENTAL HEALTH CARE

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
- [Don't Know/Not Sure]

ADVERSE CHILDHOOD EXPERIENCES

Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?

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

Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?

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

Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?

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

Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

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

Before you were 18 years of age, were your parents separated or divorced?

- Yes
- No
- Parents Never Married
- [Don't Know/Not Sure]

Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up? Would you say:

- Never
- Once
- More Than Once
- [Don't Know/Not Sure]

Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say:

- Never
- Once
- More Than Once
- [Don't Know/Not Sure]

Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down? Would you say:

- Never
- Once
- More Than Once
- [Don't Know/Not Sure]

Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually? Would you say:

- Never
- Once
- More Than Once
- [Don't Know/Not Sure]

Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually? Would you say:

- Never
- Once
- More Than Once
- [Don't Know/Not Sure]

Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex? Would you say:

- Never
- Once
- More Than Once
- [Don't Know/Not Sure]

HOUSEHOLD INCOME

Total Family Household Income:

- Under \$12,100
- \$12,100 to \$16,199
- \$16,200 to \$20,399
- \$20,400 to \$24,399
- \$24,400 to \$28,799
- \$28,800 to \$32,799
- \$32,800 to \$37,099
- \$37,100 to \$41,099
- \$41,100 to \$45,499
- \$45,500 to \$49,499
- \$49,500 to \$53,899
- \$53,900 to \$57,799
- \$57,800 to \$65,899
- \$65,900 to \$74,299
- \$74,300 to \$82,599
- \$82,600 to \$90,999
- \$91,000 to \$99,399
- \$99,400 to \$107,699
- \$107,700 to \$116,099
- \$116,100/Over
- [Don't Know/Not Sure]

OTHER HEALTH ISSUES

Other than what we've covered in this survey, what other health issue, if any, do you feel is a major problem in your community?

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



Professional Research Consultants, Inc.

2018 PRC Community Health Needs Assessment

Transylvania County

Prepared for:

WNC Healthy Impact

By Professional Research Consultants, Inc.

**Custom Research
for Achieving Excellence**

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WNC**HEALTHY**IMPACT

Methodology

Survey methodology

- 2,602 surveys were completed via telephone (landline [71%] and cell phone [29%]); while 663 were completed online
- Allows for high participation and random selection
 - These are critical to achieving a sample representative of county and regional populations by gender, age, race/ethnicity, income
- English and Spanish

Methodology

3,265 surveys throughout WNC

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

Methodology

Individual county samples allow for drill-down by:

- Gender
- Income
- Other categories, based on question responses

Survey Instrument

Based largely on national survey models

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

75 questions asked of all counties

- Each county added three county-specific questions
- Approximately 15-minute interviews
- Questions determined by WNC stakeholder input

Keep in mind

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

- Results for WNC regional data have maximum error rate of +1.7% at the 95% confidence level
- Results for Buncombe County have maximum error rate of +5.6% at the 95% confidence level
- Results for Graham County have maximum error rate of +7.8% at the 95% confidence level
- Results for other individual counties have maximum error rate of +6.9% at the 95% confidence level

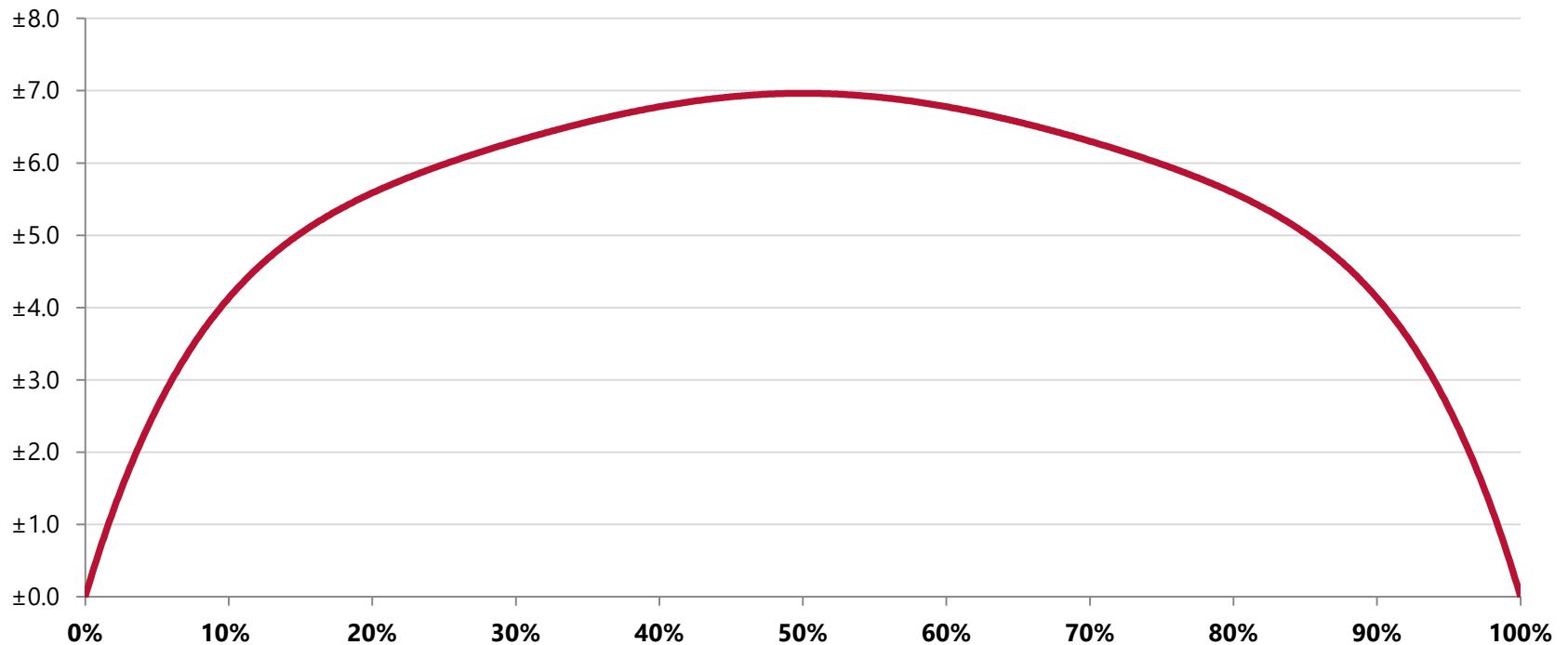
PRC indicates in regional report when differences – between county and regional results, different demographic groups, and 2012 to 2015 – are statistically significant

Keep in mind

For more detailed information on methods, see:

- PRC's Primary Data Collection: Research Approach & Methods document (2018)
- County-specific CH(N)A Templates

Expected Error Ranges for a Sample of 200 Respondents at the 95 Percent Level of Confidence

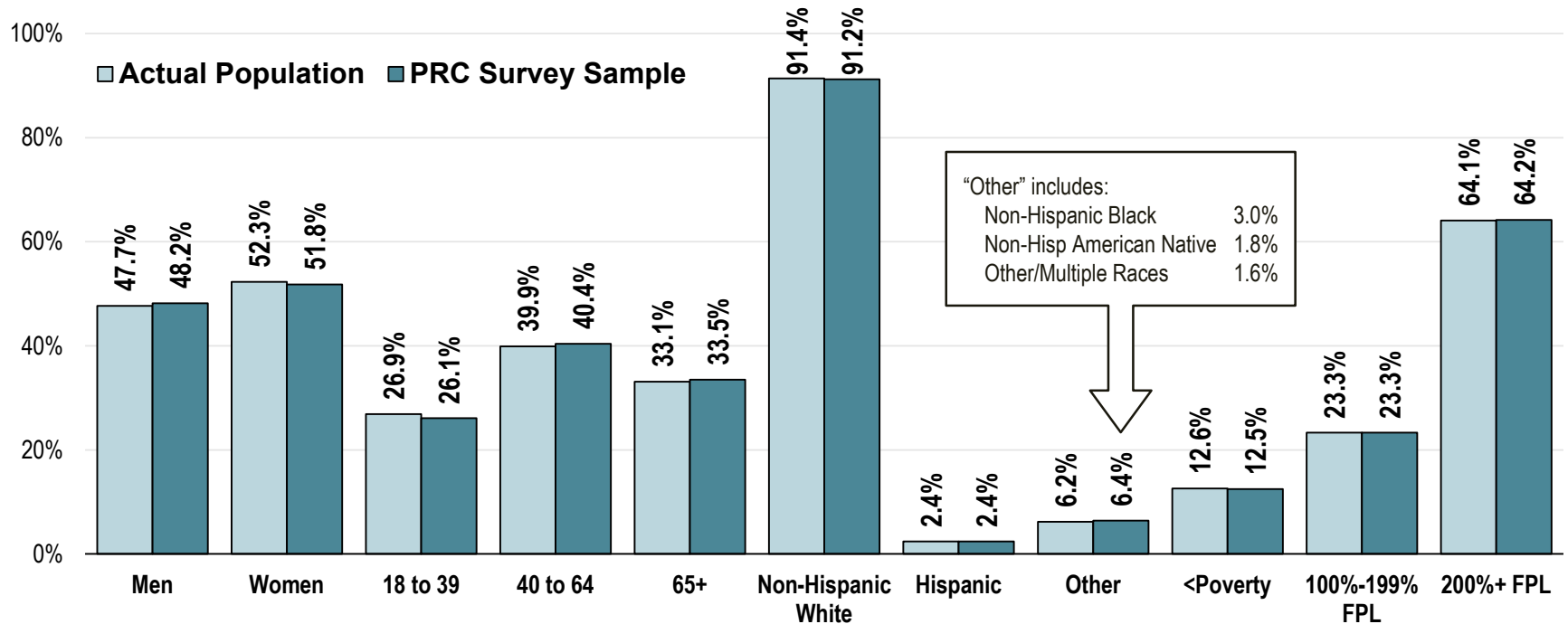


Note: • The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples: • If 10% of the sample of 200 respondents answered a certain question with a "yes," it can be asserted that between 5.8% and 14.2% ($10\% \pm 4.2\%$) of the total population would offer this response.
• If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 43.1% and 56.9% ($50\% \pm 6.9\%$) of the total population would respond "yes" if asked this question.

Population & Survey Sample Characteristics

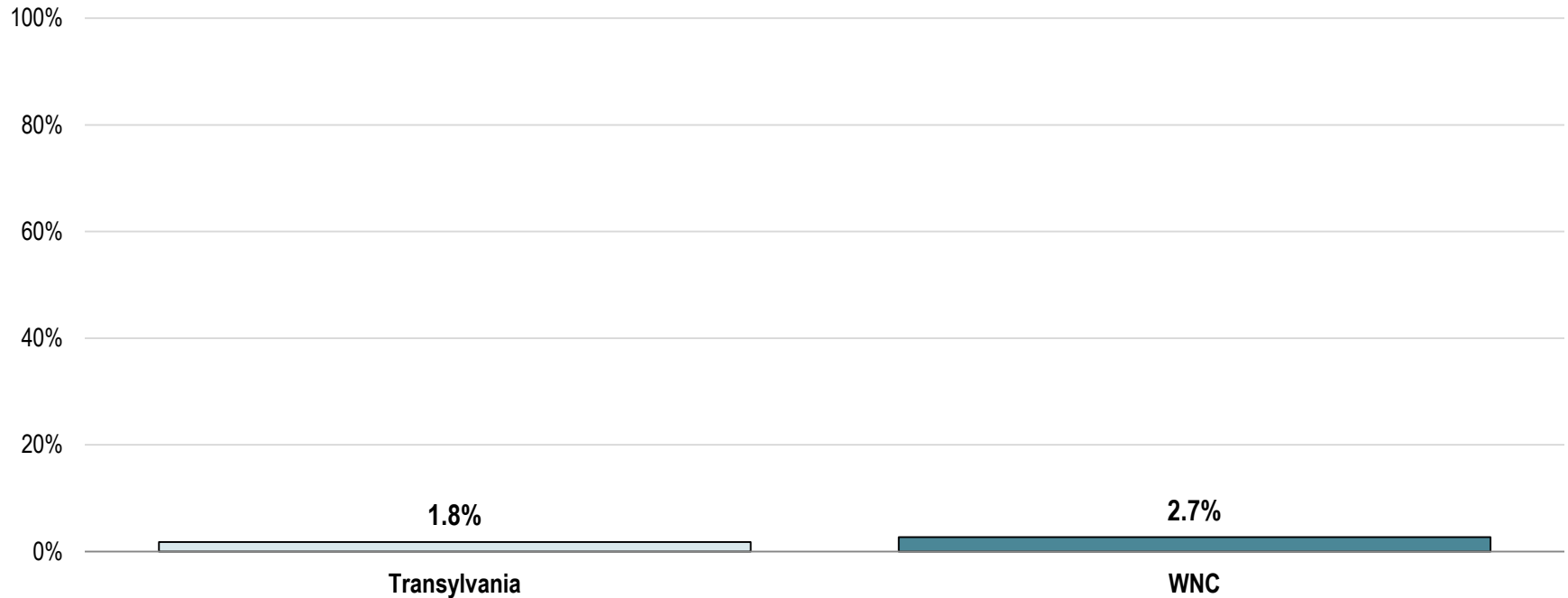
(Age 18 and Older; Transylvania County, 2018)



Sources:

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

Native American Sample (2018)

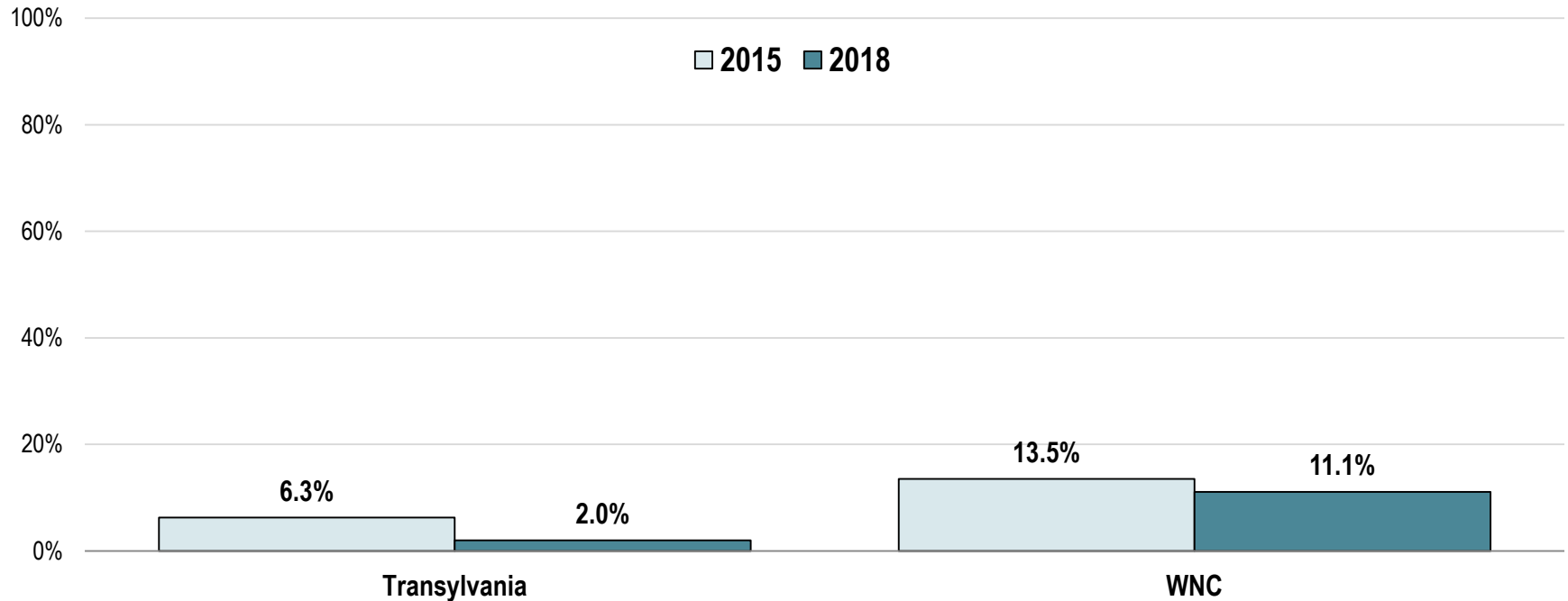


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 178, 321]

Notes: • Asked of all respondents.

QUALITY OF LIFE

County is a “Fair/Poor” Place to Live



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]

Notes: • Asked of all respondents.

Top Three County Issues Perceived as in Most Need of Improvement (2018)

	Transylvania	WNC
Availability of Employment	✓	✓
Road Maintenance	✓	✓
Higher Paying Employment		
Drugs		
Affordable/Better Housing		✓
Better/More Affordable Healthcare		
Internet Availability		
The Justice System/Law Enforcement		
Government		
Nothing	✓	

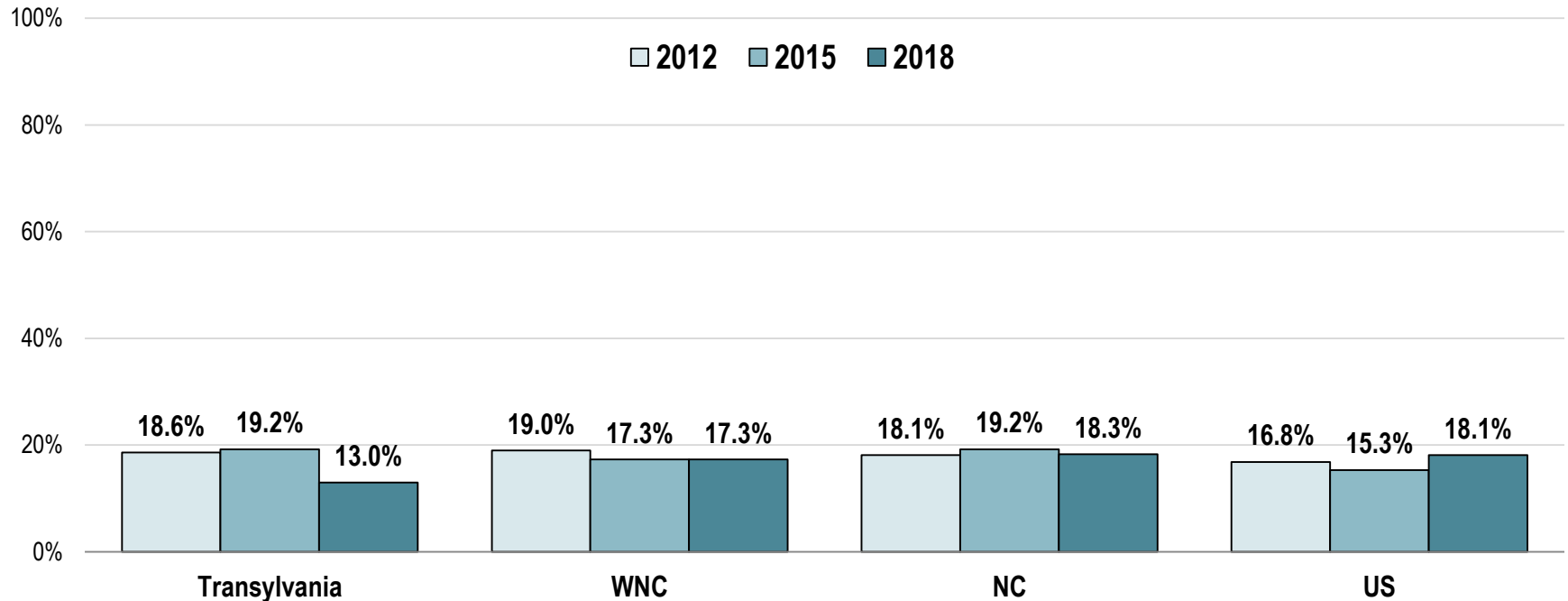
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]

Notes: • Asked of all respondents.

SELF-REPORTED HEALTH STATUS

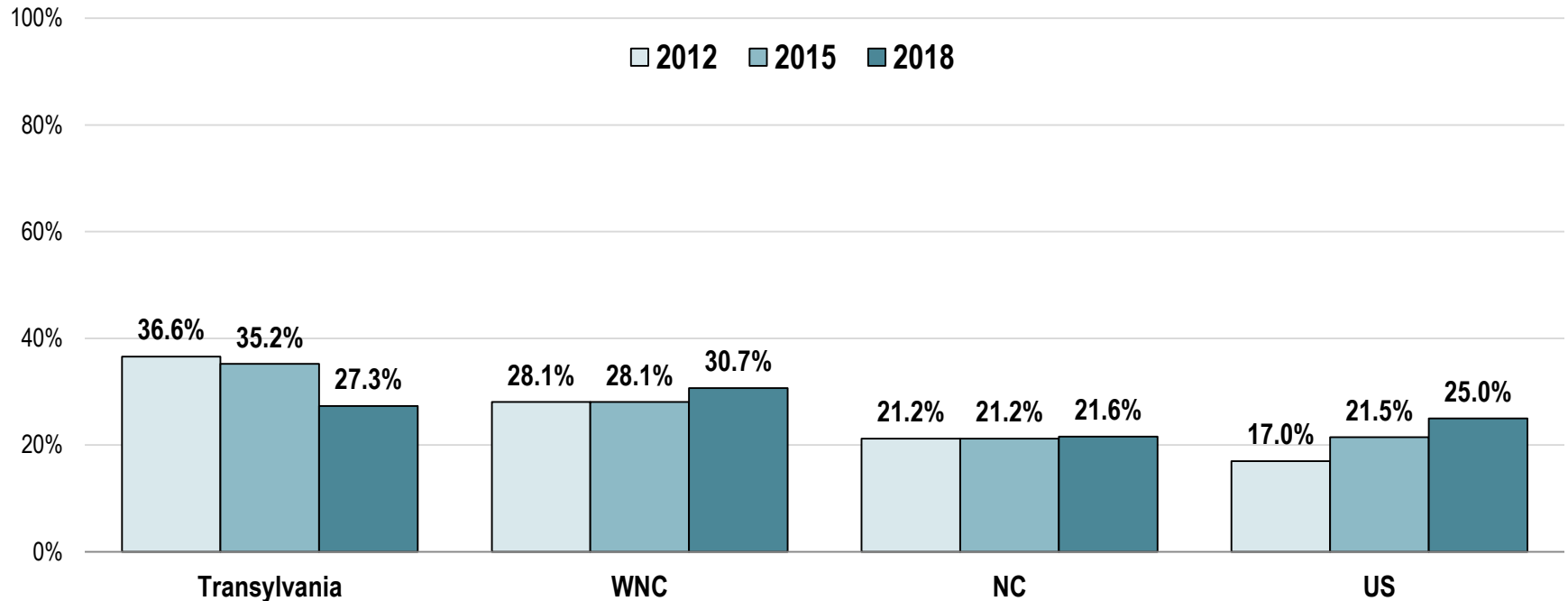
Overall Health

Experience “Fair” or “Poor” Overall Health



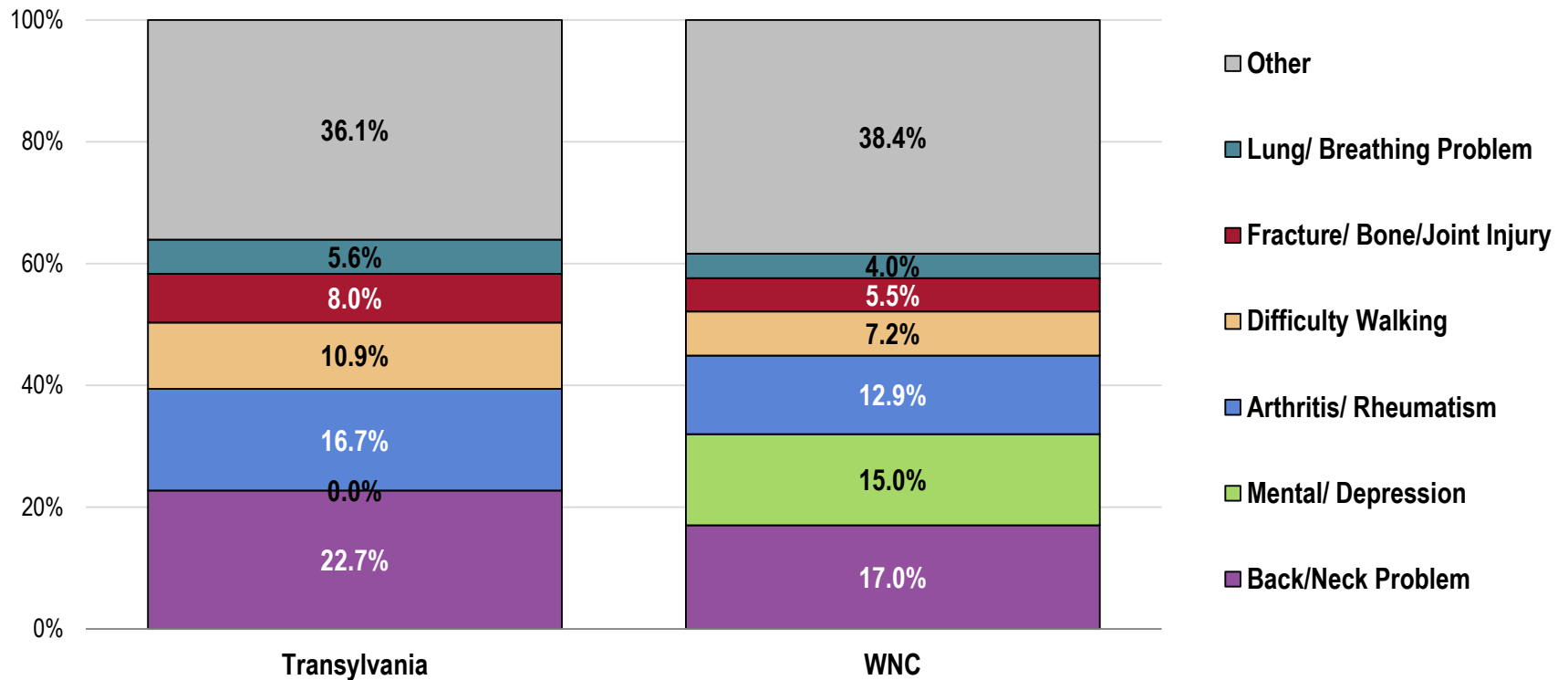
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Type of Problem That Limits Activities (Among Those Reporting Activity Limitations; By County, 2018)

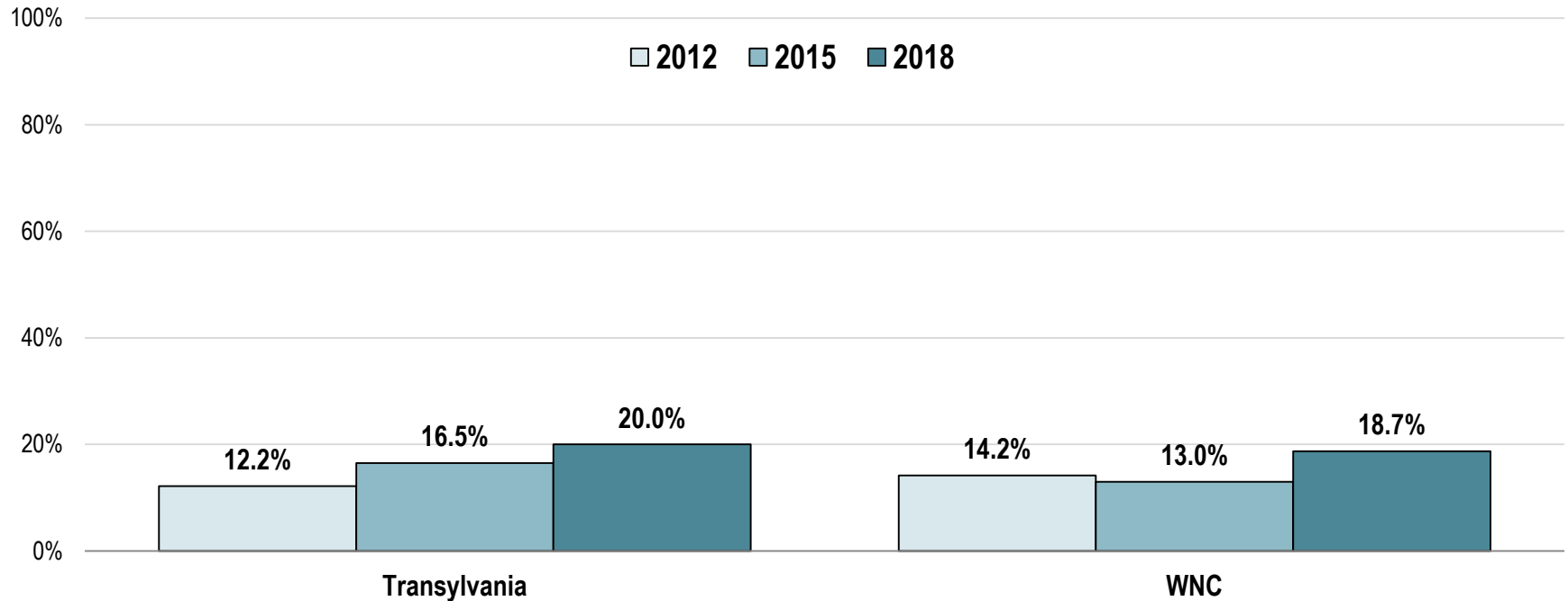


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]

Notes: • Asked of respondents who noted some type of activity limitation.

Mental Health & Mental Disorders

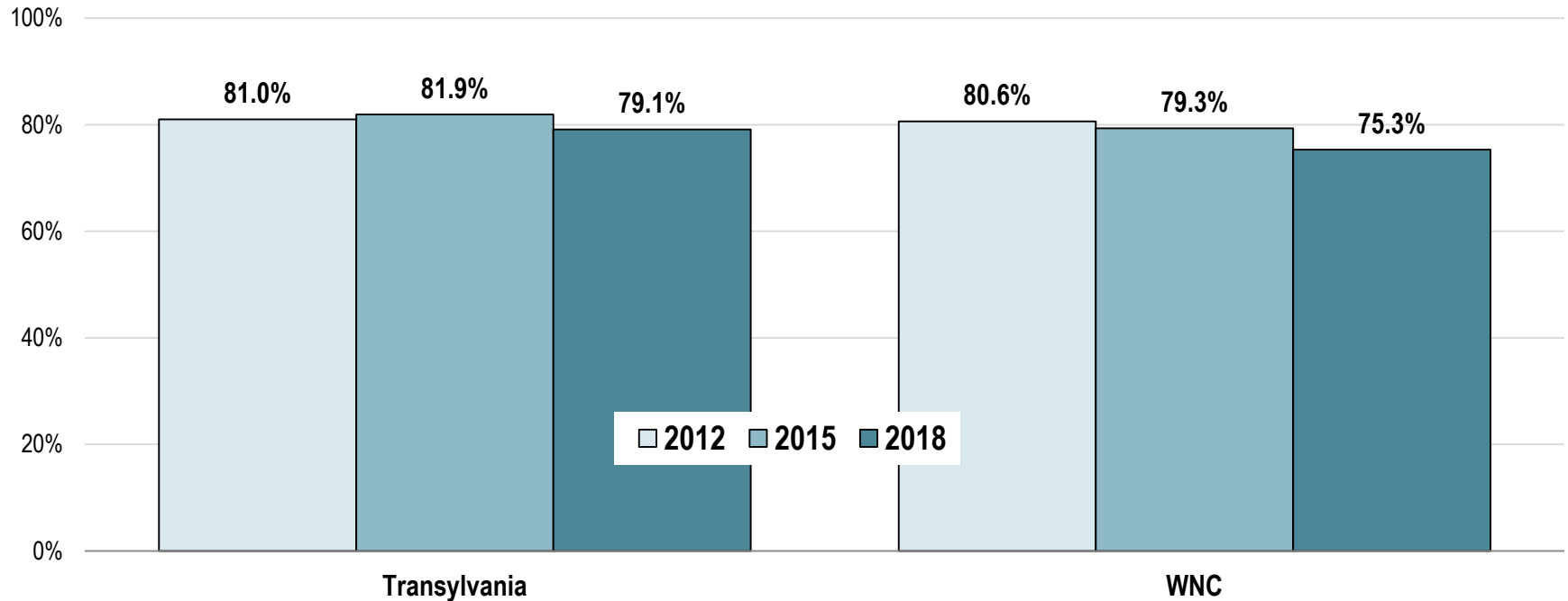
>7 Days of Poor Mental Health in the Past Month



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 337]

Notes: • Asked of all respondents.

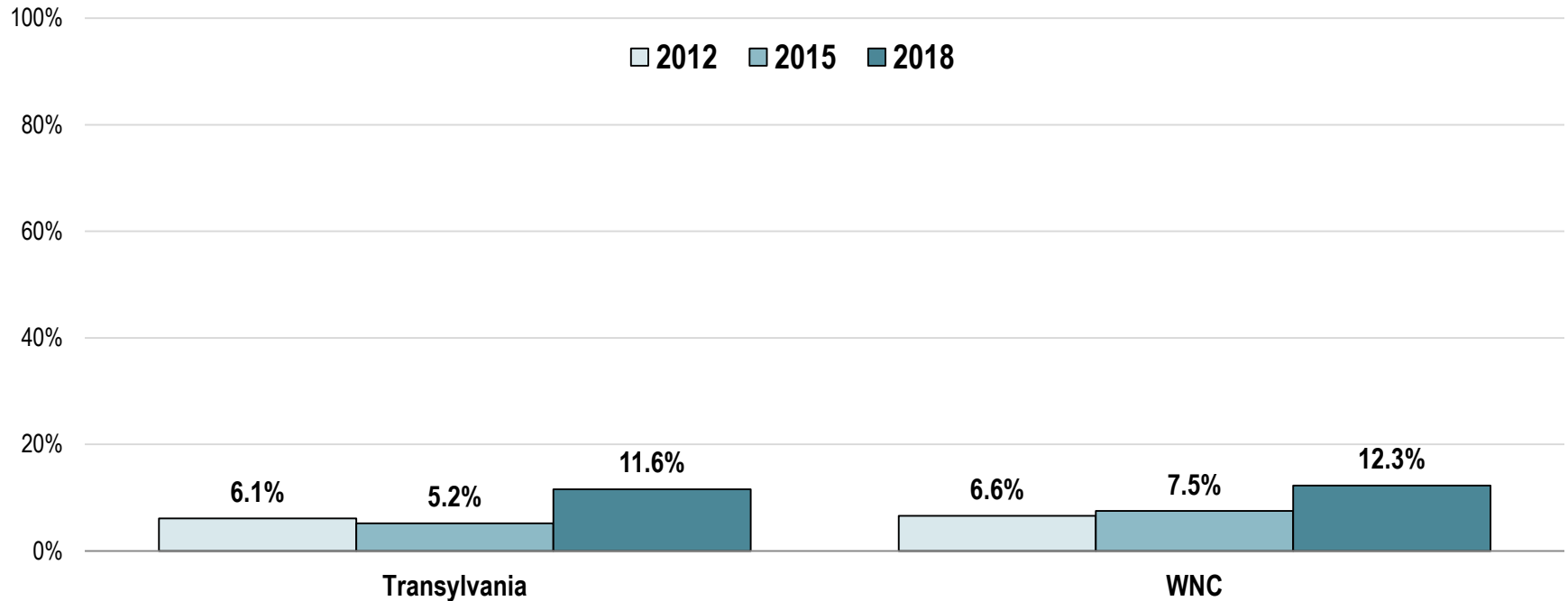
“Always” or “Usually” Get Needed Social/Emotional Support



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 336]

Notes: • Includes “always” and “usually” responses.

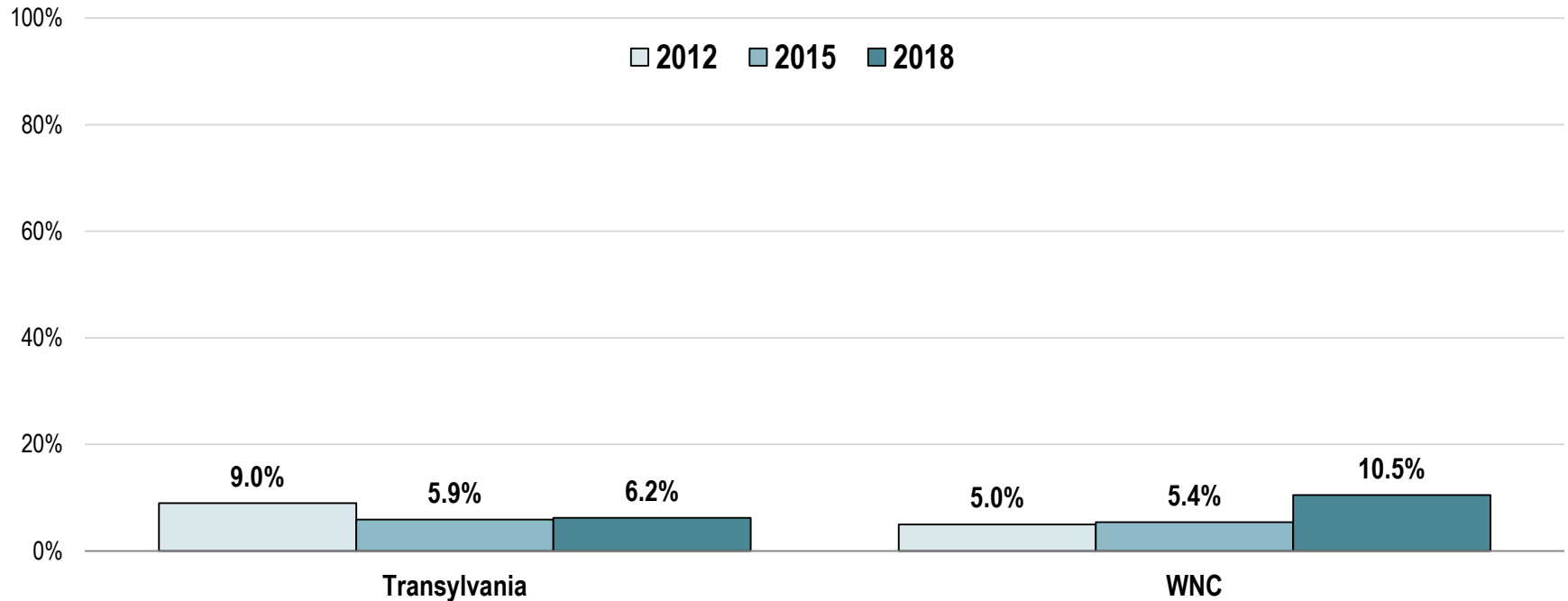
Did Not Get Mental Health Care or Counseling that was Needed in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]

Notes: • Asked of all respondents.

Dissatisfied with Life ("Dissatisfied" and "Very Dissatisfied" Responses)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 335]

Notes: • Asked of all respondents.

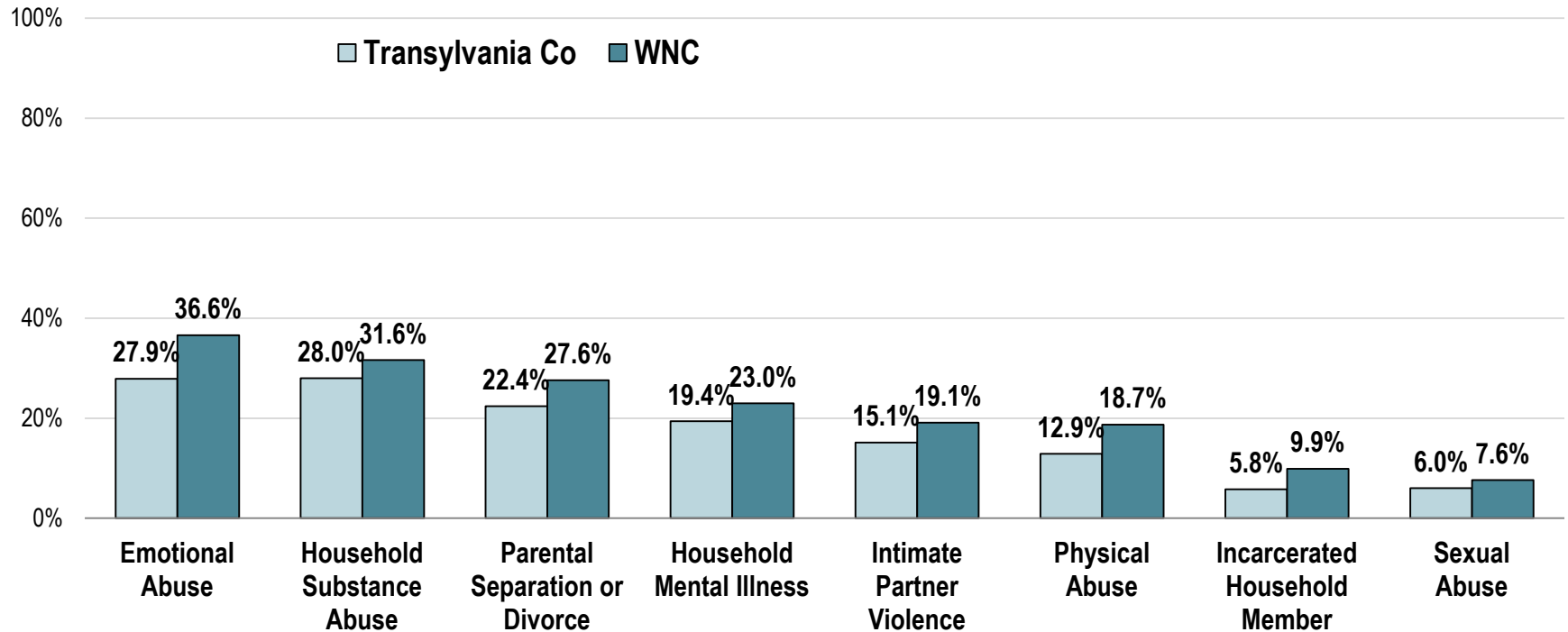
Adverse Childhood Experiences (ACEs)

Category	Question
Household Mental Illness	Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?
Household Substance Abuse	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?
	Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?
Incarcerated Household Member	Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
Parental Separation or Divorce	Before you were 18 years of age, were your parents separated or divorced?
Intimate Partner Violence	Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up?
Physical Abuse	Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking.
Emotional Abuse	Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down?
Sexual Abuse	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex?

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 339-349, 351-360]

Notes: • Reflects the total sample of respondents.

Experienced Adverse Childhood Experiences (ACEs) Prior to Age 18 (2018)

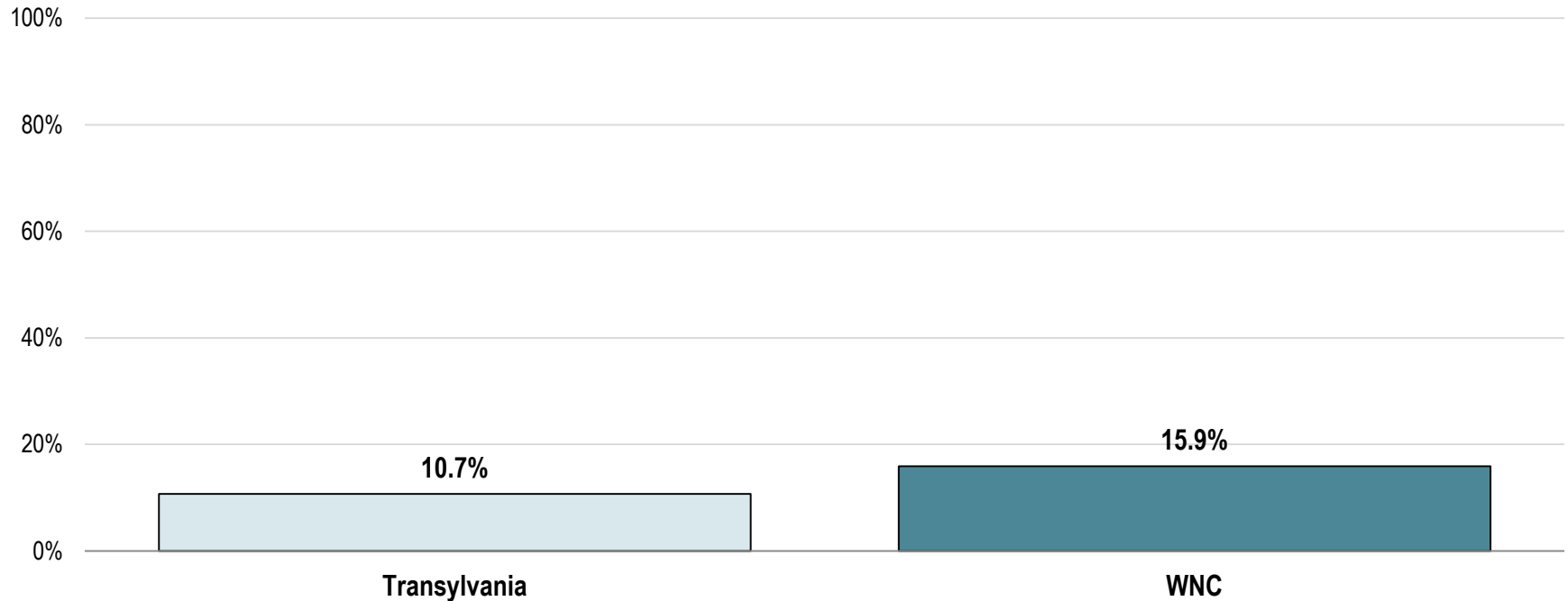


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 351-358]

Notes: • Asked of all respondents (Adults 18+).

• ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.

Prevalence of High ACE Scores (4 or More) (2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 359]

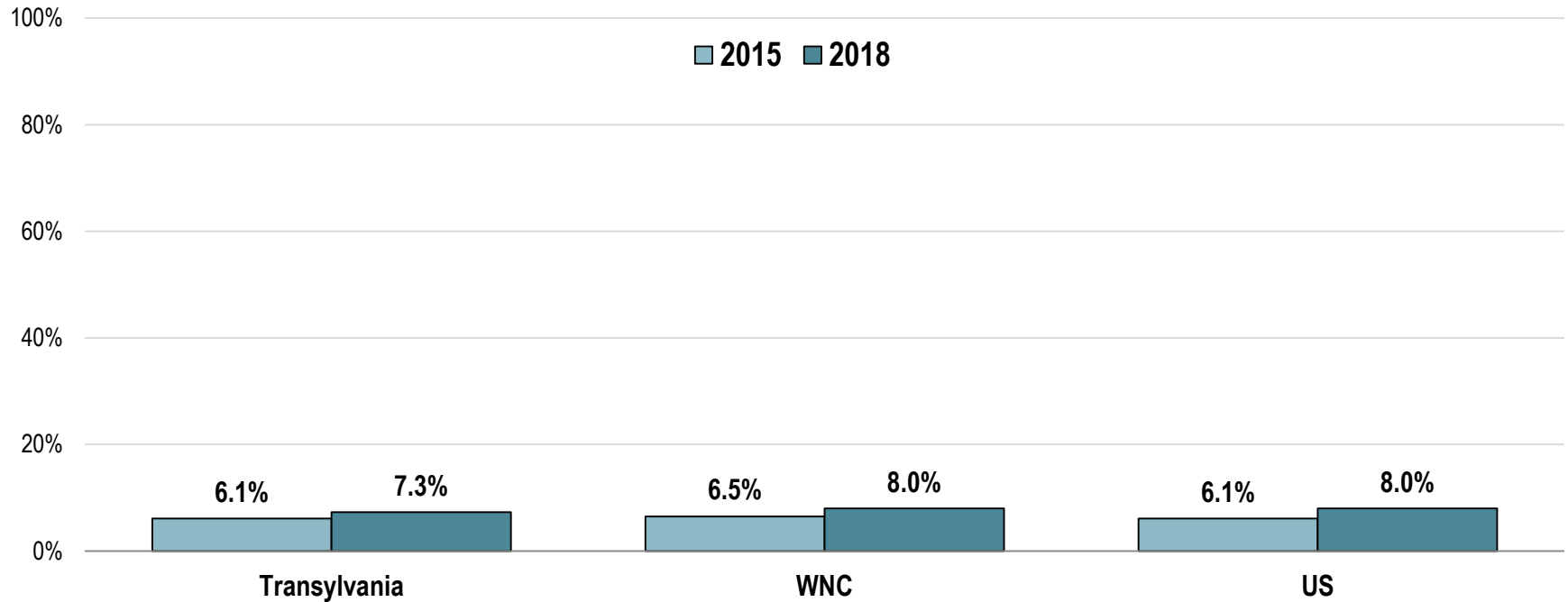
Notes: • Asked of all respondents (Adults 18+).

- ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.
- Adults with at least one adverse childhood experience (ACE) are categorized as having a low ACE score (1-3 ACEs) or a high score (4+ ACEs).

CHRONIC CONDITIONS

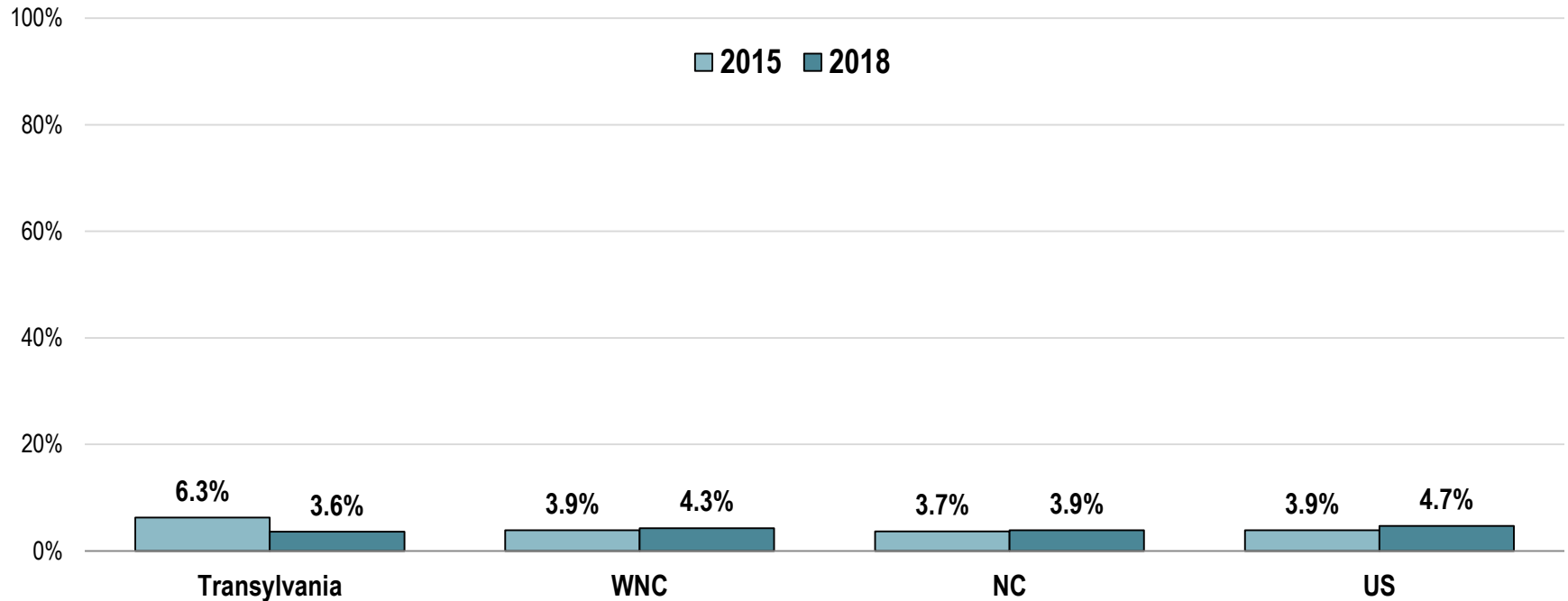
Cardiovascular Risk

Prevalence of Heart Disease



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

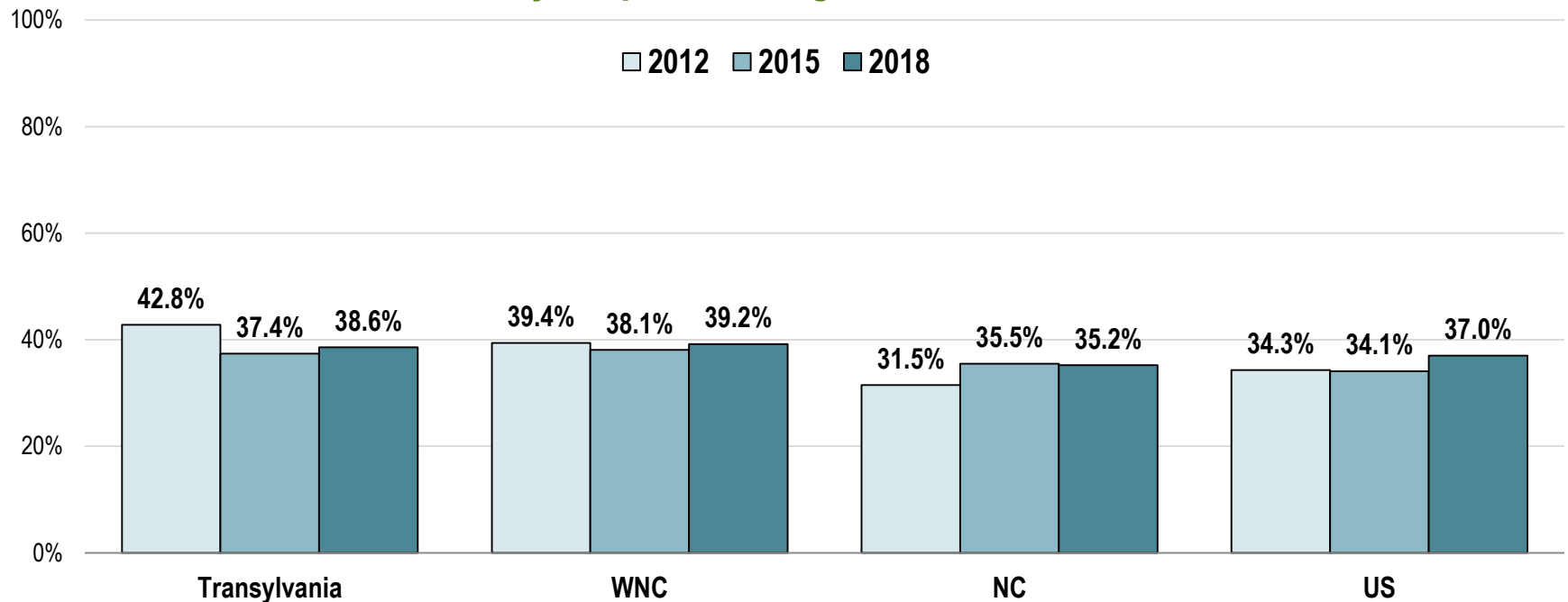
Prevalence of Stroke



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

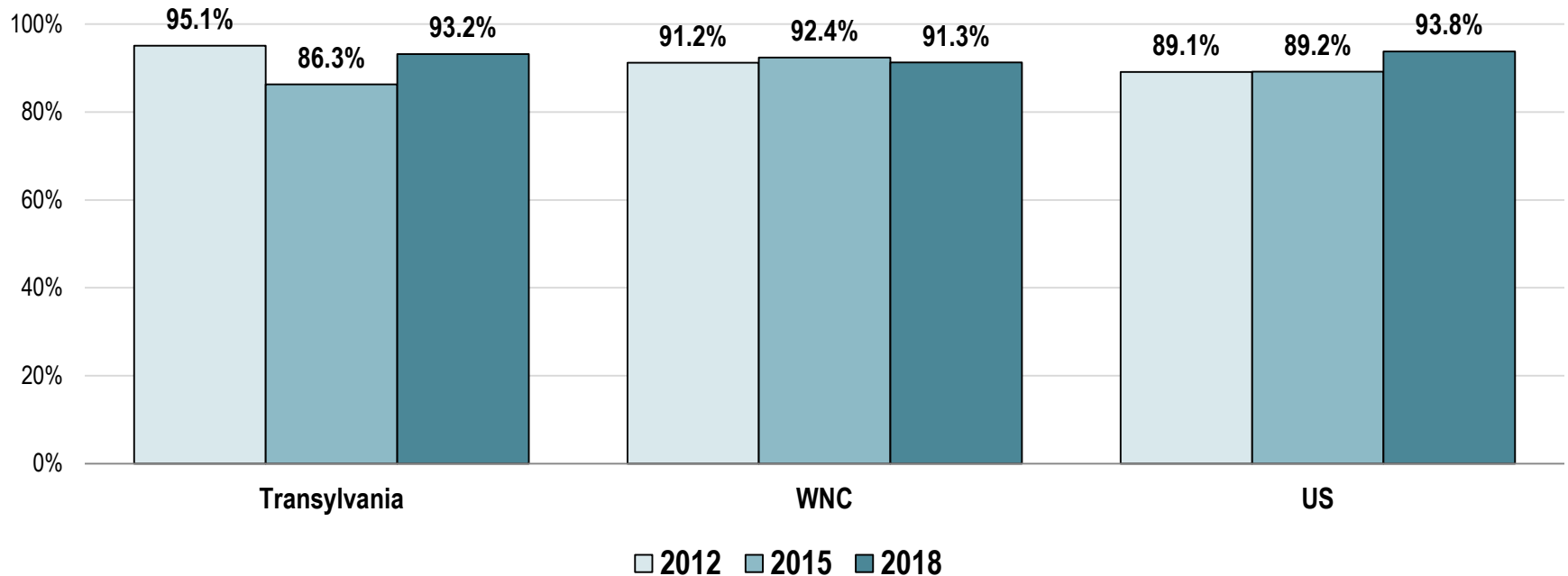
Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

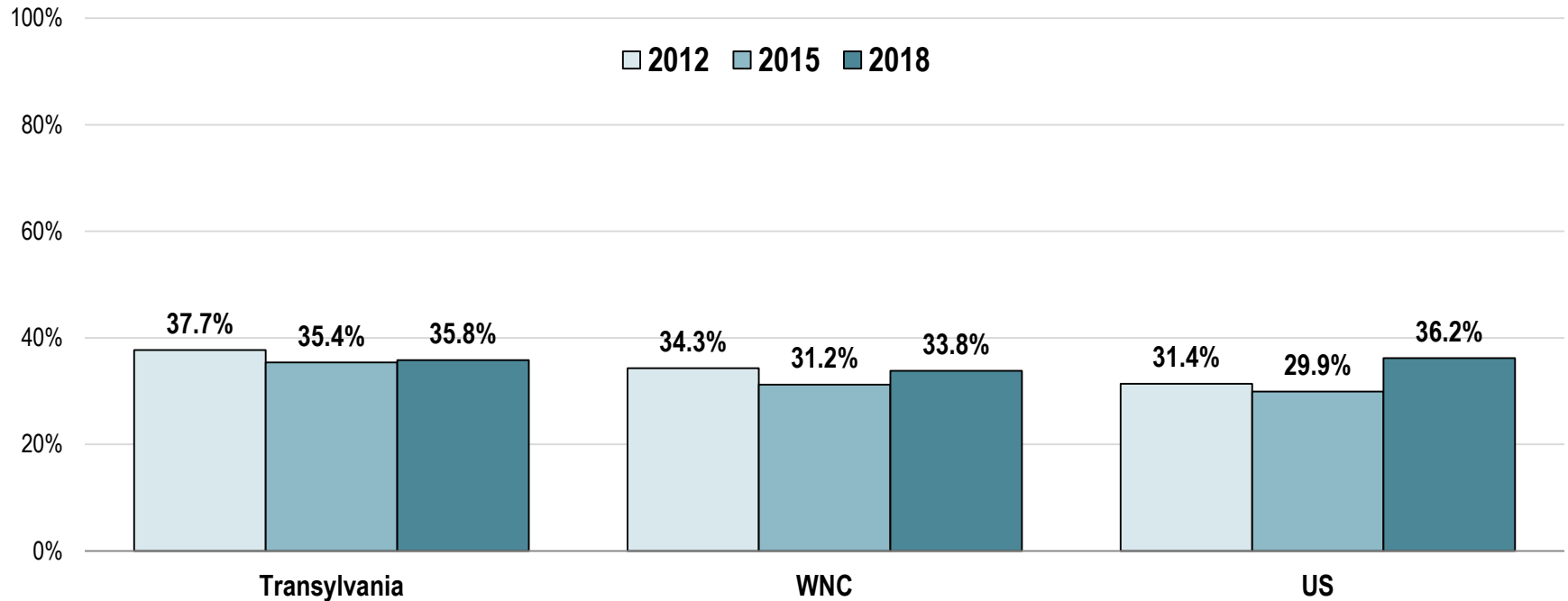
Taking Action to Control High Blood Pressure (Among Adults with High Blood Pressure)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 41]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of respondents reporting having ever been diagnosed with high blood pressure.

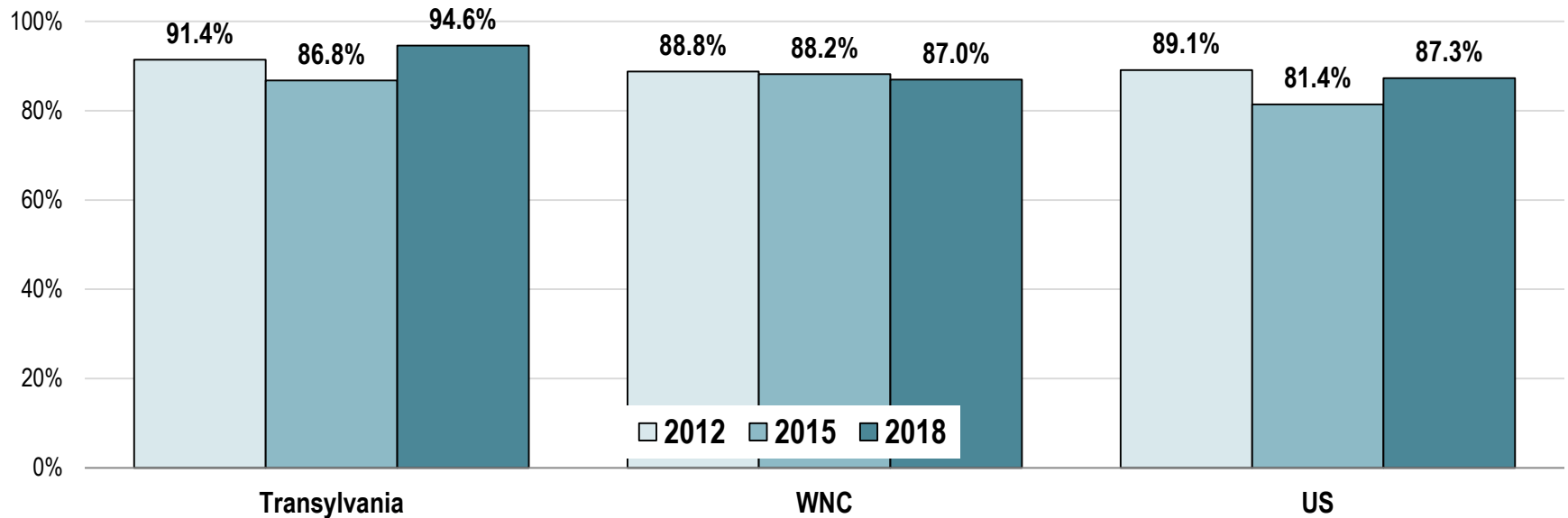
Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

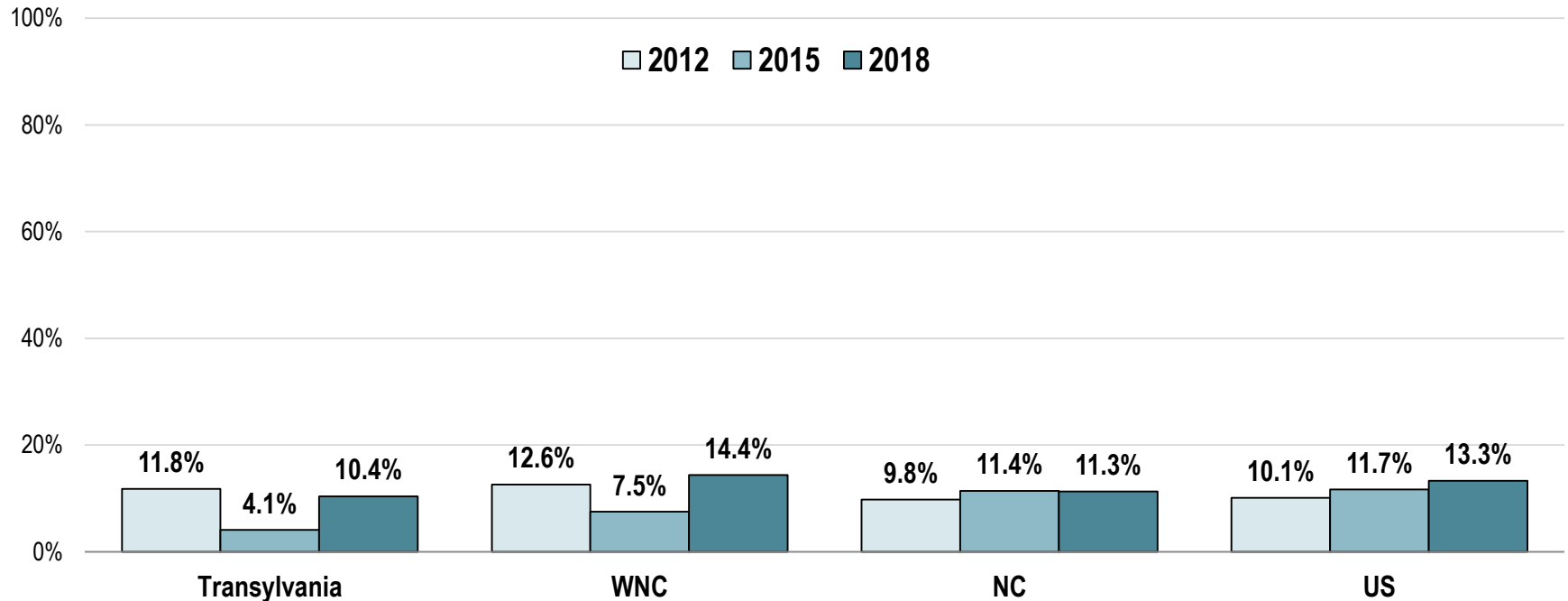
Taking Action to Control High Blood Cholesterol (Among Adults with High Blood Cholesterol Levels)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of respondents reporting having ever been diagnosed with high blood cholesterol.

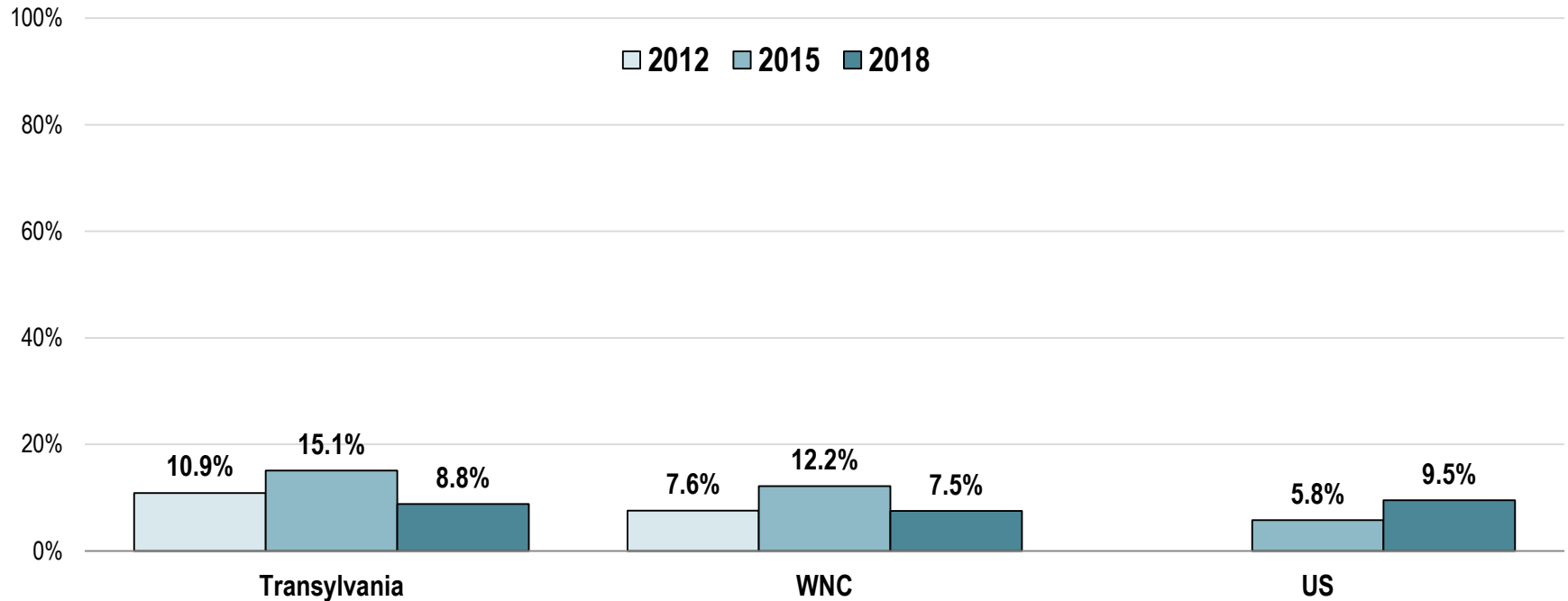
Diabetes

Prevalence of Diabetes (Ever Diagnosed)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Prevalence of Borderline or Pre-Diabetes



Sources:

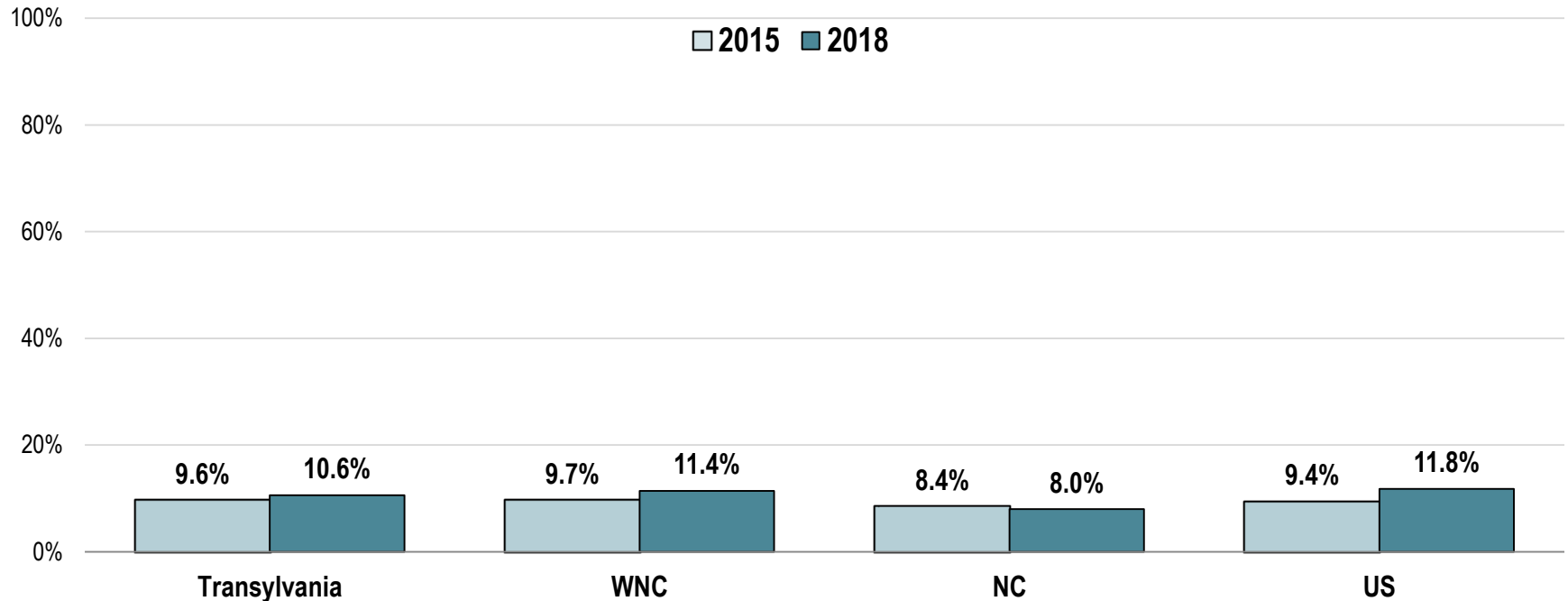
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

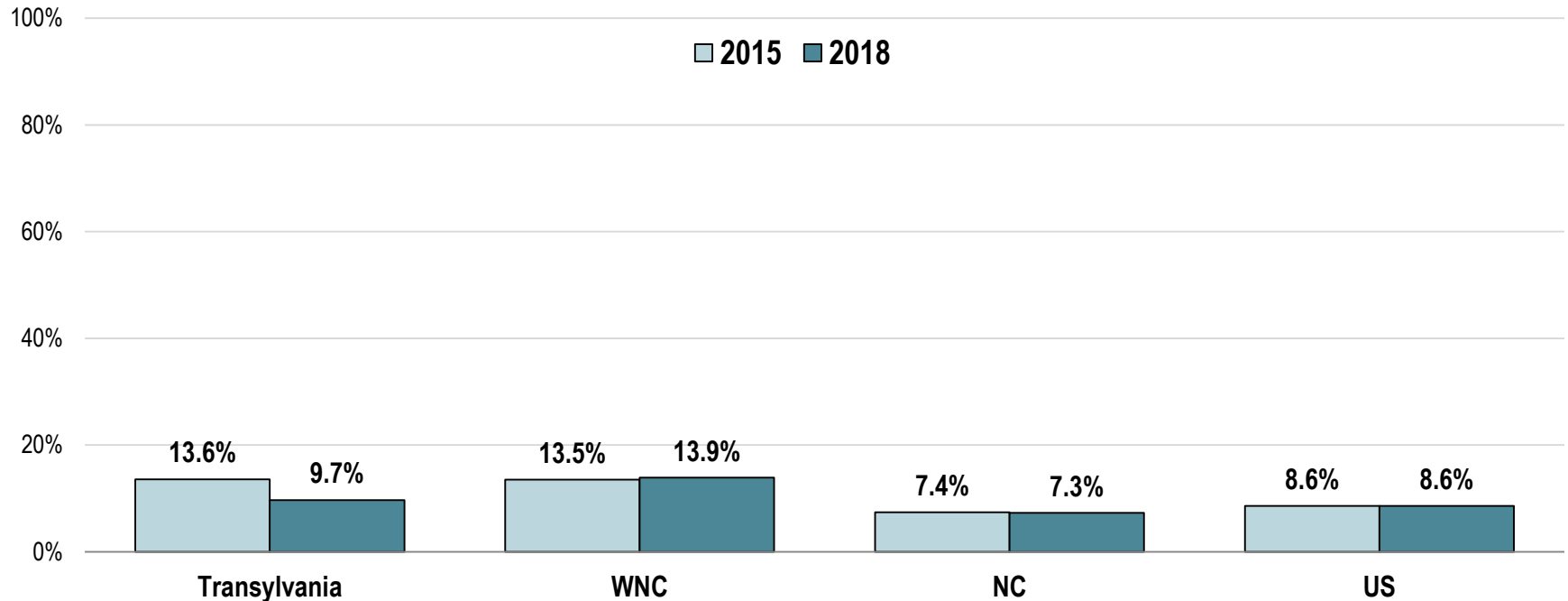
Respiratory Conditions

Prevalence of Current Asthma



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

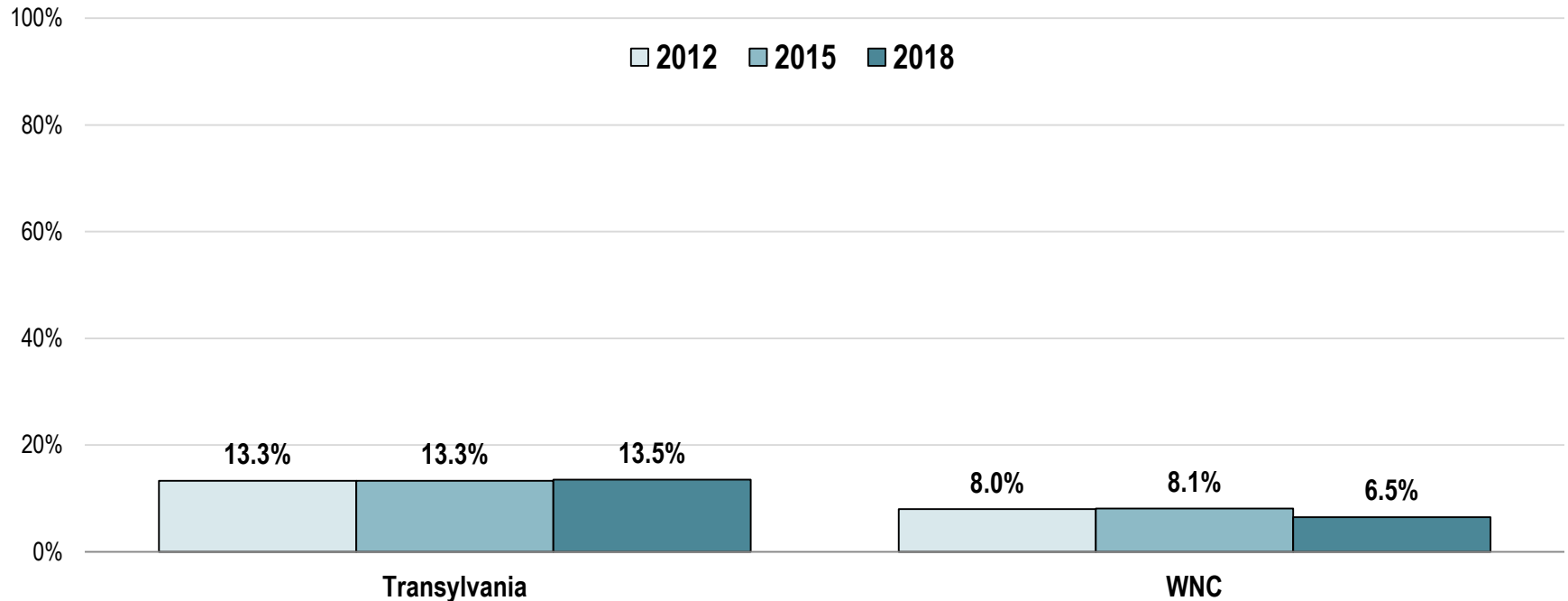


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

MODIFIABLE HEALTH RISKS

Nutrition

Consume Five or More Servings of Fruits/Vegetables Per Day

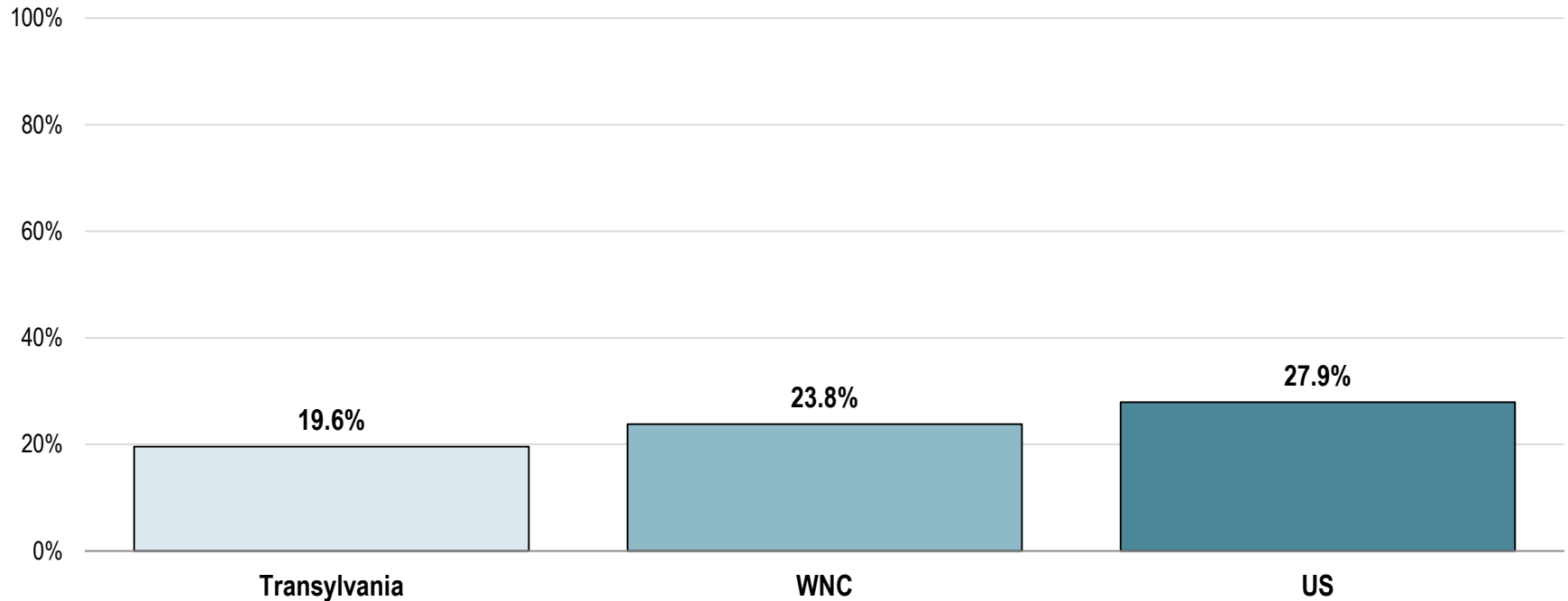


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]

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 lettuce salad and potatoes.

Food Insecurity (2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]

• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

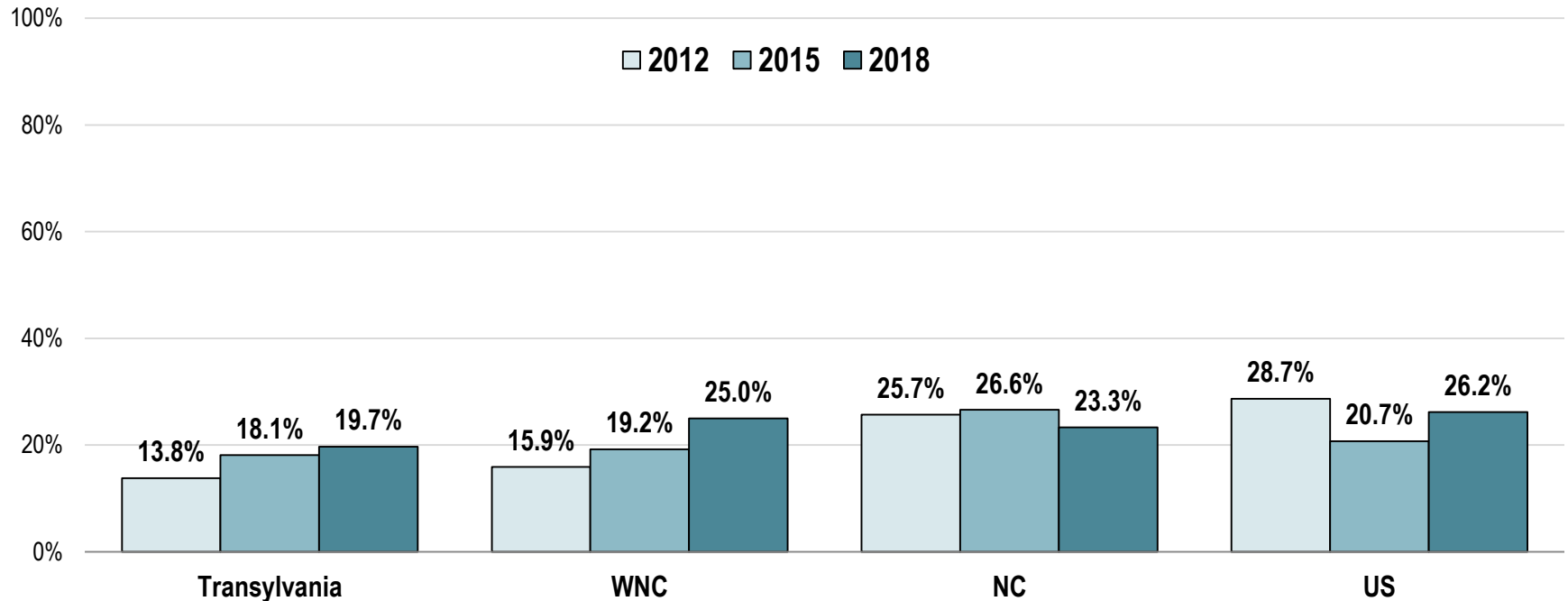
Notes: • Asked of all respondents.

• Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Physical Activity & Fitness

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources:

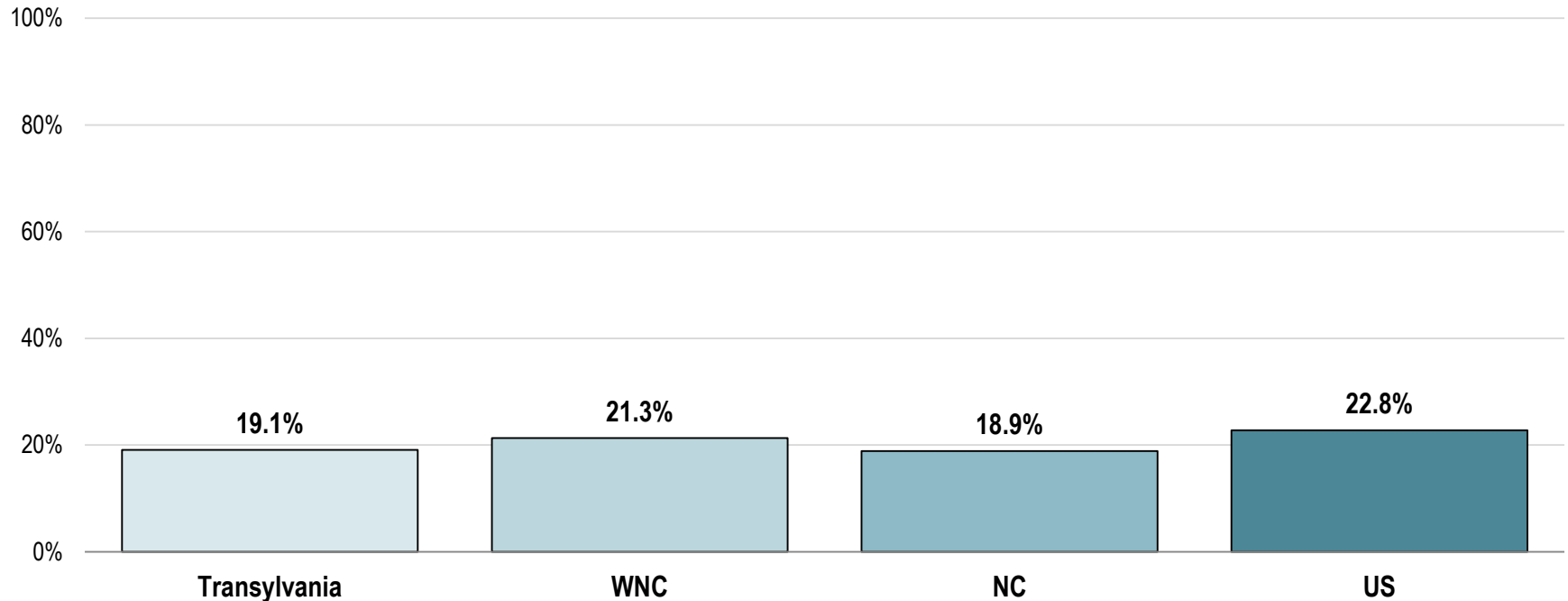
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes:

- Asked of all respondents.

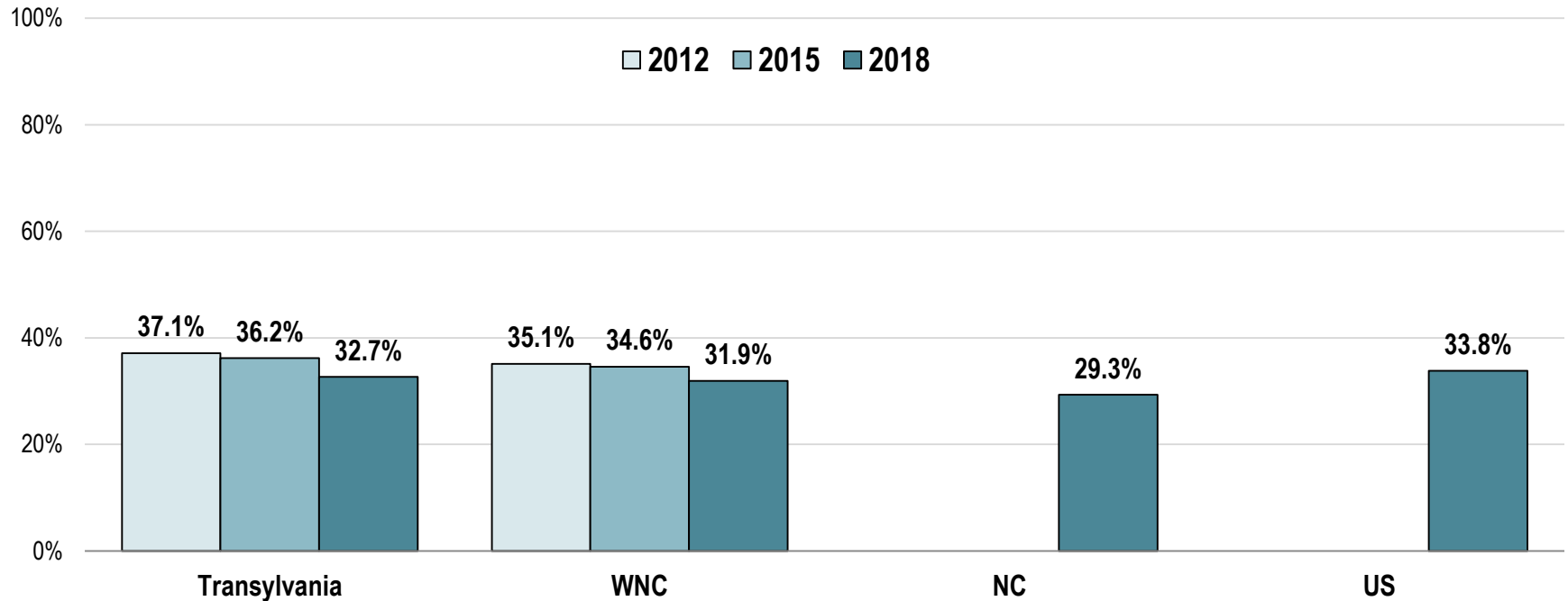
Meets Physical Activity Recommendations (2018)

Healthy People 2020 Target = 20.1% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]
- Notes:
- Asked of all respondents.

Strengthening Physical Activity



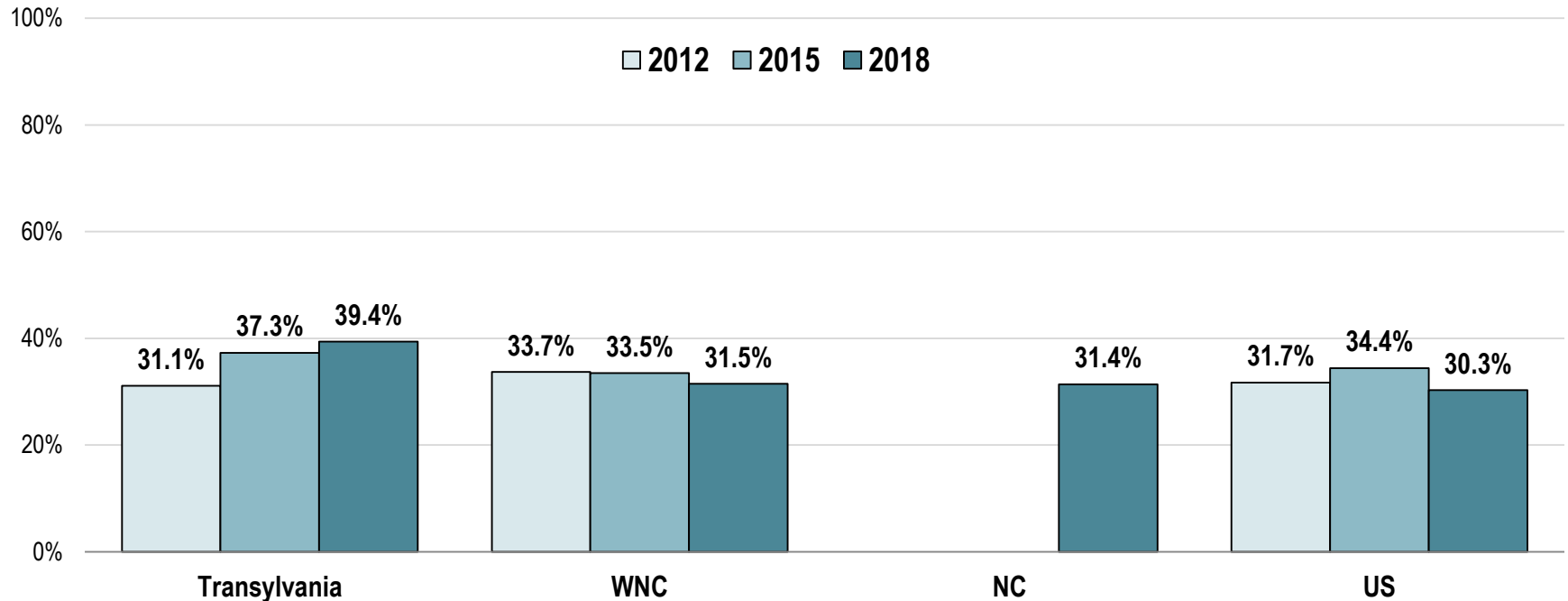
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Takes part in physical activities or exercises that strengthen muscles at least 2 times per week.

Body Weight

Healthy Weight

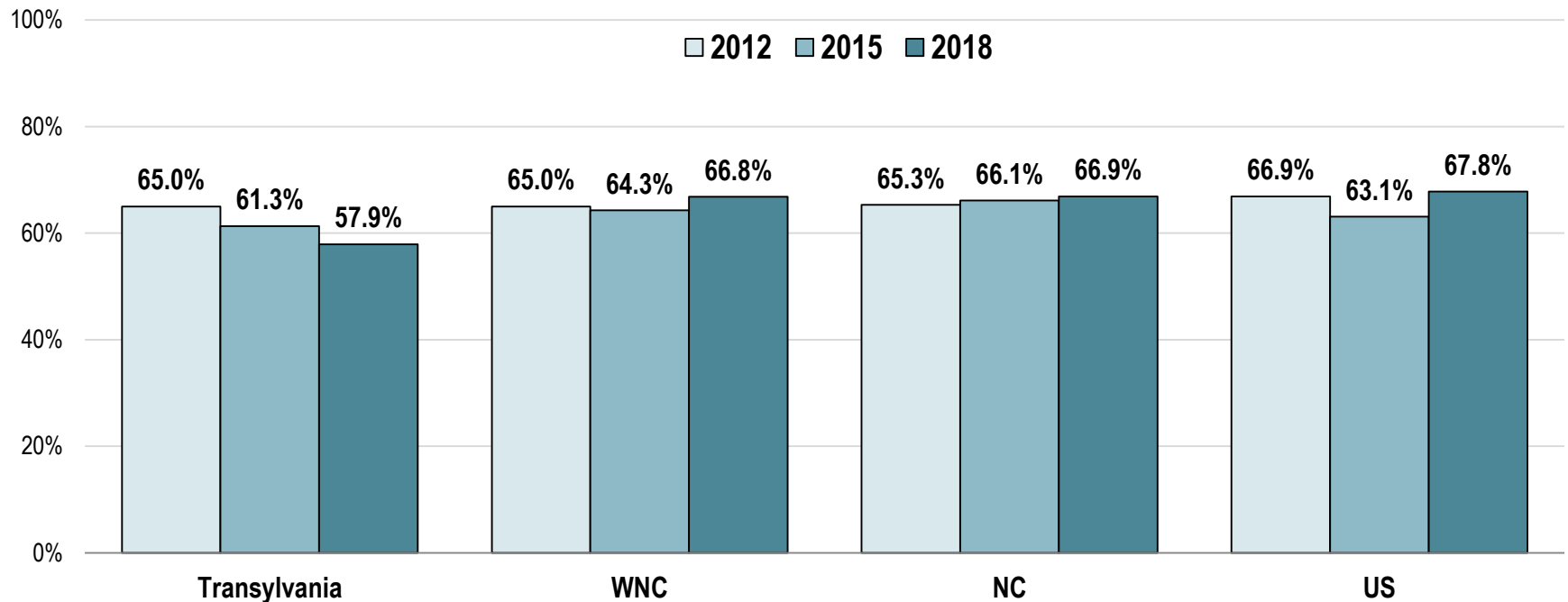
(Body Mass Index Between 18.5 and 24.9)

Healthy People 2020 Target = 33.9% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]
- Notes:
- Based on reported heights and weights; asked of all respondents.
 - The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

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

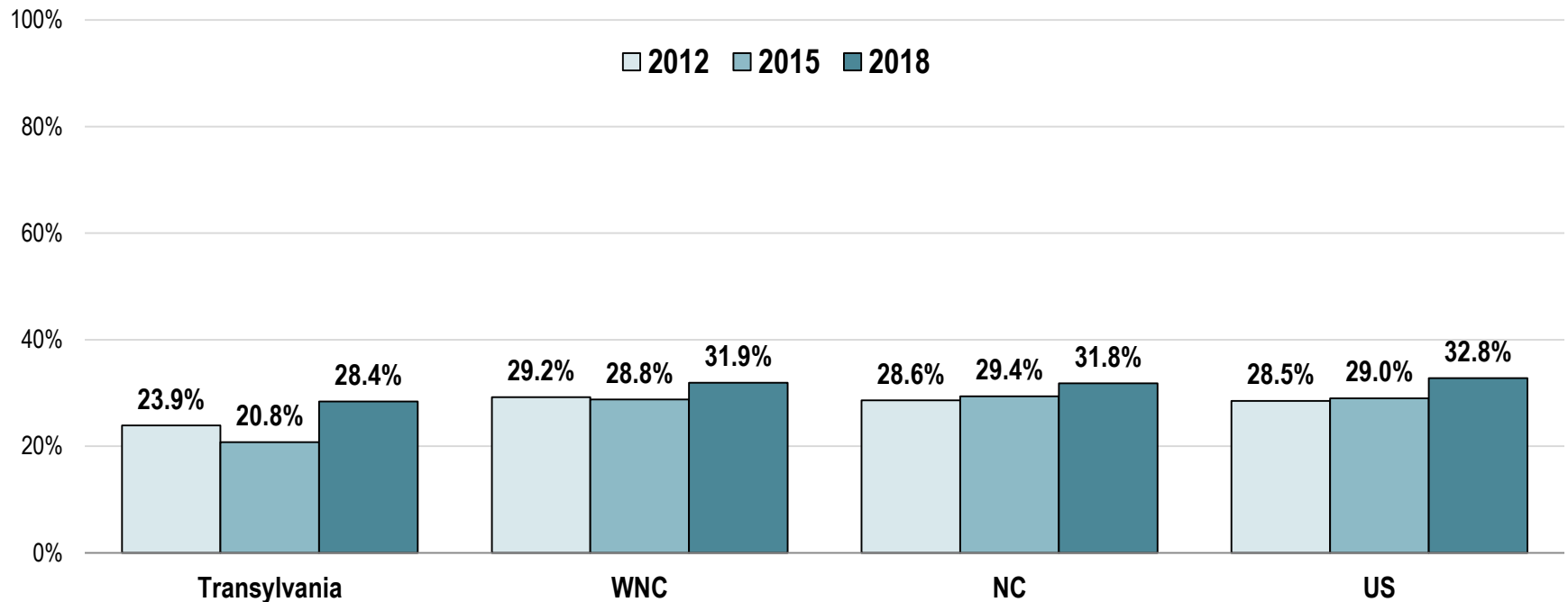


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Based on reported heights and weights; asked of all respondents.
 - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Obesity

(Body Mass Index of 30.0 or Higher)

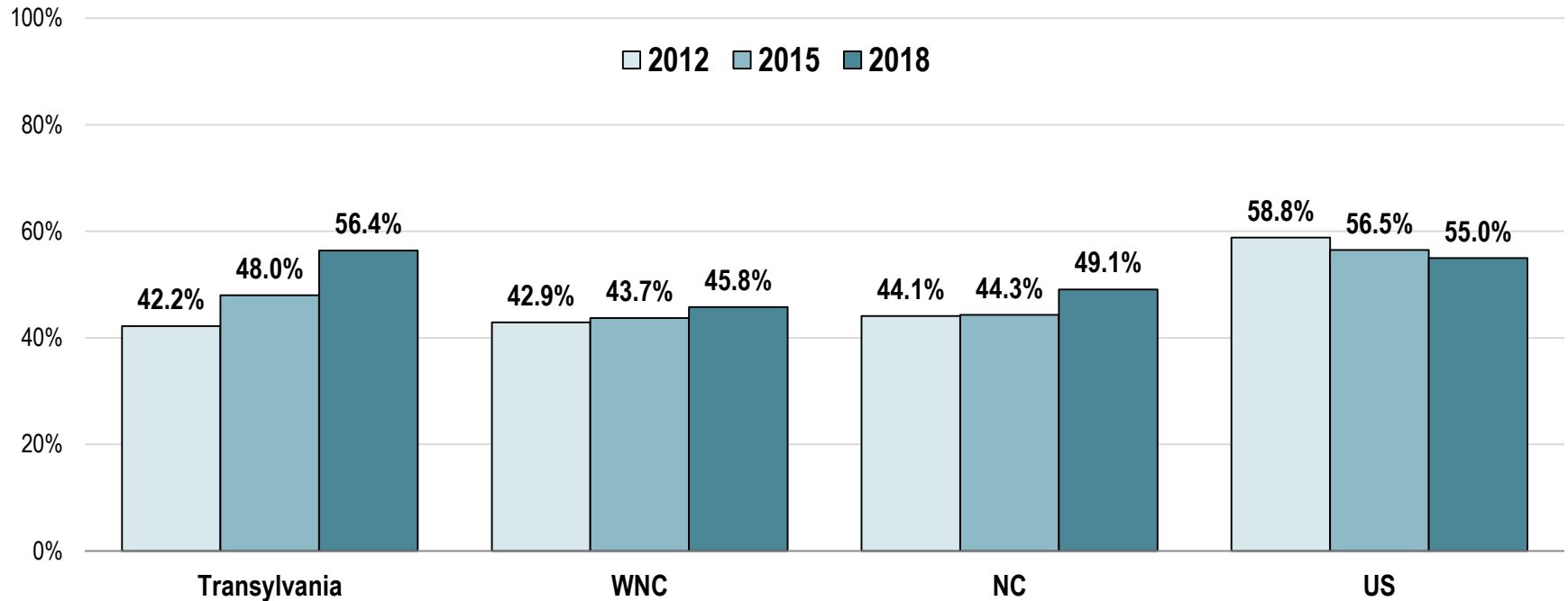
Healthy People 2020 Target = 30.6% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Notes:
- Based on reported heights and weights; asked of all respondents.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Substance Abuse

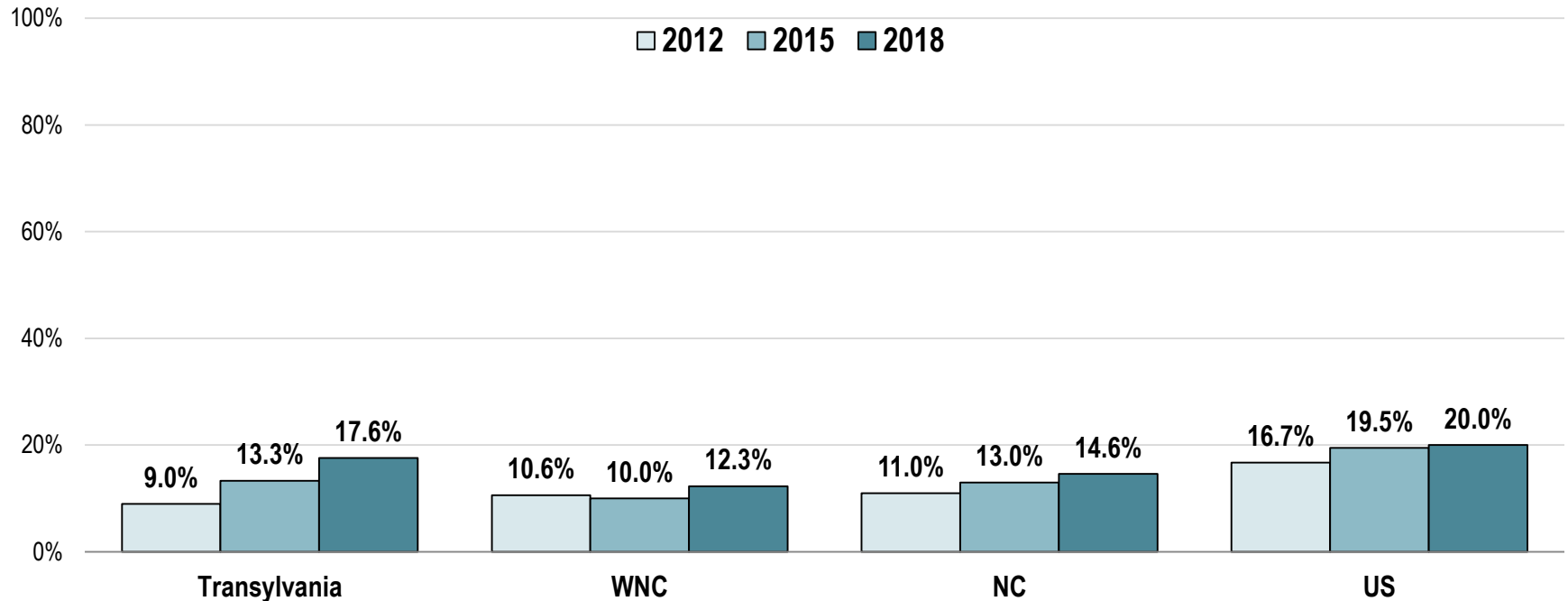
Current Drinkers



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Current drinkers had at least one alcoholic drink in the past month.

Binge Drinkers

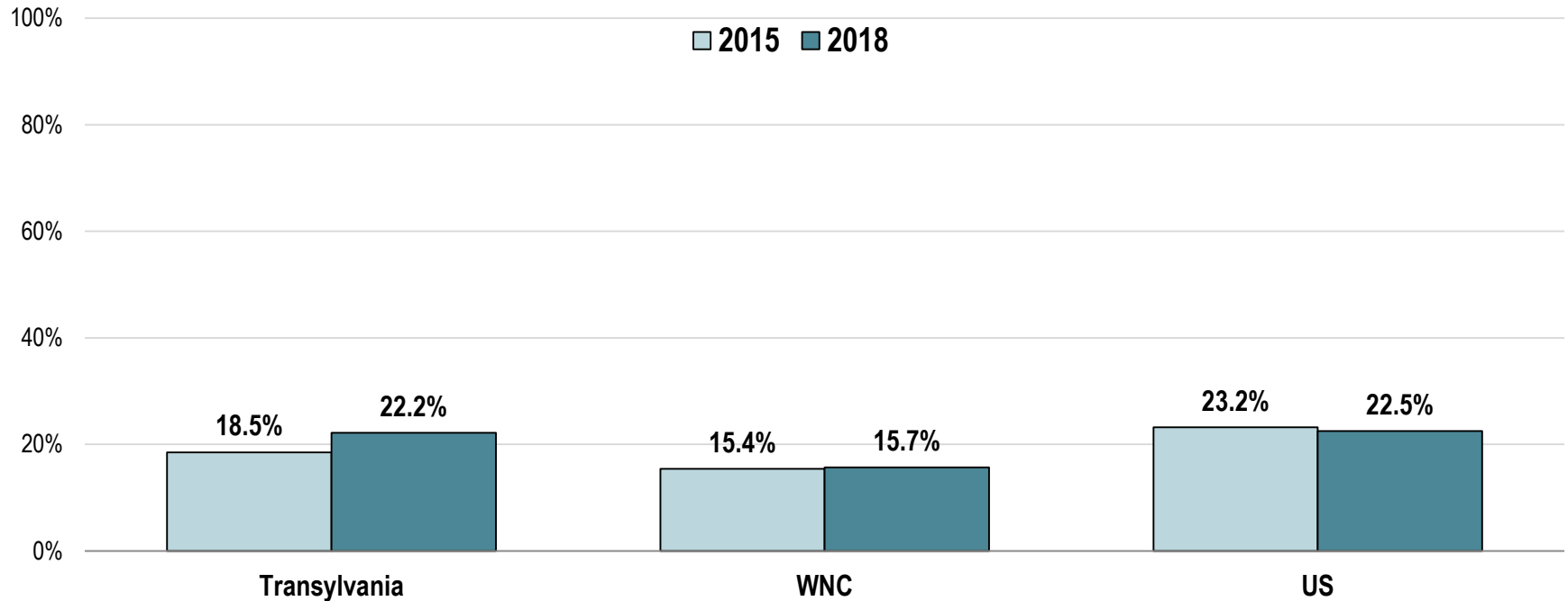
Healthy People 2020 Target = 24.2% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
- Notes:
- Asked of all respondents.
 - Binge drinkers are defined as men consuming 5+ alcoholic drinks on any one occasion in the past month or women consuming 4+ alcoholic drinks on any one occasion in the past month.
 - Previous survey data classified both men and women as binge drinkers if they had 5+ alcoholic drinks on one occasion in the past month.

Excessive Drinkers

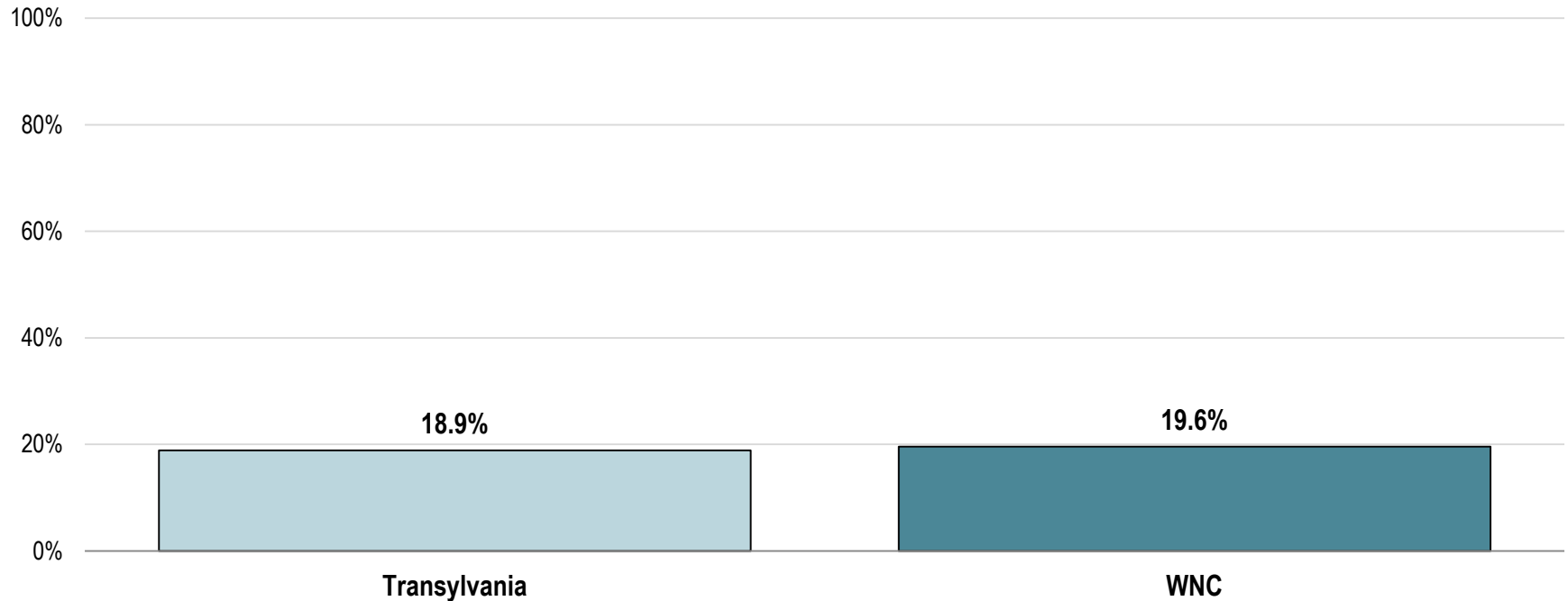
Healthy People 2020 Target = 25.4% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]

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

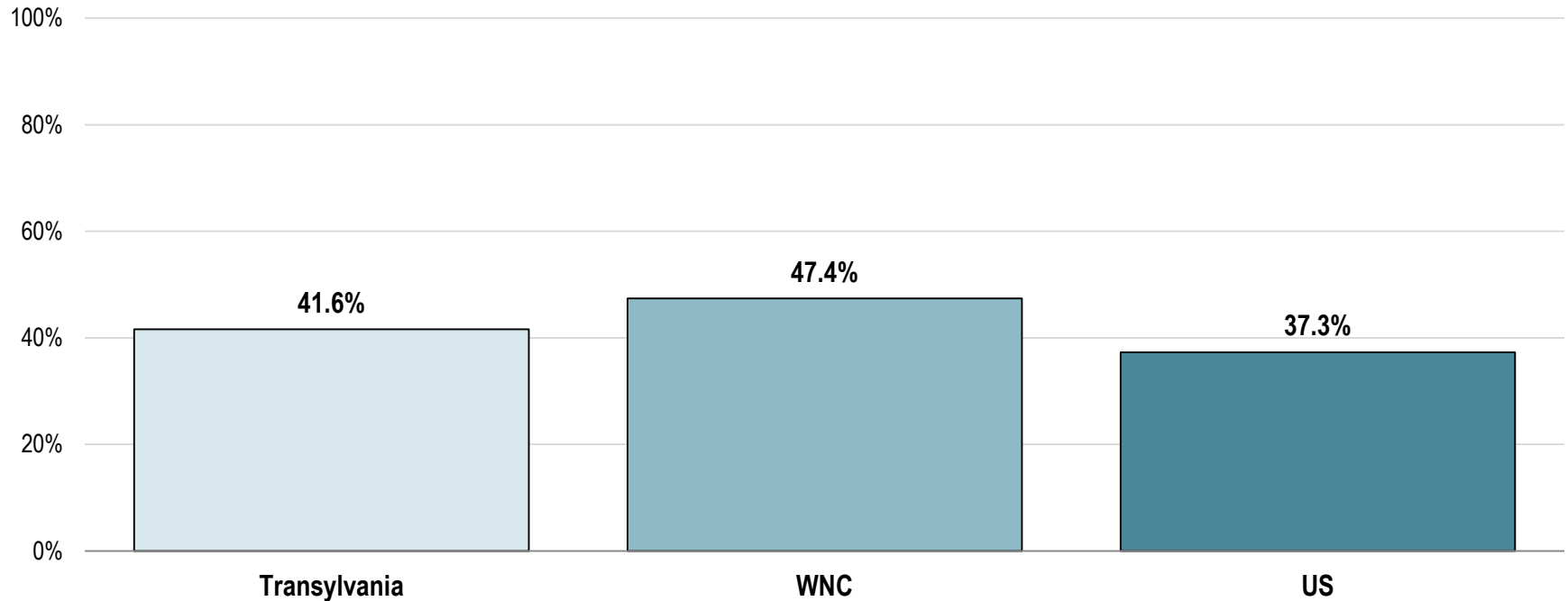
Used Opiates/Opioids in the Past Year, With or Without a Prescription (2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]

Notes: • Asked of all respondents.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (2018)

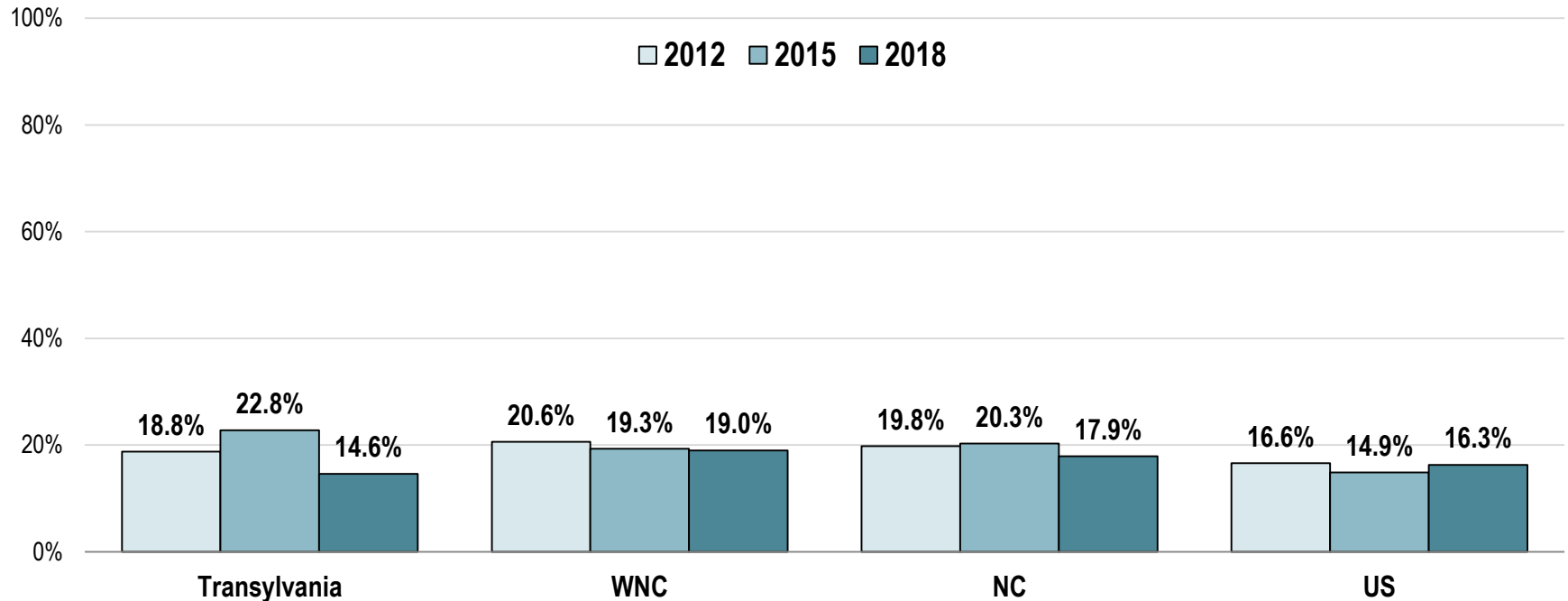


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Tobacco Use

Current Smokers

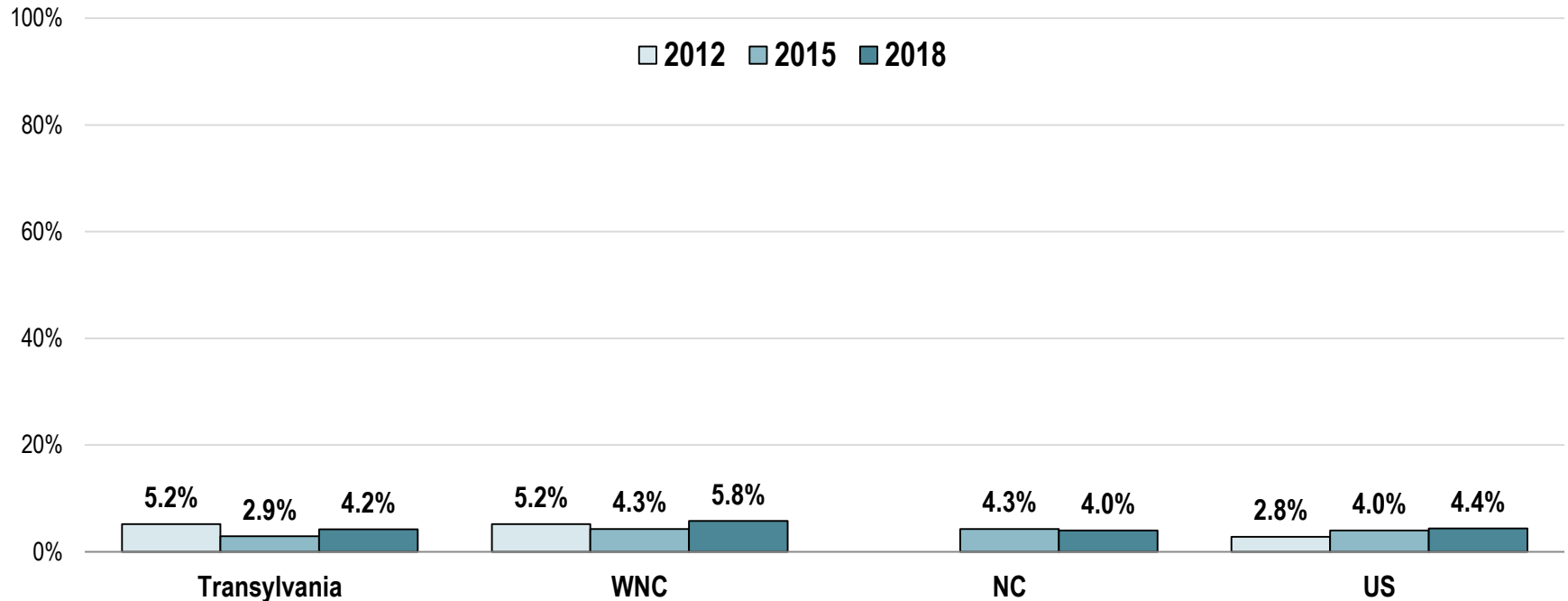
Healthy People 2020 Target = 12.0% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
 - Includes regular and occasional smokers (everyday and some days).

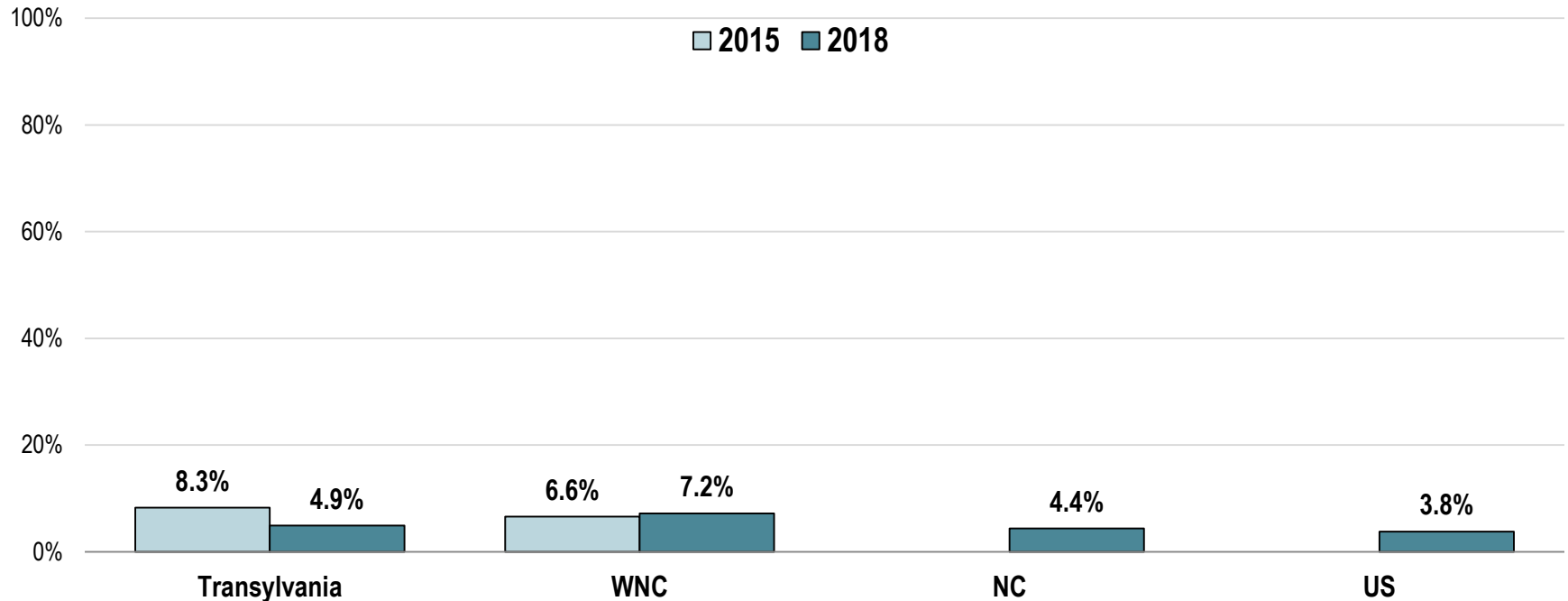
Currently Use Smokeless Tobacco Products

Healthy People 2020 Target = 0.3% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]
- Notes:
- Asked of all respondents.
 - Includes regular and occasional smokers (everyday and some days).

Currently Use Vaping Products (Such as E-Cigarettes)



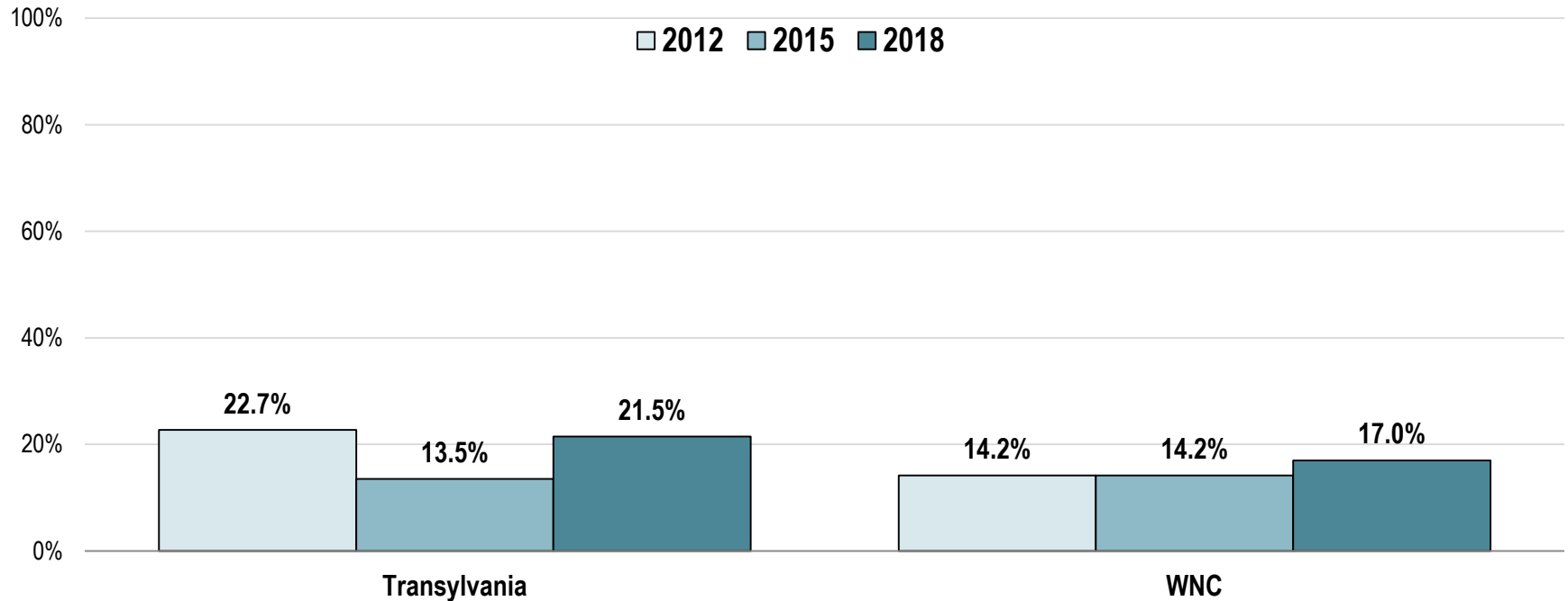
Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.

Notes:

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

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]

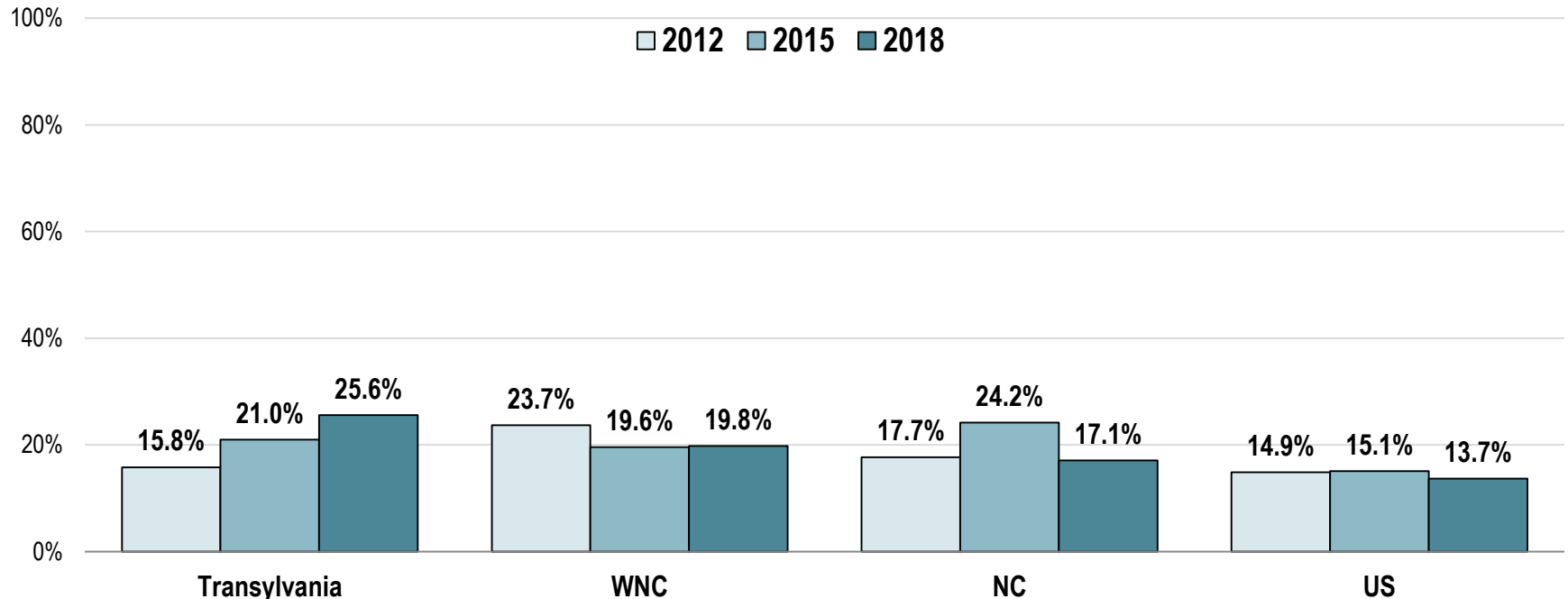
Notes: • Asked of employed respondents.

Health Insurance Coverage

Lack of Healthcare Insurance Coverage

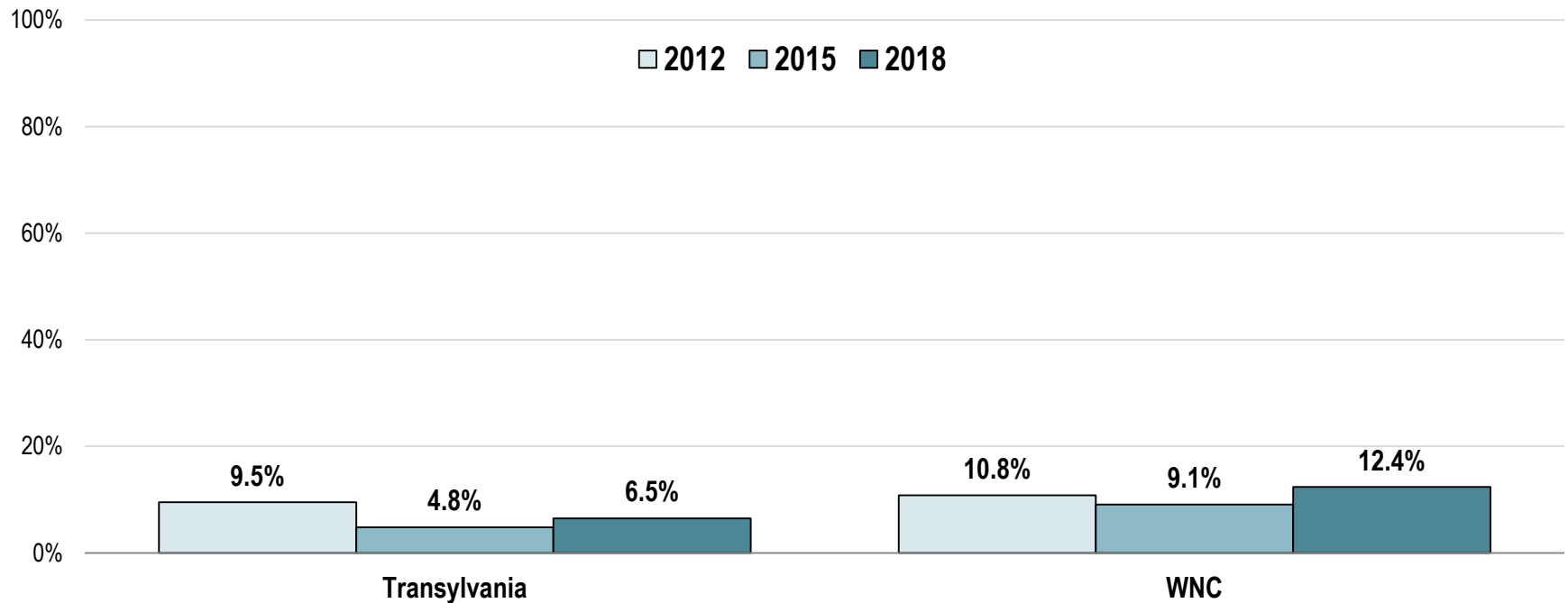
(Adults Age 18-64)

Healthy People 2020 Target = 0.0%



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
- Notes:
- Reflects all respondents under the age of 65.
 - Includes any type of insurance, such as traditional health insurance, prepaid plans such as HMOs, or government-sponsored coverage (e.g., Medicare, Medicaid, Indian Health Services, etc.).

Was Unable to Get Needed Medical Care at Some Point in the Past Year



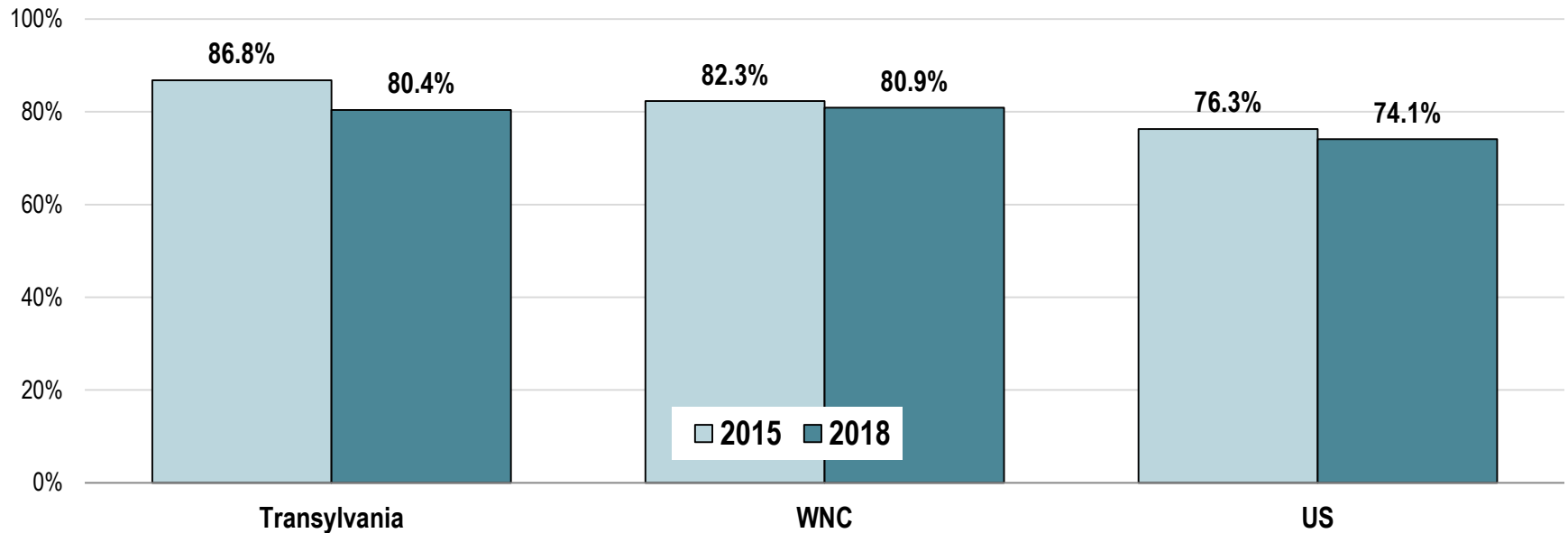
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]

Notes: • Asked of all respondents.

Primary Care Services

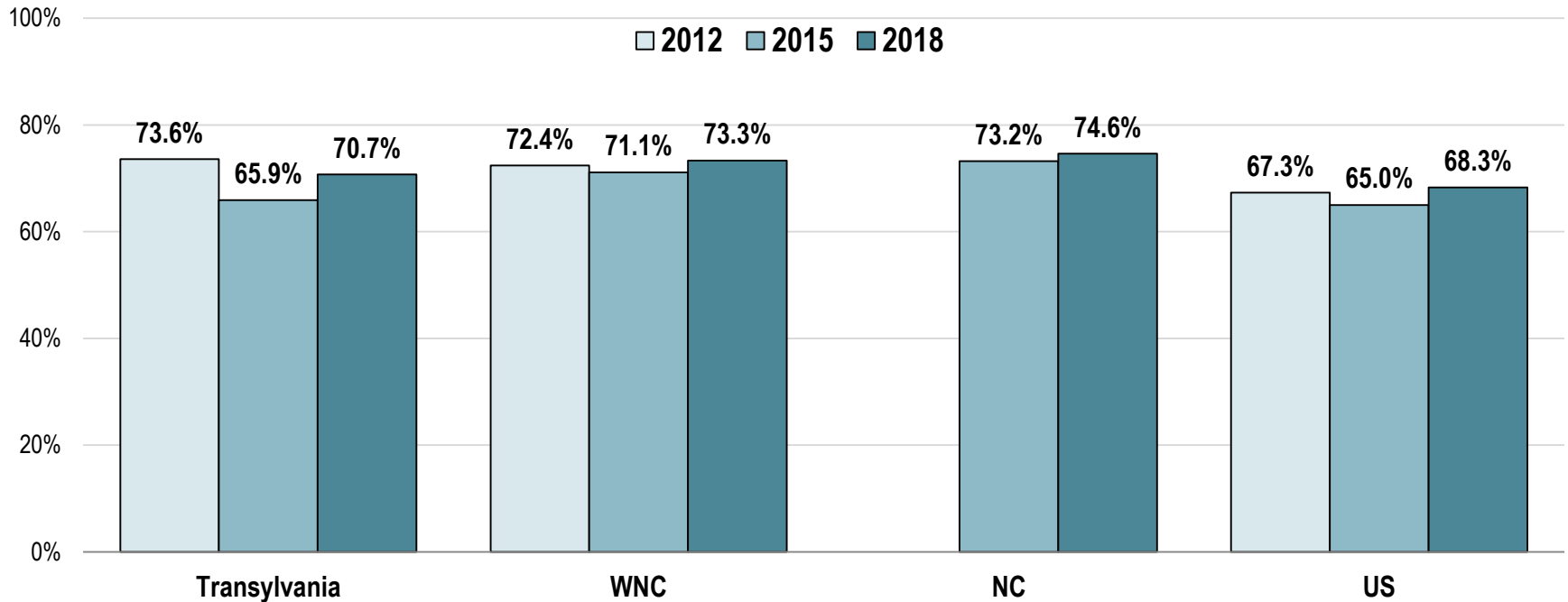
Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
- Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year



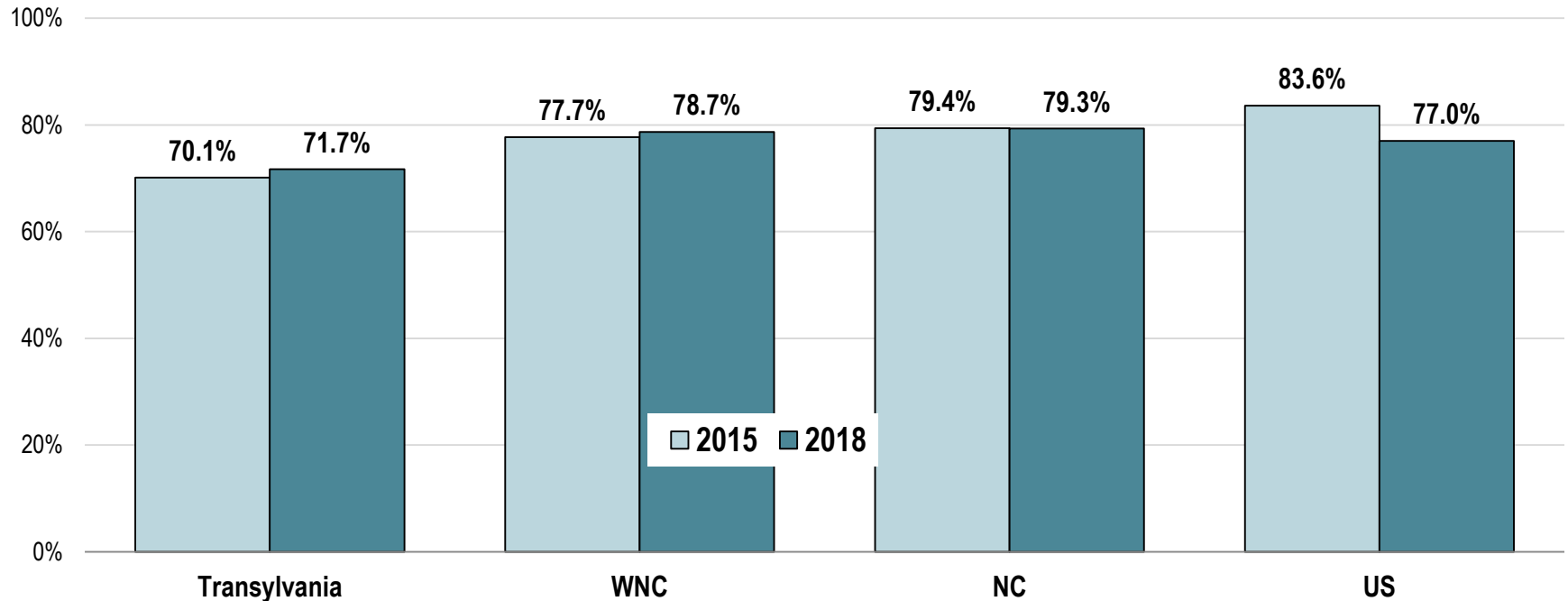
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- Notes:
- Asked of all respondents.

Preventive Screenings

Have Had a Mammogram in the Past Two Years

(Women Age 50-74; By County, 2018)

Healthy People 2020 Target = 81.1% or Higher

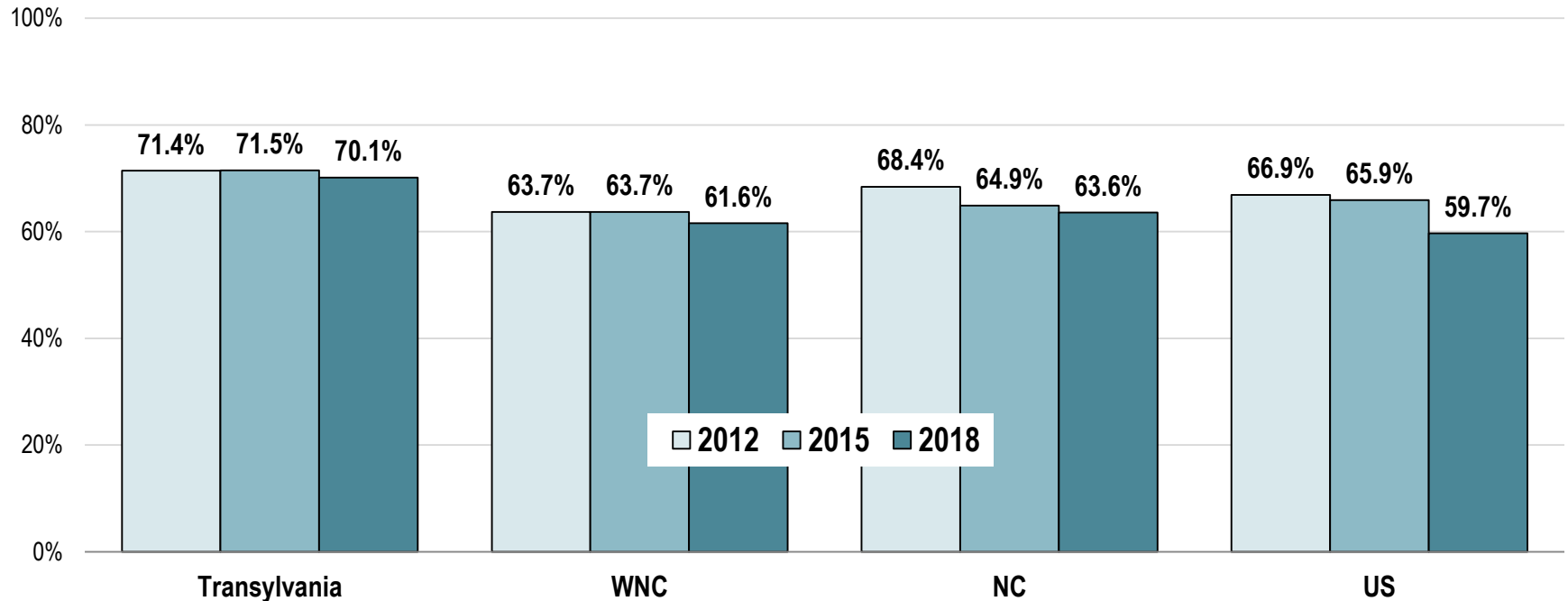


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]
- Notes:
- Reflects female respondents age 50-74.

Oral Health

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher

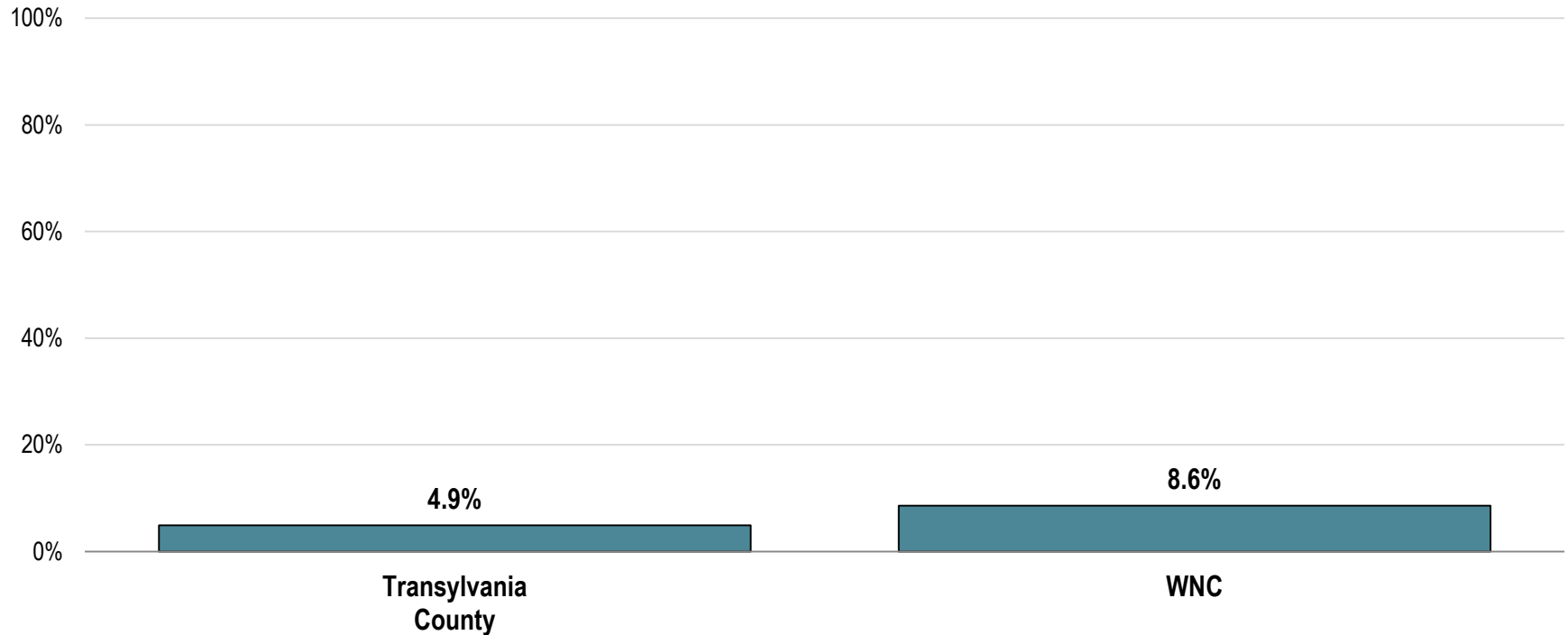


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
- Notes:
- Asked of all respondents.

Other Health Issues in the Community

COUNTY-SPECIFIC QUESTIONS

Used an Illicit Drug in the Past Month (Self or Someone They Know) (2018)

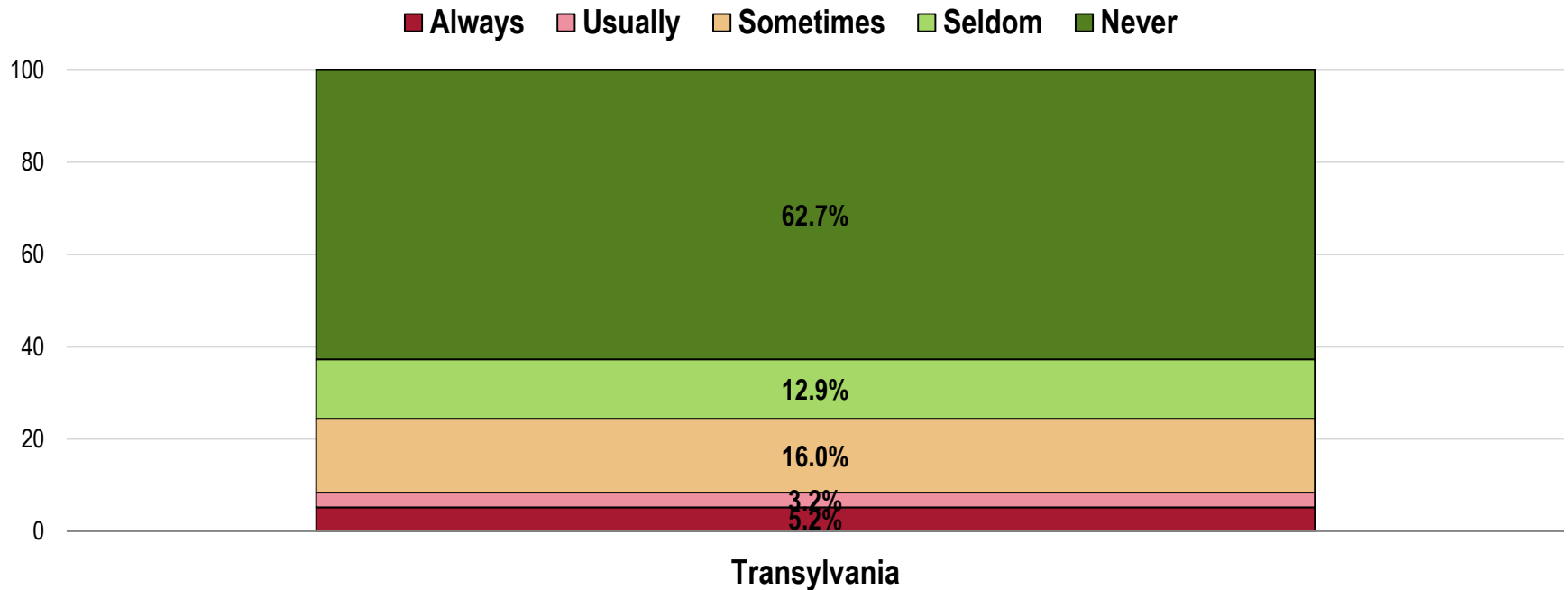


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 318]

Notes: • Asked of all respondents.

• In this case, the term "illicit" includes an illegal drug or a prescription drug that has not been prescribed to the user or someone they know.

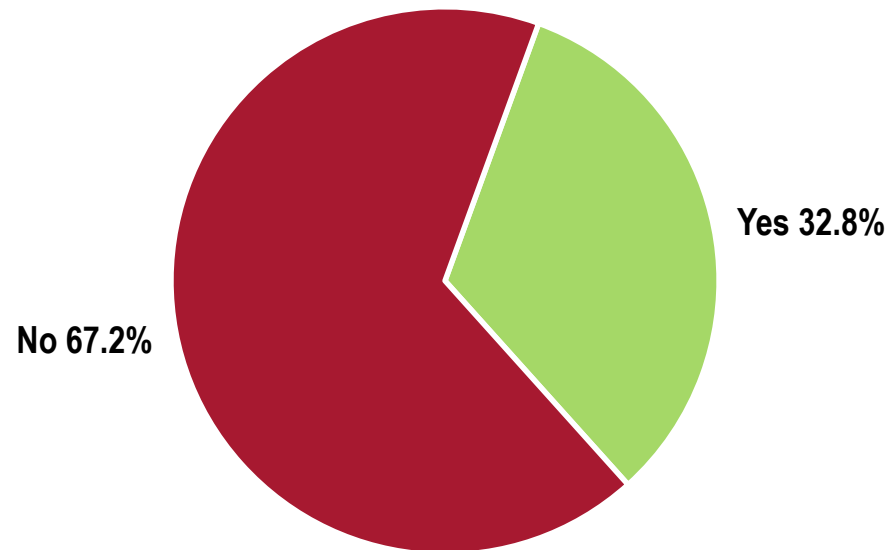
Frequency of Worry or Stress Over Having Enough Money to Pay Rent or Mortgage in the Past Year (2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]

Notes: • Asked of all respondents.

Blood Has Been Tested for Hepatitis C (Transylvania County, 2018)



- Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]
Notes: • Asked of all respondents; does not include testing during blood donations.



APPENDIX E

KEY INFORMANT SURVEY

2018 Community Health Needs Assessment

Online Key Informant Survey Results

Transylvania County, North Carolina

Prepared for:
WNC Healthy Impact

By:
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Table of Contents

Introduction	4
Approach	4
Participation	4
Characteristics of a Healthy Community	5
Chronic Disease	7
Ranking of Chronic Disease Issues as Critical to Address	7
Obesity, Nutrition, and Physical Activity	7
Diabetes	10
Heart Disease and Stroke	12
Cancer	13
Chronic Pain	15
Upper Respiratory Diseases (Such as Asthma)	15
Chronic Obstructive Pulmonary Disease (COPD)	16
Chronic Kidney Disease	16
Arthritis/Osteoporosis	16
Mental Health and Substance Use	18
Ranking of Mental Health Conditions as Critical to Address	18
Substance Use	18
General Mental Health	21
Depression, Anxiety, and Stress	23
Dementia and Alzheimer's Disease	24
Suicide	25
Social Determinants of Health	27
Ranking of Social Determinants of Health as Critical to Address	27
Housing	27
Early Childhood Education	29
Adverse Childhood Experiences (ACEs)	30
Access to Health Care Services	31
Employment Opportunities	33
Transportation	34
Interpersonal Violence (IPV)	35
Food Insecurity	36
Other Issues	37
Ranking of Other Issues as Critical to Address	37
Infant and Child Health	37
Injury and Violence	39

Dental Care and Oral Health	40
Family Planning	41
Immunizations and Infectious Diseases	42
Hearing and Vision Conditions	43
Sexually Transmitted Infections	44
HIV/AIDS	44
Additional Comments	45

Introduction

Approach

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was implemented as part of the broader Community Health Needs Assessment process. A list of recommended participants was provided by local sponsors; 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.

Participation

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, 30 community stakeholders took part in the Online Key Informant Survey.

Participating Organizations

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

Participating organizations included the following:

- Blue Ridge Community College
- Blue Ridge Community Health Services
- Brevard City Council
- Brevard College
- Brevard Police Department
- Brevard Rotary Club
- Brevard/Transylvania Chamber of Commerce
- Centro Comunitario Hispano Americano
- Meridian BHS – Transylvania
- SAFE Inc.
- Sharing House
- The Cindy Platt Boys & Girls Club
- The Family Place of Transylvania County
- Train
- Transylvania County Board of Health
- Transylvania County Commissioners
- Transylvania County Schools
- Transylvania County Sheriff's Department

In the online survey, key informants were asked to list characteristics of a healthy community. They were also asked to select the health issues or behaviors that they feel are the most critical to address collaboratively in their own community over the next three years or more. Follow-up questions asked them to describe which contributors to progress and impediments of progress exist for these issues. Results of their ratings, as well as their verbatim comments, are included throughout this report.

NOTE: These findings represent qualitative rather than quantitative data. 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.

Characteristics of a Healthy Community

Key informants characterized a healthy community as containing the following (percentages represent the proportion of respondents identifying each characteristic as one of their top 3 responses):

“In your opinion, what are the most important characteristics of a healthy community?”

Key informants could list up to 3 responses.

Characteristic	Mentioned By (%)
Employment	34.2%
Access to Care/Services	30.2%
Awareness/Education	19.4%
Affordable Care/Services	18.8%
Good Economy	11.7%
Equity in Access to Health Care	11.4%
Healthy Lifestyles	11.4%
Recreational/Outdoor Activities	11.4%
Access to Healthy Foods/Healthy Eating	11.1%
Access to Schools/Adequate Education	8.0%
Positive Atmosphere	8.0%
Clean Environment	7.7%
Collaboration	7.7%
Healthy Citizens	7.7%
Economic and Social Justice for All	7.4%
Good Health Care	4.0%
Low Alcohol/Drugs Rates	4.0%
Low Crime Rate	4.0%
Shared Values	4.0%
Access to Mental Health Care	3.7%
Active	3.7%
Affordable Housing	3.7%
Basic Needs are Met	3.7%
Caring for the Less Fortunate	3.7%
Caring/Supportive Community	3.7%
Commitment to the Community	3.7%
Community Working with Law Enforcement	3.7%
Good Leadership	3.7%

Characteristic	Mentioned By (%)
Good Political Situation	3.7%
Good Schools	3.7%
Infrastructure to Handle Growth	3.7%
Low Poverty/Homeless Rates	3.7%
Lower Obesity Rates	3.7%
Outreach Programs	3.7%
Physical Activity	3.7%
Relationship Between Government and Other Organizations	3.7%
Resources for Healthy Activities	3.7%
Safe Environment	3.7%
Social Connectiveness	3.7%

Chronic Disease

Ranking of Chronic Disease Issues as Critical to Address

Key informants in the online survey were given a list of chronic diseases and known factors that contribute to them, then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of chronic disease conditions identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address
1	Obesity/Nutrition/Physical Activity	29
2	Diabetes	24
3	Heart Disease/Stroke	17
4	Cancer	13
5	Chronic Pain	5
6	Upper Respiratory Diseases (such as Asthma)	3
7	Chronic Obstructive Pulmonary Disease (COPD)	1
8	Chronic Kidney Disease	1
9	Arthritis/Osteoporosis	1

Obesity, Nutrition, and Physical Activity

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Recreational/Outdoor Activities

Beautiful outdoors in Transylvania County. – Social Services Provider (Transylvania County)

More recreational opportunities but are only effective if people willing to participate. – Community Leader (Transylvania County)

We have become an "outdoor" community with a focus on biking, hiking, running/walking, etc. Outdoor education opportunities. – Social Services Provider (Transylvania County)

Awareness/Education

Awareness of the staggering statistics and the causes of obesity in people who live in poverty. Dispelling the myths of obesity and malnutrition. Increasing healthy produce in food distributions such as schools and community food pantries. Awareness about the need for physical exercise. – Social

Services Provider (Transylvania County)

Education; food pantry trucks taking fresh food to parts of the county. – Community Leader (Transylvania County)

Healthy community education. Health department along with hospital have increased the awareness. – Public Health Representative (Transylvania County)

More public awareness. – Other Health Provider (Transylvania County)

Public awareness. – Community Leader (Transylvania County)

Nutritional awareness. – Physician (Transylvania County)

Specific Programs/Agencies

Outreach programs. – Social Services Provider (Transylvania County)

School Programs

School system and county recreational opportunities. – Social Services Provider (Transylvania County)

Collaborative Efforts

The Transylvania County Family Resource Center is an example of a successful collaborative impact approach to a solving community issue. – Social Services Provider (Transylvania County)

Having a regional hospital connected to a larger hospital (Mission) helps. – Community Leader (Transylvania County)

Collaborative efforts already under way. – Other Health Provider (Transylvania County)

Physical Activity

Promoting healthy activity and healthy eating. – Other Health Provider (Transylvania County)

Physical activity opportunity. – Physician (Transylvania County)

Nothing/No Progress

Slow trend in responding to healthy lifestyle needs. – Other Health Provider (Transylvania County)

I don't think a lot is happening there to solve the problem. – Community Leader (Transylvania County)

Access to Healthy Food

Food access through a variety of organizations, accompanying nutrition classes through several. Youth programs (county, nonprofit, and private) that encourage youth activity. Active farmer's market that provides both food and education. – Social Services Provider (Transylvania County)

Access to Care/Services

Access to healthcare. – Physician (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Lifestyle

Unhealthy habits currently ingrained in American and Southern culture. There's a lack of resources available to provide folks with the help they really need. Combine that with food insecurity and food deserts in the county, and it's a tough issue to tackle. – Other Health Provider (Transylvania County)

Reluctance to change lifestyle. – Social Services Provider (Transylvania County)

Some segments of our community live a life of their choosing. They feel it is their life, and they can live it as they desire even at the risk of health-related issues. – Public Health Representative (Transylvania County)

Individual lifestyle preferences. – Other Health Provider (Transylvania County)

Lifestyles. Cost of healthy foods. – Social Services Provider (Transylvania County)

Bad habits. – Social Services Provider (Transylvania County)

Public interest. – Community Leader (Transylvania County)

Awareness/Education

Lack of nutritional awareness. – Physician (Transylvania County)

Education on how to lose the weight long-term and how much it improves other conditions. – Other Health Provider (Transylvania County)

Denial

Some partners trapped in a belief that discourages changes. – Social Services Provider (Transylvania County)

Lack of personal commitment. – Other Health Provider (Transylvania County)

Lack of personal involvement, lack of insurance and ability to see doctors. – Social Services Provider (Transylvania County)

Access to Healthy Food

Human nature, more jobs that require less physical activity, and diets focused on fast food and the need for self-gratification with treats. – Other Health Provider (Transylvania County)

Funding

Money. Education at a young age. – Community Leader (Transylvania County)

Lack of Prevention for Youth

Society concerns regarding not making anyone feel bad, so truth is not provided especially in our schools. Reduced physical education requirements in our schools. Poor health habits in parents lead to poor health in kids. – Community Leader (Transylvania County)

Poverty

Poverty; lack of access to healthy foods; lack of transportation from parts of county to food stores. – Community Leader (Transylvania County)

Socioeconomic issues. – Physician (Transylvania County)

Lack of Collaboration

Employers carving out time for healthy activity and supporting engagement. – Physician (Transylvania County)

Access to Care/Services

Lack of access to fitness facilities. – Social Services Provider (Transylvania County)

A lack of facilities; A need to upgrade facilities, including non-school facilities. – Social Services Provider (Transylvania County)

Transportation

Transportation seems to be a great determinant in many people accessing these free resources. – Social Services Provider (Transylvania County)

Rates of obesity in county, challenging geography that lends itself to car-focused transportation (rather than biking/walking), compounded by few safe biking and walking paths and limited sidewalks. Many fast food restaurants and nutrient-poor options from some food pantries. – Social Services Provider (Transylvania County)

Programs/Services for Youth

Safe places for children to play. Transportation and access to recreation. Cost for team recreation for children/youth. Self-motivation for change. – Social Services Provider (Transylvania County)

Diabetes

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Increased awareness of the harms of sugar and over-eating. – Other Health Provider (Transylvania County)

Growing awareness of the issue. – Community Leader (Transylvania County)

Early awareness and efforts to better understand the effects. – Public Health Representative (Transylvania County)

Current programs directed at information and availability of services. – Other Health Provider (Transylvania County)

Health and fitness awareness. – Community Leader (Transylvania County)

Increasing awareness. – Social Services Provider (Transylvania County)

Community programs and education. – Other Health Provider (Transylvania County)

Access to Care/Services

Reasonable access to healthcare. – Physician (Transylvania County)

Different programs offer to the community to solve this issue. – Community Leader (Transylvania County)

Collaborative Efforts

Collaboration is high in Transylvania County. There are also strong support organizations, including SAFE (domestic violence prevention and shelter services), CARE Coalition (drug prevention education), The Haven (homeless shelter), and Bread of Life (free meals), who do great work. Meridian (mental health) is also doing great work, as is our county health director... who is tireless in her effort to improve county health. Continuing education on this issue may have a positive effect, but parents need to be disciplined and set good examples. – Social Services Provider (Transylvania County)

Specific Agencies/Programs

Good programs: preventative and lifestyle classes available through the health department and hospital, free training available from Land of Sky Regional Council for ongoing disease management peer instructors. – Social Services Provider (Transylvania County)

Nothing/No Progress

Expand education related to reasons for diabetes, what can be done to prevent it and treat once identified. Also, better information regarding the impact on overall health and serious issues if not treated and controlled. – Community Leader (Transylvania County)

Affordable Care/Services

Price reductions in blood glucose monitors and strips. – Other Health Provider (Transylvania County)

Diagnosis/Treatment

Free health screenings in public places that is occupied by people who live in poverty. Better education and practical, relational steps to help improve health. Healthy living campaigns that make access to healthy produce/foods available with cooking demonstrations. – Social Services Provider (Transylvania County)

A1C screening. – Physician (Transylvania County)

Lifestyle

Opportunities for physical activity. – Physician (Transylvania County)

Community Focus

- Community outreach. – Social Services Provider (Transylvania County)
- Desire to help overall health of community. – Community Leader (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Healthy Food

- Our school nutrition program is not as healthy as it should be. Many of our youth are eating all of their meals within the county school system and also in afterschool/summer youth development programs. – Social Services Provider (Transylvania County)
- Limited access to healthy food choices, as well as encouragement for these and access to technology. – Physician (Transylvania County)
- The influx of fast food restaurants that feeds people living in poverty because that is where they find employment. Sugar and processed food in almost every product that makes food cheaper. Food deserts. The cost of living with diabetes (sugar monitors, medication without insurance), hopelessness. – Social Services Provider (Transylvania County)

Lifestyle

- Motivation of people. – Community Leader (Transylvania County)
- Reluctance to change lifestyle. – Social Services Provider (Transylvania County)

Awareness/Education

- Lack of focus on dangers of obesity and its impact on getting the disease. No one seems to want to address the dangers of obesity, especially in young kids. Schools need to take a more active role. – Community Leader (Transylvania County)
- Lack of collaborative strategy designed to educate and inform the public about limited, available resources. – Other Health Provider (Transylvania County)
- Broader spectrum of awareness. – Social Services Provider (Transylvania County)
- Lack of A1C awareness and screening. – Physician (Transylvania County)

Funding

- Investment of resources. – Social Services Provider (Transylvania County)

Access to Care/Services

- Access to healthcare and screenings for low income and college students. – Social Services Provider (Transylvania County)
- Access to resources to diagnose and treat diabetes. – Community Leader (Transylvania County)

Affordable Care/Services

- Need more resources for under-insured and non-insured people to receive medical care. – Other Health Provider (Transylvania County)
- Promotion of higher-priced monitors from providers. Free meters, but can only use strips - 10 times more expensive. – Other Health Provider (Transylvania County)

Cultural/Personal Beliefs

- Community values. – Other Health Provider (Transylvania County)

Community Focus

- The availability of members to get involved in any program that address the issue. – Community Leader (Transylvania County)

Transportation

Access to transportation, possible lack of social support for participation in classes, adult learners are more difficult to reach, intersection of poverty and the preponderance of cheap non-nutritive food. – Social Services Provider (Transylvania County)

Comorbidities

Obesity. – Physician (Transylvania County)

Some people seem to accept diabetes as an issue that is age-related. – Public Health Representative (Transylvania County)

Support

The breakdown of secure, hardworking families is the biggest contributor. Some people [...potentially] taking advantage of the system. – Social Services Provider (Transylvania County)

Heart Disease and Stroke

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Strong public health department. Community education through hospital. – Social Services Provider (Transylvania County)

Specific Agencies/Programs

Transylvania County consists of different organizations and groups that contribute to healthy hearts and health factors. This includes but not limited to: hiking, cycling, boating, environmental groups focusing on clean water and air, groups focusing in on good nutrition. – Social Services Provider (Transylvania County)

Middle-age groups seem to be proactive and try to change some habits to lessen the risk. – Public Health Representative (Transylvania County)

Recreational/Outdoor Activities

Increased emphasis on exercise and compliance. – Other Health Provider (Transylvania County)

Our natural landscape in Transylvania County has many free areas to exercise (trails, bike path, etc.). – Social Services Provider (Transylvania County)

Hike/bike paths. – Community Leader (Transylvania County)

Community Focus

Slow trend indicating more interest in healthy lifestyle. – Other Health Provider (Transylvania County)

Prevention/Diagnosis

Health screening that happens few times a year in our county. – Community Leader (Transylvania County)

Community screenings, education, and outreach. – Other Health Provider (Transylvania County)

Access to Health Care

Reasonable access to healthcare. – Physician (Transylvania County)

Nothing/No Progress

Lack of factual information starting at a younger age. – Community Leader (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

Education, fitness activities, nutrition and cooking classes. – Social Services Provider (Transylvania County)

Patient lack of awareness. – Other Health Provider (Transylvania County)

Lifestyle

People are living a lifestyle that has gone on for decades. They are busy, and health is not an issue for them. – Public Health Representative (Transylvania County)

Reluctance to change lifestyle. – Social Services Provider (Transylvania County)

Unhealthy lifestyles. – Community Leader (Transylvania County)

Lack of caring (self) and education. – Public Health Representative (Transylvania County)

Cultural/Personal Beliefs

Language, availability of people and transportation. – Community Leader (Transylvania County)

Community values in some sectors, and median age of population. – Other Health Provider (Transylvania County)

Poverty

Economic divide. – Community Leader (Transylvania County)

Transportation

Transportation seems to be a great determinant in many people accessing these free resources. – Social Services Provider (Transylvania County)

Lack of Collaboration

Lack of organization that could bring all partners to the table to discuss the groups shared outcomes that could be more successfully accomplished through a collaboratively impact model approach. – Social Services Provider (Transylvania County)

Insurance Issues

Lack of care for underinsured and noninsured people. – Other Health Provider (Transylvania County)

Obesity

Rates of obesity in county, challenging geography that lends itself to car-focused transportation (rather than biking/walking), compounded by few safe biking and walking paths and limited sidewalks. – Social Services Provider (Transylvania County)

Obesity and smoking. – Physician (Transylvania County)

Cancer

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Health education and community outreach. – Other Health Provider (Transylvania County)

Educational information. – Social Services Provider (Transylvania County)

Education for children about smoking dangers. – Physician (Transylvania County)

Prevention/Screenings

Early screenings for people who have little access to healthcare (uninsured, underinsured). – Social Services Provider (Transylvania County)

Collaborative Efforts

Collaborative efforts already underway. – Other Health Provider (Transylvania County)

Community Interest

Motivated individuals. – Community Leader (Transylvania County)

Access to Care/Services

Access to treatment center in Transylvania County. – Social Services Provider (Transylvania County)

Funding

Non-profit donations. – Community Leader (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

Inability to reach large groups of citizens. – Social Services Provider (Transylvania County)

Not enough awareness and engagement on the issue. – Social Services Provider (Transylvania County)

Awareness. Comparison study. – Social Services Provider (Transylvania County)

Access to Care/Services

Limited resources to tackle a broad issue affecting many people. – Other Health Provider (Transylvania County)

Tobacco Use

Smoking prevalence. – Physician (Transylvania County)

Leadership

Lack of leadership that would bring the collaborative partners together working towards common goals. – Social Services Provider (Transylvania County)

Prevalence/Incidence

It's such a big issue. What can we do locally to positively impact the problem. – Community Leader (Transylvania County)

Screening/Research

Need more screening services for underinsured or noninsured people. – Other Health Provider (Transylvania County)

Lack of Providers

Number of providers. – Community Leader (Transylvania County)

Lifestyle

Attention to better healthy living, and access to healthcare and more nutritional choices (whole foods, as opposed to cheap processed foods). Food deserts create the ripe environment for obesity in the lives of the poor. Cigarettes are a cheap stress outlet that gets in the way to a healthier lifestyle. Stressful lives when one lives paycheck-to-paycheck and with the uncertainty of hours per week with employment (mostly part-time). – Social Services Provider (Transylvania County)

Chronic Pain

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Educating on chronic pain. – Social Services Provider (Transylvania County)

Education. – Public Health Representative (Transylvania County)

Specific Agencies/Programs

At least one resource. – Physician (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Lack of Alternative Treatment Options

Prescription drugs to relieve the pain, instead of alternatives. – Social Services Provider (Transylvania County)

Awareness/Education

Public knowledge of behavioral strategies to decrease pain and incentive to practice these. – Physician (Transylvania County)

Lack of Providers

Probably physicians and pharmacists. – Public Health Representative (Transylvania County)

Upper Respiratory Diseases (Such as Asthma)

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

More open conversations about asthma and upper respiratory infections. – Social Services Provider (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Affordable Care/Funding

Lack of insurance, cost of medication. – Social Services Provider (Transylvania County)

Environmental Contributors

Environment. We're a county that has a lot of rainfall, moisture, etc., and can contribute to respiratory problems. It's not something we can change. – Social Services Provider (Transylvania County)

Chronic Obstructive Pulmonary Disease (COPD)

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Education for children about dangers of smoking. – Physician (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Tobacco Use/Vaping

High smoking rates. – Physician (Transylvania County)

Chronic Kidney Disease

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

No comments

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

No comments

Arthritis/Osteoporosis

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

No Contributors

The key would be in collaborating, not one-sided oversight, seeking recognition. Doers, not talkers. – Social Services Provider (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Funding

Fear of investment. Lack of leadership. Lack of recognition of the problem. – Social Services Provider (Transylvania County)

Mental Health and Substance Use

Ranking of Mental Health Conditions as Critical to Address

Key informants in the online survey were given a list of mental health conditions and known factors that contribute to them, then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of mental health conditions identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address
1	Substance Use	27
2	General Mental Health	24
3	Depression/Anxiety/Stress	21
4	Dementia/Alzheimer's Disease	9
5	Suicide	7

Substance Use

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Commitment of leaders to work on the problem; growing awareness of the extent of the problem. – Community Leader (Transylvania County)

Education and outreach, drop off boxes to surrender prescription medications. – Other Health Provider (Transylvania County)

Increased awareness among relevant agencies. Care Coalition is helping too. – Other Health Provider (Transylvania County)

Awareness to the entire health community that this is a big issue, and they have contributed and now need to get behind the ways to address the issue. – Public Health Representative (Transylvania County)

The spectrum of information is widening across the community and country. – Social Services Provider (Transylvania County)

Public awareness to get unused drugs out of access to abusers and new prescribing guidelines. – Other Health Provider (Transylvania County)

Awareness. Care Coalition helps spotlight the issue. – Social Services Provider (Transylvania County)

Public awareness. – Community Leader (Transylvania County)

Collaborative Efforts

Sheriff's department, school system, community organizations. Many doing some work to address this.
– Social Services Provider (Transylvania County)

There are groups working collaboratively on this issue. – Social Services Provider (Transylvania County)

Specific Agencies/Programs

CARE Coalition efforts, youth programs, active faith communities, (and perhaps in part - Small town values). – Social Services Provider (Transylvania County)

CARE Coalition is doing great work in prevention and education. They have achieved great support from multiple disciplines such as schools, hospitals, doctors' offices, law enforcement, media, and faith communities. – Social Services Provider (Transylvania County)

CARE Coalition, School Resource Officers. – Social Services Provider (Transylvania County)

The CARE Coalition is a driving force in our county for raising awareness of substance abuse and leading our county to be proactive instead of reactive. – Social Services Provider (Transylvania County)

Organizations like CARE Coalition has the personal and sources to offer help. – Community Leader (Transylvania County)

CARE. – Physician (Transylvania County)

Effective Law Enforcement

Substance abuse is a mental health issue and can only be treated when someone wants help. Strict enforcement of drug laws and prosecuting drug pushers. – Community Leader (Transylvania County)

Our sheriff, local government, and governor see this as a top issue. – Community Leader (Transylvania County)

Community Focus

People caring. – Public Health Representative (Transylvania County)

Funding

Funding for substance use specific intervention, work being done already to acknowledge and address substance use as a problem, education. – Other Health Provider (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: "What is getting in the way of progress on this issue in your community?"

Access to Care/Services

Lack of substance abuse/behavioral health resources in county. Poverty, isolation, not enough self-driven positive diversions for junior high & high school aged youth- such as a skatepark. Let's have a skatepark. – Social Services Provider (Transylvania County)

Lack of substance abuse treatment centers. – Social Services Provider (Transylvania County)

Lack of individual support for adults. – Physician (Transylvania County)

Funding

The problem seems to big that there are no easy answers and the problem seems like such a financial beast that government, nonprofits, faith-communities, seem paralyzed. – Social Services Provider (Transylvania County)

Economic divide. – Community Leader (Transylvania County)

Availability of Substances

Access to opioids is too easy combined with WAY too few options for recovery. – Other Health Provider (Transylvania County)

Easy access that abusers have to the different substances. Lack of parental involvement. – Social Services Provider (Transylvania County)

Denial/Stigma

Not admitting people have a problem, stigma associated with substance abuse, lack of resources for people to receive care. – Other Health Provider (Transylvania County)

Awareness/Education

Not much information about how to ask directly for help, language, transportation. – Community Leader (Transylvania County)

A lack of belief in the magnitude of the problem from many citizens. – Social Services Provider (Transylvania County)

Lack of understanding of the problem. – Community Leader (Transylvania County)

Law Enforcement

Court system (continuance rate is ridiculous). Lack of rehab. Expense of rehab. Acceptance. Family patterns. Lack of follow through for mental health. Opportunity/curiosity. Trauma. – Social Services Provider (Transylvania County)

Too many laws protecting both users and distributors. Use drugs, then pay the consequences. – Community Leader (Transylvania County)

Unemployment

Identifying community factors that could be contributing to substance abuse and eradicating/solving those is key. Some of those factors include lack of jobs in our county, lack of public transportation, lack of affordable housing, etc. – Social Services Provider (Transylvania County)

Adverse childhood events, unemployment. – Physician (Transylvania County)

Prescriber Policies

Over-prescribing and idle time for people who just want to get on welfare and get high. Doctors have overprescribed pain medication. A better system of checks to assure no more than one doctor is prescribing pain meds would help. And getting people to work and stop living off the welfare system would give them a purpose. Some on welfare now do little more than scheme to get high and earn money by getting others to buy drugs from them. – Social Services Provider (Transylvania County)

Alcohol/Drug Abuse

Prescription drugs abuse is out of control. – Social Services Provider (Transylvania County)

Drug trafficking. – Community Leader (Transylvania County)

Depression/Stress

Mental health care. – Social Services Provider (Transylvania County)

Cultural/Personal Beliefs

Wider acceptance of drug use in the younger community. – Other Health Provider (Transylvania County)

Community Interest

Apathy and greed of people involved in distributing products involved. – Public Health Representative (Transylvania County)

Diagnosis/Management of Disease

Lack of prevention/early intervention, community member's access to substances. – Other Health Provider (Transylvania County)

General Mental Health

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

- Recent education by health department and a reasonable number of providers. – Physician (Transylvania County)*
- More awareness via child focused opportunities. – Physician (Transylvania County)*
- Considerable attention is given to this topic by national media. The more this is in front of people, the better it will be addressed. – Public Health Representative (Transylvania County)*
- Growing awareness of the issue. – Community Leader (Transylvania County)*
- Efforts on public awareness. – Other Health Provider (Transylvania County)*
- Increased awareness and diminished stigma. – Other Health Provider (Transylvania County)*
- Individual awareness. – Physician (Transylvania County)*
- Education. – Public Health Representative (Transylvania County)*

Specific Agencies/Programs

- Meridian is leading an effort to do more intervention in our community, particularly in the jail. Multiple agencies and disciplines are involved, including social services, hospital, law enforcement, general community members, family members of mentally ill, etc. – Social Services Provider (Transylvania County)*
- Meridian, NAMI-TA, excellent youth programs in schools, camps, and county/private/nonprofit programs foster resiliency. – Social Services Provider (Transylvania County)*
- Continual focus on developing resources and support for families and individuals facing significant stress. – Other Health Provider (Transylvania County)*

Collaborative Efforts

- More facilities/programs addressing mental health issues. Efforts underway to help identify citizens with issues. Have to start identifying mental health issues early before they become a crisis. – Community Leader (Transylvania County)*

Community Focus

- Community groups, schools, mental health agencies, churches. – Social Services Provider (Transylvania County)*

Affordable Care/Services

- Some inexpensive generics and counseling. – Other Health Provider (Transylvania County)*
- Most resources for mental health in our county are fee-based services that individuals and families cannot afford. – Social Services Provider (Transylvania County)*

Communication

- More open communication between mental health work and nonprofits. – Social Services Provider (Transylvania County)*

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Care/Services

- Lack of resources that help the mentally ill. Rehab centers cost more than many of our residents can*

pay and do not show high success. 24/7 beds for deeply mentally ill are too few, and transportation is difficult. Much of the burden falls on law enforcement, so the mentally ill wind up in jail. They belong in a system that heals them and keeps them healthy. – Social Services Provider (Transylvania County)

Lack of resources.... Not enough mental health professionals or facilities available. – Community Leader (Transylvania County)

Resources available to those that need assistance. – Social Services Provider (Transylvania County)

Lack of resources. – Social Services Provider (Transylvania County)

Funding

Not enough funding and drug rehabilitation. – Social Services Provider (Transylvania County)

Denial/Stigma

There is still a stigma with mental health. We are not pushed to get help for mental issues in the same way we are for physical issues. – Community Leader (Transylvania County)

Stigma, lack of resources, a drastic lack of funding relative to the need. – Other Health Provider (Transylvania County)

Community members living in a manner they choose. – Public Health Representative (Transylvania County)

Ambivalent attitude on the subject. – Public Health Representative (Transylvania County)

Stigma around the issue. – Other Health Provider (Transylvania County)

Stigma. – Physician (Transylvania County)

Lack of Providers

No having enough local mental health providers to service the area. – Other Health Provider (Transylvania County)

Affordable Care/Insurance Issues

There is not affordable mental health help. – Social Services Provider (Transylvania County)

Awareness/Education

Lack of understanding of mental health diagnoses, treatments, and the level of ongoing supports needed to help individuals succeed. General impression: existing approaches are more custodial than empowering. – Social Services Provider (Transylvania County)

Lack of public awareness and acceptance. – Other Health Provider (Transylvania County)

Lack of attention in newspaper, wellness issue of newspaper, emphasis of importance in media. – Physician (Transylvania County)

Lack of Collaboration

More collaborations with community organizations and schools to provide free mental health services and counseling is critical. – Social Services Provider (Transylvania County)

True collaboration. When one group wants the other groups to adopt their ideas only, that is no collaboration. – Social Services Provider (Transylvania County)

Policies

Confidentiality issues related to identifying and treating the issue. If identified, it must be addressed- which at this point, there are few options unless person agrees to seek help. – Community Leader (Transylvania County)

Existing mental health business model. – Physician (Transylvania County)

Socioeconomic Issues

Individual and family instability created by lack of housing/employment/financial security. Lack of access to resources for members of rural communities within Transylvania. – Other Health Provider (Transylvania County)

Depression, Anxiety, and Stress

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Awareness through kiosk in lobby of Community Services Building, outreach programs. – Other Health Provider (Transylvania County)

Some efforts at education. – Physician (Transylvania County)

Awareness; education; increased mental/behavioral health support, especially for youth. – Other Health Provider (Transylvania County)

More awareness and Meridian having peer support groups. – Social Services Provider (Transylvania County)

Awareness. A variety of counselors. – Social Services Provider (Transylvania County)

Education. – Social Services Provider (Transylvania County)

Nothing/No Progress

Privatizing mental health services created an environment where private providers compete for Medicaid dollars. This system does not support creating easy access for those who are middle-income that experience initial symptoms. Additionally, for the chronically mentally ill services are limited to what is Medicaid reimbursable at a rate the provider can make a reasonable profit. – Social Services Provider (Transylvania County)

Specific Agencies/Programs

Some sources available to address the issue. – Community Leader (Transylvania County)

Community Focus

Community connections and values, and recreational opportunities. – Social Services Provider (Transylvania County)

Community outreach. – Social Services Provider (Transylvania County)

Decreasing Denial/Stigma

Diminished stigma, improved access to medication. – Other Health Provider (Transylvania County)

Support for Patients/Caregivers

Mental health advocates. – Community Leader (Transylvania County)

Counseling Services

Counseling, increased use of nurses and PA sources. – Other Health Provider (Transylvania County)

Economy

Some recent investment in jobs created an economic development. – Social Services Provider (Transylvania County)

Focus on improving economic opportunities that provide adequate income for a family to live. Looking at ways to address child care needs for working families. – Community Leader (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Care/Services

Lack of a broader spectrum of community resources and support. – Social Services Provider (Transylvania County)

Drastic lack of resources relative to immense need. – Other Health Provider (Transylvania County)

Denial/Stigma

Stigma associated with receiving care, lack of resources for care. – Other Health Provider (Transylvania County)

Public opinion. – Community Leader (Transylvania County)

Awareness/Education

Continuing education on mental health issues and access affordable to medical care. – Social Services Provider (Transylvania County)

Not enough information about the places to attend free of cost to ask for help (if there are free of cost places), language, transportation. – Community Leader (Transylvania County)

Need to bring the education and tools to the laps of students, employers, homes, meet them where they are as they will likely not come for help; more in-home services paid by private insurance. – Physician (Transylvania County)

Social Determinants of Health

Reliance on tourism economy that does not attract and retain younger families at a level needed to sustain progress. – Social Services Provider (Transylvania County)

Funding

Lack of funding for mental health. – Social Services Provider (Transylvania County)

Alcohol/Drug Abuse

Over-prescribed medication and a lack of spiritual values. – Social Services Provider (Transylvania County)

Lack of Collaboration

The state of North Carolina and its lack of will to create a mental health system that is based more on addressing the needs of the mentally ill. – Social Services Provider (Transylvania County)

Early Diagnosis/Prevention

Undiagnosed depression and stigma of mental health issues. Therefore, people resort to self-medication with uncontrolled substances such as alcohol and drugs or physical violence. – Social Services Provider (Transylvania County)

Dementia and Alzheimer's Disease

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Education. – Public Health Representative (Transylvania County)

Awareness. – Community Leader (Transylvania County)

Specific Agencies/Programs

Land of Sky Regional Council resources, Area Agency on Aging, Silvermont, CarePartners, and more - We have many capable groups who provide education, support, and enrichment in this area. The demographics of Transylvania County make this and other age-related health issues a community priority. – Social Services Provider (Transylvania County)

Home health care. – Other Health Provider (Transylvania County)

Collaborative Efforts

Transylvania County seems open to working collaboratively to solve problems; however, as long as people have to access services in another county, partners engaged in addressing this issue do not have a commitment to organize the leadership of Transylvania County. – Social Services Provider (Transylvania County)

Research

Research. – Social Services Provider (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Family/Caregiver Support

Caregiver relief, education and resources. – Social Services Provider (Transylvania County)

Access to Care/Services

Few services exist within Transylvania County. – Social Services Provider (Transylvania County)

Awareness/Education

Lack of information to the general public on causes and prevention. No community support for anyone dealing with Dementia/Alzheimer. – Social Services Provider (Transylvania County)

Lack of awareness of resources - Many people don't know what is available. – Social Services Provider (Transylvania County)

Lack of education. – Public Health Representative (Transylvania County)

Funding/Research

Funding. – Community Leader (Transylvania County)

Denial/Stigma

Public reluctance to use state services or refusal to recognize the problem. – Other Health Provider (Transylvania County)

Suicide

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Community awareness, outreach programs. – Other Health Provider (Transylvania County)

Awareness. Community talks. – Social Services Provider (Transylvania County)

Specific Agencies/Programs

Youth development organizations like Rise & Shine and the Boys & Girls Club are ensuring youth in our county establish relationships with positive adults and mentors and learn components of a healthy lifestyle including how to make positive, healthy life choices and what appropriate, healthy coping skills and methods look like. – Social Services Provider (Transylvania County)

Communication

Conversation. – Public Health Representative (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Denial/Stigma

People not seeking help, recognition of risk factors of people experiencing PTSD or other problems and having available resources to help them when in a crisis. – Other Health Provider (Transylvania County)

People who are suffering are silent. – Social Services Provider (Transylvania County)

Access to Care/Services

Lack of mental health resources. – Social Services Provider (Transylvania County)

Programs for mental health care and substance abuse care. – Social Services Provider (Transylvania County)

Socioeconomic Factors

Lack of affordable housing, poor job market, generational poverty, etc. – Social Services Provider (Transylvania County)

Funding

Lack of funding for mental health options. School social workers being switched to different schools almost annually. They are unable to continue established relationships. Lack of mentoring program for teens. – Social Services Provider (Transylvania County)

Social Determinants of Health

Ranking of Social Determinants of Health as Critical to Address

Key informants in the online survey were given a list of conditions in which people are born, grow, live, work, and age, as well as known factors that contribute to a person's health. They were then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of social determinants of health identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address
1	Housing	20
2	Early Childhood Education	15
3	Adverse Childhood Experiences (ACEs)	13
4	Access to Health Care	13
5	Employment Opportunities	13
6	Transportation	9
7	Interpersonal Violence (IPV)	6
8	Food Insecurity	5

Housing

Contributors to Progress

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

Nothing/No Progress

I haven't seen progress. – Social Services Provider (Transylvania County)

Nothing. – Social Services Provider (Transylvania County)

Specific Agencies/Programs

Brevard Housing Authority is helping to solve the issue. – Community Leader (Transylvania County)

Recognition Of The Problem

Recently our local government has realized the issue of affordable housing at all levels and started the process of addressing it. – Community Leader (Transylvania County)

A rising sense of urgency, due to housing shortages and rising housing prices. – Social Services

Provider (Transylvania County)

Awareness/Education

Awareness. Government is exploring solutions for affordable housing. Contacts both in the public sector as well as the nonprofit sector has been investigated. – Social Services Provider (Transylvania County)

Awareness. – Community Leader (Transylvania County)

Increased Housing

Increased housing. – Other Health Provider (Transylvania County)

Collaborative Efforts

Public and private partnerships are working together. – Community Leader (Transylvania County)

Community Focus

A caring community, current shelter/community spaces used to support families, emergency supports for families that are at risk of losing housing. – Other Health Provider (Transylvania County)

Individuals interested in addressing problems. – Physician (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Affordable Housing

A lack of affordable locations and rentals in general. – Social Services Provider (Transylvania County)

Affordable housing is not available. – Social Services Provider (Transylvania County)

Not enough housing still. – Other Health Provider (Transylvania County)

High property and building cost. Big incentives are the only way builders will build affordable housing. That sometimes addresses the bottom end, but never addresses workforce housing. – Community Leader (Transylvania County)

Limitation of BHA to offer more housing to people in need, limitation of language to people that need to ask questions directly to BHA office, complicated paperwork. – Community Leader (Transylvania County)

Lack of areas where affordable and workforce housing could be built. – Community Leader (Transylvania County)

Funding

Money, cost of housing, well-paying employment opportunities, extremely high subsidy waiting list. – Social Services Provider (Transylvania County)

Funding. – Community Leader (Transylvania County)

Government/Policies

I'm sure there are city and county policies/opinions that are preventing more affordable housing from being established in our county. It is almost impossible for a young, single person or a young family to find an affordable place to live. Rental prices for a "livable" house are \$1000+/month. The State of the Young Child report, conducted by our county commissioners in 2015, showcased [a livable wage]. – Social Services Provider (Transylvania County)

Access to Care/Services

Few resources. – Physician (Transylvania County)

Accessible land for building multi-family housing complex. County regulations for building parameters. An investor that would take a chance on making a profit in a restrictive area of North Carolina. Economic growth investment for middle wage income employment housing. – Social Services Provider (Transylvania County)

Limited space at shelters and long wait times for affordable housing, poverty. – Other Health Provider (Transylvania County)

Economy

Existing economic and political models. – Physician (Transylvania County)

Cost of living. – Social Services Provider (Transylvania County)

Lack Vision/Strategic Planning

Geography - Limited land, steep slopes, zoning codes. Lack of consensus on what is needed and when, as well as what constitutes affordable housing and what it should look like. Rapid conversion of many long-term leases to short-term rentals. – Social Services Provider (Transylvania County)

Early Childhood Education

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

Early Childhood Initiative, United Way, Smart Start, many more. Good collaborative interest in this cause has built strong community will to improve access to quality early childhood education. The county's comprehensive support is helping to push real results forward. – Social Services Provider (Transylvania County)

Making great strides in our community by bringing various providers and concerned citizens together to address the issues. – Community Leader (Transylvania County)

Early childhood initiative that identified the issue, the resources, the gaps and made clear where we need to put more effort. – Community Leader (Transylvania County)

Awareness/Education

Good programs for information and care and good school system. – Other Health Provider (Transylvania County)

Raising awareness and support for the importance of early impact on youth. – Other Health Provider (Transylvania County)

School Programs

Changes adopted to help bring younger children into the process much earlier. – Public Health Representative (Transylvania County)

Collaborative Efforts

Nonprofit and government funding has come together in a huge way for Transylvania County in SMART Start collaboration with other groups, expanding slots for early childhood education. County Commissioners to the task seriously for investigating and creating a strategy to work on the need collaboratively. Lots of community buy-in and highlights true statistics of our need. School readiness falls tremendously behind the state average. The need has been highlighted. – Social Services Provider (Transylvania County)

Multiple work groups in the community and collaborating agencies. – Social Services Provider (Transylvania County)

Community Interest

We have great leaders on this issue in local government. We have momentum and need funds to continue. – Community Leader (Transylvania County)

Caring and understanding children's needs. – Public Health Representative (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Funding

Funding, actual replicable models that fit our community, lack of infrastructure to support these programs (no local accreditation program for B-K teachers, affordable housing shortage, low pay structure). Potentially, lack of shared enthusiasm for early childhood education by some parents. – Social Services Provider (Transylvania County)

A willingness to put more funding into early childhood education. Also, convincing young families with children of the need for such services. It is a critical step for breaking the cycles of poverty. – Social Services Provider (Transylvania County)

Funding from state & federal to support our great local efforts. – Community Leader (Transylvania County)

Lack of adequate funding. – Other Health Provider (Transylvania County)

Lack of funding. – Community Leader (Transylvania County)

Money. – Social Services Provider (Transylvania County)

Access to Care/Services

Lack of available placements, disparity in services for those with financial stability and those without. – Other Health Provider (Transylvania County)

Lack of adequate facilities and programs. – Community Leader (Transylvania County)

Awareness/Education

Outreach and educating families about the importance of early education. Having programs available in all areas of our county. – Public Health Representative (Transylvania County)

Uneducated people. – Public Health Representative (Transylvania County)

Adverse Childhood Experiences (ACEs)

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Some agencies becoming trained in CRM. – Physician (Transylvania County)

Information acceptance on dealing with abusive situations. – Other Health Provider (Transylvania County)

introducing the concept of ACEs, education around early trauma and stress, mental health support, community resources for parents. – Other Health Provider (Transylvania County)

Focus on ACEs. Community outreaches/education. – Social Services Provider (Transylvania County)

SAFE, Children Center, The Family Place make talking about issues a safe subject. There are places to go to get help. Generational poverty is being interrupted with early childhood education. – Social Services Provider (Transylvania County)

Education and outreach. – Other Health Provider (Transylvania County)

Specific Agencies/Programs

Non-profit agencies. – Community Leader (Transylvania County)

Collaborative Efforts

Knowledge is starting spread on this issue. That will help with the preventive part. The more entities who work together on this, the more success we will have. – Social Services Provider (Transylvania County)

County)

Family Focus

Outreach to families. – Physician (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

Lack of awareness and engagement. – Social Services Provider (Transylvania County)

Only limited people are aware of topic. – Physician (Transylvania County)

Funding

Not enough funding for safeguards with child abuse. Caseloads are too large, huge need for foster care to interrupt the adverse experiences. Lack of drug rehabilitation. – Social Services Provider (Transylvania County)

Funding. – Community Leader (Transylvania County)

Access to Care/Services

Lack of resources. – Other Health Provider (Transylvania County)

Parental Influence

Some children are raised in bad conditions, and there does not seem to be any way of helping some of them. – Social Services Provider (Transylvania County)

Alcohol/Drug Abuse

Drugs, abusive mindset in some populations, and lack of living wage jobs. – Other Health Provider (Transylvania County)

Poverty

Poverty, neglectful/abusive family members, limited availability of resources/supports for early childhood. – Other Health Provider (Transylvania County)

Government/Policies

Allowing people to get away with welfare abuse without accountability. – Social Services Provider (Transylvania County)

Lack Vision/Strategic Planning

Follow-up plan once ACEs have been identified. – Social Services Provider (Transylvania County)

Access to Health Care Services

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Many Resources

Outreach of available services. – Other Health Provider (Transylvania County)

Specific Agencies/Programs

Blue Ridge Community Health Services, health fairs, health department work in schools...general

outreach. – Social Services Provider (Transylvania County)
 Blue Ridge Health. – Other Health Provider (Transylvania County)
 Some continued investment by Mission Health. – Social Services Provider (Transylvania County)

Access to Care/Services

Currently significant health care services are available to all citizens that seek it. Treatment cannot be denied, and with Medicaid, the needs can be addressed. – Community Leader (Transylvania County)
 Good to have a regional hospital supported by a larger one (Mission). – Community Leader (Transylvania County)
 Decent access to providers. – Physician (Transylvania County)

Collaborative Efforts

Supportive to solving problems collaboratively. – Social Services Provider (Transylvania County)

Affordable Care/Services

Mission Health's growing control of regional health services, leading them to centralize in Asheville. – Social Services Provider (Transylvania County)

Insurance Issues

Medicaid pays for many services in homes for children. – Physician (Transylvania County)

Awareness/Education

Ongoing information and availability of care services. – Other Health Provider (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Insurance/Medicaid Issues

Private insurance and self-pay individuals have a difficult time getting services, especially mental health in homes, school, and other settings. – Physician (Transylvania County)
 The Medicaid program is broken, as the requirements to get enrolled are too easy and the numbers are not sustainable. – Community Leader (Transylvania County)

Funding

Lack of sufficient funding and possible effects of change in hospital ownership. – Other Health Provider (Transylvania County)

Transportation

Transportation, finances of individual or family, lack of publicity of available services. – Other Health Provider (Transylvania County)

Affordable Care/Services

Cost of services. – Other Health Provider (Transylvania County)

Awareness/Education

A lack of understanding that the county has a community health center. The sky is the limit as far as the potential for this universal, affordable option for care. It would be wise to centralize efforts to provide accessible care around this existing, successful but under-utilized model. – Other Health Provider (Transylvania County)

Cultural/Personal Beliefs

Cultural factors. – Physician (Transylvania County)

Rural

Geography, transportation, cost, health insurance hoops/barriers/limitations, expectations (when to get care, reactive rather than proactive). Health impacts of poverty. Anecdotally, have also heard many insured patients have postponed or avoided care due to scheduling and billing issues with TRH merging into Mission's system. – Social Services Provider (Transylvania County)

Socioeconomic Factors

Economic divide. Lack of a true national healthcare system. – Community Leader (Transylvania County)

Lack of Vision/Strategic Planning

Broad issues with no clear leader. – Social Services Provider (Transylvania County)

Employment Opportunities

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Economic Development

Some investment, finally, but mostly forces outside of the county with better opportunities that are within driving distance. The schools are doing a good job with resources; including community college. – Social Services Provider (Transylvania County)

Some employment opportunities are advertised locally. – Other Health Provider (Transylvania County)

Specific Agencies/Programs

Transylvania County continues to support partnership. – Social Services Provider (Transylvania County)

Low Unemployment

There are plenty of jobs currently in our community. – Social Services Provider (Transylvania County)

Awareness/Education

Increased emphasis on health care services. – Other Health Provider (Transylvania County)

Living Wage

Many employers in our county are becoming living wage certified. – Social Services Provider (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Low Wages

High paying employment opportunities are not available in the area. – Social Services Provider (Transylvania County)

More outreach/advertising on available local jobs. Make more of an effort to raise salaries to living wage. – Other Health Provider (Transylvania County)

Employment

Lack of industry. – Public Health Representative (Transylvania County)

Awareness/Education

Lack of wider exposure to training and education. – Physician (Transylvania County)

Unwillingness to See Growth

We are a major retirement community and many citizens do not want any additional growth, more people, more traffic and the negative impact on the environment. – Community Leader (Transylvania County)

Unwillingness to Work

People can make more by living on welfare and taking cash under the table, committing crimes, etc. The welfare system needs to be overhauled. – Social Services Provider (Transylvania County)

Government/Policies

I'm sure city and county policies and laws are preventing some employers from establishing business in our county, though I'm unsure of additional factors that could be hindering progress in this area. – Social Services Provider (Transylvania County)

Regulations. Not enough quality childcare options in county. Affordable housing. Public Transportation. – Social Services Provider (Transylvania County)

Fear of Investment

Fear of investment, unwillingness to collaborate, protection mindset for the businesses connected to those making the decisions. – Social Services Provider (Transylvania County)

Few Resources

Small community has fewer resources. – Other Health Provider (Transylvania County)

Transportation

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

Transylvania County is offering public transportation in our community. – Community Leader (Transylvania County)

Nothing/No Progress

Nothing. – Social Services Provider (Transylvania County)

Unsure. I have seen no progress, discussion or focus in this area within our county or city. – Social Services Provider (Transylvania County)

Nothing. – Other Health Provider (Transylvania County)

Communication

Conversation. – Public Health Representative (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Funding

Funding for public transportation. – Social Services Provider (Transylvania County)

Funding. – Public Health Representative (Transylvania County)

Access to Transportation

Everything. A lack of resources, cost-prohibitive/inflexible options for the indigent. It's a massive issue that is not discussed nearly enough. There are folks on the western end of the county who are hit particularly hard by the lack of resources available to transport low-income folks to healthcare, food, or otherwise. – Other Health Provider (Transylvania County)

Limited Scheduling

Limitation of schedules, spaces available, routes needed. – Community Leader (Transylvania County)

Rural

I'm sure the depth and distance of the communities in our county create some challenges for establishing a transportation system, however the western end of the county is in dire need of a solution. – Social Services Provider (Transylvania County)

Lack Vision/Strategic Planning

Identifying the needs of the community. Designing a system that can meet the needs. – Social Services Provider (Transylvania County)

Interpersonal Violence (IPV)

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

Some public efforts via SAFE. – Physician (Transylvania County)

Transylvania County Family Resource Center is the result of a collaboratively partnership. – Social Services Provider (Transylvania County)

SAFE is doing great work in educating and preventing domestic violence and child abuse. They partner with all key organizations in the community. – Social Services Provider (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Denial/Stigma

There is still a high degree of shame in being victimized. That is changing, but progress still must be made. Those who survive domestic violence must have resources to not have to go back into that situation. that means good jobs, good child care, etc. That part of the system must improve. The DA's Office must also do a better job of prosecution. – Social Services Provider (Transylvania County)

Broken Homes/Family Issues

Adverse childhood experiences impact on adult functioning. – Physician (Transylvania County)

Awareness/Education

Often unspoken or unaware this is wrong and don't seek help. – Physician (Transylvania County)

Prevalence/Incidence

Violence continues, as the partnership is building structure and securing funding. – Social Services Provider (Transylvania County)

Food Insecurity

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Church Programs

Nonprofit and church organizations are really dedicated to helping. – Community Leader (Transylvania County)

Collaborative Efforts

Collaboration and an abundance of agencies dedicated to solving it. – Other Health Provider (Transylvania County)

Awareness/Education

Food Coalition. Healthy eating education and locations to shop healthy in more areas of our county. – Public Health Representative (Transylvania County)

Community Focus

Public support. – Community Leader (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Healthy Food

Food deserts and a lack of resources available despite a plethora of agencies. Also, not all the agencies collaborate well. There is no single, centralized effort to address the issue. Rather, there are several disparate efforts to tackle the issue, which creates inefficiencies. – Other Health Provider (Transylvania County)

Funding

Funding. – Community Leader (Transylvania County)

Poverty

Need to deal with underlying poverty, minimum wage situation. – Community Leader (Transylvania County)

Lack of Collaboration

Time and volunteers to keep this moving forward. – Public Health Representative (Transylvania County)

Other Issues

Ranking of Other Issues as Critical to Address

Key informants in the online survey were given a list of other health conditions not previously addressed in the survey, then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of other health conditions identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address
1	Infant and Child Health	26
2	Injury and Violence	16
3	Dental Care/Oral Health	14
4	Family Planning	11
5	Immunizations and Infectious Diseases	9
6	Hearing/Vision Conditions	4
7	Sexually Transmitted Infections	1
8	HIV/AIDS	0

Infant and Child Health

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

Family place, children's center, upcoming child advocacy center, family dinner series. – Physician (Transylvania County)

Organizations like Smart Start, Head Start, Family Place, DSS are offering services for the people in need. – Community Leader (Transylvania County)

Non-profit support. – Community Leader (Transylvania County)

Health Department

Public health services are extensive. – Other Health Provider (Transylvania County)

Awareness/Education

Growing awareness. – Social Services Provider (Transylvania County)

Availability of programs for information and treatment options available. – Other Health Provider (Transylvania County)

Education by health department and health community. – Public Health Representative (Transylvania County)

Collaborative Efforts

Collaborative agency work groups, awareness. – Social Services Provider (Transylvania County)

Community Focus

The community is focusing on the young child so this bring more attention and resources. – Social Services Provider (Transylvania County)

Local Offices Addressing the Issue

Similar to early childhood development, we have great local leaders on this issue. We have positive momentum. – Community Leader (Transylvania County)

Local agencies (community health and private health organizations). – Social Services Provider (Transylvania County)

Recognition Of The Problem

I believe substantive change has been made since the release of the State of the Young Child Report, in which the reported number of drug-addicted newborns was extremely high. The local resources that report generated may not have stayed in the county, however. The early success Early Childhood Initiative should keep attention on this topic. – Social Services Provider (Transylvania County)

Affordable Care/Services

Better health care for the poor. – Social Services Provider (Transylvania County)

Outreach Programs

Outreach and PSA's. – Other Health Provider (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Care/Services

Limitation in space to receive more kids, language limitation, transportation, schedules. – Community Leader (Transylvania County)

Lack of resources. – Physician (Transylvania County)

difficulty getting medical appointees in a timely manner. Also the fact that infants have to born out of county and sometimes is of essence. – Other Health Provider (Transylvania County)

Resources, poverty, lack of transportation. – Community Leader (Transylvania County)

getting families in need to come to the services; need for services to go right to homes. – Physician (Transylvania County)

Absence of a birthing center. Lack of physicians who do wellness and birthing practices for expectant mothers. Lack of education for women living in poverty around healthy prenatal care. Drug addiction. – Social Services Provider (Transylvania County)

Awareness/Education

Lack of community knowledge of what services are available. – Other Health Provider (Transylvania County)

Lack of knowledge of/use of existing resources (WIC registrations declining). We appear to have a high number of young parents - With only a high school degree or no degree at all - Who may not be well-equipped to parent without skill building. Unsure of the extent of sexual education available to youth. – Social Services Provider (Transylvania County)

Awareness. – Community Leader (Transylvania County)

Funding

Investment, investment, investment. – Social Services Provider (Transylvania County)

Lack of adequate funding and family awareness in some segments. – Other Health Provider (Transylvania County)

Funding. – Community Leader (Transylvania County)

Funding. – Social Services Provider (Transylvania County)

Socioeconomic Factors

Breakdown of families. – Social Services Provider (Transylvania County)

Cultural norms, access to resources including transportation to those resources, education, etc. – Social Services Provider (Transylvania County)

Alcohol/Drug Abuse

Babies being born addicted to drugs. Identifying how many children in our county have cancer and the cause for this. – Social Services Provider (Transylvania County)

Lifestyle

Lifestyles. – Public Health Representative (Transylvania County)

Injury and Violence

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

The Resource center for helping victims/survivors of domestic violence to go to one place for assistance. Safety. Pisgah Law. – Social Services Provider (Transylvania County)

Outreach and PSA's, support groups. – Other Health Provider (Transylvania County)

We have a great local program in Safe of Transylvania Count. – Community Leader (Transylvania County)

Domestic violence awareness. Transylvania County Family Resource Center. – Social Services Provider (Transylvania County)

The TC Family Resource Center was created to result the incidents of family violence. – Social Services Provider (Transylvania County)

Collaborative Efforts

Some work by partnering agencies. – Social Services Provider (Transylvania County)

School Programs

Youth development organizations, school systems and law enforcement work to educate children on the dangers of engaging in violence and the importance of making positive, healthy choices. – Social Services Provider (Transylvania County)

Community Focus

I will add that gun safety is becoming a higher priority in our community. This will have a positive impact on violence. – Social Services Provider (Transylvania County)

Government Involvement

Government agencies. – Community Leader (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

Misconceptions of the issues of violence or injury within our county. Incidences are often not reported or showcased. Many people who reside in the county are very unaware. – Social Services Provider (Transylvania County)

This issue continues to be ignored nationally. There is some recent momentum, but we need leaders to deal with the ugly truth of domestic violence. – Community Leader (Transylvania County)

Alcohol/Drug Abuse

Domestic violence. Drug addiction. – Social Services Provider (Transylvania County)

Denial/Stigma

Lack of belief in the problem's reality among many in our communities. – Social Services Provider (Transylvania County)

Funding

Funding and a broader spectrum of awareness. – Social Services Provider (Transylvania County)

Funding. – Community Leader (Transylvania County)

Law Enforcement

Financing for more law enforcement, fire and rescue. – Other Health Provider (Transylvania County)

A slow judicial system. Lack of advocacy. – Social Services Provider (Transylvania County)

Risk Factors

Adverse childhood experiences impact on adulthood. – Physician (Transylvania County)

Guns Violence

The gun debate polarizes people who should be finding solutions to accidental shootings and suicides with firearms. – Social Services Provider (Transylvania County)

Priorities

Time and money. – Social Services Provider (Transylvania County)

Dental Care and Oral Health

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

Blue Ridge Health. – Physician (Transylvania County)

Dental Bus

Mobile dental bus, public health department, Blue Ridge Community Health Services. – Social Services Provider (Transylvania County)

Access to Care/Services

Access to some services. – Social Services Provider (Transylvania County)

Dentists. – Social Services Provider (Transylvania County)

Affordable Care/Services

Blue Ridge Community Health Services offers services to low or no cost to people in need. – Community Leader (Transylvania County)

School Programs

Dental hygiene in our schools by health department and families. – Public Health Representative (Transylvania County)
School public health services. – Other Health Provider (Transylvania County)

Awareness/Education

Awareness. – Physician (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Affordable Care/Services

Access to affordable dental care. – Social Services Provider (Transylvania County)
More cheap access. – Physician (Transylvania County)

Access to Care/Services

Lack of access and affordability. – Physician (Transylvania County)
The services that BRCHS offers are very limited to oral care or may be not available. – Community Leader (Transylvania County)

Awareness/Education

Economics and lack of education on the issue. – Community Leader (Transylvania County)

Insurance Issues

Medicaid may not cover. – Physician (Transylvania County)

Funding

Funding. – Public Health Representative (Transylvania County)
Lack of funding. – Social Services Provider (Transylvania County)

Community Focus

Lack of community support for fluoride in water supply. – Other Health Provider (Transylvania County)

Prevalence/Incidence

I don't know if this is considered a health priority by the majority, but I know how critical dental health is for other health systems (cardiac, mental health, etc.). Because much of our population has unmet needs in those health areas, I'm guessing that oral health is also impeded. – Social Services Provider (Transylvania County)

Few Resources

Investment of time and resources; community education. – Social Services Provider (Transylvania County)

Family Planning

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress

on this issue in your community?”

Health Department

The Transylvania County Health Department. – Social Services Provider (Transylvania County)

Awareness/Education

Education on the value of good parenting is helping some situations. – Social Services Provider (Transylvania County)

Education and openness to discuss issues. – Public Health Representative (Transylvania County)

Nothing/No Progress

Unsure. – Other Health Provider (Transylvania County)

Leadership

Similar to early childhood development, we have great local leaders on this issue. We have positive momentum. – Community Leader (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

Lack of understanding by some community members. – Social Services Provider (Transylvania County)

Cultural/Personal Beliefs

The acceptance of the “new” family, which often means the absence of a father. Until fathers commit to their family, the problem will continue. – Social Services Provider (Transylvania County)

Access to Care/Services

Access to resources; politicizing women’s health issues. – Community Leader (Transylvania County)

Funding

Funding. – Community Leader (Transylvania County)

Lifestyle

Lifestyles. – Public Health Representative (Transylvania County)

Immunizations and Infectious Diseases

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

New campaigns to dispel myths about childhood vaccines. – Other Health Provider (Transylvania County)

Trying to encourage parents/individuals to receive immunizations. Outreach and PSAs regarding infectious diseases when they occur. – Other Health Provider (Transylvania County)

Information and treatment options. – Other Health Provider (Transylvania County)

Public awareness. – Community Leader (Transylvania County)

Health Department

Health department education. – Physician (Transylvania County)

School Programs

Vaccination requirement to enter school or in some cases to be employed. – Community Leader (Transylvania County)

Physician Focus

Local pediatricians and DSS are probably leading efforts here. – Social Services Provider (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Cultural/Personal Beliefs

Public opinion. – Community Leader (Transylvania County)

Individual and familial bias/perspectives based on cultural norms. – Social Services Provider (Transylvania County)

Cultural factors. – Physician (Transylvania County)

Public apathy in some sections and misinformation and values in others. – Other Health Provider (Transylvania County)

People can claim "religious exemption" to immunizations when it is really just their personal belief, or they don't want their children immunized. the immunization rate/compliance was much higher when the law stated only with a "bona fide religion" could people be exempt from immunizations. – Other Health Provider (Transylvania County)

Parental Influence

Parents have to ensure kids are vaccinated, illegal immigrants hesitant to come forward to be vaccinated. This endangers the public. – Community Leader (Transylvania County)

Lack of Planning/Research

A continued lack of acknowledgment from the top down about the science supporting vaccine's effectiveness. Ignoring science and perpetuating the idea that vaccines can cause autism or otherwise is a major problem that isn't often discussed... – Other Health Provider (Transylvania County)

Hearing and Vision Conditions

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Access to Care/Services

I think we have good resources in these areas through local medical providers, but this as a growing issue due to our aging demographics. There is a VIP (visually impaired persons) community group and a hearing loss support group, both of which provide education and support, and a growing number of hearing loop-equipped buildings. – Social Services Provider (Transylvania County)

Awareness/Education

School/community recognition of the issue. – Other Health Provider (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Affordable Care/Services

High cost of hearing aids. – Other Health Provider (Transylvania County)

Access to Care/Services

Simply, needs may soon outpace existing resources. These are two common areas of health needs for seniors. – Social Services Provider (Transylvania County)

Sexually Transmitted Infections

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Nothing/No Progress

Nothing. – Social Services Provider (Transylvania County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Care/Services

Lack of outreach programs and support, fear, lack of insurance. – Social Services Provider (Transylvania County)

HIV/AIDS

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

No comments

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

No comments

Additional Comments

Other issues uncovered through the online key informant survey include the following:

Substance Abuse

Drug addiction - this has become an epidemic in our county that results in other poor life choices and a downward spiral for associated children/infants. Drugs have become a personal escape from the lack of resources, such as meaningful employment, hope for a better life or "getting ahead," and sometimes even the illegal drug industry is a source of income for people living in our area who have otherwise found it nearly impossible to live. It is a vicious cycle. People will not hire anyone who is so unmotivated and addicted to drugs. Judicial systems are becoming the place where people detox and then are released back into the same environment that an addict cannot resist. Drug addiction leads to poor choices in family care, as well as crime and physical violence. Women and children tend to be the most vulnerable in families with drug addiction. – Social Services Provider (Transylvania County)