

# HENDERSON COUNTY COMMUNITY HEALTH ASSESSMENT

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**PREPARED BY**

Henderson County  
Department of Public Health

2020



**Public Health**  
Prevent. Promote. Protect.

Henderson County, NC

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## Collaboration & Acknowledgement

This document was developed by Henderson County Department of Public Health in partnership with AdventHealth Hendersonville, UNC Health Pardee, and Henderson County Partnership for Health as part of a local community health (needs) assessment process. We would like to thank and acknowledge the residents of Henderson County for their willingness to share their thoughts and opinions. It is our goal to use this report to develop solutions for the health issues they have helped us identify. We would also like to thank and acknowledge our Community Health Assessment Data Team,

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Our community health needs assessment process and product were also supported by WNC Healthy Impact, a partnership and coordinated process between public health agencies, hospitals, and key partners in Western North Carolina (WNC), working towards a vision of improved community health. A full list of agencies and individuals who contributed and supported the 2024 CHA process can be found in Appendix G.

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# HENDERSON COUNTY

## 2024 CHA EXECUTIVE SUMMARY

### Community Results Statement

Henderson County is a healthy community to live, work and play.

### Leadership For The Community Health Assessment Process

The Henderson County Department of Public Health and the Henderson County Board of Health provide leadership and support for the Community Health Assessment.

### Partnerships

The CHA is facilitated in partnership with AdventHealth Hendersonville, UNC Health Pardee, and the Henderson County Partnership for Health. Agency and individual acknowledgements are made in detail in Appendix G.

### Regional Support

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

### Theoretical Framework/Model

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

## Collaborative Process Summary

Henderson County's collaborative process is supported regionally by WNC Healthy Impact. Locally, our process is guided by a CHA Data Team. The CHA Data Team reviews primary and secondary data, then develops a short list of dominant health concerns. These health concerns are then brought forth to the Henderson County Partnership for Health and their invited community members to prioritize and develop action plans. Phase 1 of the collaborative process officially began in January 2024 collecting health data. See *Chapter 1—Community Health Assessment Process*, for details.

## Key Findings

### Community:

Henderson County is home to 116,469 residents. About 86% of the county's population is White, 3% Black and nearly 11% Hispanic. The county has experienced steady population growth, and for the first in over two decades, has seen an increase in birth rates<sup>78, 70</sup>. Individuals ages 65+ compose 26% of the population, and is predicted to continue to grow over the next three decades<sup>56</sup>. The percentage of fall related deaths that occur in people 65+ is higher than the state and region, that is concerning considering our quickly growing senior population<sup>25</sup>.

Unemployment in Henderson County reached an all-time low since 2007 with an unemployment rate of 2.9%<sup>30</sup>. Income levels are higher than the regional average, and about the same as the state<sup>88</sup>. Despite this variance, 11.4% of the county's population lives below the poverty level. A higher percentage of Hispanic individuals (28.1%), almost three times that of the county's White and Black populations, fall below the poverty level<sup>87</sup>.

Nearly a third of CHA survey respondents have been worried or stressed about paying for housing<sup>97</sup>. About 40% of renters in Henderson County and nearly 26% of homeowners in the county spend more than 30% on housing<sup>84, 86</sup>. Residents spending 50% or more on housing has slightly increased since the previous CHA. Survey respondents that have experienced homelessness within the past three years has almost doubled since 2021<sup>97</sup>.

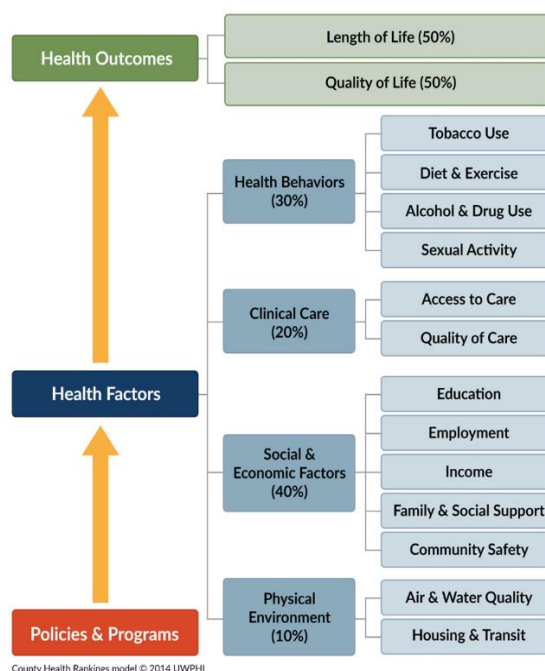
Rates of food insecurity have worsened in recent years, reflecting both local and national trends. In 2021, 17% of the county's households reported experiencing food insecurity. By 2024, that number had risen to 24%, even before the widespread disruptions caused by Helene<sup>97</sup>. Anecdotal reports and food pantry demand suggest current levels may be even higher.

Access to healthcare and health insurance continue to be a concern, along with the number of providers in the health field being 65 and older, reflecting a need for new providers in our community to meet the growing population<sup>4</sup>.

### Health Outcomes:

Compared to other counties in WNC and North Carolina, Henderson County is relatively healthy.

The top leading causes of death in Henderson County include heart disease, cancer, stroke, Alzheimer's disease, Suicide, and Diabetes. Most notably, the county's suicide mortality rate is 40.7% higher than the state<sup>71</sup>. Henderson County had 3 children ages 10 to 17 years die by suicide in 2023<sup>13</sup>. Survey respondents that have considered suicide in the past year has increased over the years, with a concerning 31% of the LGBTQ+ reporting suicidal ideation in the past year<sup>97</sup>.



Most of the leading cause of death are chronic diseases that could be improved by a healthy diet/proper nutrition and physical activity. The CHA survey shows an increase in the number of overweight/obese residents, as well as an increase in diabetes, prediabetes, high blood cholesterol, and high blood pressure<sup>97</sup>.

Henderson County adults participating in the CHA survey reflect the national growing epidemic of isolation and loneliness. Nearly 46% of survey respondents reported they often and/or occasionally feel lonely, with a concerning 64.4% of the LGBTQ+ reporting feeling this way. Adults getting social and emotional support and/or have some they can rely on for help has decreased from previous years.

Tobacco use has increased since the 2021 CHA, with 37% more adults reporting they are currently smoking, and 150% more adults report they are currently using a vape product. The Black respondents reported that they are currently smoking and using vape products much more often than other respondents<sup>97</sup>.

Other health indicators show that while infant mortality and low birth weight rates have decreased overall since 2006, Henderson County has recently seen the rates slightly increase for both. However, infant mortality rates are still lower than the state and region and low birth weight rates are lower than the state<sup>66, 62</sup>. The teen



pregnancy rate in the county has been declining over the past two decades, now at a rate of 20.7 per 1,000 women ages 15 to 19 years. This rate is slightly lower than both the state and WNC region<sup>73</sup>.

The infection rates for chlamydia and gonorrhea have been consistently lower than the state and regional averages, with rates decreasing in recent years<sup>39,41</sup>. Gonorrhea infection rate has decreased by more than half since 2019 with a rate of 53.1 per 100,000 people in 2022<sup>41</sup>. Syphilis infection rates remain lower than the region and state, even with the significant increase from 0.9 per 100,000 in 2019 to 16.3 in 2022<sup>40</sup>. Newly diagnosed HIV rate spiked in 2021 to a rate of 10.8 per 100,000 people, decreasing to 4.9 in 2022, remaining lower than the state and slightly higher than the regional rate<sup>42</sup>.

## Health Priorities

The top health priorities in 2024 were identified as:

- Mental Health
- Housing
- Chronic Disease

Health disparities were recognized as a common concern among all priorities and an equity-based approach to improve health outcomes will be an inherent part of our strategy for forthcoming action plans.

## Next Steps

The CHA will be shared with stakeholders and community members. These findings are just the first steps in understanding and addressing priority health needs in the community. Local hospitals and community partners will collaborate to create Action Teams and develop action plans. These plans will identify effective strategies and performance measures for addressing the health priorities over the next three years.

At the end of phase 2 of the CHA process, action plans will be incorporated into the Community Health Improvement Plan (CHIP) and developed into an electronic Scorecard that is accessible online, so anyone can monitor the community's progress.

If you have questions about this report, or if you would like more information about serving on a CHA Action Team, please contact Juliana Whitaker, CHA Lead at the Henderson County Department of Public Health. 828-694-6065

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# CHAPTER 1: COMMUNITY HEALTH ASSESSMENT PROCESS

## Purpose

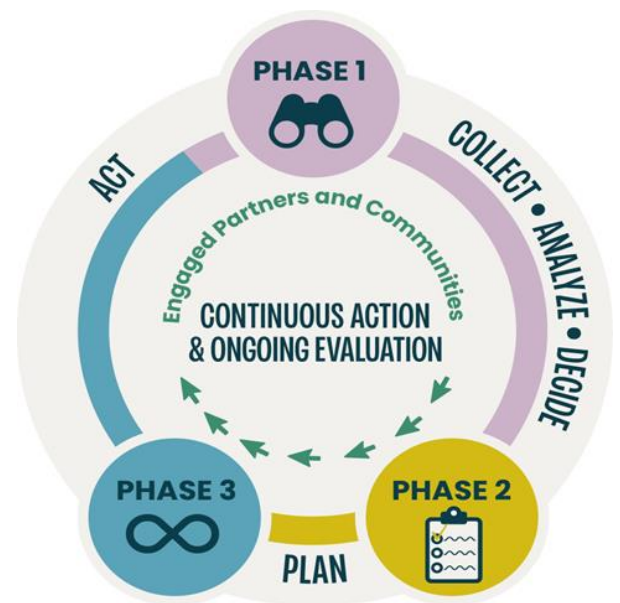
Community health assessment is an important part of improving and promoting the health of county residents. A community health assessment (CHA), which is a process that results in a public report, describes the current health indicators and status of the community, what has changed, and what still needs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

## 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 then decide what is most important to act on by clarifying the desired conditions of well-being for their population and by then 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 the issues. Together, they develop a plan to build on what's working, form workgroups around each strategic area, identify their target audiences, and establish how they will measure improvements in community well-being.

In the **third phase** of the cycle, process leaders for the CHA act and evaluate health improvement efforts. They do this by planning how to achieve results and putting the plan into action. Workgroups continue to meet and monitor 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 desired community results.

### Definition of Community

Community is defined as "county" for the purposes of the North Carolina Community Health Assessment Process. Because Henderson County falls within the service areas of both AdventHealth Hendersonville and UNC Health Pardee, both hospitals were key partners in this local-level assessment.

## 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. We work 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/wnchealthyimpact](http://www.wnchn.org/wnchealthyimpact).



## Data Collection

The set of data reviewed for our community health assessment process is comprehensive, though not all of it is presented in this document. Within this community health assessment, we share a general overview of health and influencing factors, then focus more on priority health issues identified through a collaborative process. Our assessment also highlights some of our community strengths and resources available to help address our most pressing 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 data set 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 Steering Committee, WNC Healthy Impact Data Workgroup, WNC Regional Data Team, Mountain Data Equity and Engagement (DEEP), a survey vendor, and additional partner data needs and input:

- A comprehensive set of publicly available secondary data metrics with our county compared to the 16-county WNC region
- Set of maps using Census and American Community Survey (ACS) data
- WNC Healthy Impact Community Health Survey (cell phone, landline, and internet-based survey) of a random sample of adults in the county
- Online key informant survey

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

### Additional Community-Level Data

Additional data from the 2024 Henderson County Child Fatality Report, as well as reports from Henderson County Cooperative Extension, FEMA and Henderson County Emergency Management regarding the impacts of TS Helene were also reviewed during this CHA process. Further information can be found in **Appendix A**.

### Health Resources Inventory

An inventory of available resources of our community was conducted 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 6 – Health Resources* 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 includes community input and engagement in several ways:

- Partnering to conduct the health assessment process
- Collecting primary data through survey, key informant interviews, listening sessions, etc.
- Reviewing and making sense of the data to better understand the story behind the numbers
- Identifying and prioritizing health issues



In addition, community engagement is an ongoing focus for our community and partners as we move forward to the collaborative planning phase of the community health improvement process. Partners and stakeholders with current efforts or interest related to priority health issues will continue to be engaged. We also plan to work together with our

partners to help ensure that programs and strategies in our community are developed and implemented with community members and partners.

## Underserved, At-Risk & Vulnerable Populations

Throughout our community health assessment process, our team was focused on understanding general health status and related factors for the entire population of our county as well as the groups particularly at risk for health disparities or adverse health outcomes. For the purposes of the overall community health assessment, we aimed to understand differences in health outcomes, correlated variables, and access, particularly among medically underserved, low-income, and/or minority populations, and others experiencing health disparities.

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

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

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

The underserved, at-risk, and vulnerable populations of focus for our process and product include:

#### Underserved Populations:

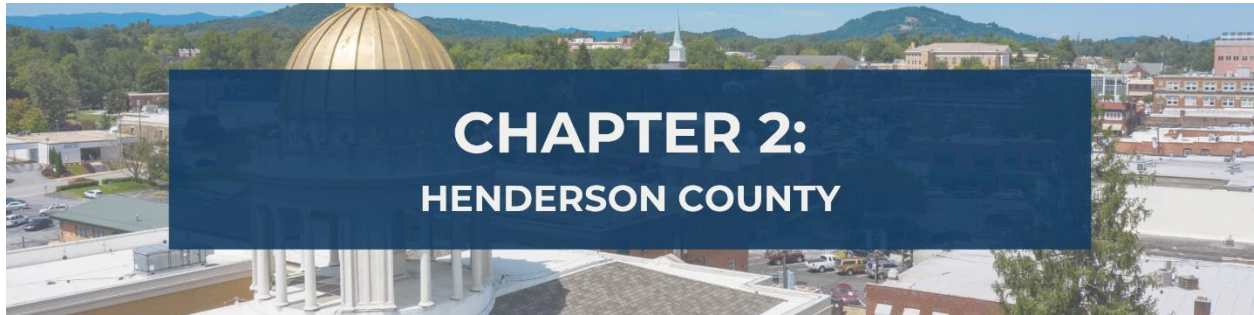
- **Persons with Limited English Proficiency (LEP)** – underserved due to language barriers, cultural barriers, perceptions of limited access, or limited access due to citizenship requirements.
- **Persons who are uninsured or underinsured** – underserved due to inability to access or afford health services.

#### At-risk Populations:

- **Pregnant women who smoke** – at risk for poor birth outcomes.
- **Persons who are overweight or obese** – at risk for diabetes, heart disease, cancer, and other chronic diseases and complications.
- **Persons with multiple Adverse Childhood Experiences (ACEs)** – at risk for poor health outcomes, substance use and addiction, and mental health conditions.
- **Persons who use injection drugs** – at risk for infectious diseases such as Hepatitis and HIV.

### Vulnerable Populations:

- **Older Adults** – vulnerable to chronic disease, poor mental health due to age or isolation, and unique challenges during an emergency depending on transportation issues and hearing/visual impairments.
- **Children under 5** – vulnerable to high poverty rates in Henderson County, dependence on others for care, and exposure to others' behavior choices.
- **Teens** – vulnerable to increased rates of poor mental health, substance use, and other risk-taking behaviors.
- **Persons in poverty** – vulnerable to limited resources and barriers to accessing affordable housing, transportation, healthy food, and health care.
- **Persons of Color (PoC)** – vulnerable to poor health outcomes and are often more likely to have social determinants that negatively impact health (poverty, unemployment, housing and/or food insecurity, etc.).
- **Persons with physical and/or mental health care challenges** – vulnerable to poor health outcomes due to challenges accessing care, lack of ability to self-advocate, and dependence on others.



## CHAPTER 2: HENDERSON COUNTY

### Location, Geography, & History of Henderson County



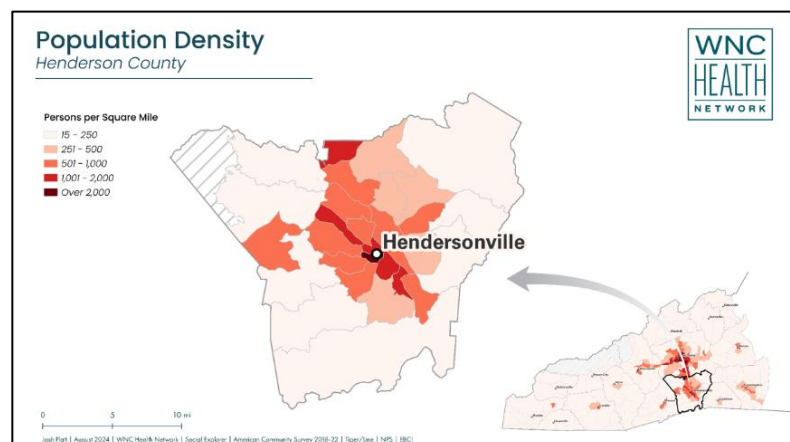
Henderson County is in the western section of the state and is bordered by South Carolina and Transylvania, Buncombe, Rutherford, and Polk counties. The present land area is just over 373 square miles. Henderson County is considered a “typical” mountain county because it is composed of mountain ranges, isolated peaks, a rolling plateau, and level valley areas.

Elevations range from 1,400 feet near Bat Cave, a part of the Hickory Nut Gorge, at the foot of the Blue Ridge Mountains to 5,000

feet on Little Pisgah Mountain. Interstate 26 runs through Henderson County. Hendersonville is the county seat and is 120 miles to the nearest major city, which is Charlotte. Henderson County also includes the municipalities of Flat Rock, Mills River, Laurel Park, and Fletcher. Towns in the county include Bat Cave, Balfour, East Flat Rock, Edneyville, Etowah, Dana, Gerton, Horse Shoe, Mountain Home, Naples, Tuxedo, and Zirconia. The nearest commercial airport is Asheville Regional Airport, which is located on the Henderson/Buncombe County line off Interstate 26.

### Population

According to 2022 US Census estimates, the population in Henderson County is estimated to be 116,469. About 86% of the population is White and 3% is Black; 5.2% of the population are from other races (American





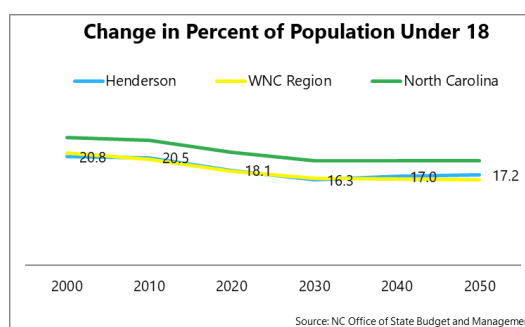
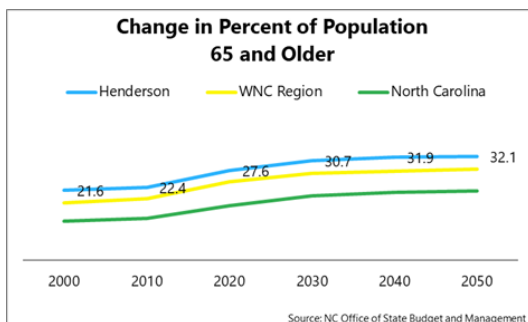
Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, or some other race), and 4.4% being two or more races. Hispanics (of any race) made up nearly 11% of the county population, higher than other WNC counties<sup>78</sup>. Of note, while the percentage of Community Health Assessment Survey respondents reflect the population, the sample consists solely of area residents aged 18 and older. The 2024 CHA survey consisted of 755 adults in the county, 609 were White, 38 Black, 88 Hispanic, 1 Asian, 2 AI/AN, and 11 Other.

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*Embracing diversity and promoting inclusivity fosters a sense of belonging and respect among community members.*  
–Community Leader

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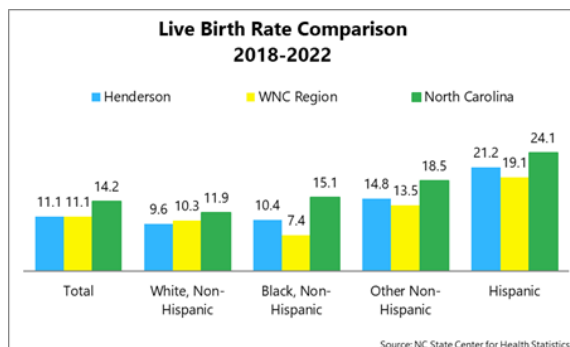
Henderson County has a large elderly population due to a favorable climate and location for retirement. Older adults (ages 65+) make up 26% of the population in the county, compared with an average of 16.7% across the state. The county has a median age of 47.7 years, which is older than the state average of 39.1; and life expectancy of 79 years<sup>64</sup>. It is predicted the county's population ages 65 and older will continue to grow over the next three decades, exceeding the growth rates of this age group in the region and the state, with the greatest percent change seen in ages 85 and older<sup>56</sup>.



About 20% of Henderson County's population is 19 years old or younger<sup>78</sup>. The percentage of county residents under the age of 18 is predicted to continue to decrease through 2030 before starting to slowly increase through 2050<sup>56</sup>.

Henderson County has experienced steady population growth for over 4 decades. It is projected to continue a similar trend for at least the next 15 years<sup>56</sup>. The birth rate among people with Hispanic ethnicity in Henderson County has been significantly higher than the comparable rates among other racial groups. The 2018–2022 birth rate in the county, region and state has increased by nearly 25% after over a decade

of steadily decreasing. Henderson County's birth rate was 8.9 per 1,000 live births in 2017–2021 and now 11.1 per 1,000 live births in 2018–2022<sup>70</sup>. The county's population continued to grow despite the previous declining birth rates, which usually means that people are moving here from other places. It is estimated that the elderly population will continue to grow as well, with the highest percentage of growth to occur in the age group of 75–84<sup>56</sup>.



### Helene Impact Statement

As you review the data in the 2024 Community Health Assessment, it is important to remember that all the information presented was collected before Hurricane Helene. While the data provides valuable insight into the health and well-being of our community and serves as a baseline before the storm, it does not capture the full extent of Helene's impact on the social and economic factors in Henderson County and WNC.

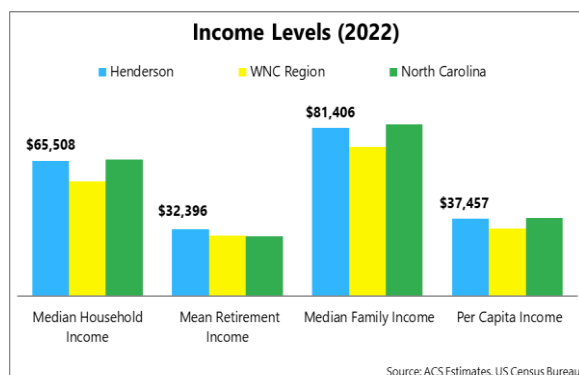
Hurricane Helene has affected many aspects of community health and daily life in Henderson County. As we work towards recovery, it is essential to consider how these changes may influence current and future health trends beyond what is reflected in this report. Please note that Hurricane Helene was technically Tropical Storm Helene by the time it reached Henderson County. *Throughout reports, documentations and this CHA report "Hurricane Helene," "Tropical Storm Helene" and "Helene" are all used interchangeably and reflect the same storm and time. See Chapter 5—Physical Environment for more Helene information.*

## CHAPTER 3: SOCIAL AND ECONOMIC FACTORS

As described by [Healthy People 2030](#), economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social community and context are five important domains of social determinants of health. Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks<sup>75</sup>.

### Income & Poverty

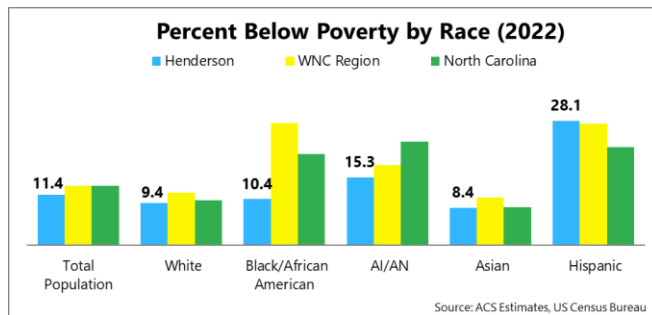
“The relationship between income and health is well established. Households with incomes below the federal poverty level have high levels of illness and premature mortality. Individuals with lower incomes lack economic resources, resulting in social disadvantage, poor education, poor working conditions, housing insecurity, and residence in unsafe neighborhoods”<sup>5</sup>.



In Henderson County, the median household income of \$65,508, median family income of \$81,406, and per capita income of \$37,457 are all higher than regional averages and falls just below the state averages<sup>88</sup>. Henderson County had the second highest median household income and per capita income in western North Carolina, with only Buncombe County

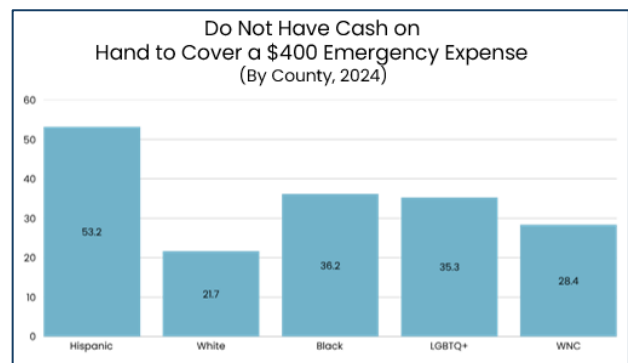
having a slightly higher income level.

Despite the increase in Henderson County's income levels, 11.4% of the county's population lives below the poverty line (accounting for 13,087 residents). Of this, 18.0% of all children under 18 years and 20.5% of all children under 5 years are living below the poverty level<sup>87</sup>. There also remains a large disparity between Hispanic residents (28.1%) and Black residents (10.4%) living below the poverty level as compared to the



non-Hispanic, White populations (9.4%)<sup>87</sup>. In the School Year 2024-2025, more than half (51.12%) of all students in the county qualified for free or reduced-price lunch<sup>18</sup>. This trend has been stable for the past two decades<sup>46</sup>.

Of the individuals participating in the 2024 Community Health Survey, 24.7% of Henderson County participants responded that they would not be able to cover an emergency expense that costs \$400 by taking money from a checking or savings account, or by putting the expense on a credit card that they could pay in full at the next statement. 28.4% of the WNC survey respondents reported the same, but 53.2% of the Hispanic and 36.2% of the Black participants reported they did not have cash on hand for an emergency expense<sup>97</sup>.

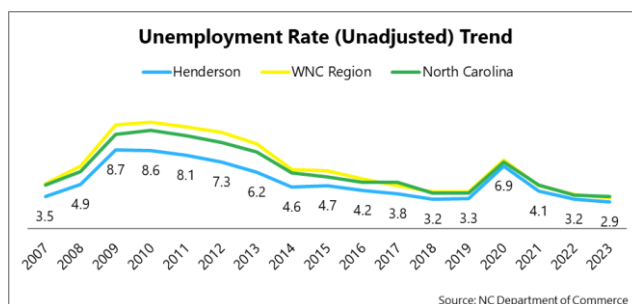


## Employment

“Employment provides income and, often, benefits that can support healthy lifestyle choices. Unemployment and underemployment limit these choices and negatively affect both quality of life and health overall. The economic condition of a community and an individual’s level of educational attainment both play important roles in shaping employment opportunities”<sup>11</sup>.

The three employment sectors in the county that employ the most workers are<sup>31</sup>:

1. **Healthcare & Social Assistance:** 19.10% of the workforce (average weekly wages of \$1,208)
2. **Retail Trade:** 13.63% of the workforce (average weekly wages of \$777)
3. **Manufacturing:** 13.23% of the workforce (average weekly wages of \$1,243)



After the significant increase in unemployment due to the Covid-19 pandemic, rates decreased again quickly. In 2023 Henderson County, following trends seen in the state and

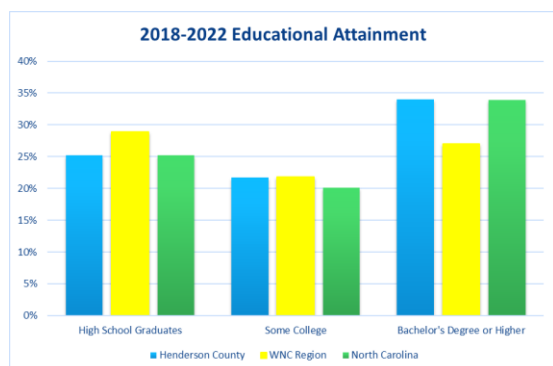


region, unemployment reached an all-time low since 2007 with an unemployment rate of 2.9%. Henderson County remains at a lower unemployment rate compared to the state and the region<sup>30</sup>.

## Education

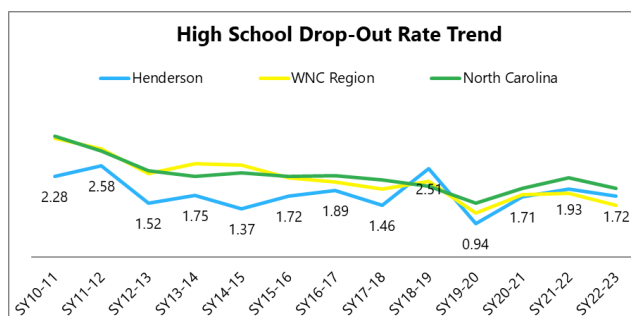
“Better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. This is true even when factors like income are taken into account. More schooling is linked to higher incomes, better employment options, and increased social support that, together, support opportunities for healthier choices”<sup>11</sup>.

There are 23 schools in the Henderson County Public School System, and two public charter schools. Annual enrollment across all public schools has increased. In the School Year 2022–2023, 14,042 students were enrolled<sup>47</sup>. In addition, Henderson County has two public charter schools, houses multiple private schools and an active homeschooling association.



On average, Henderson County students score higher on the SATs than students across the state and the region<sup>49</sup>. Henderson County also has a higher percentage of people who have graduated with a bachelor's degree or higher compared to WNC and NC<sup>80</sup>.

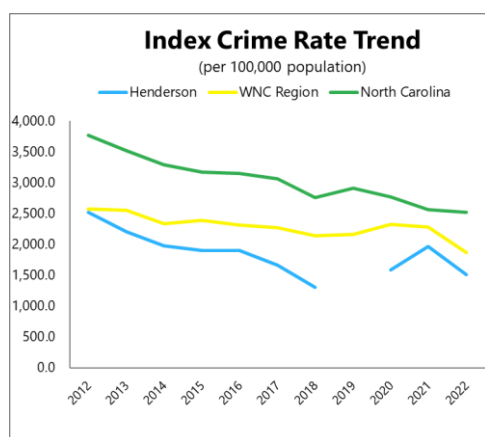
After a decade of being below the region and state, the dropout rate was higher than the region and state in 2018–2019. The following school year the county saw its lowest dropout rate of 0.94 (40 students) during the COVID-19 pandemic. Dropout rates have been increasing since then and are now above the region and below the state rates. The 2022–2023 school year dropout rate was 1.72 (76 students) compared to 1.46 for the region and 1.95 for the state<sup>48</sup>. Henderson County public schools reported a 90.3% graduation rate, higher than that of the state (86.5%) and region (88.3%)<sup>50</sup>.



As of January 2023, Henderson County had 57 total licensed childcare facilities, with 31 of these being private or community-based programs, 15 public school-based programs, 9 HeadStart, 9 family childcare homes, 7 faith-based programs, and 4 religiously sponsored with no star license. An estimated 1,793 children were enrolled across these facilities. Most of the facilities are four or five stars (46) and 4 facilities are excluded from star ratings<sup>37</sup>.

## Community Safety

“Injuries through accidents or violence are the third leading cause of death in the United States, and the leading cause for those between the ages of one and 44. Accidents and violence affect health and quality of life in the short and long-term, for those both directly and indirectly affected, and living in unsafe neighborhoods can impact health in a multitude of ways”<sup>11</sup>.



Henderson County is an overall safe place to live, work and play. Less than 6% of survey respondents felt threatened or harassed within the past year<sup>97</sup>. The crime rates for property crimes and violent crimes are below state and regional crime rates. Index crime is the sum of all violent and property crimes in a location. Violent crime includes the offenses of murder, rape, robbery, and aggravated assault. Property crimes include the offenses of burglary, larceny, and motor vehicle theft. As of 2022, the index crime rate in Henderson County, per

100,000 population, is lower than that of the region and state, 1,508.1 as compared to 1,867.9 and 2,526.0 respectively<sup>44</sup>. Henderson County's violent crime rate (135.4 per 100,000 and property crime rate (1,372.7 per 100,000) are both lower than regional and state averages<sup>45</sup>.

In Fiscal Year 2022–2023, there were 657 children with investigated reports of abuse and neglect in Henderson County, with nearly 20% of these cases affecting Hispanic/Latino children, and more often children (of any ethnicity) ages 0–5 (37.5%) and ages 6–12 (34.2%)<sup>95</sup>. At the same time-period, 661 of domestic violence hotline crisis calls were received, and 912 domestic violence clients were served, as reported by Safelight, the community's primary agency provided services for survivors of domestic violence, sexual assault and child abuse. Most domestic violence clients served were between the ages of 25–59. Safelight served 381 total sexual assault

clients, 61.9% under the age of 18. In FY 2022–2023, Safelight served 912 clients across all programs and the Child Advocacy center saw 307 clients. Throughout the year, the shelter was occupied by 133 adults and 38 children<sup>27</sup>.

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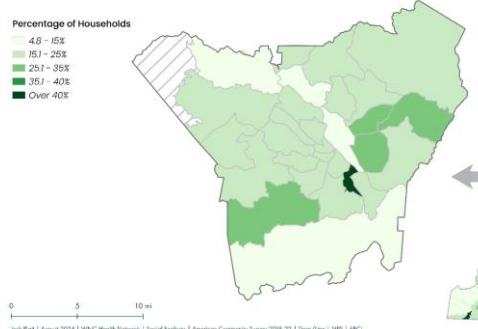
*Agencies and organizations work well together in Henderson County.  
The community seems to really care about their neighbors and  
community and work towards building a safe and healthy  
community to live work and play—Public Health Representative*

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## Housing

“Housing instability encompasses several challenges, such as having trouble paying rent, overcrowding, moving frequently, or spending the bulk of household income on housing. These experiences may negatively affect physical health and make it harder to access health care.”<sup>75</sup>

### Spending Over 30% on Rent or Mortgage Henderson County



On average, Henderson County residents spend more on housing (rental and mortgage costs) as compared to the rest of the region. Both the median gross monthly rent and the median monthly homeowner costs in Henderson County are the second highest in the region, only behind Buncombe County<sup>19</sup>. Both renters and homeowners in Henderson County are experiencing an economic burden, spending more than 30% of their monthly income, related to the cost of their housing.

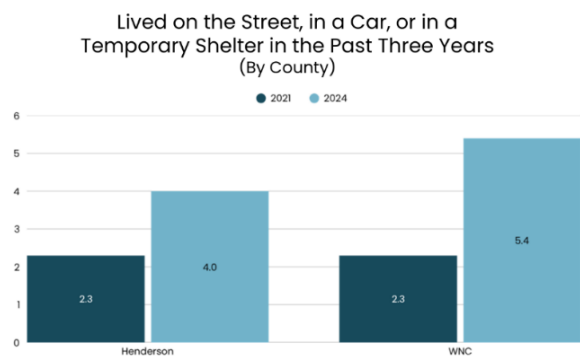
The five-year estimates 2018–2022, 40.2% of people who rent homes in Henderson County were spending more than 30% of their household income on rental costs, with a median gross monthly rent in the county of \$1,032<sup>84</sup>. Nearly 18% of renters spend more than 50% of their income on housing<sup>82</sup>. Henderson County, along with Buncombe and Madison have the highest fair market rent cost in WNC<sup>19</sup>.

Homeowners in Henderson County have a median gross monthly mortgage of \$1,495<sup>85</sup>. Nearly 26% of homeowners are spending more than 30% of their household income on their mortgage and nearly 11% are spending more than 50% of their income on housing costs<sup>86</sup>. While the number of residents spending over 30% on housing has decreased slightly since 2021, the number of residents spending over 50% on housing has increased.

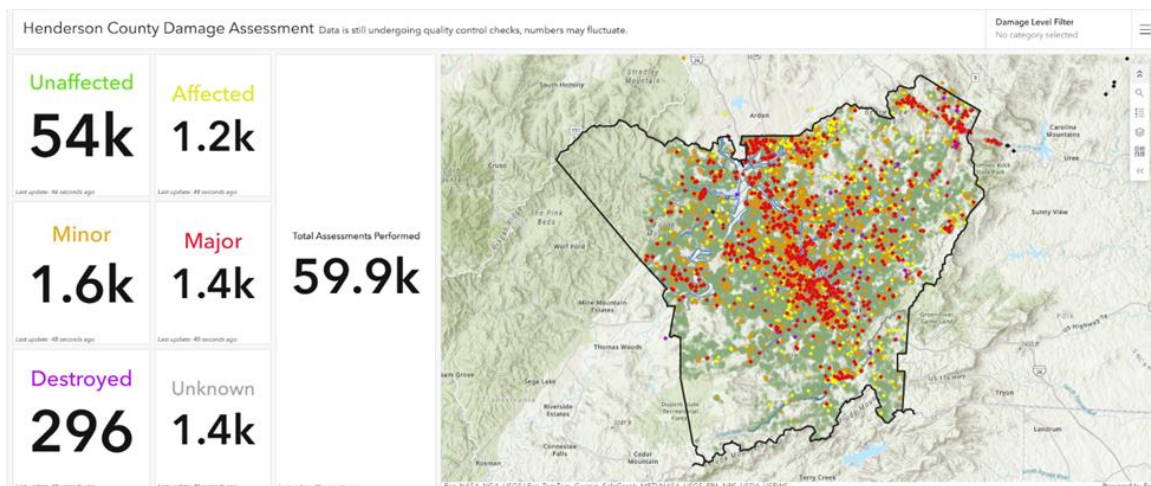
In the 2024 CHA Survey, nearly a third (30.4%) reported that they have been worried or stressed about paying their rent or mortgage in the past year. Over half of the Hispanic (54.2%) respondents and 42.7% of the Black respondents have felt this way, as compared to 27.4% of White respondents<sup>97</sup>. This has increased from the previous two CHA surveys and is reflected across the WNC region and at the national level.

Almost 14% of adults reported living in unhealthy or unsafe housing conditions in the past year. just under 25% of the Hispanic respondents reported these housing conditions compared to 17.7% of LGBTQ+, 14.6% Black and the 12.5% White. When asked if there was a time in the past year when their home was without electricity, water or heating (for any reason), 11% of adults answered yes<sup>97</sup>.

Just over 10% of adults have had to live with a friend or relative in the past three years due to a housing emergency. The number of respondents reporting they have lived on the street, in a car, or in a temporary shelter in the past three years nearly doubled from 2.3% in 2021 to 4% in 2024. Of these respondents, 12.4% Black compared to 4.1% Hispanic and 3.4% White and 7.9% LGBTQ+<sup>97</sup>.



As of January 2025, Henderson County Emergency Management assessed nearly 60,000 structures (including homes) for damage after Tropical Storm Helene. 3,000 structures had minor to major damage, 296 were destroyed and 228 landslides had been documented. From that point in time there were still 183 Henderson County residents in the FEMA TSA program<sup>14</sup>.



## Transportation

“Transportation decisions affect everyone, by influencing where they live, how they can get to work and school, whether they can easily access health and other essential services, how they socialize with family members and friends, and ultimately if they can thrive in a physical environment that supports healthy outcomes”<sup>71</sup>.

Apple Country Public Transit is the primary public bus service that runs throughout the City of Hendersonville, Town of Fletcher, and Laurel Park. Henderson County also contracts WNC Source to provide transit and paratransit services. Bus routes and running times are limited to in the county, affecting those who do not have access to vehicles, especially those who live in remote parts of the county.

In Henderson County, 1.7% of all owner-occupied households do not have vehicle access. Of all people who rent housing units, 9.4% do not have access to a vehicle. This percentage is much higher when considering households with individuals ages 35 to 65 and 65+. Owner-occupied homes with a householder age 35 to 64 without access to a vehicle is 47%, and 53% for those 65 and older. Rented units with a householder ages 35 to 64, 44% do not have access to a vehicle and nearly 50% for 65 and older<sup>90</sup>.

Of all workers in Henderson County over the age of 16, 79.6% drive to work alone. About 10% of workers carpool, 1.6% take a taxicab, motorcycle or other, 0.7% walk, 0.1% take public transportation, and 0.1% ride a bike to work. Nearly 2% have no vehicle available. Just over 8% work from home<sup>79</sup>.

## Food Insecurity & Nutrition

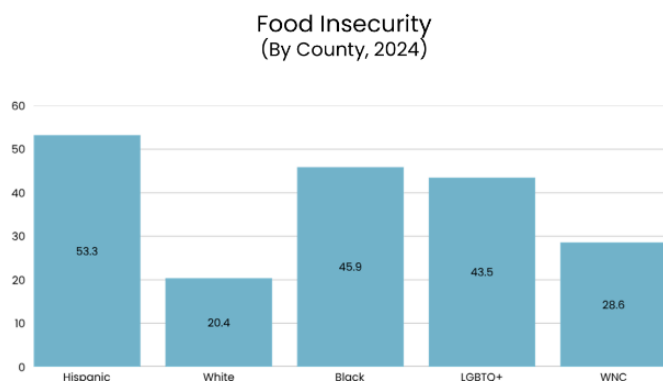
### Food Insecurity

*“Food insecurity is defined as a lack of consistent access to enough food for an active, healthy lifestyle”<sup>96</sup>. It is caused most notably by poverty as well as other overlapping issues like affordable housing, social isolation, location and chronic health issues.*

Food insecurity remains a significant challenge in Henderson County, with deep implications for physical and mental well-being. Rates of food insecurity have worsened in recent years, reflecting both local and national trends. In 2021, 17% of Henderson County households reported experiencing food insecurity. By 2024, that



number had risen to 24%, even before the widespread disruptions caused by Tropical Storm Helene<sup>97</sup>. Anecdotal reports and food pantry demand suggest current levels may be even higher.



Disparities in food access are especially stark. Just over half, with 53% of Hispanic adults in the county report food insecurity, along with 45% of Black adults and 44% of LGBTQ adults<sup>97</sup>. The percentage of Black adults reporting food insecurity increased by 130% from the 2021 CHA Survey to 2024.

The primary drivers of food insecurity in Henderson County include poverty, high housing costs, and limited public transportation. These challenges are especially concentrated in neighborhoods identified by the CDC's Social Vulnerability Index, such as East Flat Rock, Downtown Hendersonville, Four Seasons Boulevard, and Dana<sup>3</sup>. Of these areas, the USDA classifies both East Flat Rock and the Four Seasons corridor as having low food access, meaning residents live more than one mile from a full-service grocery store and often lack transportation options to reach one<sup>92</sup>.

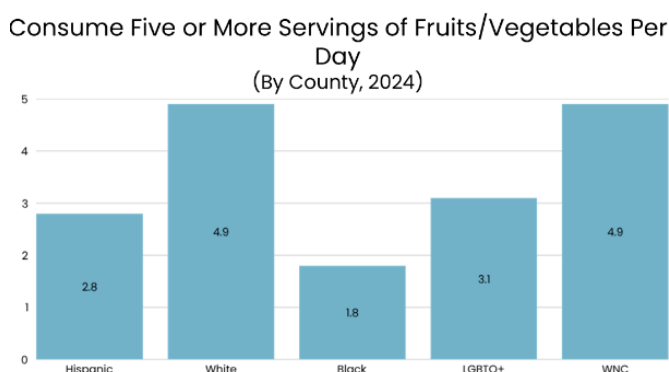
### Nutrition and Healthy Foods

In Henderson County, fruit and vegetable consumption has declined steadily since 2015, reflecting national trends<sup>97</sup>. Some of this decline may be due to decreased consumption of orange juice and fried potatoes, two common but less nutritious sources historically counted toward produce intake. However, people are not necessarily replacing them with whole fruits and vegetables, making the overall trend concerning. A diet rich in fruits and vegetables lowers the risk of chronic conditions such as heart disease and diabetes, improves disease management, and reduces complications. It also serves as a strong indicator of overall diet quality, often correlated with higher intake of whole grains, lean proteins, and fewer ultra-processed foods.

Survey respondents were asked to recall their food intake from the previous week and asked if they consumed the recommended five 1-cup servings of fruits and vegetables per day (excluding potatoes but include lettuce salads). Only 5% of White adults reported eating the recommended five or more servings of fruits and

vegetables per day in 2024. Among Black adults, that number drops to 1.8%; among Hispanic adults, 2.8%; and among LGBTQ adults, just 3%<sup>97</sup>.

Although local data on children’s fruit and vegetable consumption is unavailable, it is likely similar to adult trends—unless the child participates in school meals. School meal programs often provide at least one fruit or vegetable per meal, making them a key opportunity for improving children’s diets.



In the 2025 market season, there will be seven active farmers markets throughout Henderson County. Two farmers markets offer Double SNAP (a program that matches an individual’s SNAP EBT spending to provide twice the amounts of fruits and vegetables) and accept produce prescriptions. Two organizations that provide insurance-reimbursed produce prescriptions for Medicaid participants, and one organization extends this benefit to those with private insurance—expanding the reach of this impactful approach. Programs such as these help make fruits and vegetables more affordable<sup>93</sup>

As of September 2024, there were 19 food pantries and two mobile markets in Henderson County. Many influences may affect one’s ability to access and/or afford health food provided by these venues including transportation, wages, cost of housing, and other intertwined factors. In Henderson County, several food pantries have participated in healthy pantry assessments, and seven are now implementing improvements with support for equipment such as refrigeration units to better store and offer fresh produce.

Although Henderson County hosts a wide range of food retail venues—including 13 supermarkets, 6 grocery stores, 27 specialty stores (such as Dollar General), 7 farmers markets, 19 convenience stores, 75 restaurants, and more than 80 food trucks—not all residents live within safe or affordable reach of healthy options. Many of these outlets do not accept nutrition assistance benefits such as SNAP or WIC, and healthy, culturally relevant foods may be limited in availability or cost prohibitive<sup>92,93</sup>.

The USDA Food Environment atlas is a publicly available resource that assembles statistics on food environmental factors including food choices, health and well-

being and community characteristics. Easy access to fast food establishments and full-service restaurants, compared with farmers markets and grocery stores highlights an imbalance in the county’s environment that could make healthy food choices more difficult. In addition, households without a car and limited access to a store can further impact what healthy food choices some families have available to them.

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*A healthy community works together to make it easier to make healthy choices. – Health Care Provider*

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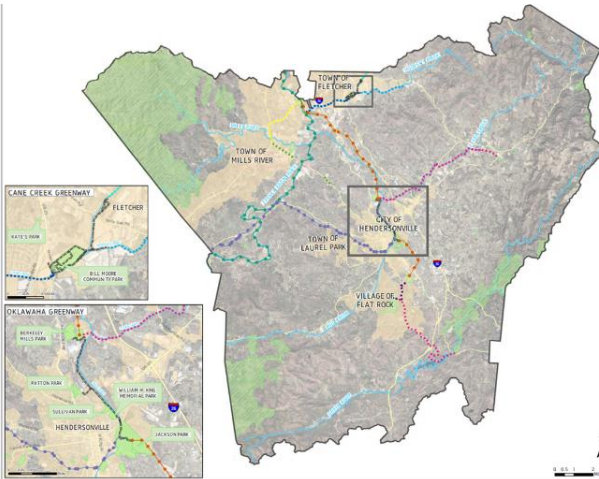
## Opportunities To Be Active

The environments where an individual lives, works and plays affect their access to healthy food and opportunities for physical activity. The built environment, along with genetic factors and personal choices, shapes an individual’s health and risk of chronic disease.

Between July 2021 and September 2024, Henderson County engaged in a comprehensive planning process that emphasized health, access to nature, and opportunities for physical activity. The plan revealed that 16% of county land is currently used for parks and recreation, and 25% is dedicated to agriculture—together highlighting the area’s deep connection to natural spaces and outdoor living<sup>15</sup>.

Since the 2021 CHA, the county’s Parks and Recreation Department has added four new facilities, including an all-inclusive playground at Jackson Park. Renovations are also underway at Berkley Park to build a new soccer complex. Unfortunately, the county’s only public outdoor pool—located at Patton Park—was lost due to damages from Hurricane Helene.

In addition to these investments, the county has made significant progress on active transportation infrastructure. Henderson County currently maintains eight miles of greenways and is nearing completion of Phase 1 of the 21-mile **Ecusta Trail**, a key part of the regional greenway master plan. Funding has also been secured to link the Ecusta Trail with other existing greenway systems across the region. The first six miles of the Ecusta Trail, spanning from Downtown Hendersonville to Horse Shoe, will open in July 2025<sup>16</sup>.



*Henderson County Greenway Master Plan, 2019*

The county's updated Comprehensive Plan commits to preserving conservation and open space areas while expanding mixed-use development that supports **active transportation**—including walking, biking, and transit access. Recommendations include adding pedestrian and cycling routes to more roads, expanding the public transportation network, and completing the countywide greenway system.

At the municipal level, several local governments have demonstrated strong alignment with these goals:

- The **City of Hendersonville** completed a Parks and Greenspace Master Plan and a new Bike and Pedestrian Plan.
- The **Town of Fletcher** adopted the *Fletcher Connects* Bike and Pedestrian Plan.
- **Laurel Park** adopted plans for an expanded trail system.

Together, these efforts reflect a regional commitment to **placemaking**—a strategy that designs public spaces to promote health, happiness, and connection. Placemaking recognizes that where people live shapes how they move, connect, and thrive.

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*I feel inspired by our parks and recreational spaces. I think we have beautiful places to go on hikes, bike, and for walking. Personally, this helps me with my health and wellbeing. —Physician*

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### **Physical Activity Trends and Disparities**

While most Henderson County residents still fall short of national physical activity guidelines, participation has been steadily increasing. Self-reported physical activity rose from 22% in 2018, to 26% in 2021, and reached 29% in 2024<sup>97</sup>. These gains suggest that recent public investments in active spaces and transportation infrastructure may be paying off.

However, significant disparities remain<sup>97</sup>:

- Only 17% of White adults reported no leisure-time physical activity.
- In contrast, 37% of Hispanic adults and 74% of Black adults reported no physical activity during leisure time.

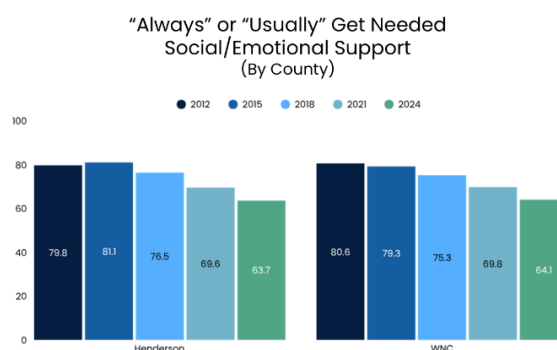
These disparities are shaped by a range of systemic and structural factors—including neighborhood safety, income inequality, lack of transportation, limited access to affordable facilities, cultural norms, and differences in underlying health conditions. Black and Hispanic communities are also more likely to live in areas without sidewalks, bike lanes, or nearby parks, making it harder to be active safely.

Options for public transportation are limited in the county, affecting the ability of those who do not have a vehicle to access local farmers markets, public parks, or other places for health, especially those who live in remote parts of the county.

## 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”<sup>11</sup>.

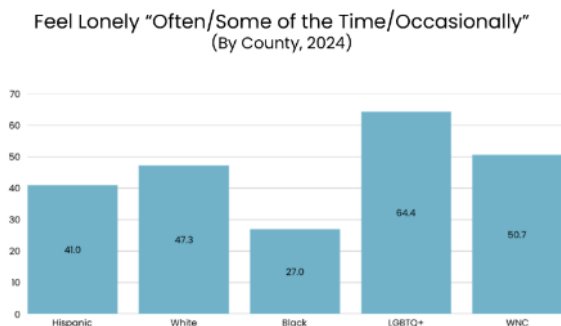
Survey respondents getting social and emotional support and/or have someone they can rely on for help has decreased from previous years. Of the individuals that participated in the 2024 Community Health Survey, 63.7% reported that they “always” or “usually” get the social and emotional support they need\*. This is down from 69.9% reported in the 2021 CHA, 76.5% 2018 CHA, and 81.1% in the 2015 CHA<sup>97</sup>.



When asked “Do you have someone to rely on for help when needed?”, 60.2% of respondents felt they “always” or “usually” had someone to rely on for help when needed. This is 12% less than the 2021 CHA. Only 31% of Black respondents felt they had someone to rely on for help compared to 53% Hispanic, 62% White and 58%



LGBTQ+. Just over 21% of survey participants with a child aged 0 to 17 years in the household responded “yes”, a lack of childcare made it difficult to attend school, work or doctor’s appointments<sup>97</sup>.

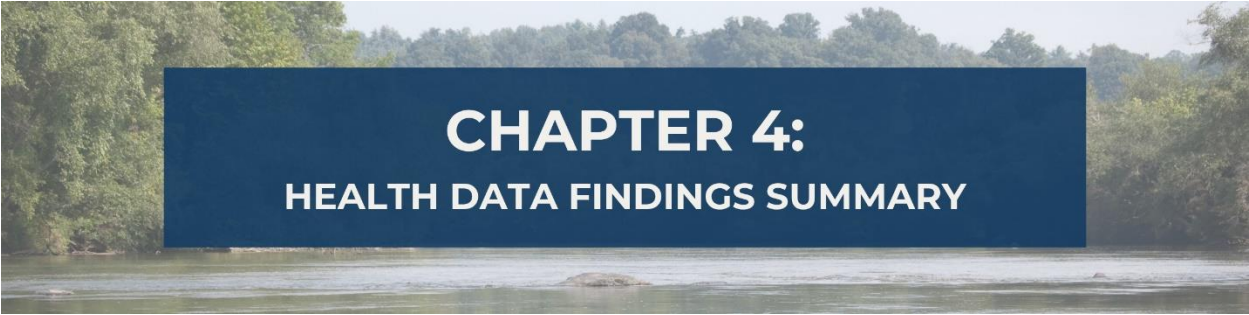


Henderson County adults participating in the CHA survey reflect the national growing epidemic of isolation and loneliness. Nearly 46% of survey respondents reported they often and/or occasionally feel lonely, with a concerning 64.4% of the LGBTQ+ reporting feeling this way. Comparatively just 47.3% White, 41% Hispanic and 27% Black survey participants<sup>97</sup>.

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*Strong networks of friends, neighbors, and community members create a support system that can provide assistance during times of need. – Community Leader*

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# CHAPTER 4:

## HEALTH DATA FINDINGS SUMMARY

### Mortality

From 2018 to 2022 the age-adjusted ten leading causes of death in Henderson County are diseases of the heart, cancer, unintentional injuries, cerebrovascular disease, COVID-19, chronic lower respiratory diseases, Alzheimer’s disease, suicide, diabetes Mellitus, pneumonia and influenza<sup>65</sup>.

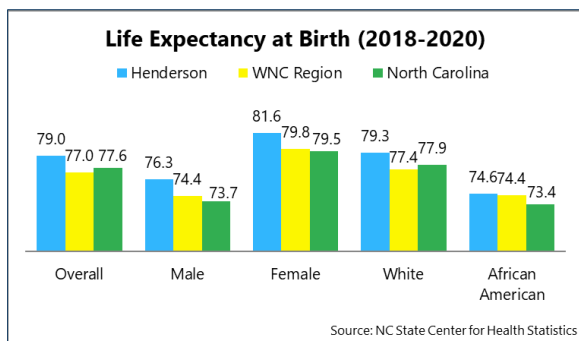
<b>Leading Causes of Death</b> Age-Adjusted Rates per 100,000 population 2018—2022 <small>Source: NC SCHS, 2022</small>	Cause	Death Rate
	1 Diseases of Heart	146.9
	2 Cancer	144.7
	3 All Other Unintentional Injuries	57.8
	4 Cerebrovascular Disease	36.7
	5 COVID-19	34.0
	6 Chronic Lower Respiratory Diseases	30.9
	7 Alzheimer's disease	26.3
	8 Suicide	19.0
	9 Diabetes Mellitus	16.9
	10 Pneumonia and Influenza	15.0

The mortality rates have had a slight increase in the past few years yet remain below the region overall. The mortality rates of unintentional injury, pneumonia and influenza, and suicide are higher than the state. Most notably, Henderson County’s suicide mortality rate is 40.7%

higher than North Carolina’s rate<sup>65</sup>. Of note, while this list does include the deaths due to COVID-19 through 2022, the World Health Organization declared the end to the COVID-19 pandemic in May 2023. All other leading causes of death in Henderson County have a lower mortality rate than state comparisons.

When the leading causes of death are categorized by age group, cancer and diseases of the heart remain the first and second leading causes of death among Henderson County residents ages 40 and above. Unintentional injury, which includes unintentional poisoning, is one of the top three leading causes of death of individuals ages 20–64. Death due to motor vehicle injury predominately affects those between the ages of 20 and 39. Suicide is now the second leading cause of death among residents ages 20–39<sup>65</sup>.

Life expectancy at birth in Henderson County is 79.0 years, a few years higher than both the state and regional comparisons. A disparity in life expectancy in the county exists between both males and females (76.3 for males as compared to 81.6 for

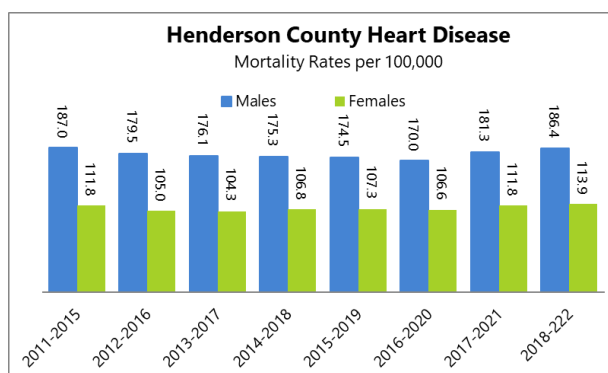


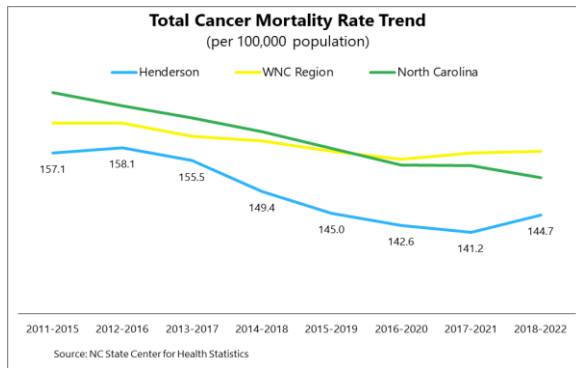
females) as well as between White and Black residents. On average, White residents have a life expectancy of 79.3 years and Black residents is 74.6 years, a difference of 4.7 years. In the state, the racial disparity in life expectancy between White and Black populations is 4.5 years<sup>64</sup>.

Infant mortality rates have decreased overall since 2006. Henderson County rates are lower than the state and region<sup>66</sup>. The low (<2500 grams) and very low (<1500 grams) birth weight trends in Henderson County reached a low in 2010–2014 but have been rising since<sup>69</sup>. Although, Henderson County’s low and very low birth rate trends are still lower than the state trends and match that of the region. In the county, state, and region, more Black babies are born at low and very low birth weights than White babies<sup>62</sup>.

Unintentional falls cause a concerning number of deaths in Henderson County residents over the age of 65. From 2018–2022, 233 Henderson County residents died because of an unintentional fall. Of these, 94% of deaths occurred in the population ages 65 and older. The state of North Carolina has seen a 98% increase in unintentional fall related deaths in the past 10 years<sup>25</sup>.

Heart disease mortality rates continue to increase since 2021 after over a decade of decreasing rates in Henderson County, the region and the state. In 2022, the county’s heart disease mortality rate reached 146.9 per 100,000 population, making heart disease the leading cause of death over cancer. The gender disparity in heart disease mortality rates is stark in Henderson County. Latest reports show that heart disease mortality rate for females in the county being 113.9 per 100,000 population as compared to males, 186.4 per 100,000 population. A racial disparity in heart disease mortality also exists as Black individuals exhibit higher mortality rates (213.6 deaths per 100,000 population) than White individuals (151.1 deaths per 100,000)<sup>71</sup>.

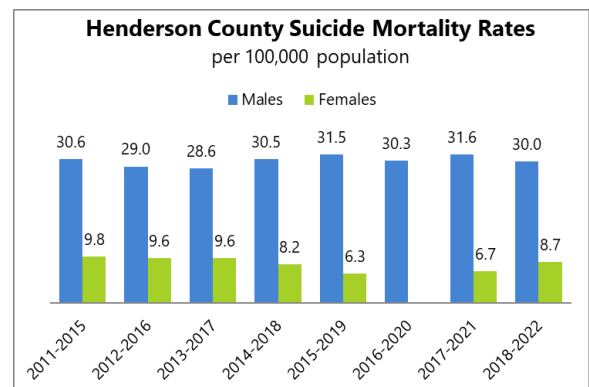




Cancer mortality rates in 2022 have increased for the first time since 2016, with a mortality rate of 144.7 deaths per 100,000 population. The region's mortality rate (157.4 deaths per 100,000) has stayed about the same the past few years, while the state's mortality rate (152.1 deaths per 100,000) is continuing to slightly decrease.

The gender disparity between males and females in terms of cancer mortality rates has continued with males (169.9 deaths per 100,000) having a higher mortality rate than females (125.1 deaths per 100,000). Henderson County's cancer mortality rates by site are similar to the state<sup>71</sup>. Lung/bronchus has the highest mortality rate by site (31.9 deaths per 100,000) in the county but is slightly lower than that of the region and the state. Henderson County's cancer mortality rates for prostate and female breast is 19.3 per 100,000 followed by colon/rectal at a mortality rate of 12.5 per 100,000. The mortality rate for melanoma (2.7 deaths per 100,000), while lower than other sites in the county, is at a higher rate than the region (1.7 deaths per 100,000) and state (2.1 deaths per 100,000)<sup>68</sup>.

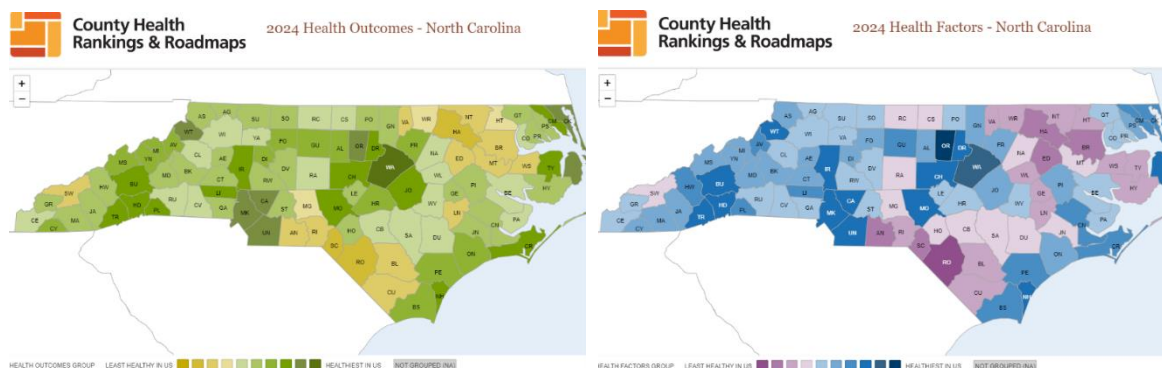
Suicide mortality rates remain higher than state by almost 41%. Henderson County saw a decrease from 2015 (19.8 per 100,000) to 2020 (17.5 per 100,000) but increased to 19.0 per 100,000 population in 2022<sup>71</sup>. Between 2019 and 2023, Henderson County lost 8 children ages 10 years to 17 years to suicide, three of those in 2023<sup>13</sup>. The disparity in suicide mortality rates between men and women is stark, with men's rates almost three times as high consistently since 2014 in Henderson County<sup>71</sup>.



## Health Status & Behaviors

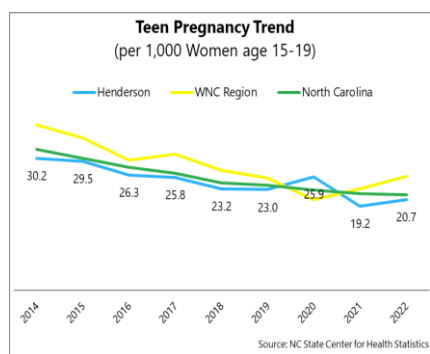
The Robert Wood Johnson Foundation's County Health Rankings has ten health groups from the least healthy to the healthiest for health outcomes, which measures length of life and quality of life and health factors, including health behaviors, clinical care, social and economic factors, and the physical environments. In the 2024 NC

County Health Rankings & Roadmaps report, Henderson County is in the top third level, for both health outcomes and health factors<sup>11</sup>.



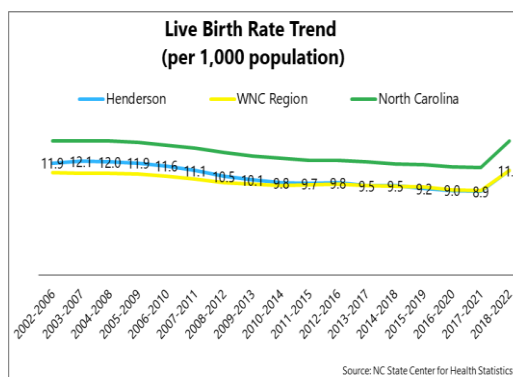
## Maternal and Infant Health

In Henderson County, the pregnancy rate trend decreased steadily from 2007 with 84.1 pregnancies per 1,000 women ages 15–44 to a rate of 59.0 in 2020. After 2020, the pregnancy trend began to rise slightly in 2022 with 64.1 pregnancies per 1,000 women ages 15–44. The county's pregnancy rate closely matches the state and region<sup>73</sup>.



Teen pregnancy trends across the county, state, and region have steeply declined since 2006, now standing at a low of 20.7 pregnancies per 1,000 women ages 15–19 in Henderson County<sup>73</sup>.

The live birth rate in Henderson County has been following the same trend as the region and the state. After decreasing consistently since the early 2000's, there is a significant increase of nearly 25% from 2021 to 2022. In 2021, Henderson County had the lowest birth rate trend in over a decade, with 8.9 live births per 1,000 population, followed by a significant increase to 11.1 live births per 1,000 population in 2022. While the live birth rate trend increased across all races and ethnicities, Hispanic population had the largest increase from 16.9 live births per 1,000 in 2021 to 21.2 live births per 1,000 in 2022<sup>70</sup>.

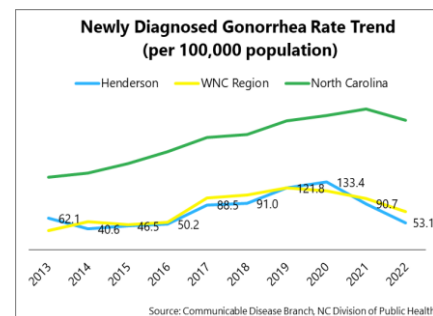




Gestational diabetes and BMI status are two pregnancy risk factors contributing to poor birth outcomes in Henderson County. In 2022, 21.5% Hispanic pregnant persons are diagnosed with gestational diabetes, far more than the 16.7% Black and the 7.9% White pregnant persons. When looking at obesity in pregnant persons, 35.6% of Hispanic and 33.3% Black were more likely to be considered obese compared to the 27.2% White<sup>63</sup>.

### Sexually Transmitted Infections

Newly diagnosed infection rates for chlamydia and gonorrhea have been consistently lower than the state and regional averages since 2013–2014, with rates decreasing in recent years. Gonorrhea infection rate has decreased by 60% since 2019 with a rate of 53.1 per 100,000 people in 2022<sup>41</sup>.



Newly diagnosed syphilis infection rates have been steadily increasing statewide in recent years.

Henderson County's syphilis infection rates remain lower than the region and state, even with the significantly increased rate from 0.9 per 100,000 in 2019 to 16.3 in 2022<sup>40</sup>. Henderson County's newly diagnosed HIV rate spiked in 2021 to a rate of 10.8 per 100,000 people, decreasing to 4.9 in 2022, remaining lower than the state rate and slightly higher than the regional rate<sup>42</sup>.

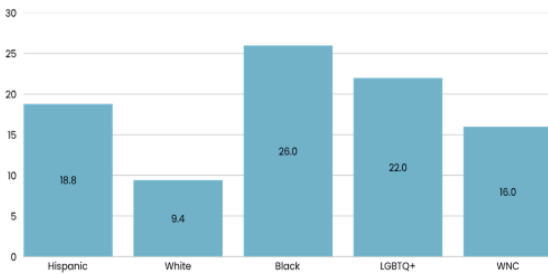
### Chronic Disease

Chronic diseases such as diseases of the heart, cancer, chronic lower respiratory disease, and diabetes are main contributors to overall mortality in Henderson County, being the first, second, fifth, and ninth leading causes of death respectively<sup>65</sup>.

The adult diabetes mortality rate has steadily increased over the past decade across the state, region, and county. While Henderson County's diabetes mortality rate remains lower than both the state and region, the county had an increase of 50.8% from its lowest rate in 2015 (11.2 deaths per 100,000) to a mortality rate of 16.9 per 100,000 in 2022<sup>71</sup>.

Similarly, the adult diabetes prevalence in Henderson County was at its lowest in 2015 with 5.7, with an increase of 52.6% to the county's highest of 8.7. Henderson County's diabetes prevalence is lower than the state, but now higher than the region<sup>8</sup>.

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



As self-reported in 2024 CHA, 11% of adults in Henderson County are of "fair" or "poor" overall health. Nearly 19% of the Hispanic and 26% Black of the respondents felt this way, compared to just over 9% of the White adults.

44% of survey respondents self-report having high blood pressure, and nearly 39%

with high blood cholesterol. 9% of adults in Henderson County have been told by a doctor, nurse, or other health professional they have diabetes. 11% of Henderson County adults have been told by a health professional they have asthma, and 11% have been diagnosed with Chronic Obstructive Pulmonary Disease (COPD). About 64% of adults in Henderson County have a self-reported BMI of 25.0 or higher, classifying them as overweight and 30% obese with a BMI greater than or equal to 30<sup>97</sup>.

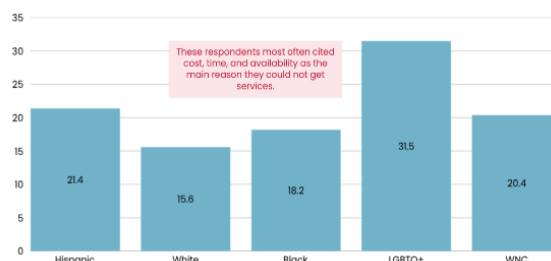
### Mental Health and Substance Uses

Access to mental health services and substance misuse treatment for low-income individuals became more difficult in 1999 when the state implemented mental health reform. The number of Henderson County residents served in an Area Mental Health Program drastically decreased from 2014 to 2015 from 3,250 to 1,497. Between 2015 and 2022 the number of residents has slightly increased every year, now with 2,146 residents in 2022<sup>35</sup>. Over the same time, the number of Henderson County residents served in NC State Psychiatric Hospitals increased slightly from 34 residents in 2014 to 43 in 2015. After 2015 the number of residents began to decrease with just 13 residents in 2022<sup>36</sup>.

It is not likely that the decrease in utilization of state psychiatric hospitals means decreased need for psychiatric services for severely impaired mental health patients. In many cases, patients dealing with mental health illness and substance misuse are left to seek services from hospital emergency departments and many more are left with no care at all. Locally, the capacity of mental health care providers limits the number of individuals that can be served in the community. Many behavioral health care providers added in telehealth appointments following the COVID-19 pandemic yet still have long waitlists and a high need for services.

In the 2024 Community Health Survey, almost 25% of survey respondents reported they are currently receiving mental health treatment. This is a slight increase from 22% in 2021. Nearly 17% of adults in Henderson County did not get the needed mental health services in the past year. When looking at the disaggregated data, 31% of the LGBTQ+, 21% Hispanic and 18% Black adults, and 16% of white adults are not getting the mental health services they need<sup>97</sup>.

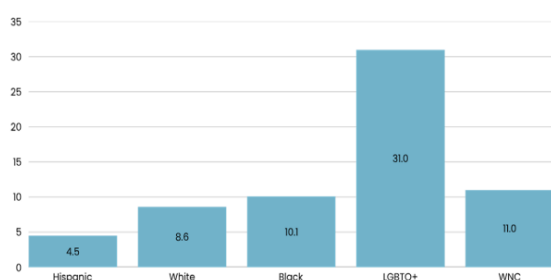
Unable to Get Mental Health Services When Needed in the Past Year  
(By County, 2024)



Further, the percent of adults that “always” or “usually” get the social and/or emotional support they need has decreased since 2015, now standing at 63.7% in 2024. Respondents with children in the home about the frequency they worried about or stressed about their child’s mental and/or emotional health in the past year. 15% answered “always” or “usually” and 29.9% answered “sometimes”. Survey respondents reporting more than 7 days of poor mental health over the past month decreased from 17.0% in 2021 to 15.4% in 2024. Nearly 44% of the LGBTQ+ community reported more than 7 days of poor mental health within the past month, followed by 20% Black, 18% White, and 13% Hispanic<sup>97</sup>.

In the 2024 CHA, 10.3% residents reported they were dissatisfied with life, LGBTQ+ (23.8%) and Black (16.5%) reported more often they are dissatisfied with life.

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



8.4% of the 2024 survey participants responded that they had considered suicide in the past year, compared to 5.9% in 2021. The LGBTQ+ (31%) considered suicide in the past year three times more than others. Most adults, 85.2%, can stay hopeful in difficult times<sup>97</sup>.

In the 2024 CHA survey, 47.1% of adults’ life has been negatively affected by substance use (by self or someone else) (44.8% Hispanic, 32.8% Black, 48% White, and 73.2% LGBTQ+)<sup>97</sup>. In 2022 the unintentional poisoning mortality rate, while lower than WNC and NC, was at its highest with a rate of 30.1 deaths per 100,000<sup>72</sup>. In 2023, 84.4% (27 of 32) of the overdose deaths involved an illicit opioid<sup>58</sup>. 10% of survey

respondents reported they used a prescription opioid in the past year, with or without a prescription<sup>97</sup>.

Tobacco use and alcohol use has increased over the past few years. 13.3% of adults currently smoke cigarettes (8.7% Hispanic, 20.2% Black, 13.4% White and 8.4% LGBTQ+), 37% more than in 2021 CHA. Compared to the 2021 CHA, adults currently using vaping products increased by 150%, with 8.5% of adults currently use vaping products (10.4% Hispanic, 35.9% Black, 7.1% White, and 10.6% LGBTQ+)<sup>97</sup>.

When asked about alcohol use, 17.5% of adults binge drink (men consuming 5+ alcoholic drinks or women consuming 4+ alcoholic drinks on any one occasion in the past month) and 22% of adults excessive drinking in the past month (on average per day, men have 2+ drinks or 1+ drink for women or on a single occasion 5+ for men or 4+drinks for women during the past 30 days)<sup>97</sup>. A third, 31% (4 of 13), of fatal vehicle crashes in 2023 were alcohol related<sup>53</sup>.

## Clinical Care & Access

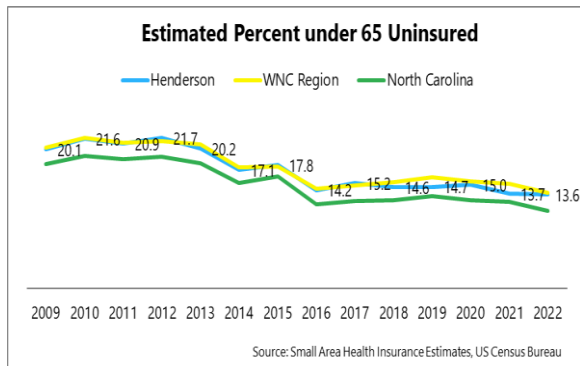
### Health Professionals

Henderson County is fortunate to have two major hospitals, a federally qualified health center, a free clinic, a hospice and palliative care agency, a local public health department, an agency serving survivors of interpersonal violence and numerous other health care providers of various specialties. However, access to care is still a problem for many in this community, especially the underserved, at risk and vulnerable groups defined in *Chapter 1—Community Health Assessment Process*.

In the 2024 Community Health Survey, 43.6% respondents answered they were “extremely” or “very” likely to use telemedicine for routine care. This is a slight increase from 39.7% in 2021. Nearly 11% selected “yes” when asked “was there a time in the past 12 months when you needed medical care but could not get it?”, an increase from 8% in 2021. Hispanic (24.7%) and Black (22.7%) were more often unable to get care compared to White (9.0%) survey participants. When asked if cost prevented them from getting a prescription in the past year, just over 15% responded “yes”. Hispanic (31.6) and Black (24.8%) residents responded “yes” more often than White (13.7%)<sup>97</sup>.

### Uninsured Population

The estimated percentage of the county’s population under the age of 65 who are uninsured has been decreasing since 2013, following similar trends in the state and



the region<sup>89</sup>. The 2024 Community Health Survey indicates 22.7% of adults ages 18 to 64 in Henderson County lack health care coverage, including health insurance, a prepaid plan such as an HMO, or government sponsored plan such as Medicare, Medicaid, Military, or Indian Health services. This is a significant increase from 15.9% in 2021<sup>91</sup>. Nearly half of

Hispanic (44.3%) and a third of Black (30.3%) reported a lack of health care insurance coverage<sup>97</sup>.

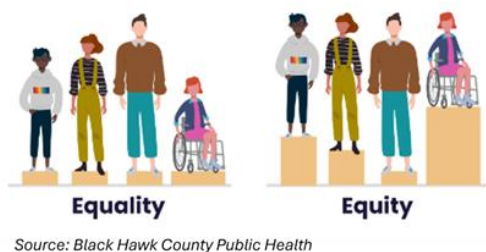
When categorized by age group, 7.09% of those under the age of 19 and just over a quarter (26.5%) of Henderson County residents ages 19 to 34 lack health insurance coverage<sup>89</sup>.

## Medicaid

Medicaid is a state and federal program that provides health coverage for very low-income individuals. In 2023, 22.1% of Henderson County population was eligible for Medicaid, following the increasing trend in the state and region<sup>38</sup>.

## Health Inequities

Health inequity is a health disparity not only unfair but may also reflect injustice. To address health inequities, communities must remove obstacles to good health such as poverty, discrimination, and their consequences, including lack of access to well-paying jobs, quality education and housing, safe environments, and health care<sup>2</sup>.

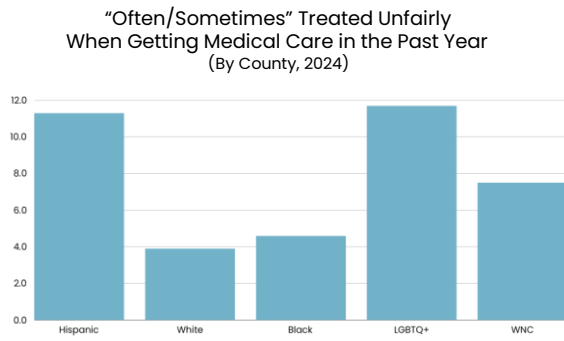


Several health inequities have been identified in the 2024 CHA data described above, as well as in *Chapter 3—Social and Economic Factors*, including differences in infant birth weight and infant mortality, differences in life expectancy, and chronic disease status (diabetes and heart disease) across gender, ethnic and racial groups.

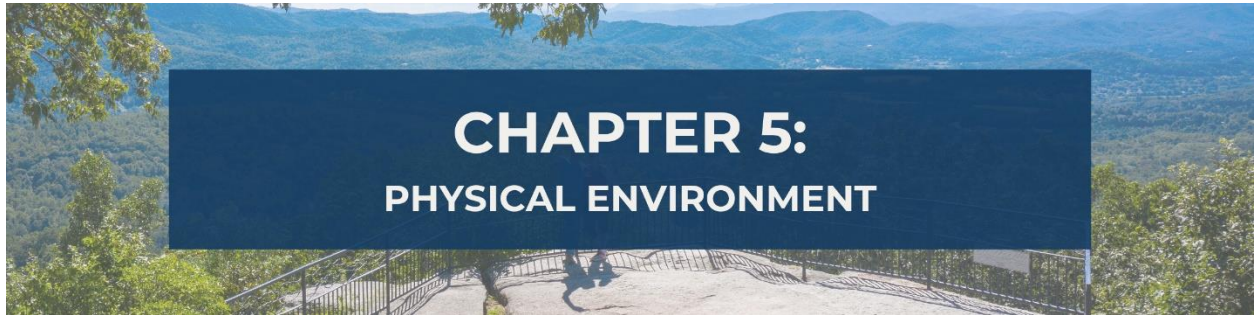
The 2024 CHA asked about being treated unfairly within the past year 4.5% of adults “often” “sometimes” were treated unfairly when getting medical care. A much higher



percentage of Hispanic (11.3%) and LGBTQ+ (11.7%) compared to Black 4.6% and 3.9% White (3.9%) felt they were treated unfairly when getting medical care. 18.1% experienced negative physical symptoms in the past month as a result of any unfair treatment (25.2% Hispanic, 20.7% Black, 17.5% White, 26.2% LGBTQ+)<sup>97</sup>.



Of those that experienced unfair treatment, race and appearance were the top two perceived reasons for the unfair treatment<sup>97</sup>. Ultimately, health equity, described as a system that supports health for all people, can only be achieved by providing individual care based on individual need (giving more to groups that have less), rather than treating everyone the same.



## CHAPTER 5: PHYSICAL ENVIRONMENT

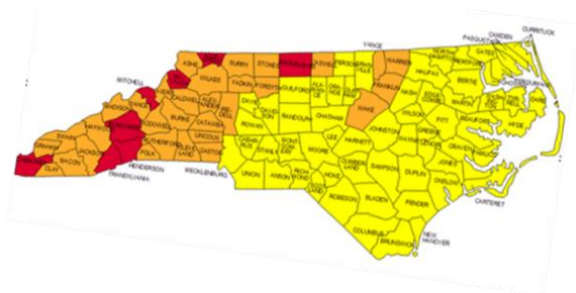
The physical environment—where people live, learn, work, and play—has a direct impact on health. Polluted air contributes to heart and lung disease; contaminated water increases the risk of illness, infection, and cancer; and degraded land cannot support safe food production. Exposure to polluted soil can also cause illness, developmental delays in children, and cancer. Clean air, safe water and soil, and climate resilience are essential for healthy communities.

“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.”<sup>11</sup>.

### Air Quality

Since the tuberculosis outbreak of the late 1700’s, the air quality has drawn people to the mountains in hopes that it would provide a healing benefit (Cadmus, 2024).

Radon is a naturally occurring, invisible, odorless gas that comes from soil, rock and water. Radon usually is harmlessly dispersed in outdoor air, but when trapped in buildings it can be harmful. Most radon enters homes and other buildings through cracks in the foundation, floors, hollow-block walls, and openings around floor drains, ductwork, and pipes. The primary risk of exposure to radon is an increased risk of lung cancer. Radon is the leading cause of lung cancer among nonsmokers, making smokers even more vulnerable when exposed to gas<sup>59</sup>.



Predicted Average Indoor Radon Screening Levels (USEPA)

Key:

Yellow = <2pCi/L

Orange = between 2 and 4 pCi/L

Red = >4pCi/L

WNC has the highest radon levels in the state, with Henderson County having one of the highest levels. The highest level of radon measured in the county is 259.5 pCi/L – more than double the WNC average (103.6) and over 4 times the state average (62.8)<sup>59</sup>.

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*The major TRI  
chemicals released in  
Henderson County:*

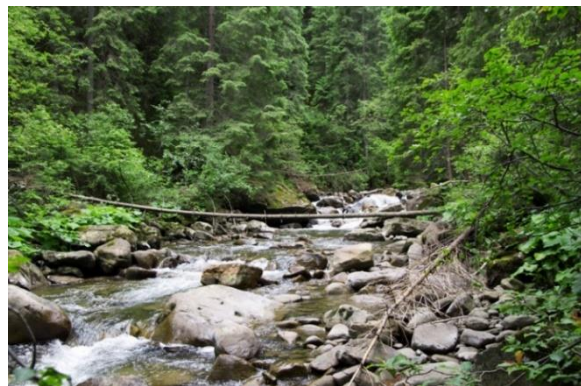
- *Methanol*
  - *Ammonia*
  - *Phenol*
  - *Sulfuric Acid*
  - *Formaldehyde*
  - *Aluminum*
  - *Manganese*
- (EPA, 2024)*
- 

Chemicals are used every day to make the products we depend on in our society – like clothing, computers, pharmaceuticals, and automobiles. While most chemicals used are regulated by industrial facilities to minimize releases into the environment, releases do still occur as part of their normal business operations. The Environmental Protection Agency's (EPA) Toxics Release Inventory (TRI) is a publicly available database that tracks the management of certain chemicals that may pose a threat to human health and the environment. The information contained in the TRI comes through required reporting from US industry sectors like manufacturing, metal mining, electric utilities, and commercial hazardous waste management<sup>94</sup>.

In 2022, 205,348 pounds of TRI releases were reported for Henderson County. The primary TRI chemicals/chemical compounds released in the highest amounts are from various manufacturing facilities (located in Fletcher, Mills River and Hendersonville)<sup>94</sup>.

## Water Quality

Clean water is also important for good health. Water from all municipal and most community water systems is treated to remove harmful microbes and many polluting chemicals and is generally considered to be "safe" from the standpoint of public health because it is subject to required water quality standards. Municipal drinking water systems are those operated and maintained by local governments (usually at the city or county level). Community water systems are systems that serve at least 15 service connections used by year-round residents or regularly serve 25 year-round residents. This category includes municipalities, but also subdivisions and mobile home parks. In 2024, community water systems in Henderson County served an estimated 84,773 people, or more than 70% of the county's population.



According to the National Pollutant Discharge Elimination System (NPDES) permits in Henderson County (2024), there are currently 27 permits issued in Henderson County that allow municipal, domestic or commercial facilities to discharge products of water/wastewater treatment and manufacturing into waterways<sup>54</sup>.

- 1 Major Municipality
- 1 Minor Municipality
- 1 Water Treatment Plant
- 24 Minor Domestic permits

Henderson County's municipal solid waste and construction and demolition waste are transported out of the county. The data indicates a steady decrease in per capita rates since the 1991-1992 reporting period. 2022-2023 Per-Capita Disposal Rates<sup>32</sup>:

- Henderson County = 1.12 tons (decrease of 2% since 1991-1992)
- NC = 1.32 tons (increase of 23% since 1991-1992)

## Climate

Western North Carolina is naturally resilient compared to many other parts of the state. The altitude makes the region less vulnerable to heat waves than the Piedmont area, and floods in WNC have historically been less threatening than those experienced in coastal counties. However, high temperatures, shifts in precipitation patterns, and extreme weather events have impacted Henderson County recently with droughts, fires, and floods; all of which contribute significantly to public health challenges. Vulnerable populations, such as children, pregnant individuals, outdoor workers, and those with chronic health conditions, are especially at risk.

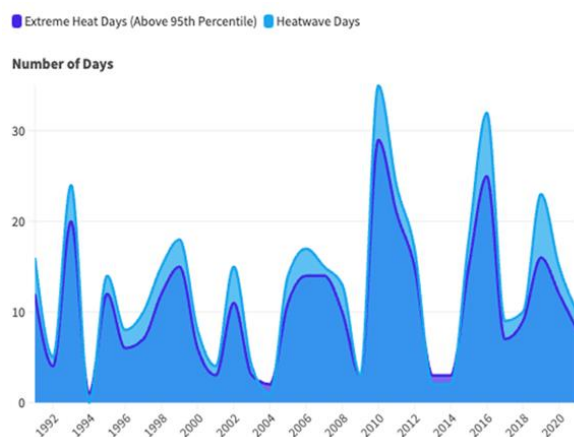
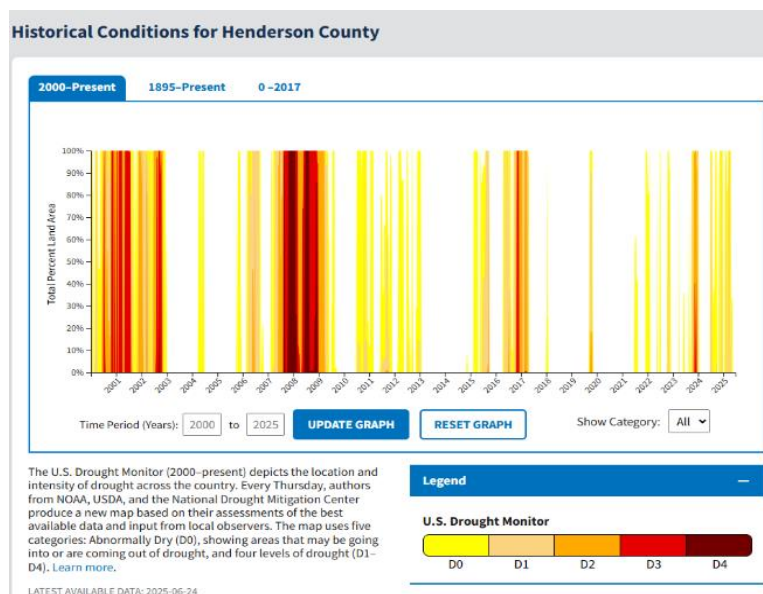


Figure 2. Annual number of Heatwave and Extreme Heat Days in the 18-counties of WNC, 1991 to 2023. **Heatwave** was defined as 3 or more consecutive days, during which the temperature reached the 90th percentile for those days. **Extreme Heat days** are defined as individual days when the temperature exceeds the 95th percentile. Source: PRISM Climate Group. Data: PRISM.

Extreme heat not only poses direct risks such as heatstroke but also exacerbates existing health conditions like heart disease and respiratory illnesses<sup>6,10</sup>. WNC, like the rest of North Carolina, has been

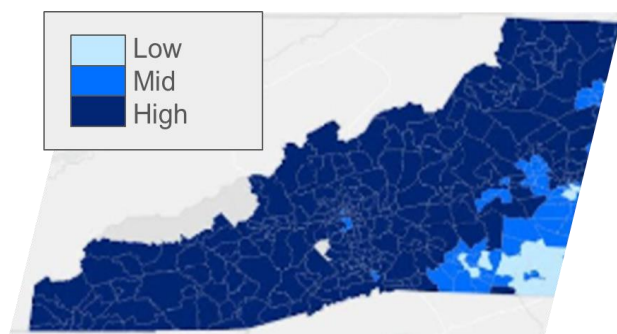
experiencing increasing heat index values, warmer nights, and more frequent heat waves from 1991–2023 (PRISM, 2024).

Despite WNC's typically humid climate, Henderson County has also faced periods of exceptional drought. These droughts not only affect the farms in our community, but decreased groundwater levels and streamflows can trigger a significant wildfire season<sup>24</sup>.



In 2023, the Poplar Drive Wildfire burned approximately 494 acres in Henderson County. At around the same time there were two additional wildfires in the area, including the Collett Ridge Fire, 5,505 acres, and the Black Bear Fire, 2,008 acres (2023 Henderson County SOTCH). In March of 2025 the Black Cove Complex Wildfire in Polk and Henderson Counties burned 7,670 acres, impacting 371 acres in Henderson County, with over 600 firefighters mobilized from as far away as the pacific northwest<sup>29</sup>.

It is anticipated that the damage from Helene will impact WNC Wildfires for years to come. Wildfires pose health risks through direct exposure to flames and smoke, which can exacerbate respiratory and cardiovascular conditions, and even cause premature death<sup>7</sup>, highlighting the need for continued attention to fire prevention and response.



Flood risk in this region is high (Figure 4), and the region's unique topography further amplifies this vulnerability. Communities located near rivers, streams, and low-lying areas are particularly at risk. Preparing for and mitigating the impacts of floods is a crucial aspect of safeguarding community health.

Figure 4. Flood Risk in North Carolina at the ZCTA level. Sources: First Street Foundation. Data: FIRMs, USGS DEMs, NOAA, NHD. We acknowledge Sarah Ulrich for her mapping expertise.



# Hurricane/Tropical Storm Helene

## The Impact of Hurricane Helene on Western North Carolina

Hurricane Helene brought unexpected and lasting challenges to communities across Western North Carolina. Hurricane Helene, the third-deadliest hurricane of the modern era, caused over 200 deaths, with nearly half of them in North Carolina<sup>23</sup> and 12 reported deaths in Henderson County. Early estimates suggest the economic losses from Helene could exceed \$50 billion<sup>55</sup>. A total of 25 counties in North Carolina were included in the federal disaster declaration following Hurricane Helene, 14 counties located within the WNC Healthy Impact Region (Buncombe, Clay, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Transylvania and Yancey.) The Eastern Band of Cherokee Indians (EBCI) was also included in the disaster declaration<sup>52</sup>.

While this Community Health Assessment (CHA) is based on data collected before the hurricane, it is important to recognize how this disaster has affected and will continue to affect many aspects of health in the region. Natural disasters like hurricanes do not just cause immediate physical harm—they also impact long-term health, the environment, and the economy<sup>55</sup>.

Storms disrupt access to healthcare, damage homes and infrastructure, and cause financial hardship for many families<sup>21</sup>. Some communities faced greater challenges than others. People with lower incomes, older adults, individuals with disabilities, and those without stable housing were affected the most<sup>83</sup>. Many families lost wages due to business closures, and some small businesses struggled to recover. The stress of these losses can lead to mental health challenges, including anxiety and depression<sup>51</sup>.

Environmental factors also changed due to the hurricane. Floodwaters can spread disease and pollutants, affecting drinking water and air quality<sup>74</sup>. Mold in homes and buildings can make respiratory conditions worse. In some areas, roads and bridges were washed out, making it harder for people to reach doctors, pharmacies, and grocery stores<sup>83</sup>.

Morbidity and mortality rates have been significantly impacted by the storm, with some individuals dying from injuries sustained during the hurricane. Others have faced ongoing medical issues due to limited healthcare access, prolonged stress, and the challenging recovery environment<sup>43</sup>. Communities in WNC continue to work



toward recovery, but the devastating effects of Hurricane Helene will be felt for years to come. Each county in Western North Carolina has been affected in different ways.

### Henderson County-Specific Impact:

As of June 2025, Henderson County remains in a State of Emergency due to Hurricane Helene. The State of Emergency is still in effect for the Town of Fletcher, Town of Laurel Park, Village of Flat Rock, Town of Mills River, and the City of Hendersonville. The State of Emergency will continue until emergency service officials advise otherwise. Travel restrictions were still in place for Highway 64, Highway 74, and Highway 9 near Bat Cave and Gerton.

Henderson County had 12 Helene related deaths, 6 from flooding, 2 from landslides, 1 accident during disaster cleanup, and 3 medical complications post-storm<sup>14,33</sup>.

### Rainfall, Floods and Landslides:

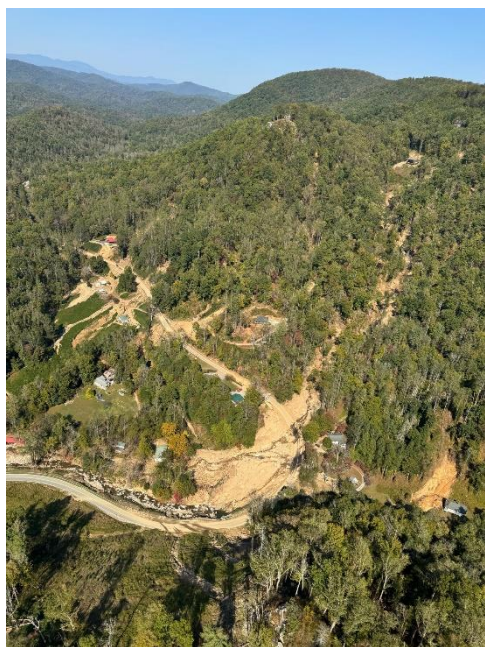
On September 26, 2024, before Hurricane Helene reached the area, Henderson County received approximately seven inches of rain that was already causing flooding conditions. Approximately 15 to 22 inches of rain fell in Henderson County from Helene with the largest rainfall occurring along the Blue Ridge Escarpment (Bat Cave/Hickory Nut Gorge) and eastern portions of Henderson County<sup>14</sup>. Rivers surged to record levels causing extensive flood damage throughout the county. With these record flood levels, the landscape of the area has changed for many rivers and waterways.



\*North Fork Mills River Before Helene  
(The Nature Conservancy)



\* North Fork Mills River After Helene



*Multiple Landslides and mudflows in Bat Cave, NC – USGS 10/13/2024*

Landslides caused by excessive rainfall and flooding from Helene also had a devastating impact on the region. The USGS reported 2,217 landslides for WNC<sup>22</sup>. In Henderson County, 228 landslides had been identified. Some of the bigger landslides identified included Finley Cove Road, David Mountain Road, Middlefork Road, Green River Cove, and Pleasant Grove Church Road<sup>14</sup>.

Bat Cave, Henderson County, is a part of the Blue Ridge Escarpment/ Hickory Nut Gorge, and suffered extensive damage due to landslides and flooding, where the river carved an entirely new channel and has shifted onto what had been U.S. Highway 64. The Bat Cave Preserve had two large landslides and over 30 acres of forest blowdown<sup>77</sup>.



*Hickory Nut Gorge— Bat Cave/Chimney Rock, Looking towards Lake Lure, before and after Helene (The Nature Conservancy)*

### Emergency Response

Henderson County declared a State of Emergency, activated the county's Emergency Operations Center, and opened an emergency shelter on September 26, 2024, before Hurricane Helene reached the area.

Friday, September 27, 2024, a boat shuttle was set up to help move patients from the south side of the county, which was essentially cut off from the rest of the county to the hospital to receive care if needed. The county contemplated the need to set up a field hospital on Highway 176 to treat patients.



Local emergency responders, other emergency agencies, and county employees remained in rescue mode, most working 12 days straight. National Guard and other Emergency Agencies arrived on September 28<sup>th</sup> to assist with the devastating flooding and downed trees. A second emergency shelter was opened by county employees. By September 30<sup>th</sup>, Henderson County performed 17 rescue missions and over 100 people were rescued from Bat Cave. Helicopter extractions and rescues continued for the Bat Cave and Hominy Branch areas for several days. At one point, there were up to 30 aircraft operating simultaneously to provide rescue and aid to residents. Over 200 State National Guard and Air Guard troops operated in the county<sup>17</sup>.

The Henderson County 9-1-1 call center received 4,743 calls throughout the storm, 1,521 of those calls were during the 24-hour storm period. The intense barrage of calls lasted for days, and at the height of the storm, 9-1-1 dispatch had every console full, with extra people sitting on the floor answering calls. At one point during the storm, the 9-1-1 call center was just 15 calls short of 1,000 active calls on the screen at the same time<sup>17</sup>. Between September 27, and September 30, 2024 Henderson County received 1,849 9-1-1 calls related to Helene. Call reasons included 549 downed trees, 238 rescue calls, 159 downed power lines, 69 individuals with breathing problems (many due to running low on oxygen due to the power outages), 39 assist invalid, 25 traumatic injuries, 20 collapse/entrapments, and 15 gas leaks. There were over 900 calls for welfare checks<sup>14</sup>.

### Shelters and Resource Hub/Distribution Sites

Before Hurricane Helene arrived in the area, Henderson County opened the first emergency shelter at Henderson County Athletics and Activities Center (AAC). With continued rescue and recovery efforts, a second emergency shelter opened at Edneyville Elementary School on September 28, 2024<sup>17</sup>. The largest shelter was located just over the county line, in Buncombe County at the Western North Carolina Agriculture Center, with 300 beds and space for pets.

The Edneyville Elementary School Shelter closed first as residents were able to find alternative housing, return to their own home, or able to apply for assistance through FEMA and move to a hotel. AAC Shelter stayed open until October 24, 2024 and the



WNC Ag Center stayed open to WNC residents until November 10, 2024.

Six Resource Hubs were set up throughout the county distributing bottled water, food, personal hygiene items, clothing and even

hot meals at 4 locations. By early October, the county leased a warehouse to serve as the main distribution resource hub, McAbee Court Resource Hub, and partnered with area non-profits, food pantries, agencies and organizations, and local churches to disseminate resources to residents in need. National Guard Troops assisted with supply distribution and managing the resource hub<sup>17</sup>.

The McAbee Court Resource Hub distributed over 20,000 boxes of supplies and 208 bulk orders to partners. The county distributed supplies to seven other WNC counties in need. By mid-November 2024 the resource hub had a daily average of 5 pallet orders, 4 other orders, 17 AmeriCorps members, and 4 Volunteers assisting<sup>14</sup>.

### **Power and Internet Access**

At the storms peak, less than 100 of the 69,292 Duke Energy customers in the county had power, with the focus on restoring power to critical locations such as hospitals, 9-1-1 facilities, and water and sewer treatment facilities for the first few days<sup>17</sup>. 50% of customers had power restored 7 days post storm and 90% restored 12 days post storm. Some of the last customers to have power restored in the Carolinas were in the Bat Cave and Gerton area of Henderson County. These areas were severely impacted by landslides, making restoration impossible without work from NCDOT and other partner agencies<sup>14</sup>.

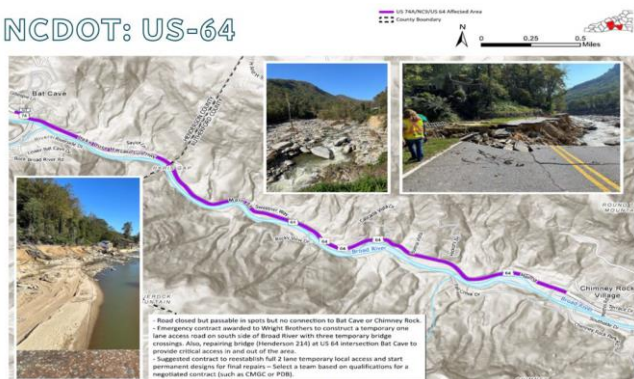
Over 24,000 personnel from 32 states and 4 Canadian provinces deployed across the Carolinas to repair and rebuild damaged infrastructure. Over 2,700 personnel supported Henderson County. Duke Energy replaced more than 14,000 power poles, 11,000 transformers, 30,000 crossarms. These totals were unprecedented compared to the historic ice storm in 2002, where 3,000 poles and 2,000 transformers were replaced<sup>14</sup>. Over 120 individuals from all over the country came to assist with restoring internet access, with 85% restored two weeks after Helene<sup>14</sup>.

### **Roads and Bridges**

Henderson County had 839 total road repair sites with an estimated repair cost of \$275 million, and 53 damaged bridges reported to NCDOT<sup>17</sup>. There were 23 state roads with significant damage, 38 state bridges damaged with 17 of those needing replacement, and 668 private roads and bridges needing repair<sup>14</sup>. In November 2024, 185 roads were still not passable by vehicle. By February 2025, 500 road sites and 27 bridges had been repaired, with some completed projects still needing guardrails, seeding and pavement markings<sup>17</sup>.

As of April 2025, travel to Bat Cave, Hickory Nut Gorge, is restricted to residents and recovery efforts. There is still restricted travel along Highway 64, Highway 74 and Highway 9 in the Bat Cave and Gerton areas of Henderson County<sup>17</sup>.

NCDOT: US-64



NCDOT: US-74A

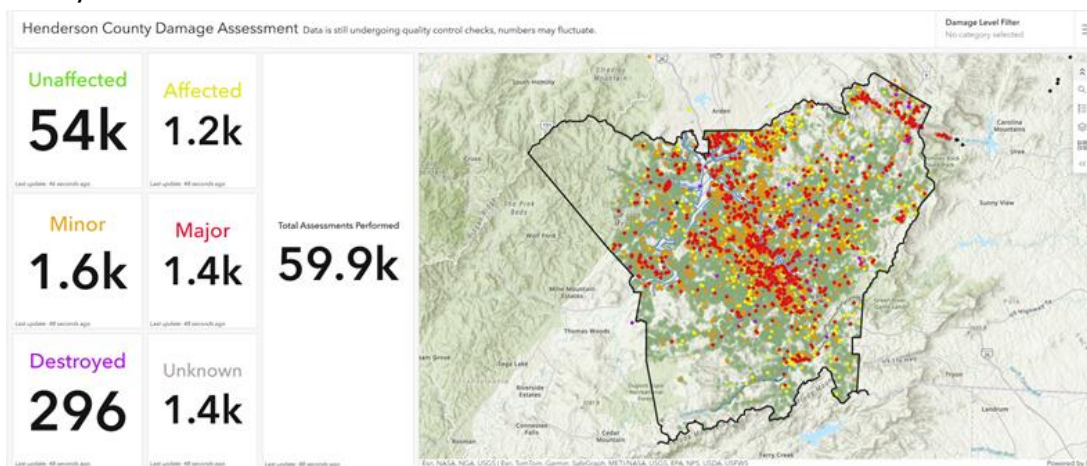


## Water and Wastewater Damage

Helene severely impacted infrastructure, including the water and wastewater treatment plants in the city of Hendersonville. At the height of the storm, the Mills River intake, which supplies 60% of Hendersonville's water, was completely underwater. Many other water facilities were underwater with no power, including the wastewater plant and several pump stations. As of October 7, 2024, 92% customers have clean, fresh drinking water (5.5% of those under a system pressure advisory), 879 customers in Hoopers Creek area were without water, 99 out of the 113 facilities (pump stations, hydro stations, and tanks) were fully operational, and the Etowah Community never lost water<sup>17</sup>.

## Structures and Housing

Helene caused significant damage to structures including homes, with initial estimates of hundreds of structures damaged or destroyed. Henderson County Emergency Management performed 59,900 structure assessments. As of January 2025 found 1,200 affected, 1,600 minor damage, 1,400 major damage, and 296 destroyed<sup>14</sup>.





Housing issues are compounded by limited resources. As of December 2, 2024, 27,326 Henderson County residents applied for FEMA Individual Assistance. Of those, 18,998 were homeowners, 8,278 renters, and 268 for flood policy claims. During the same time frame, the county had 333 families (738 people) checked in various hotels as part of the TSA Program. Transitional-Sheltering Assistance (TSA) is a FEMA program that provides eligible disaster survivors with temporary, short-term accommodations for eligible applicants when other housing options are not available and/or while working on long-term housing<sup>17</sup>.

### Agricultural Impact

Henderson County Cooperative Extension Office sent out an Agricultural Impact Survey to over 1,000 people/farms in October 2024. The surveys returned accounted



*The Asheville Citizen Time:  
Henderson County Farms, Orchards wiped out by Helene*

for an estimated 80% of Henderson County farm acreage. Over half of these farms have sales less than \$5,000. Data included loss of crops, equipment, infrastructure (fencing, roads, culverts, bridges, and buildings), revenue, and tree/plant loss. The survey reflected \$38.5 million for loss of crops, \$15,080 livestock losses, \$42,262 honeybee losses, \$5.9 million stored product losses, and \$11.8 million additional

losses. Additional losses include \$61.8 million in infrastructure losses, \$10.5 million in Agritourism Losses, and \$6.5 million in estimated future year losses. (W. Kelley, personal communication, February 2024)

The loss of food crops and almost 55,000 apple trees is concerning considering increase in food insecurities and issues accessing healthy fresh fruits and vegetables.

### Education/School Systems

Henderson County Public Schools (HCPS) lost 13 school days due to Helene (closed September 26 to October 15, 2024). After Helene, HCPS immediately provided support to the community. Four schools, East Henderson High, North Henderson High, Rugby Middle, and Etowah Elementary, were utilized as resources hubs to provide water, food and supplies to residents, Sugarloaf Elementary opened for donations and supply pickups, and Edneyville Elementary School served as a temporary emergency



shelter. HCPS delivered fuel using their mobile fuel truck, opened the PSPM Childcare for emergency management personnel and hospital employees, utilized 9 minivans to deliver supplies to families who could not reach distribution hubs. HCPS staff checked in with each family to see how they were, and where they are, and what needs they may have. All families were accounted for, with a just a few having to relocate out of county. HCPS reported approximately \$2m in damages from Helene. Atkinson Elementary sustained the most damage, with students relocating temporarily to another school campus<sup>17</sup>.

### Ongoing Tropical Storm Helene Recovery

Henderson County Disaster Recover Center (DRC) opened October 16, 2024. The county leased a large space for the DRC with the intent to create a shared location for federal, state, and various local resources to offer assistance and resources to residents. Henderson County assigned two county employees to serve as co-managers to create and maintain the intended all-inclusive DRC<sup>20</sup>.

Between October 16, 2024, and June 12, 2025, there were 13,429 visits to the DRC for FEMA Individual Assistance. The DRC provided four community resource fairs in November 2024. 42 federal, state, and local agencies/organizations that offer assistance beneficial for residents impacted by Helene were invited to attend and an estimated 865 visits from residents were made during the four resource fairs. Other events and additional resources provided at the DRC included two Legal Clinics providing 68 consultations to residents, on site information and 72 applications for the HMGP, and 667 visits for Debris Tech (Personal Property Debris Removal) applications<sup>20</sup>.

Henderson County Department of Social Services utilized the DRC to provide in-person application and interviews for the Disaster SNAP application window. D-Snap is a program that provides short-term funds for food in disaster declared areas. Residents that do not normally receive or qualify for SNAP benefits may qualify for D-SNAP. The application window was October 18-24, 2024. During this 7-day window, 8,323 residents came through the DRC for D-SNAP. Overflow parking had to be established, and at one point county department heads were called in to assist with parking and traffic flow<sup>20</sup>.

Nearly 800 FEMA employees had been deployed to Henderson County by early November to for various recovery projects. The Henderson County DRC was the 2<sup>nd</sup> largest in WNC, with over 30 FEMA employees and additional state and local resources there to assist residents during the first few weeks of recovery. This DRC

remained the second largest and busiest in the region, as of June 2025 this location is still open to residents<sup>20</sup>.

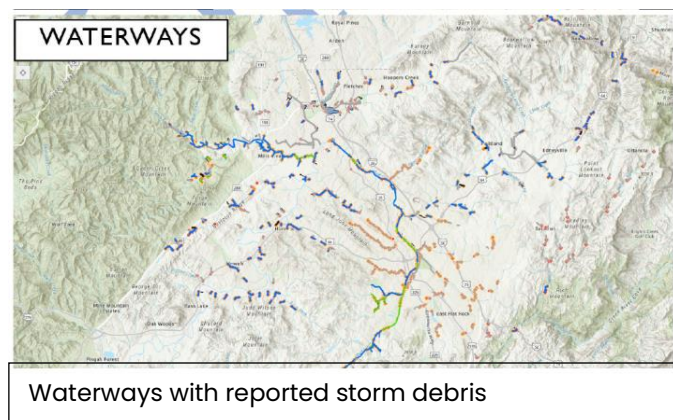
**United Way of Henderson County** is leading long term recovery efforts. More information can be found at <https://sites.google.com/view/hcltrg/home>

**Hickory Nut Gorge Recovery Plan**—brings together the Gerton and Bat Cave communities. More information can be found at <https://www.hendersoncountync.gov/planning/page/hickory-nut-gorge-recovery-plan>

### Henderson County Helene Storm Debris Removal

Debris cleanup efforts will take a couple of years to complete due to the vast amount of debris generated by TS Helene. There are three storm related debris projects, roadside storm debris, private property debris removal, and waterway debris.

Over 600 in-person applications have been received as of April 2025 for Personal Property Debris Removal (PPDR), which has guidelines provided by FEMA that must be followed to be eligible for cost reimbursement. Typically, PPDR is only available to private individual properties, however due to the scale of Helene, FEMA and the state has opened the program to some commercial properties based on certain program guidelines. The type of approved PPDR includes private waterways (minor restoration



and debris cleanup), removal of hazardous limbs, trees, or other mixed debris caused by Helene, and private roads that are not covered under the roadside debris project. Demolition and removal of structures that are a health hazard, deemed unfit/unsafe, and may not be recoverable, or are in danger of collapse<sup>20</sup>.

Henderson County has 5 debris sites: 2 in Mills River, 1 Blue Ridge Community College, 1 Ridge Road, and 1 McAbee Road. As of April 2025, over a million cubic yards (cy) of storm debris have been removed. Nearly 500,000 cy from roadside debris (estimated to be only a third of the volume), 15,500 tree cuts, 7,705 cy Private Property Debris Removal and 1,487 cy from waterways<sup>17</sup>.

### **Hazard Mitigation Grant Program**

Hazard Mitigation Grant Program (HMGP): funded 75% FEMA and 25% state  
As of March 2025, 3,104 applications were received, 30 of which were for landslides.  
Potential projects include home acquisitions (optional buyout program) structural elevations and land stabilization projects. Local government boards will have final approval of applications for eligible properties<sup>20</sup>.

### **Financial Impacts**

Helene Update, Henderson County Board of Commissioners: April 7, 2025<sup>17</sup>

Personnel Costs: \$3,141,855.04

Debris Management and Monitoring: \$9,499,981.20

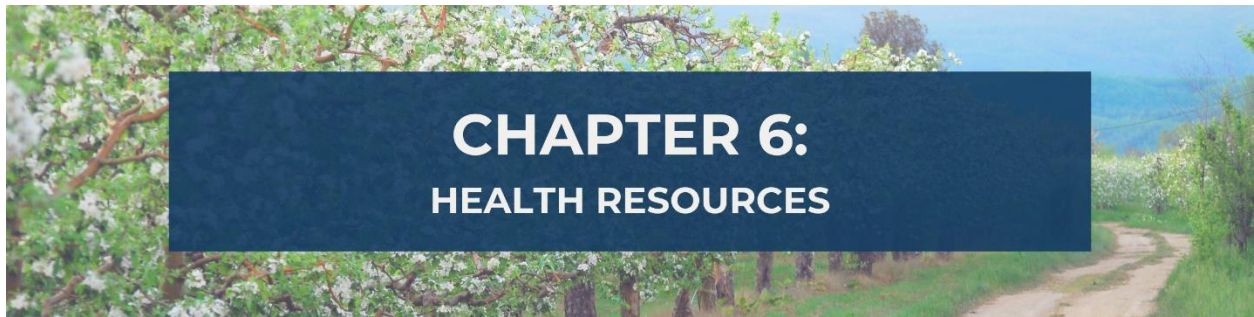
Other Disaster Response: \$2,130,520.65

Donations \$104,628.30

Resource Distribution Warehouse and DRC building cost: \$930,000

### ***Hendersonville City Disaster Response Story Map:***

<https://storymaps.arcgis.com/stories/b62776520a464c1cb88b09e72e2d416b>



## CHAPTER 6: HEALTH RESOURCES

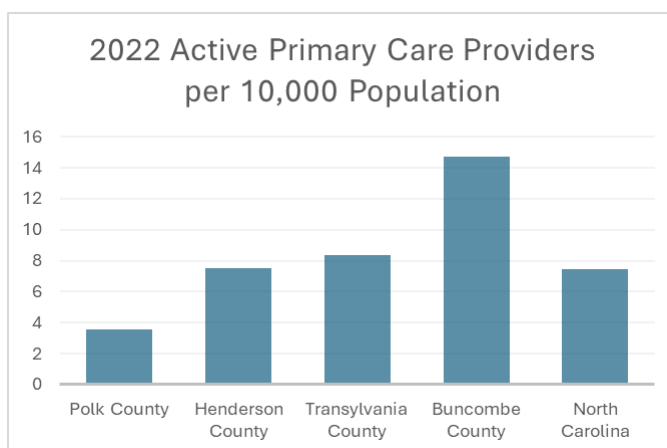
### Process

An inventory of available resources of our community was conducted through reviewing existing resources currently listed in United Way's 2-1-1 database for Henderson County. This resource list was provided by WNC Healthy Impact and was reviewed for any needed changes. Where gaps were identified, we partnered with 2-1-1 to fill in or update this information when applicable. 2-1-1 is a free, confidential service available 24 hours a day. It can be accessed online at [www.nc211.org](http://www.nc211.org) or by calling 2-1-1.

### Findings

Henderson County has two major hospitals, a federally qualified health center, a free clinic, a hospice and palliative care agency, a public health department, and numerous health care providers of various specialties.

The NC Health Professions Data System (NCHPDS) reports that in 2022 there were 7.5 primary care physicians per 10,000 residents in Henderson County, slightly higher than the regional average of 6.33, and similar to the state average of 7.42 per 10,000.



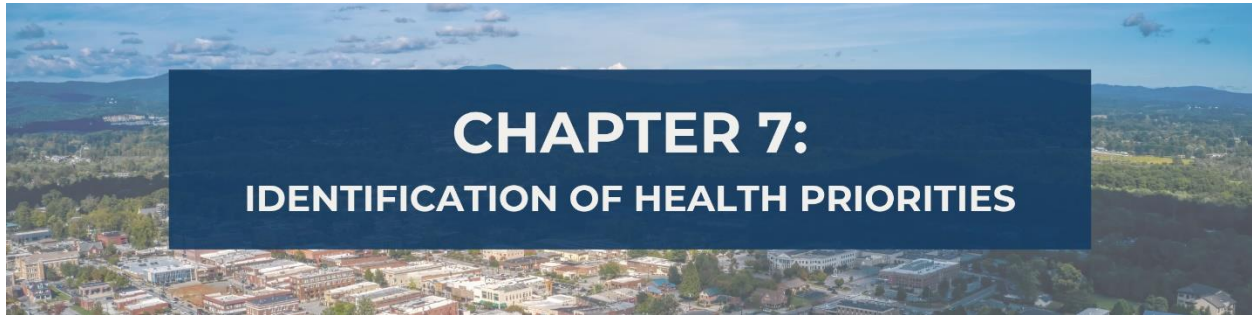
However, Henderson County still has fewer Primary Care Providers per 10,000 residents than its closest neighbors: Transylvania (8.36) and Buncombe (14.69) Counties. The NCHPDS also reports Henderson County has 5.29 Dentists per 10,000 residents, just lower than the state average of 5.52, and much lower than Buncombe County's rate (8.09).

Just over 20% of Primary Care Physicians and close to 10% of Dentists in Henderson County are over the age of 65, reflecting a need for new providers in our community to meet the growing population.

## Resource Gaps

Henderson County has a wealth of health resources available; however, there are gaps that need to be addressed. Many of these gaps were also identified in the previous Community Health Assessment in 2021. And while much has been done in the last 3 years to try to “close” some of these gaps, still more work needs to be done. The following is a list of gaps identified through community and stakeholder surveys, focus groups:

- Safe and affordable housing
- Access to medical/mental health care
- Public transportation
- Mental health providers, particularly those that speak Spanish
- Access to dental care
- Living wage
- Affordable childcare
- Access to healthy foods
- Access to sidewalks/bike paths/alternative transportation options



## CHAPTER 7: IDENTIFICATION OF HEALTH PRIORITIES

### Identification Of Community Health Issues

Every three years we take a fresh look at all the current data from Henderson County that reflects the health of our community. We then use this information to help us assess how well we're doing, and what actions we need to move forward.

#### Data Review and Initial Shortlist

Beginning in March 2025, the Henderson County CHA Data Team spent time reviewing and analyzing the compiled primary and secondary data to uncover what issues were affecting most people in our community. Our key partners, listed in the Executive Summary, reviewed this data collectively, discussing the unique facts and circumstances impacting our community.

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

- Data is related to past health priorities
- Data reflects health concerns identified by key informants
- Issue aligns with Healthy North Carolina 2030 Indicators
- Data reflects a concerning trend related to size or severity
- Significant disparities exist
- Issue surfaced as a topic of high community concern
- County data deviates notably from the region, state or benchmark

During the health priority identification process, the CHA Data Team identified the following health issues and related indicators as significant concerns. Visit [www.wnchn.org/wnc-data/regional-data/](http://www.wnchn.org/wnc-data/regional-data/) to request and download the full WNC Dataset containing these indicators and their sources.

*(listed alphabetically)*



### Alzheimer's Disease & Dementia

- In 2050, 13.7% of the population is projected to be aged 65 to 75; 11.6% ages 75 to 84, and 6.7% ages 85+
- Alzheimer's Disease mortality rate continues to be higher in women
- Alzheimer's Disease is the 7<sup>th</sup> leading cause of death
- 96.6% Key Informants identified Dementia/Cognitive Decline as a moderate to major health problem
- 233 residents died as the result of an unintentional fall, 94% of these occurred in the population aged 65+
- 69% of Key Informants identified Unintentional Falls as a moderate to major health problem

### Cancer

- The mortality rate slightly increased to 144.7 per 100,000
- Cancer incidence rate is higher than WNC and NC
- Cancer is the 2<sup>nd</sup> leading cause of death
- 90.3% of Key Informants identified Cancer as a moderate to major health problem

### Cardiovascular & Cerebrovascular Diseases

- Heart disease is the 1<sup>st</sup> and stroke is the 4<sup>th</sup> leading cause of death, mortality rate 146.9 per 100,000
- 93.3% of Key Informants identified Heart Disease and Stroke as a moderate to major health problem
- Heart Disease mortality rate continues to be higher in men and Black/African Americans (rates per 100,000: white 151.1, white male 193.9, white female 115.6, black 213.6, black male 248.5, black female n/a due to fewer than 20 cases)
- 44% of adults reported having high blood pressure
- 38.8% of adults reported having high blood cholesterol

### Diabetes

- 13.4% of adults reported having borderline or pre-diabetes
- 9.1 % of adults reported having diabetes, 15.2% Hispanic and 13.5% Black compared to 8.5% White
- The Diabetes mortality rate is increasing, 16.9 per 100,000 in 2022 compared to 11.2 per 100,00 in 2015
- Diabetes is the 9<sup>th</sup> leading cause of death
- 96.8% of Key Informants identified Diabetes as a moderate to major health problem

## Equity

- 14.6% of adults disagree that the community is a welcoming place for people of all races and ethnicities (14.2% Hispanic, 11.2% Black, 14.5% White, and 37.1% LGBTQ+)
- 5.9% of adults were often/sometimes threatened or harassed in the past year (5.6% Hispanic, 3.8% Black, 5.7% White, and 15.5% LGBTQ+)
- 4.5% of adults often/sometimes were treated unfairly when getting medical care in the past year (11.3% Hispanic, 4.6% Black, 3.9% White, 11.7% LGBTQ+)
- 3.7% were treated unfairly at school in the past year (10.2% Hispanic, 11.9% Black, 2.6% White, and 5.3% LGBTQ+)
- 18.1% experienced negative physical symptoms in the past month as a result of any unfair treatment (25.2% Hispanic, 20.7% Black, 17.5% White, 26.2% LGBTQ+)
- Of those that experienced unfair treatment, race and appearance were the top two perceived reasons for the unfair treatment

## Housing

- 2021 CHA Health Priority and Healthy NC 2030 Indicator
- Healthy NC 2030 Indicator
- 40.2% of renters spend 30% or more of their household income on housing
- 25.8% of homeowners spend 30% or more of their household income on housing
- 2024 Rent Fair Market Value ranges from \$1,428 for an Efficiency/Studio to \$2,160 for a three-bedroom unit, one of the highest in WNC
- 30.4% of adults (54.2% Hispanic, 42.7% Black, and 27.4% White) are worried or stressed about paying rent or mortgage in the past year
- 13.9% of adults (24.5% Hispanic, 14.6 Black, and 12.5% White) lived in unhealthy or unsafe housing conditions in the past year
- 11.1% of adults (17.5% Hispanic, 19.6% Black, and 9.7% White) had a time in the past year when their home was without electricity, water, or heating
- 10.1% of adults (15.6% Hispanic, 15.3% Black, 9.5% White, and 20.6% LGBTQ+) had to live with a friend/relative in the past three years due to a housing emergency
- 4% of adults (4.1% Hispanic, 12.4% Black, 3.4% White, and 7.9% LGBTQ+) lived on the street, in a car, or in a temporary shelter in the past three years
- 176 homeless individuals were counted in the annual point-in-time count in 2024
- As of January 2025, an estimated 60,000 structures were assessed by Henderson County Emergency Management, 3,000 with minor to major damage and 296 destroyed due to Tropical Storm Helene.

## Interpersonal Violence

- 2021 CHA Health Priority
- 76.7% of Key Informants identified Injury and Violence as a moderate to major health problem
- 661 hotline crisis calls were received at Safelight (FY 2022-2023)
- 912 clients were served by Safelight (FY 2022-2023)— 21% under the age of 18, 82% female, and 6% Hispanic
- 7.4% of CHA survey participants reported that a member of their household has been the victim of abuse and/or exploitation in the past three years
- Domestic violence often increase after disasters (like COVID-19 and Tropical Storm Helene)

## Mental Health/Suicide

- 2021 CHA Health Priority
- Healthy NC 2030 Indicator
- 100% of Key Informants identified Mental Health as a moderate to major health problem
- 96.8% of Key Informants identified Suicide as a moderate to major health problem
- 24.9% of adults are currently receiving mental health treatment
- 16.5% of adults did not get needed mental health services in the past year (21.4% Hispanic, 18.2% Black, 15.6% White, and 31.5% LGBTQ+)
- 63.7% of adults “always” or “usually” get the social/emotional support they need
- 15.4% of adults had more than 7 days of poor mental health over the past month (12.6% Hispanic, 20.5% Black, 17.8% White, and 43.7% LGBTQ+)
- 10.3% of adults are dissatisfied with life (16.5% Black and 23.8% LGBTQ+)
- 8.4% of adults considered suicide in the past year (31% LGBTQ+)
- 15% of adults with children in the home “always” or “usually” worry or stress about their child’s mental/emotional health in the past year (29.9% “sometimes”)
- Suicide mortality rate 19.0 per 100,000, almost 41% higher than NC
- Gender disparity in suicide mortality rates (males 30.0 per 100,000, females 8.7 per 100,000)
- 8 children ages 10-17 died by suicide between 2019 and 2023, three of the 8 were in 2023

## Obesity

- 2021 CHA Health Priority (Physical Activity & Nutrition)
- Healthy NC 2030 Indicator
- 96.9% of Key Informants identified Obesity as a moderate to major health problem
- 21.7% of adults reported no leisure-time physical activity in the past month (37.7% Hispanic, 74.4% Black, and 17.2% White)
- 29% of adults meet physical activity recommendations (22.5% Hispanic, 12.2% Black, 30.1 White)
- 64.4% of adults are overweight or obese (BMI 25.0 or higher)
- 30.2% of adults are obese (BMI 30.0 or higher) (41% Hispanic, 19.2% Black, 29.8% White)
- 4.5% of adults consume five or more servings of fruits/vegetables per day (2.8% Hispanic, 1.8% Black, 4.9% White)
- 24.1% of adults ran out of food, or worried they would run out of food in the past year (food insecure) (53.3% Hispanic, 45.9% Black, 20.4% White, and 43.5% LGBTQ+)
- 30 farms lost due to Tropical Storm Helene, including 54,699 apple trees, and an estimated total agricultural loss of \$169,117,522 due to Tropical Storm Helene

## Respiratory Diseases

- Chronic Lower Respiratory Disease 6<sup>th</sup> leading cause of death
- 76.7% of Key Informants identified Chronic Lung Disease as a moderate to major health problem
- 48% of Key Informants identified Respiratory Disease as a moderate to major health problem
- 37% of Key Informants identified Asthma as a moderate to major health problem
- Prevalence of adults with Asthma and Chronic Obstructive Pulmonary Disease has increased in Henderson County
- Increase of tobacco use in adults

## Substance Use

- 2021 CHA Health Priority
- Healthy NC 2030 Indicator
- 100% of Key Informants identified Substance Use as a moderate to major health problem
- 13.3% of adults currently smoke cigarettes (8.7% Hispanic, 20.2% Black, 13.4% White and 8.4% LGBTQ+), 37% more than in 2021

- 8.5% of adults currently use vaping products (10.4% Hispanic, 35.9% Black, 7.1% White, and 10.6% LGBTQ+), 150% more than in 2021
- 17.5% of adults binge drink (men consuming 5+ alcoholic drinks or women consuming 4+ alcoholic drinks on any one occasion in the past month)
- 22% of adults excessive drinking in the past month (on average per day, men have 2+ drinks or 1+ drink for women OR on a single occasion 5+ for men or 4+drinks for women during the past 30 days)
- 31% of fatal vehicle crashes in 2023 were alcohol related
- 10% of adults used a prescription opioid in the past year, with or without a prescription
- 47.1% of adults' life has been negatively affected by substance use (by self or someone else) (44.8% Hispanic, 32.8% Black, 48% White, and 73.2% LGBTQ+)
- Unintentional poisoning mortality rate, while lower than WNC and NC, is at its highest with a rate of 30.1 per 100,000
- 84.4% of overdose deaths in 2023 involved an illicit opioid

## Community Engagement and Prioritization

Once our team made sense of the data, they considered the severity of the issue, the relevancy of the issue, and the feasibility in improving the issue. The team decided to recognize “Chronic Disease” instead of dividing out the individual diseases, and then acknowledge that lifestyle modifications, such as physical activity and nutrition, are often the most utilized strategies for disease management and risk reduction.

“Chronic Disease” includes Alzheimer’s Disease, cancer, cardiovascular/cerebrovascular diseases, Diabetes, obesity, and respiratory diseases. Equity was also discussed throughout each health issue. This allowed for five top health issues to present to the community. Chronic Disease, Housing, Interpersonal Violence, Mental Health & Suicide, and Substance Use.

## Priority Health Issue Identification

### Process

The five health issues, agreed on from the “data short list” described above, was presented to the community via the Community Health Forum on May 7, 2025. The Forum attendees included Henderson County Partnership for Health and guests. This included a wide range of partners and community members. (see full list in Appendix G)

The Community Forum participants then took the time to discuss the data and its implications for our community in small groups. The full Community Health Forum

Data Presentation can be found in Appendix B. Participants wrote key discussion highlights for each of the five health issues on flip chart paper.

Next, the small group discussion highlights were displayed around the room by health issue. Participants were given the time to walk around to review what others had to say about each topic and speak with others that were not assigned to their table.

The Community Forum participants used the presented data and discussions to score each issue using a set of criteria to finalize the health priorities for our community for the next three years. The criteria used were:

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

**Impact:** What will we get out of addressing this issue? (*Availability of solutions/proven strategies; Builds on or enhances current work; Significant consequences of not addressing issue now*)

**Feasibility** Can we adequately address this issue? (*Availability of resources – staff, community partners, time, money, equipment – to address the issue; Political capacity/will; Community/social acceptability; Appropriate socio-culturally; Can identify easy, short-term wins*)

Participants used a modified Hanlon method to rate the presented health issues. (see prioritization tool used in Appendix B). Then, using the criteria listed above, ranked the five health issues from the #1 Health Issue to the #5 Health Issue via an online Microsoft Form. The top three ranked health issues would be the three health priorities for the 2024 CHA cycle.

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.

The Partnership for Health Coordinator presented the three chosen health priorities to the Board of Health on May 19, 2025.

### Identified Priorities

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

- Mental Health & Suicide
- Housing
- Chronic Disease



## Health Priority: Mental Health

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal-relationships, and the ability to contribute to community or society.

Mental health and physical health are closely connected. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery. Mental illness can affect anyone, of any age at any time in their lives. Even youth are not immune.

Mental health has been a CHA priority for Henderson County since 2003. Access and quality of mental health services have been a source of concern for many years. Over the last 20 years, changes to the mental health system have occurred, which have negatively affected those living with mental illness in our community, as well as their caregivers and other organizations that provide support for them.

### **What do the numbers say?**

The suicide mortality rate in Henderson County has been steadily climbing since 2002–2006 (11.2 suicides per 100,000 population), now at 19.0 per 100,000 per population (2018–2022), nearly 41% higher than the state. The gender disparity in suicide trends has remained stark with the male rate 3.5 times that of females. Suicide is now the 6<sup>th</sup> leading cause of death in Henderson County, and the 2<sup>nd</sup> leading cause of death among individuals ages 20–39<sup>71</sup>. The 2024 Henderson County Child Fatality Prevention Team reported in March 2025 that between 2019–2023, 8 children ages 10–17 years died by suicide. Three of those 8 deaths were in 2023.

The number of Henderson County residents served in an Area Mental Health Program drastically decreased from 2014 to 2015 from 3,250 to 1,497. Between 2015 and 2022 the number of residents has slightly increased every year with 2,146 residents in 2022<sup>34</sup>. Of note, decreased access does not necessarily equate to decreased need. The capacity of behavioral health providers in Henderson County is stretched, limiting the total number of individuals that can be served.

### **What did the community say?**

Responses to the 2024 Community Health Survey further demonstrated that mental health is now a concern in the community. 15.4% of adults said they had more than 7 days of poor mental health over the past month. 43.7% of the LGBTQ+ community reported more than 7 days of poor mental health within the past month, followed by Black (20.5%), White (17.8%), and Hispanic (12.6%). Further, 63.7% of adults responded that they “always” or “usually” get the social/emotional support they need. Nearly 25% reported they are currently receiving mental health treatment, including medication. Almost 17% of adults in Henderson County did not get needed mental health services in the past year. The LGBTQ+ (31.5%) community responded twice that of the White (15.6%) community, followed by Hispanic (21.4%) and Black (18.2%) communities<sup>97</sup>.

8.4% of the 2024 survey participants responded that they had considered Suicide in the past year, compared to 5.9% in 2021. The LGBTQ+ (31%) considered suicide in the past year three times more than others. The 2024 CHA asked survey respondents with children in the home about the frequency they worry or stress about their child’s mental/emotional health in the past year. 15% answered “always” or “usually” and 29.9% answered “sometimes”<sup>97</sup>.

### **Health Priority: Housing**

Safe and Affordable Housing has been a CHA Health Priority in Henderson County since 2015 and continues to be a concern for many. Considered a social determinant of health, housing can affect a wide range of health and quality of life outcomes. Everyone needs a place to live regardless of age, job, race, ability, income, or position in life. But not everyone has access to housing they can afford. The Department of Housing and Urban Development (HUD) defines “affordable housing” as consuming no more than 30% of household’s monthly income, including utilities. This is the maximum level a family should spend. Generally, when families or individuals spend more than 30% of their income on housing, they do not have enough income to withstand financial setbacks or meet other basic needs such as food, clothing, and medical insurance.

### **What do the numbers say?**

On average, Henderson County residents spend more on housing (rental and mortgage costs) as compared to the rest of the region. Both the median gross monthly rent and the median monthly homeowner costs in Henderson County are the second highest in the region, only behind Buncombe County. The five-year

estimates 2018–2022, 40.2% of people who rented homes in Henderson County were spending more than 30% of their household income on rental costs<sup>82</sup>. Of all people who own homes in Henderson County 25.8% are spending more than 30% of their household income on their mortgage<sup>86</sup>. Further, nearly 18% of renters and 10.8% of homeowners spend more than 50% of their income on housing costs. While the number of residents spending over 30% on housing has decreased slightly, the number of residents spending over 50% on housing has increased<sup>82,86</sup>.

The 2024 annual point-in-time count of the homeless population in Henderson County totaled 176 individuals. In 2021 the count dropped to 40, the lowest in 15 years, followed by the highest count of 197 individuals in 2023<sup>26</sup>.

### **What did the community say?**

Nearly a third of all respondents (30.4%) to the 2024 Community Health Survey reported that they have been worried or stressed about paying their rent or mortgage in the past year. Over half of the Hispanic (54.2%) respondents and 42.7% of the Black respondents have felt this way, as compared to 27.4% of White respondents<sup>97</sup>.

Almost 14% of adults reported living in unhealthy or unsafe housing conditions in the past year. 11% of adults reported having a time in the past year when their home was without electricity, water or heating (for any reason). Just over 10% of respondents have had to live with a friend or relative in the past three years due to a housing emergency. The number of respondents reporting they have lived on the street, in a car, or in a temporary shelter in the past three years nearly doubled from 2.3% in 2021 to 4% in 2024. Of these respondents, 12.4% Black compared to 4.1% Hispanic and 3.4% White and 7.9% LGBTQ+<sup>97</sup>.

As of January 2025, Henderson County Emergency Management assessed nearly 60,000 structures (including homes) for damage after Tropical Storm Helene. 3,000 structures had minor to major damage, 296 were destroyed and 228 landslides had been documented. From that point in time there were still 183 Henderson County residents in the FEMA TSA program<sup>14</sup>.

## Health Priority Chronic Disease:

The CHA data team recognized that chronic diseases are the leading causes of illness, disability, and death, and represent a significant portion of healthcare costs. There is a strong emphasis on preventing chronic diseases through healthy behaviors, lifestyle changes, and preventative medical care, as well as effectively managing existing chronic conditions to prevent complications. The most utilized strategy for disease management and risk reduction is lifestyle modifications, such as physical activity and nutrition. In past CHA cycles, Obesity was the top health priority identified in the 2012 CHA, the third in 2015 and renamed to Physical Activity and Nutrition for the 2018 and 2021 CHA.

### **What does the data say?**

Most of the top ten leading causes of death in 2022, along with many of the top morbidity issues, fall under the chronic disease category and can be improved with positive lifestyle changes. The data shows that men and people of color are the most at risk. Heart disease is now the #1 leading cause of death in Henderson County. Heart disease mortality rates are higher in the Black (213.6 per 100,000) community compared to the White (151.1 per 100,000); men also have a higher mortality rate (186.4 per 100,000) compared to females (113.9 per 100,000)<sup>71</sup>. While Henderson County has a slightly lower mortality rate (144.7 per 100,000) for cancer than the region and the state (157.4 and 152.1 per 100,000), the county has a higher incidence rate (481.6 per 100,000) compared to the region and the state (472.7 and 474.6 per 100,000)<sup>68,67</sup>. In 2022, Diabetes mortality rate (16.9 per 100,00) and prevalence (8.7%) is increasing, both at the highest in over a decade<sup>71</sup>.

### **What does the community say?**

In the 2024 CHA Survey, 11.1% of adults reported having “fair” or “poor” overall health. 44% reported having high blood pressure and nearly 39% have high blood cholesterol. When asked about BMI, 64.4% reported to be “overweight” with a BMI of >25.0, 30% with a BMI >30.0. 41% of Hispanic survey respondents reported a BMI of 30.0 or higher, compared to 19% Black and 30% White. 11% of adults have asthma compared to 7.3% in 2021. COPD increased to 11% of adults in 2024 from the 8.6% in 2021<sup>97</sup>.

Overall, 24.1% of adults in Henderson County are food insecure, meaning they ran out of food in the past year and/or worried about running out of food in the past year. When disaggregated, 53.3% of Hispanic and 45.9% Black adults were classified as food insecure compared to 20.4% White. Only 4.5% of adults are consuming the

recommended amounts (five or more 1-cup servings) of fruits/vegetables per day, 2.8% Hispanic, 1.8% Black and 4.9% White<sup>97</sup>.

About 21% of adults report participating in no leisure-time physical activity in the past month. 74.4% Black compared to the 37.7% Hispanic and 17.2% White responded they did not participate in leisure-time physical activity. 29% of adults reported they meet the physical activity recommendations of greater than or equal to 150 minutes of moderate-aerobic physical activity per week. Only 12.2% of black survey respondents met the physical activity recommendations compared to 22.5% Hispanic and 30.1% White. 41.2% self-reported they participate in physical activities or exercises that strengthen muscles at least 2 times per week. (31.8% Hispanic, 28.4% Black and 42.1% White)<sup>97</sup>.



## CHAPTER 8: NEXT STEPS

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*A healthy community works together to make it easier to make healthy choices. – Health Care Provider*

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### Collaborative Planning

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

The mental health action team has been established with regular meeting dates. The Partnership for Health will form action teams for housing and chronic disease. These action teams will work to develop action plans for addressing each of the health priorities as phase 2 of the community health improvement cycle.

### Sharing Findings

The 2024 Henderson County Community Health Assessment results will be shared with stakeholders, community partners, and the public in the following ways:

- Press release sent to local media outlets
- Presentations to the Henderson County Board of Health, Henderson County Partnership for Health, Henderson County Department of Public Health, and others upon request.
- An image containing a link to an electronic version of the CHA will be distributed to community partners for sharing via social media, email, newsletters, etc.



## Where To Access This Report

The 2024 Henderson County Community Health Assessment can be access in-person and online at the following locations:

- Henderson County Department of Public Health website: [www.hendersoncountync.gov/health](http://www.hendersoncountync.gov/health)
- WNC Health Network website: [www.wnchn.org](http://www.wnchn.org)
- Henderson County Public Libraries
- Printed copies are available upon request

## For More Information and To Get Involved

For more information or to serve on one of the 2024 Community Health Assessment Action Teams, please contact Juliana Whitaker, Community Health Assessment Lead at the Henderson County Department of Public Health.

Email: [Juliana.Whitaker@HendersonCountyNC.gov](mailto:Juliana.Whitaker@HendersonCountyNC.gov)

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## IMAGE CREDITS

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

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The Asheville Citizen Time: Farm Loss Helene

The Nature Conservancy – Helene Images North Fork Mills River before and after; Hickory Nut Gorge after. Available <https://www.nature.org/>

USGS Public Domain Images





# APPENDICES

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## **Appendix A—Data Collection Methods & Limitations**

## **Appendix B—Data Presentations**

- Community Health Forum Presentation
- Microsoft Forms: Community Forum Health Priority Ranking

## **Appendix C—County Maps**

## **Appendix D—Community Survey Findings**

- WNC Healthy Impact Survey Instrument/Questions
- Community Health Survey Results

## **Appendix E—Key Informant Survey Findings**

- WNC Healthy Impact Key Informant Survey Questions
- Henderson County Key Informant Survey Results

## **Appendix F—Handouts from CHA Community Forum**

- Data One-Pagers from 2024 Community Forum
- Prioritization Worksheet

## **Appendix G—Chart of CHA Process Participants**

## Appendix A—Data Collection Methods & Limitations

*See attached for:*

- Details of data methodology, survey administration and limitations

# Appendix A – Data Collection Methods & Limitations

## **Secondary Data Methodology**

To learn about the specific factors affecting the health and quality of life of residents of WNC, the WNC Healthy Impact Data Workgroup, WNC Regional Data Team, and Mountain DEEP identified and tapped numerous secondary data sources accessible in the public domain. For data on the demographic, economic and social characteristics of the region sources included: the US Census Bureau; NC Department of Health and Human Services; NC Office of State Budget and Management; NC Department of Commerce; UNC-CH Jordan Institute for Families; NC Department of Public Instruction; NC Department of Public Safety; NC Division of Health Benefits; NC Department of Transportation; and the Cecil B. Sheps Center for Health Services Research. The WNC Healthy Impact Regional Data Team made every effort to obtain the most current data available at the time the WNC Healthy Impact Dataset was prepared. It is not possible to continually update the data past a certain date; in most cases that end-point is August 2024. Secondary data is updated every summer in between Community Health Assessment (CHA) years.

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

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

Because in any CHA it is instructive to relate local data to similar data in other jurisdictions, throughout this report representative county data is compared to “like data” describing the 16-county region and the state of NC as a whole. The WNC regional comparison is used as “peer” for the purposes of this assessment. Where

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

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

### **Gaps in Available Information**

Some data that is used in this report may have inherent limitations due to the sample size, it's geographic focus, or it's being out-of-date for example, but it is used nevertheless because there is no better alternative. Very little data surrounding Hurricane/Tropical Storm Helene has been published. Local Helene data was largely gathered through official minutes from Henderson County Board of Commissioners Meetings: Helene Updates and personal communication with the CHA Lead.

## **WNC Healthy Impact Community Health Survey (Primary Data)**

### **Survey Methodology**

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

Professional Research Consultants, Inc. (PRC) designed and implemented the mixed-mode survey methodology, which included a combination of telephone (both landline and cell phone) interviews, online survey, as well as a community outreach component promoted by WNC Health Network and its local partners through social media posting, in-person events and other methods of communication. The survey methodology was designed to achieve a representative sample of the regional population that would allow for stratification by certain demographic characteristics,

while also maximizing data collection timeliness and efficiency. Survey sampling and implementation methodology is described in greater detail below.

### ***Survey Instrument***

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

WNC Health Impact Survey Questions available in Appendix D. The three additional county questions included in the 2024 survey were:

1. Have you worried or stressed about the child's mental and/or emotional health in the past year? (Asked of respondents with a child ages 0 to 17 years in the household)
2. Has a member of the household been the victim of abuse and/or exploitation in the past three years? (asked of all respondents)
3. Did the lack of childcare make it difficult to attend school, work or a doctor's appointment? (Asked of respondents with a child ages 0 to 17 years in the household)

### ***Sampling Approach & Design***

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

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



used in the data collection ensure that the sample is representative, the findings may be generalized to the region with a high degree of confidence.

### ***Survey Administration***

PRC piloted the survey through 30 interviews across the region and consulted with WNC Health Network staff to resolve substantive issues before full implementation. PRC used trained, live interviewers and an automated computer-aided telephone interviewing system to administer the survey region-wide. Survey interviews were conducted primarily during evening and weekend hours, with some daytime weekday attempts. Interviewers made up to five call attempts per telephone number. Interviews were conducted in either English or Spanish, as preferred by respondents. PRC worked with a third-party provider to identify and invite potential respondents for an online survey for a small proportion of the sample population. The online survey was identical to the telephone survey instrument and allowed better sampling of younger and more urban demographic segments. The final sample included 5,898 random sample surveys (PRC). (2,356 surveys via the telephone (both landlines and cell phones); another 1,308 surveys online by individuals invited through third-party providers to participate)

PRC also created a link to an online version of the survey, and WNC Health Network in collaboration with Mountain DEEP, Survey Ambassadors and local partners promoted this online survey link throughout the various communities in order to drive additional participation and bolster overall samples. This yielded 2,234 additional community outreach surveys for the region, and locally an additional 405 Surveys.

### **About the Henderson County Sample**

**Size:** The total regional sample size was 5,898 individuals age 18 and older, with 755 from our county. PRC conducted all analysis of the final, raw dataset.

**Sampling Error:** For statistical purposes, the maximum rate of error associated with the WNC regional sample is  $\pm 1.3\%$  at the 95 percent confidence level. For county-level findings, the maximum error rate ranges from  $\pm 3.3\%$  (Buncombe County) to  $\pm 9.8\%$  (Graham County). Expected error ranges for a sample of 755 respondents at the 95% confidence level in Henderson County is  $\pm 3.6\%$ .

*The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of*

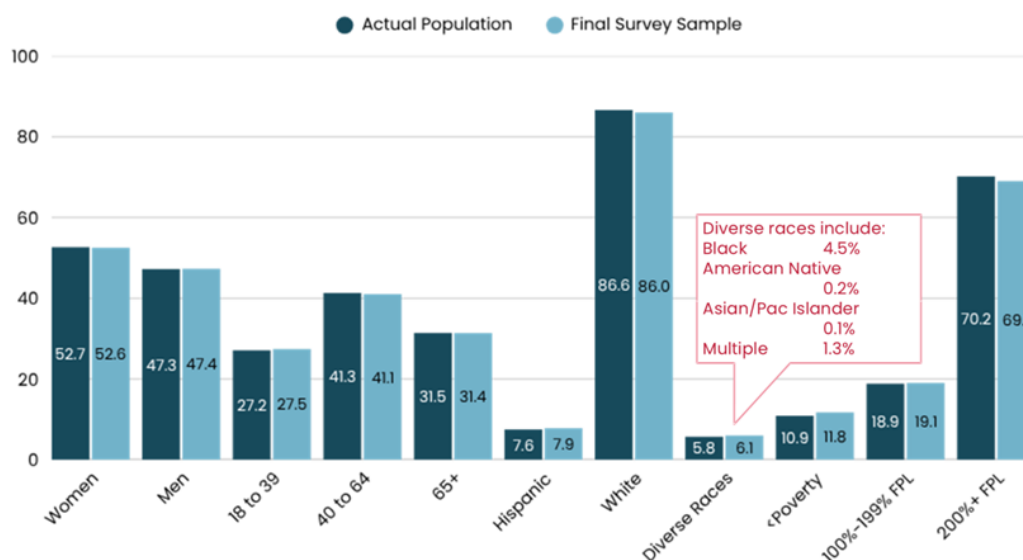
*confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.*

Examples:

- If 10% of a sample of 200 respondents answered a certain question with a "yes," it can be asserted that between 6.0% and 14.0% ( $10\% \pm 4.0\%$ ) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 43.1% and 56.9% ( $50\% \pm 6.9\%$ ) of the total population would respond "yes" if asked this question.

**Characteristics:** The following chart outlines the characteristics of the survey sample for Henderson County by key demographic variables, compared to actual population characteristics from census data. Of the 755 survey respondents, 609 were White, 38 Black, 88 Hispanic, 1 Asian, 2 AI/AN, 11 Other. Note that the sample consists solely of area residents aged 18 and older.

**Population & Survey Sample Characteristics**  
(Henderson County, 2024)



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

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

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



## **Benchmark Data**

### ***North Carolina Risk Factor Data***

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

### ***Nationwide Risk Factor Data***

Nationwide risk factor data, which are also provided in comparison charts where available, are taken from the 2024 PRC National Health Survey; the methodological approach for the national study is identical to that employed in this assessment, and this data may be generalized to the US population with a high degree of confidence.

### ***Healthy People 2030***

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

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

## **Survey Limitations and Information Gaps**

### ***Limitations***

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

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

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

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

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

### ***Information Gaps***

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

## **Online Key Informant Survey (Primary Data)**

### **Online Survey Methodology**

#### ***Survey Purpose and Administration***

The 2024 Online Key Informant Survey was conducted in July 2024. WNC Healthy Impact, with support from PRC, implemented an Online Key Informant Survey to solicit input from local leaders and stakeholders who have a broad interest in the health of the community. WNC Healthy Impact shared with PRC a list of recommended participants, including those from our county. This list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

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

### ***Survey instrument***

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

### ***Participation***

In all, 32 community stakeholders took part in the Online Key Informant Survey for our county, as outlined below:

Local Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Community Leader	18	14
Other Health Provider	8	6
Physician	4	3
Public Health Representative	3	3
Social Services Provider	8	6

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

### ***Survey Limitations***

The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

To collect this data, purposive sampling (a type of non-probability sampling which targets a specific group of people) was used. Unlike the random sampling technique employed in the telephone survey, the purpose is not to make generalizations or statistical inferences from the sample to the entire population, but to gather in-depth insights into health issues from a group of individuals with a specific perspective.

## Data Definitions

Reports of this type customarily employ a range of technical terms, some of which may be unfamiliar to many readers. Health data, which composes a large proportion of the information included in this report, employs a series of very specific terms which are important to interpreting the significance of the data. While these technical health data terms are defined in the report at the appropriate time, there are some data caveats that should be applied from the onset.

### **Error**

First, readers should note that there is some error associated with every health data source. Surveillance systems for communicable diseases and cancer diagnoses, for instance, rely on reports submitted by health care facilities across the state and are likely to miss a small number of cases, and mortality statistics are dependent on the primary cause of death listed on death certificates without consideration of co-occurring conditions.

### **Age-adjusting**

Secondly, since much of the information included in this report relies on mortality data, it is important to recognize that many factors can affect the risk of death, including race, gender, occupation, education and income. The most significant factor is age, because an individual's risk of death inevitably increases with age. As a population ages, its collective risk of death increases; therefore, an older population will automatically have a higher overall death rate just because of its age distribution. At any one time some communities have higher proportions of "young" people, and other communities have a higher proportion of "old" people. In order to compare mortality data from one community with the same kind of data from another, it is necessary first to control for differences in the age composition of the communities being compared. This is accomplished by age-adjusting the data.

Age-adjustment is a statistical manipulation usually performed by the professionals responsible for collecting and cataloging health data, such as the staff of the NC State Center for Health Statistics (NC SCHS). It is not necessary to understand the nuances of age-adjustment to use this report. Suffice it to know that age-adjusted data are preferred for comparing most health data from one population or community to another and have been used in this report whenever available.



### ***Rates***

Thirdly, it is most useful to use rates of occurrence to compare data. A rate converts a raw count of events (deaths, births, disease or accident occurrences, etc.) in a target population to a ratio representing the number of same events in a standard population, which removes the variability associated with the size of the sample. Each rate has its own standard denominator that must be specified (e.g., 1,000 women, 100,000 persons, 10,000 people in a particular age group, etc.) for that rate.

While rates help make data comparable, it should be noted that small numbers of events tend to yield rates that are highly unstable, since a small change in the raw count may translate to a large change in rate. To overcome rate instability, another convention typically used in the presentation of health statistics is data aggregation, which involves combining like data gathered over a multi-year period, usually three or five years. The practice of presenting data that are aggregated avoids the instability typically associated with using highly variable year-by-year data, especially for measures consisting of relatively few cases or events. The calculation is performed by dividing the sum number of cases or deaths in a population due to a particular cause over a period of years by the sum of the population size for each of the years in the same period.

Health data for multiple years or multiple aggregate periods is included in this report wherever possible. Sometimes, however, even aggregating data is not sufficient, so the NC SCHS recommends that rates based on fewer than 20 events—whether covering an aggregate period or not—be considered unstable. In fact, in some of its data sets the NC SCHS no longer calculates rates based on fewer than 20 events. To be sure that unstable data do not become the basis for local decision-making, this report will highlight and discuss primarily rates based on 20 or more events in a five-year aggregate period, or 10 or more events in a single year. Where exceptions occur, the text will highlight the potential instability of the rate being discussed.

### ***Regional arithmetic mean***

Fourthly, sometimes in order to develop a representative regional composite figure from sixteen separate county measures the consultants calculated a regional arithmetic mean by summing the available individual county measures and dividing by the number of counties providing those measures. It must be noted that when regional arithmetic means are calculated from rates the mean is not the same as a true average rate but rather an approximation of it. This is because most rates used in this report are age adjusted, and the regional mean cannot be properly age-adjusted.

### ***Describing difference and change***

Fifthly, in describing differences in data of the same type from two populations or locations, or changes over time in the same kind of data from one population or location—both of which appear frequently in this report—it is useful to apply the concept of percent difference or change. While it is always possible to describe difference or change by the simple subtraction of a smaller number from a larger number, the result often is inadequate for describing and understanding the scope or significance of the difference or change. Converting the amount of difference or change to a percent takes into account the relative size of the numbers that are changing in a way that simple subtraction does not, and makes it easier to grasp the meaning of the change.

For example, there may be a rate of for a type of event (e.g., death) that is one number one year and another number five years later. Suppose the earlier figure is 12.0 and the latter figure is 18.0. The simple mathematical difference between these rates is 6.0. Suppose also there is another set of rates that are 212.0 in one year and 218.0 five years later. The simple mathematical difference between these rates also is 6.0. But are these same simple numerical differences really of the same significance in both instances? In the first example, converting the 6-point difference to a percent yields a relative change factor of 50%; that is, the smaller number increased by half, a large fraction. In the second example, converting the 6-point difference to a percent yields a relative change factor of 2.8%; that is, the smaller number increased by a relatively small fraction. In these examples the application of percent makes it very clear that the difference in the first example is of far greater degree than the difference in the second example. This document uses percentage almost exclusively to describe and highlight degrees of difference and change, both positive (e.g., increase, larger than, etc.) and negative (e.g., decrease, smaller than, etc.).

### **Data limitations**

Some data that is used in this report may have inherent limitations, due to the sample size, its geographic focus, or its being out-of-date, for example, but it is used nevertheless because there is no better alternative. Whenever this kind of data is used, it will be accompanied by a warning about its limitations.

## Appendix B—Data Presentations

*See attached for:*

- PowerPoint slides from Community Health Forum Presentation May 7, 2025
- PowerPoint slides of Microsoft Forms: Community Forum Health Priority Ranking

# 2024 Henderson County Community Health Assessment Prioritization Community Forum

Wednesday, May 7, 2025



1

## The Plan for Today...

Overview of  
Community  
Health  
Assessment

Review Relevant  
Data

Prioritize Health  
Issues – Top 3  
and Next Steps

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



2

2




3

**5**  
**4**  
**3**  
**2**  
**1**

**Share with your table/neighbor:**

- Your name
- The hat(s) you are wearing today
- Why you are participating in this process
- What difference does it make that Henderson County comes together every 3 years to choose what health issues we'll focus on together?*

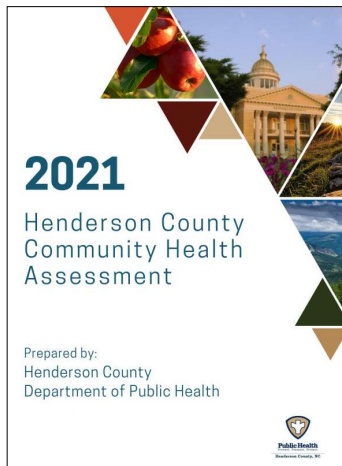
# Introductions



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# What is a Community Health Assessment?



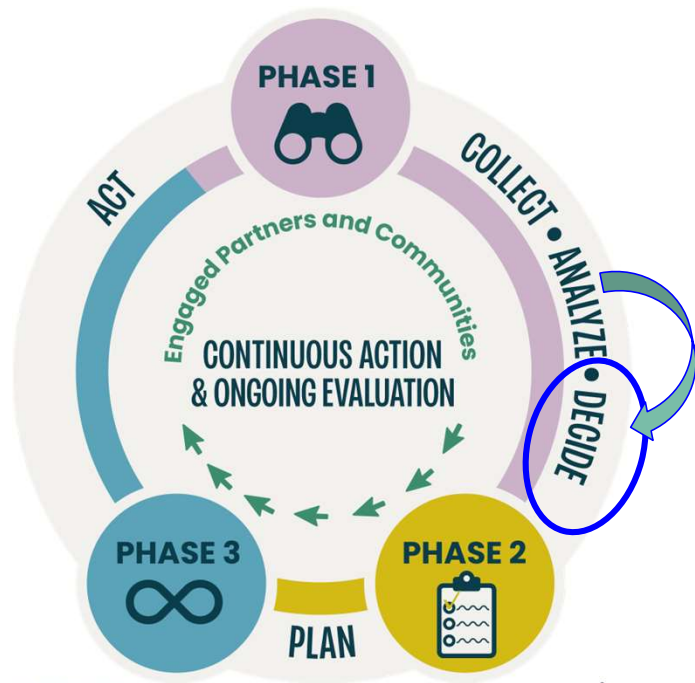
The first step and foundation for improving community health.

A process and a product.

Provides direction for collective impact.

5

## Community Health Improvement Cycle

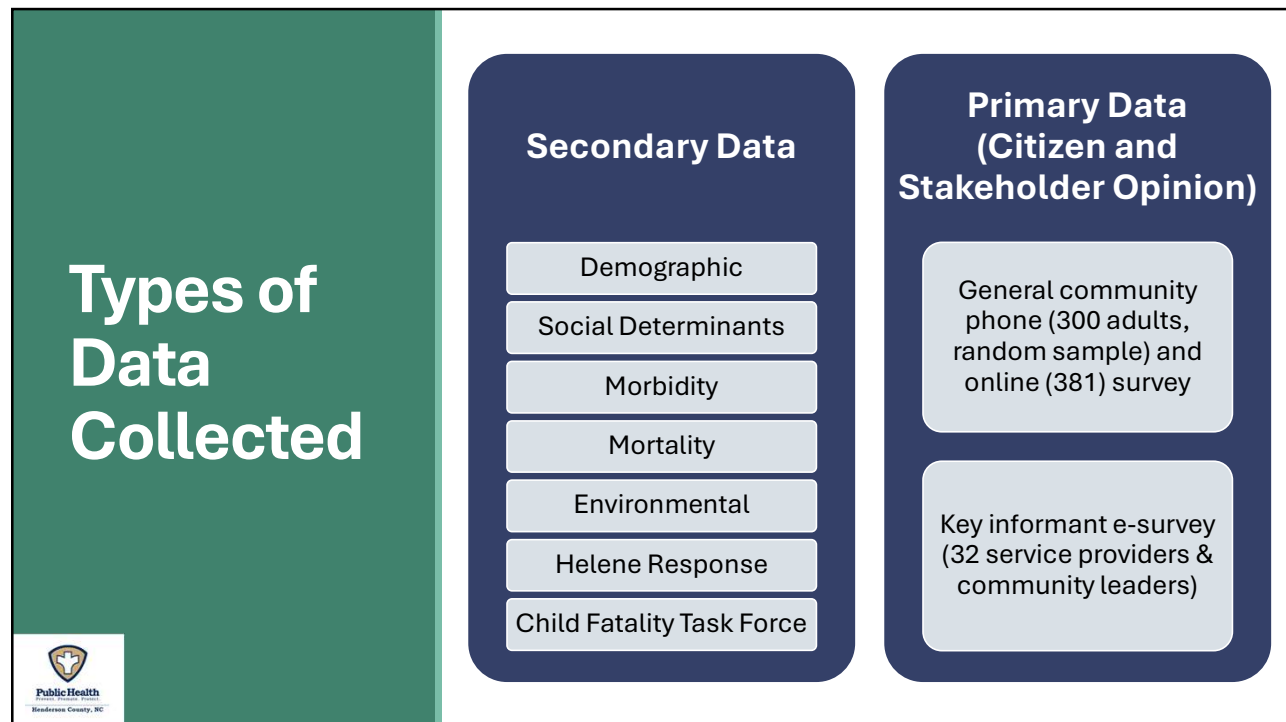


SOURCE: WNC HEALTHY IMPACT

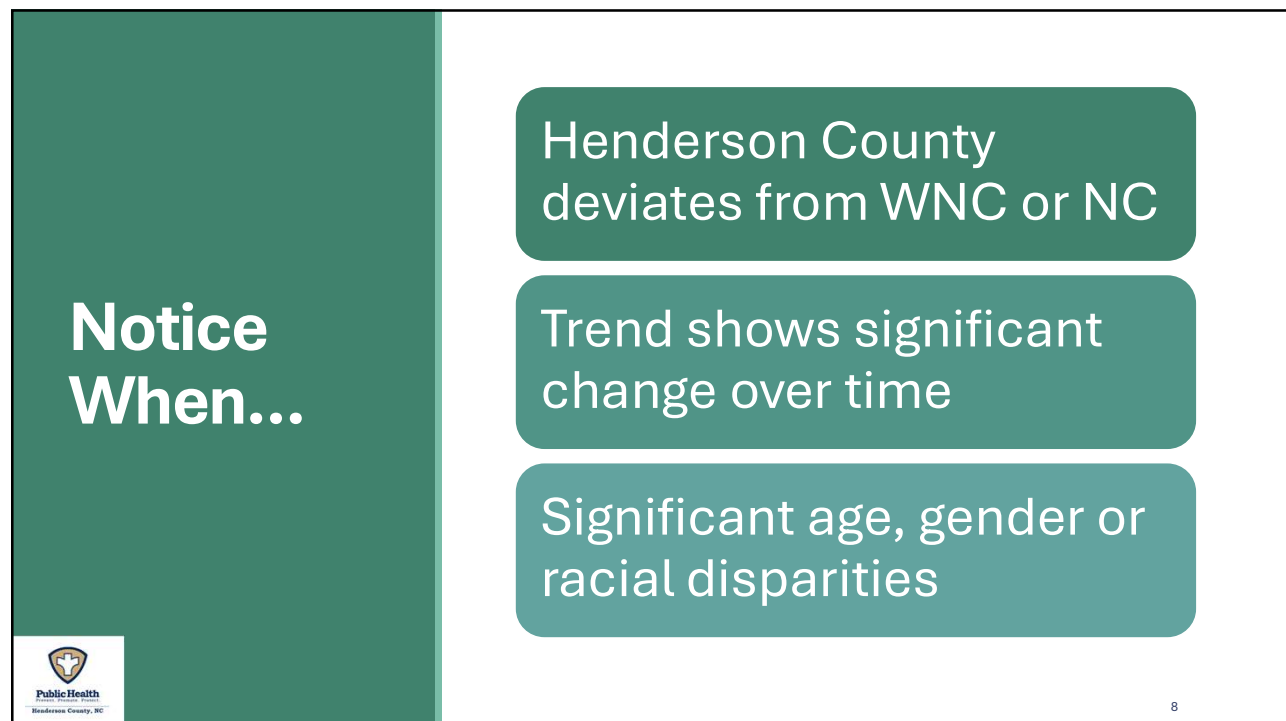
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## Be Thinking About...

What stands out  
or is surprising to  
you and why?

What else do you  
know to be true  
about this issue?

Has TS Helene  
had a significant  
impact?

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



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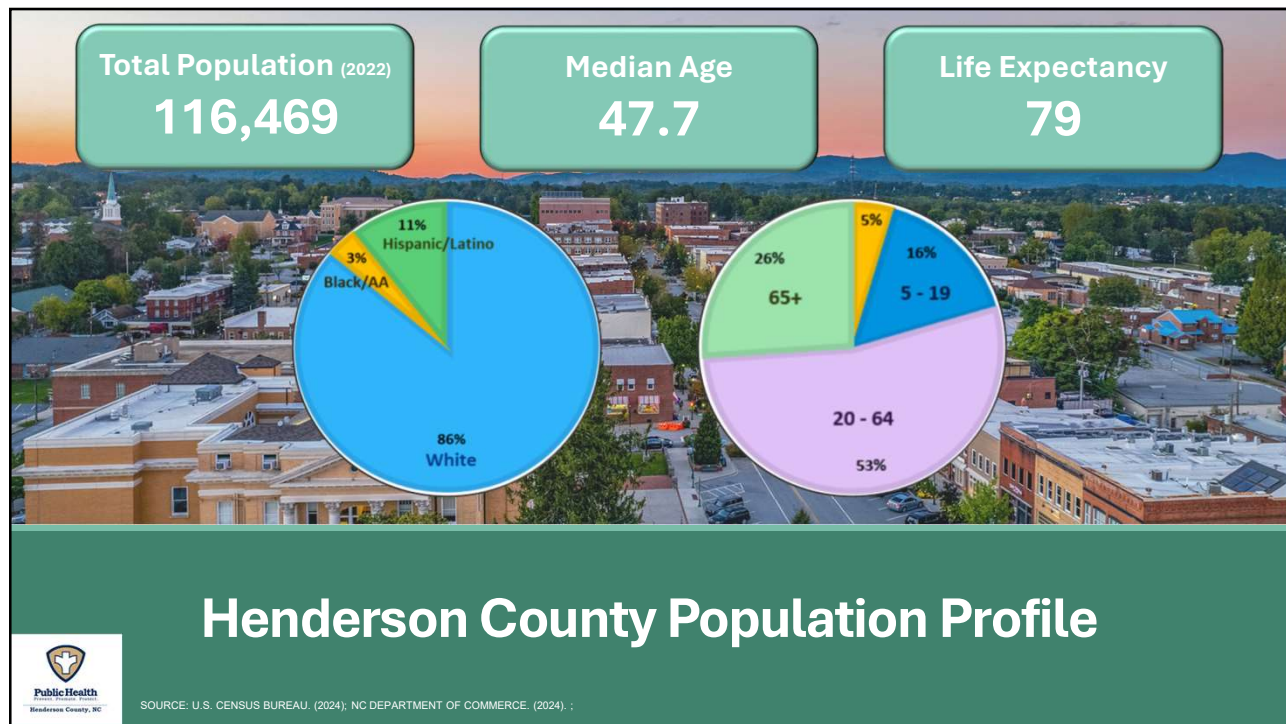
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# Demographics

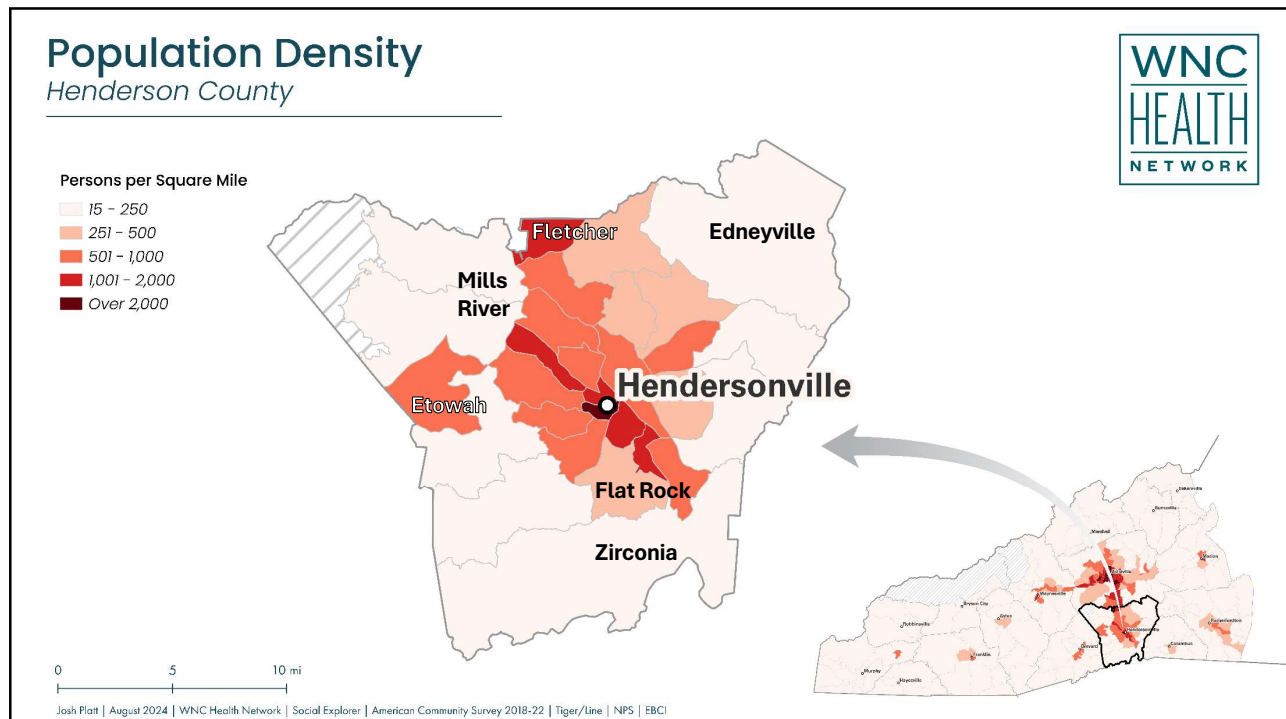


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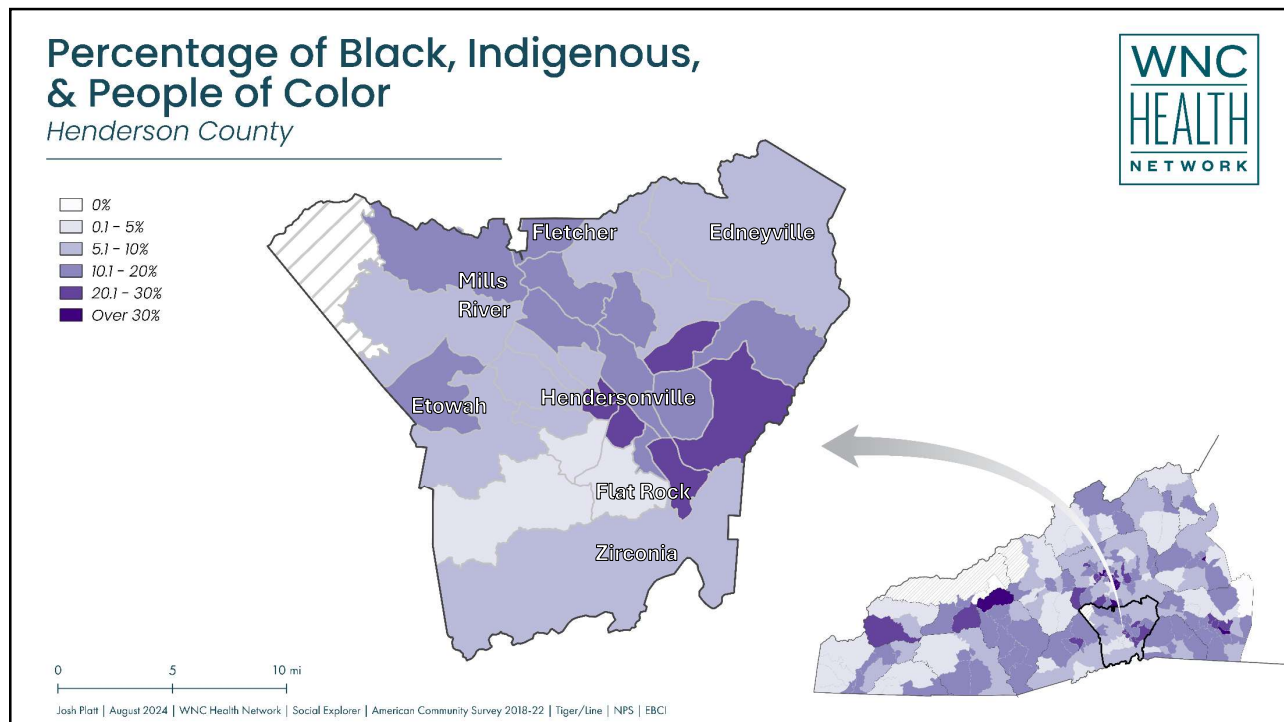
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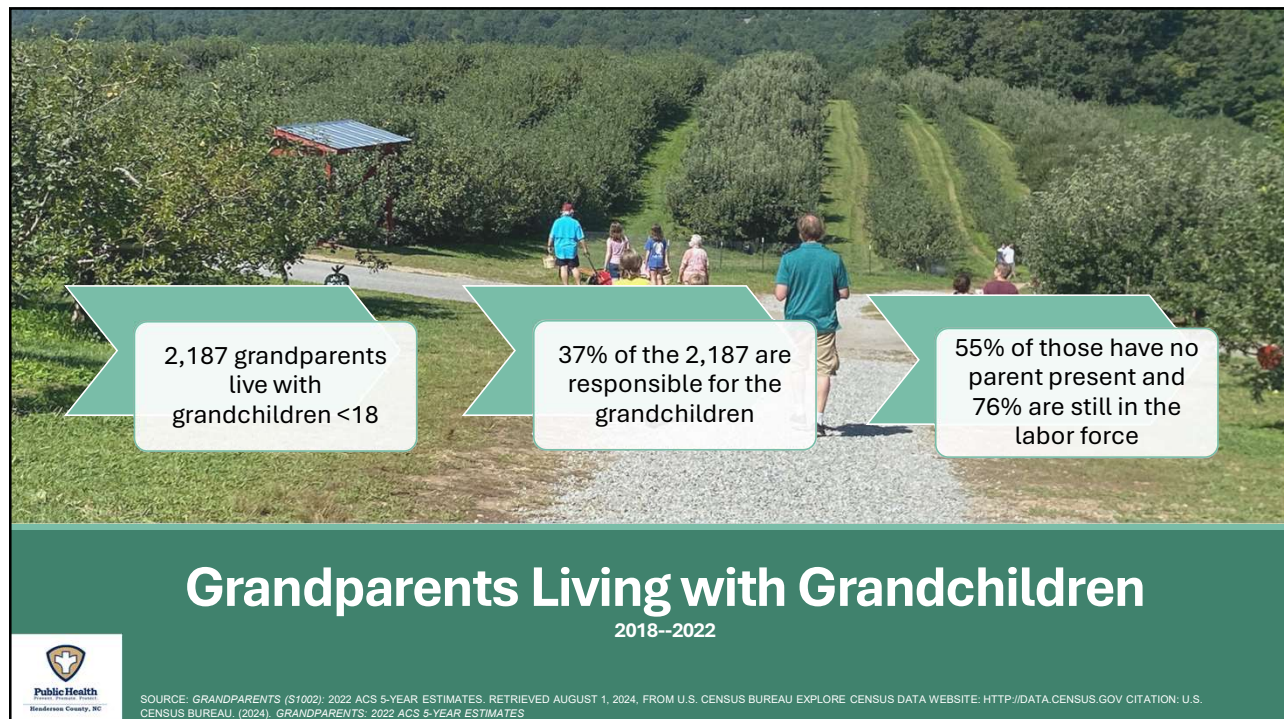
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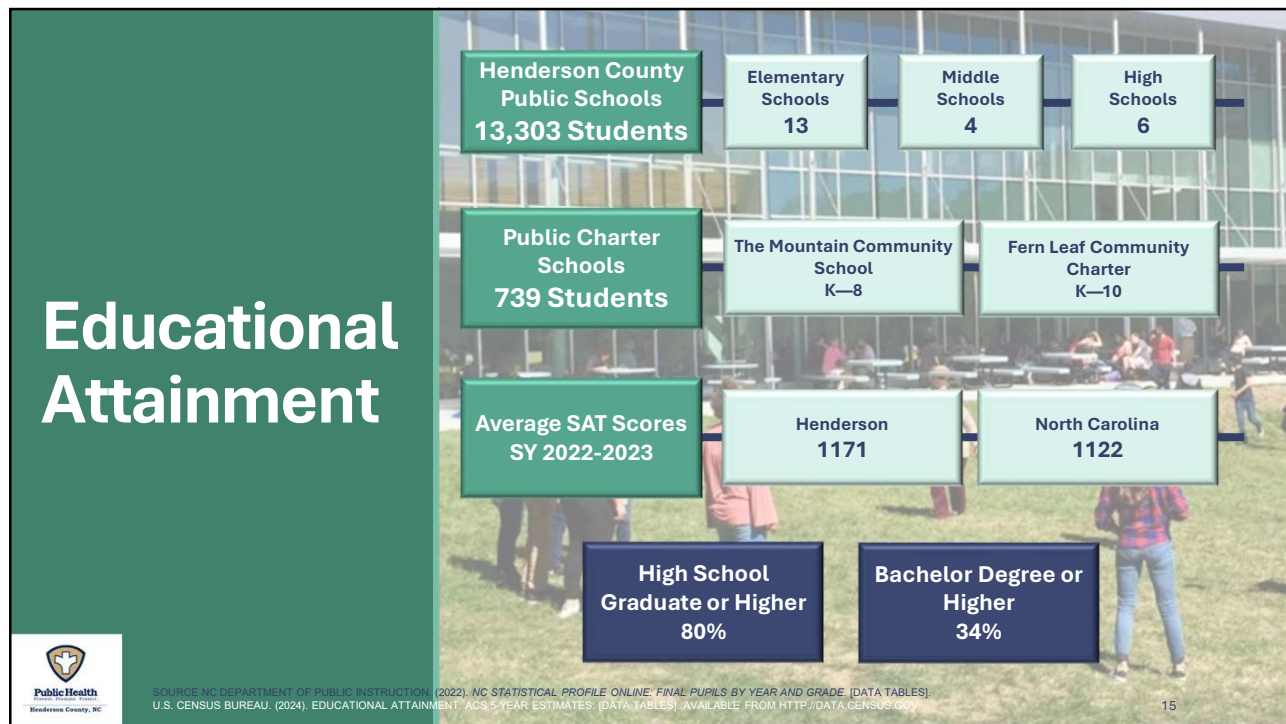


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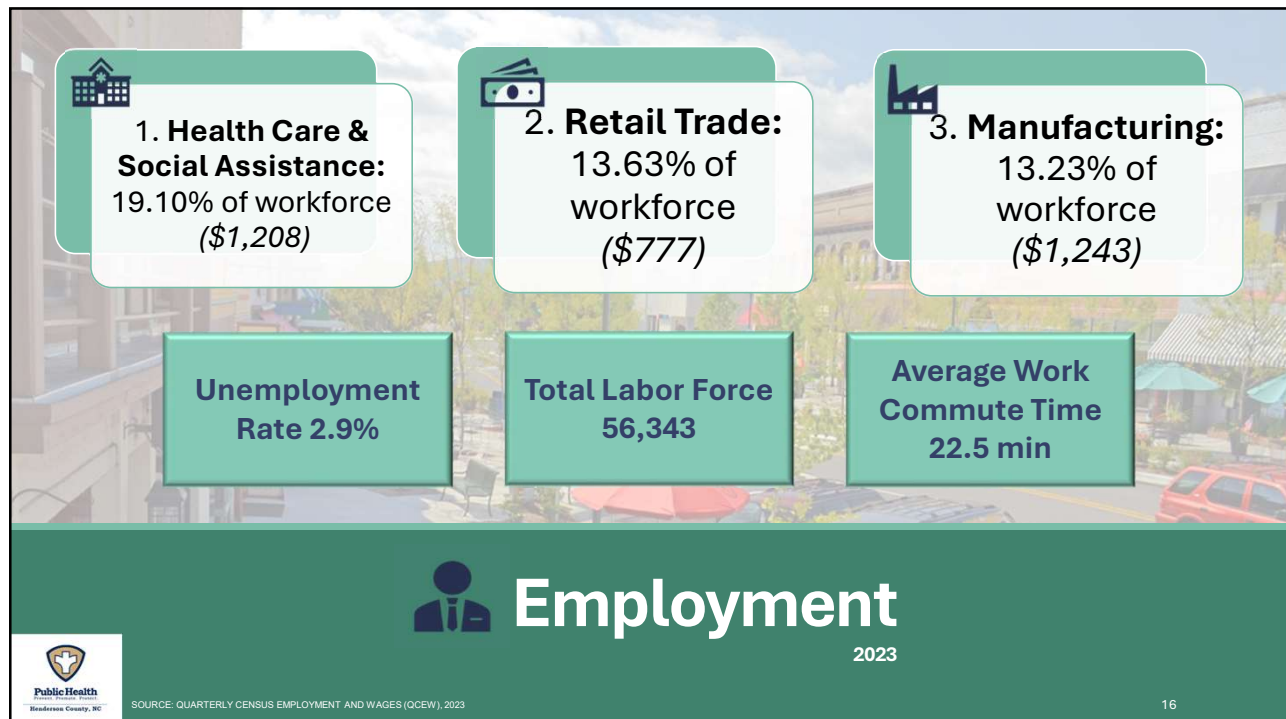


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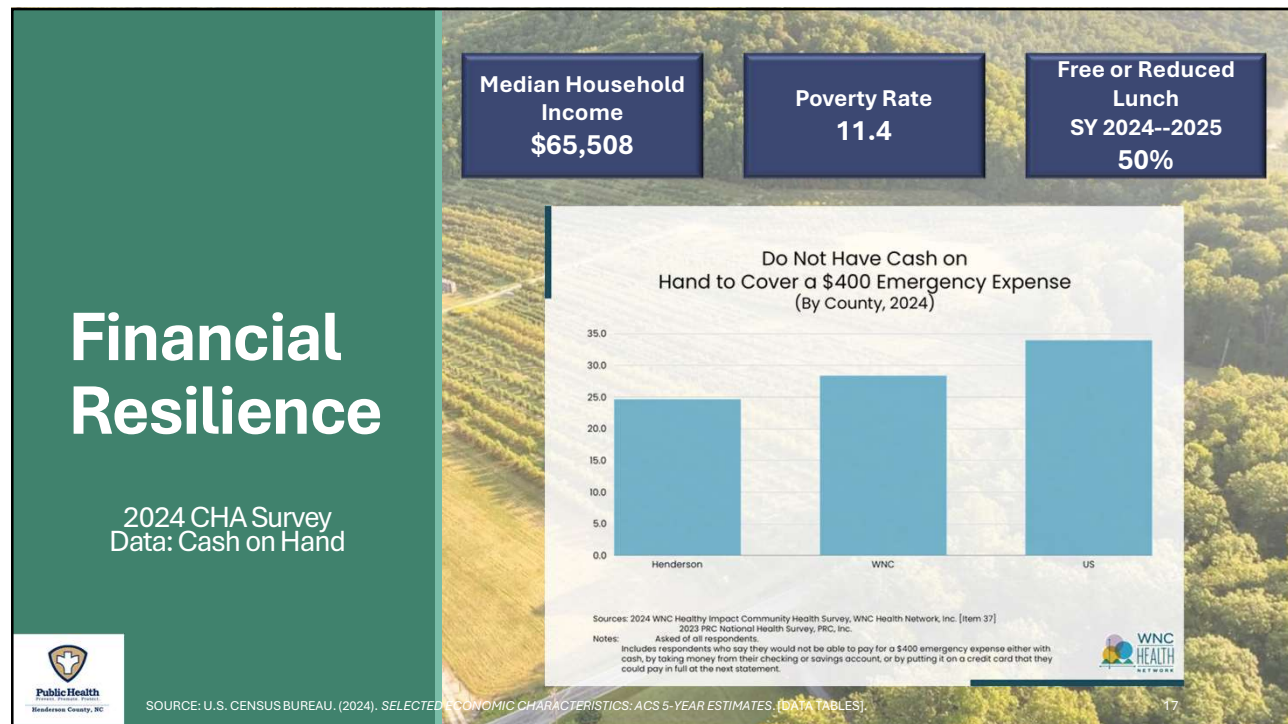




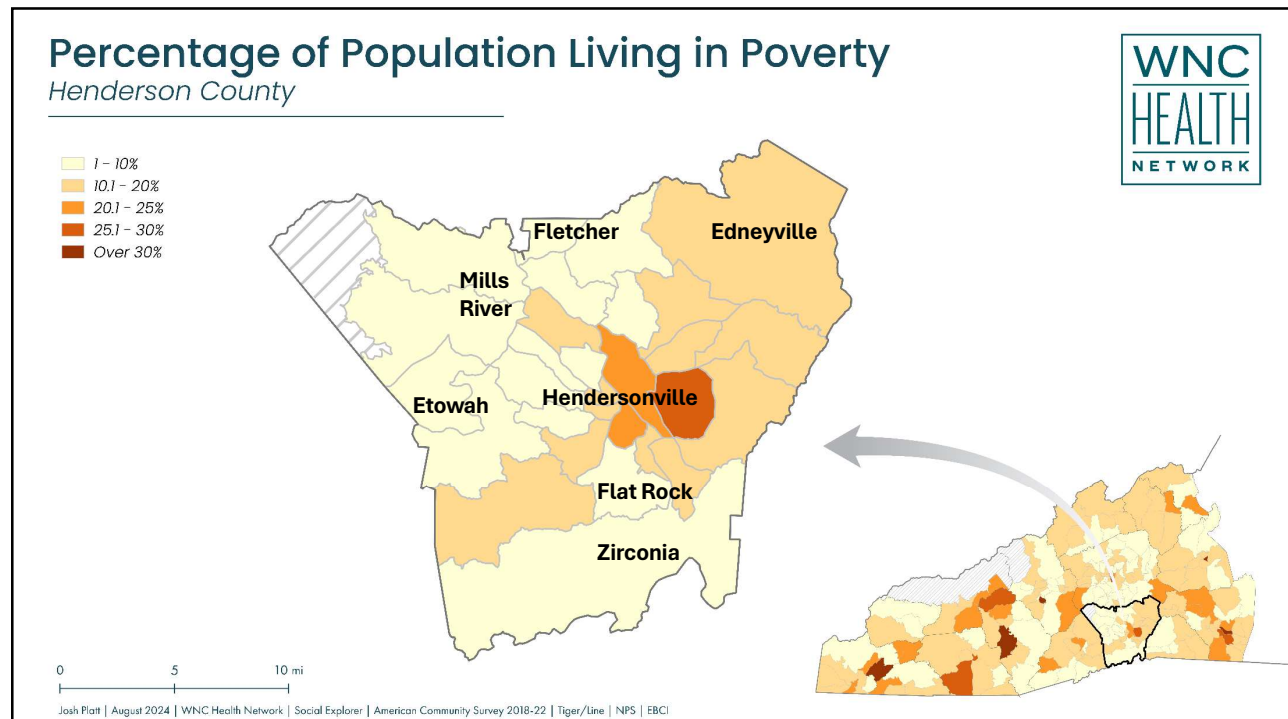
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# Data Overview



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## 2021 CHA Health Priorities



Mental Health

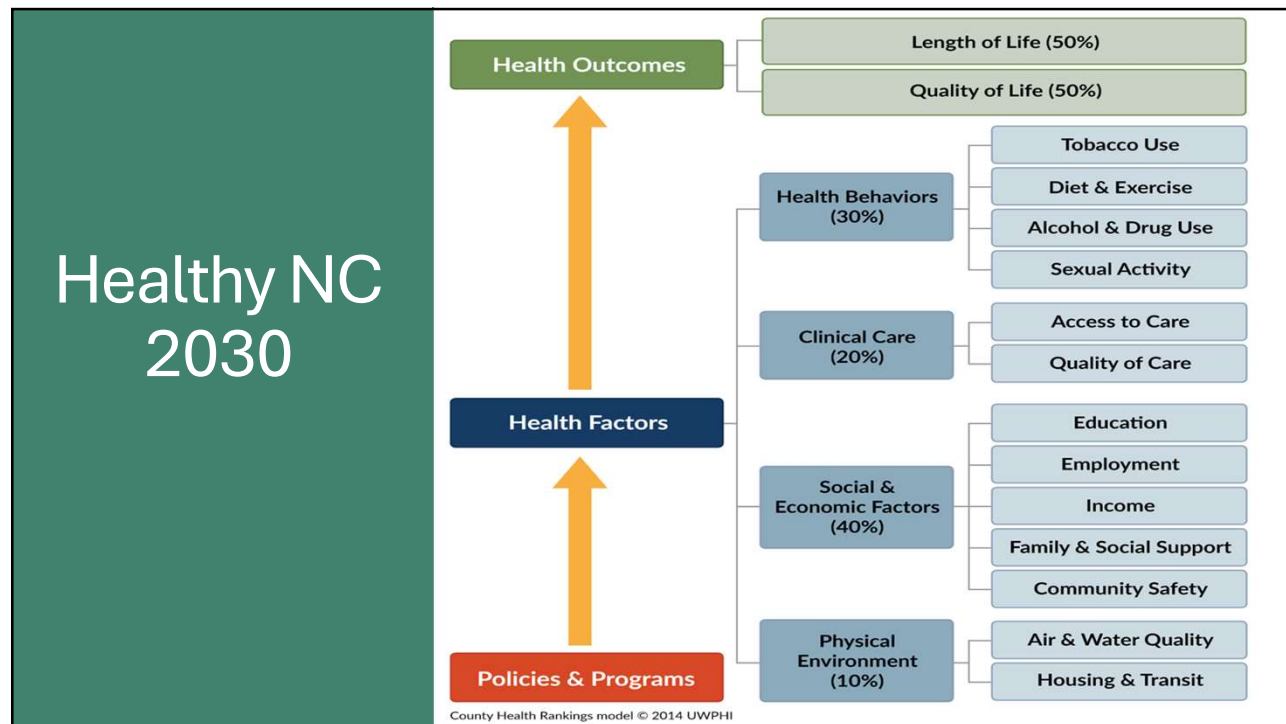
Physical Activity & Nutrition

Substance Use

Safe & Affordable Housing

Interpersonal Violence


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## Healthy North Carolina 2030 Indicators

Social & Economic Factors	Physical Environment	Health Behaviors	Clinical Care	Overarching
Individuals Below 200% FPL	Access to Exercise Opportunities	Drug Overdose Deaths	Uninsured	Infant Mortality
Unemployment	Limited Access to Healthy Foods	Tobacco Use	Primary Care Clinicians	Life Expectancy
Short-term Suspensions	Severe Housing Problems	Excessive Drinking	Early Prenatal Care	
Incarceration Rates		Sugar-Sweetened Beverage Consumption	Suicide Rates	
Adverse Childhood Experiences (ACEs)		Sexual Health		
Third Grade Reading Proficiency		Overweight & Obesity		

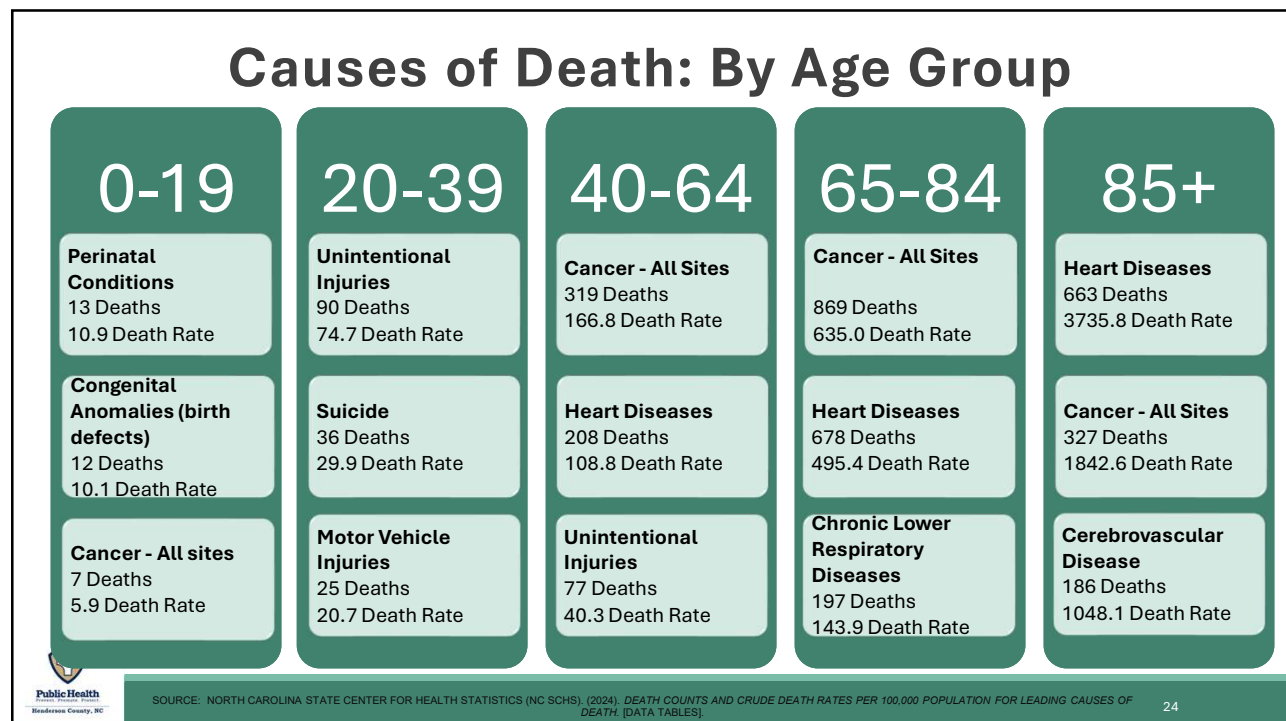
 Public Health  
Berkshire County, NC

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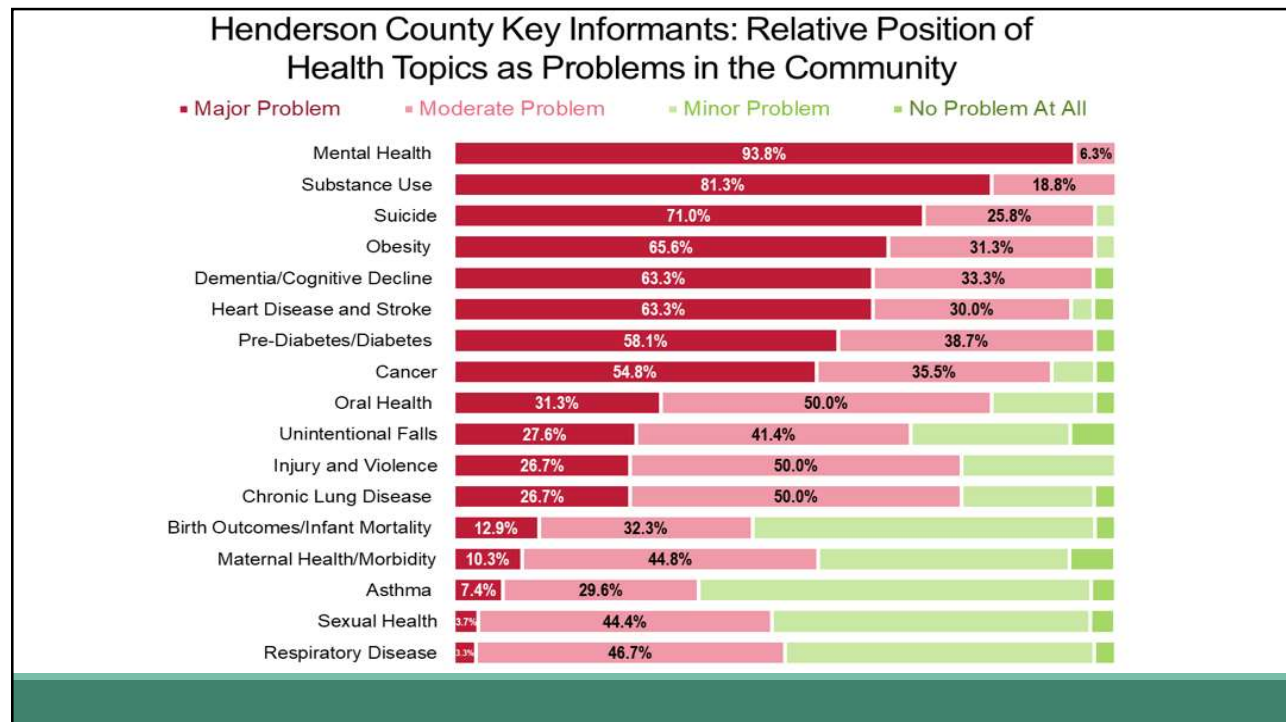
<b>Leading Causes of Death</b>  <b>Age-Adjusted Rates per 100,000 population 2018—2022</b>		2018-2022	# Deaths	Death Rate
	1	Diseases of Heart	1,568	146.9
	2	Cancer	1,533	144.7
	3	All Other Unintentional Injuries	435	57.8
	4	Cerebrovascular Disease	399	36.7
	5	COVID-19	350	34.0
	6	Chronic Lower Respiratory Diseases	344	30.9
	7	Alzheimer's disease	300	26.3
	8	Suicide	113	19.0
	9	Diabetes Mellitus	178	16.9
	10	Pneumonia and Influenza	159	15.0
	11	Chronic Liver Disease and Cirrhosis	117	14.6
	12	Unintentional Motor Vehicle Injuries	70	11.8


SOURCE: NORTH CAROLINA STATE CENTER FOR HEALTH STATISTICS (NC SCHS), (2020). CAUSES OF DEATH, [DATA TABLES]. AVAILABLE FROM [HTTPS://SCHS.DPH.NCDHHS.GOV/DATA/](https://schs.dph.ncdhhs.gov/data/).

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# Top 5 Health Concerns

- **Chronic Disease**
  - Cancer
  - Cardiovascular Diseases
  - Cognitive Diseases
  - Diabetes
  - Obesity
  - Respiratory Diseases
- **Housing**
- **Interpersonal Violence**
- **Mental Health/ Suicide**
- **Substance Use**




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## Chronic Disease

(Cancer, Cardiovascular Diseases, Cognitive Diseases, Diabetes, Obesity, Respiratory Disease)



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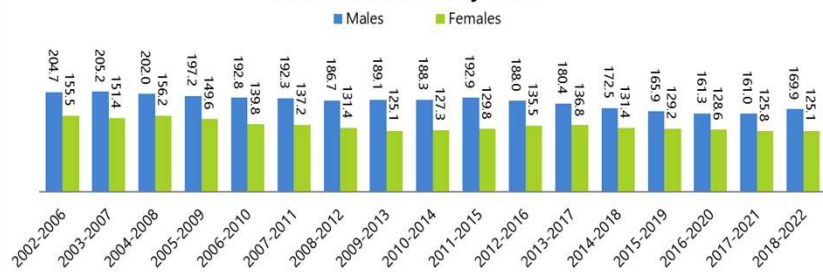
# CANCER



SOURCE: NORTH CAROLINA STATE CENTER FOR HEALTH STATISTICS (NC SCHS). (2024). RACE-SPECIFIC AND SEX-SPECIFIC AGE-ADJUSTED DEATH RATES BY COUNTY: COUNTY HEALTH DATA BOOK. [DATA TABLES] AVAILABLE FROM [HTTPS://SCHS.DPH.NCDHHS.GOV/DATA/](https://schs.dph.ncdhhs.gov/data/).

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**Henderson County Gender Disparity Trend:  
Total Cancer Mortality Rates**



**Cancer Incidence by Site (rate per 100,000)**

	Female Breast	Prostate	Lung	Melanoma	All Cancer
Henderson	190.8	110.0	50.2	33.6	481.6
WNC (Regional) Arithmetic Mean	158.7	106.3	62.8	30.9	472.7
State Total	171.0	124.8	58.9	27.1	474.6

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## Summary: Cancer

### Why it's included:

- Cancer 2<sup>nd</sup> leading cause of death. (3<sup>rd</sup> ages 0-19 & 1<sup>st</sup> 40-84)
- Identified by OKIS as a health concern
- Increase numbers of individuals reporting difficulty getting needed medical care

### Statistical evidence:

- Mortality rate trending up
- Cancer incidence rising with breast, prostate, lung, melanoma, and colorectal cancers among the most diagnosed

### Impact:

- Early detection and treatment access are crucial for survival rates

### Disparities:

- Men have higher rates of death due to cancer than women
- Female Breast is the highest incidence of cancer



30



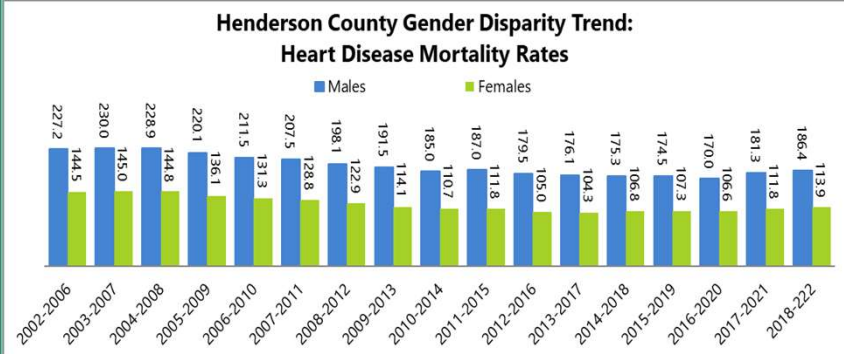
# Cardiovascular Diseases

## Heart Disease



NORTH CAROLINA STATE CENTER FOR HEALTH STATISTICS (NC SCHS), (2024). RACE-SPECIFIC AND SEX-SPECIFIC AGE-ADJUSTED DEATH RATES BY COUNTY: COUNTY HEALTH DATA BOOK. (DATA TABLES) AVAILABLE FROM [HTTPS://SCHS.DPH.NCDHHS.GOV/DATA/](https://schs.dph.ncdhhs.gov/data/).

31



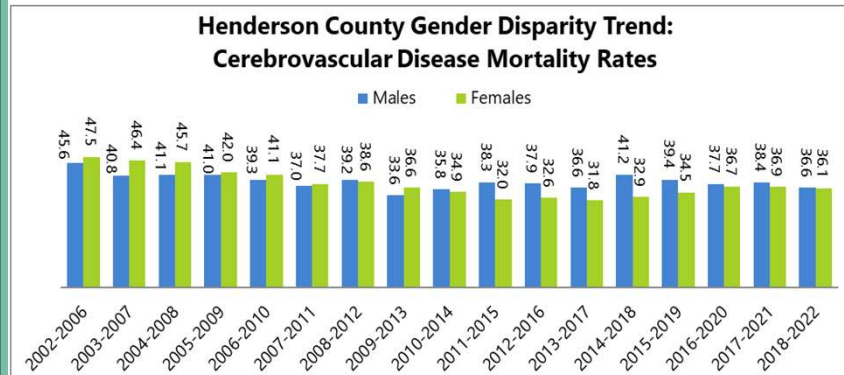
31

# Cardiovascular Diseases

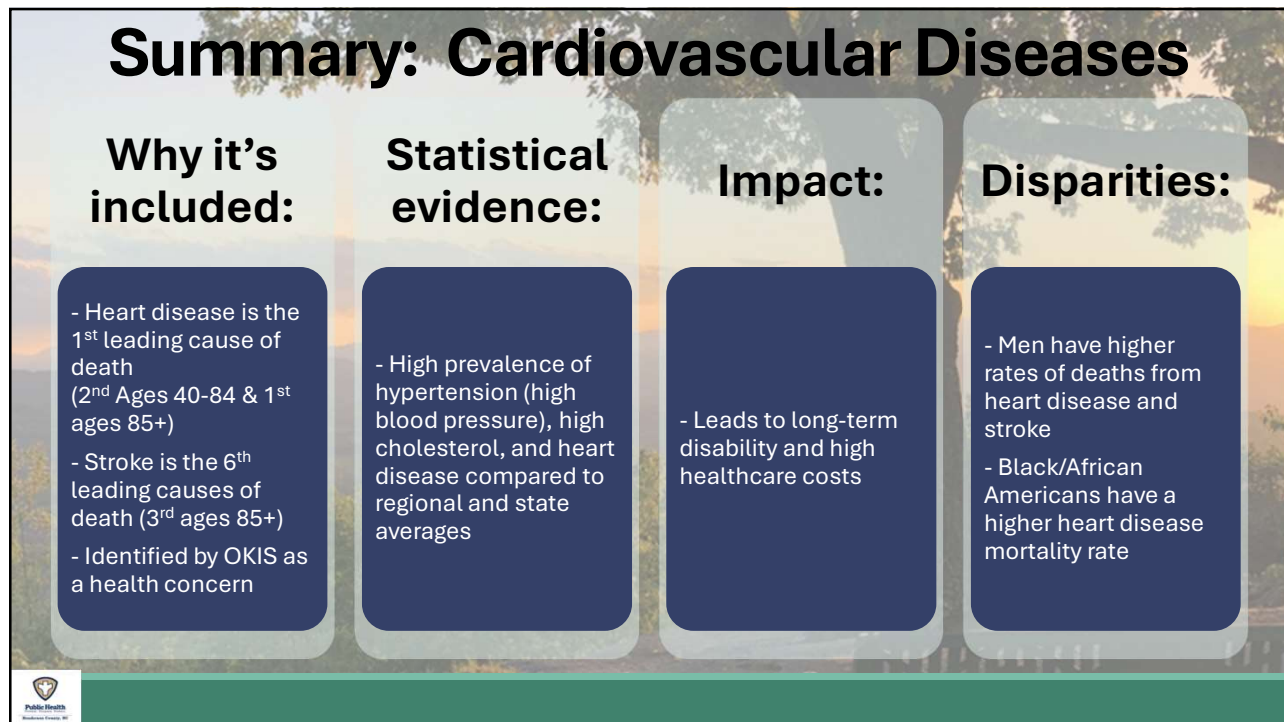
## Stroke Cerebrovascular Disease



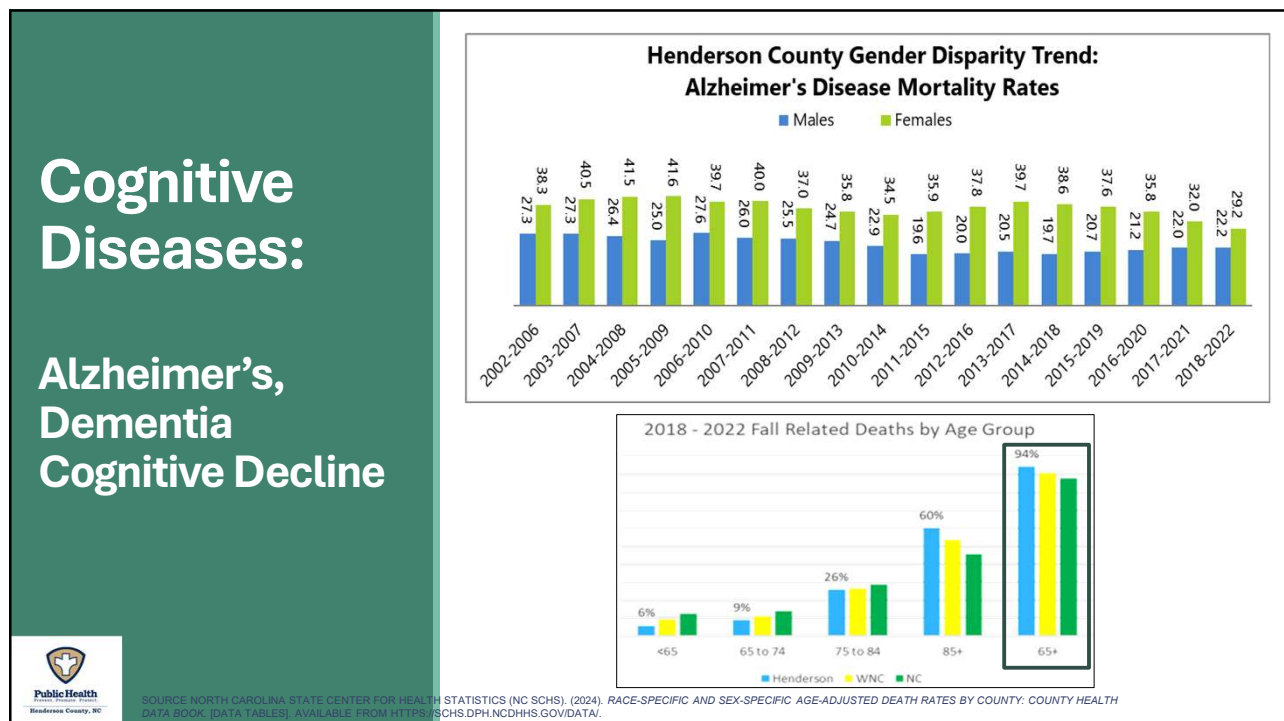
SOURCE: NORTH CAROLINA STATE CENTER FOR HEALTH STATISTICS (NC SCHS), (2024). RACE-SPECIFIC AND SEX-SPECIFIC AGE-ADJUSTED DEATH RATES BY COUNTY: COUNTY HEALTH DATA BOOK.



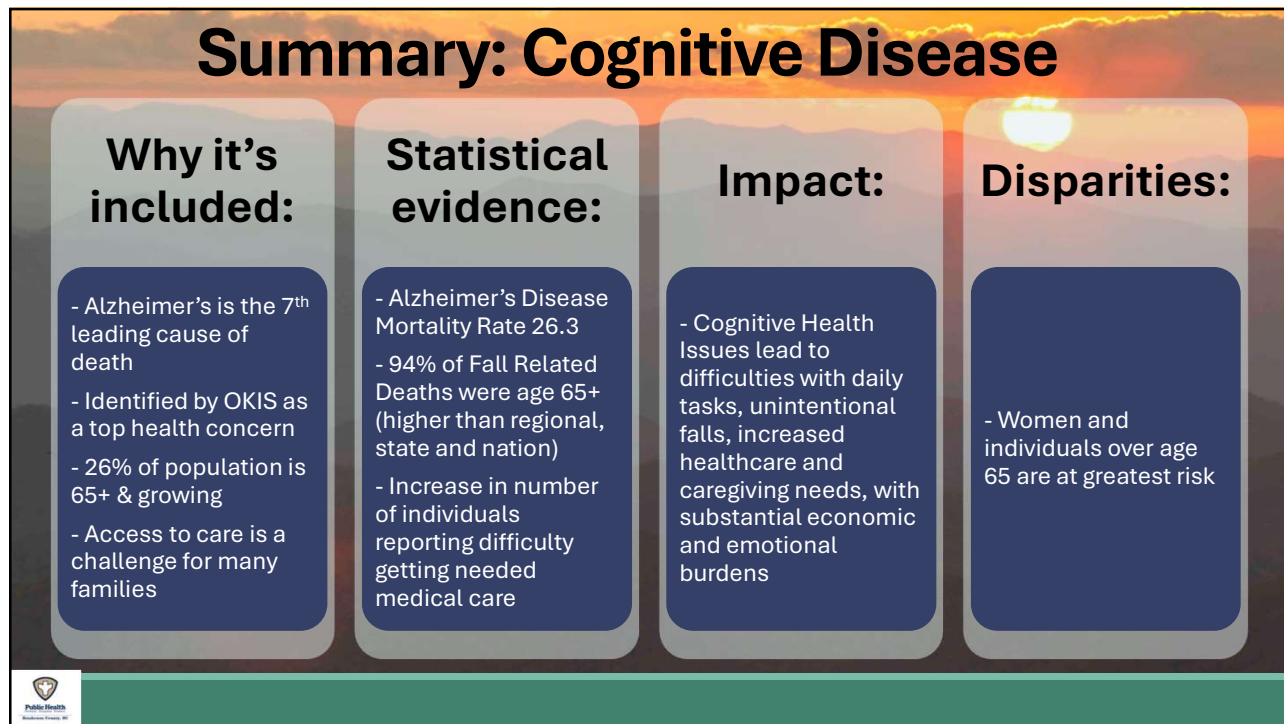
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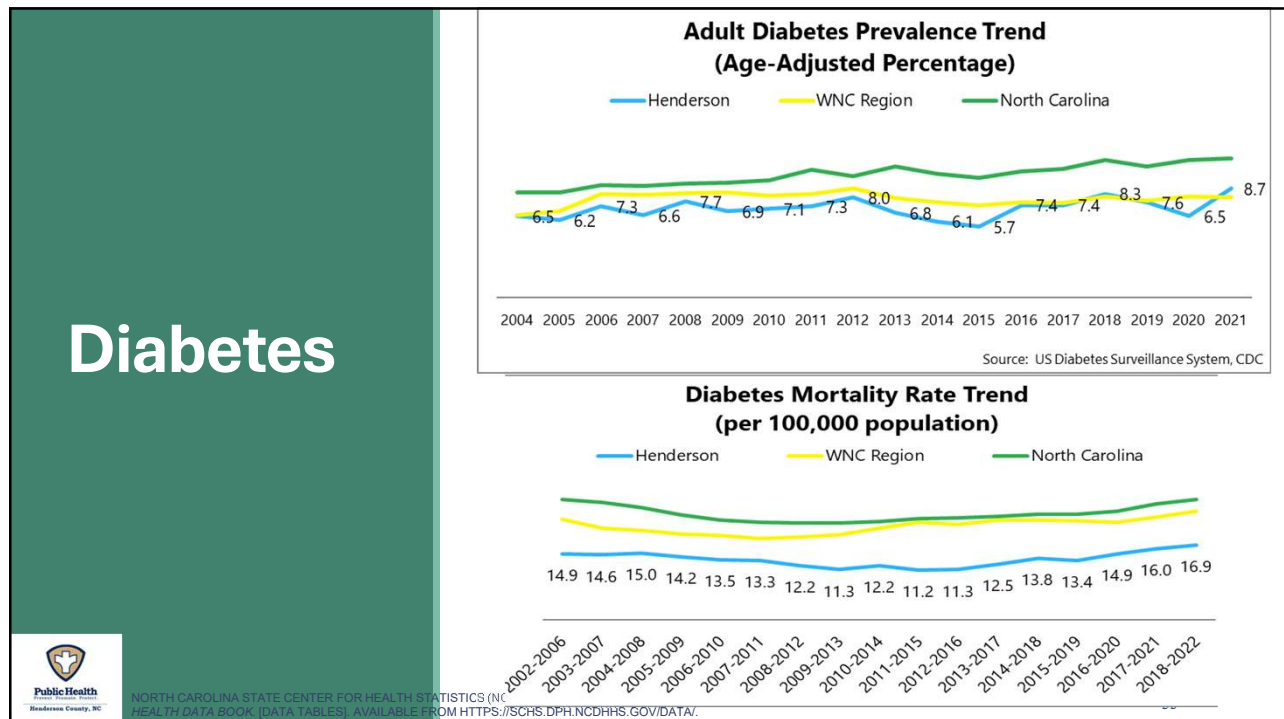
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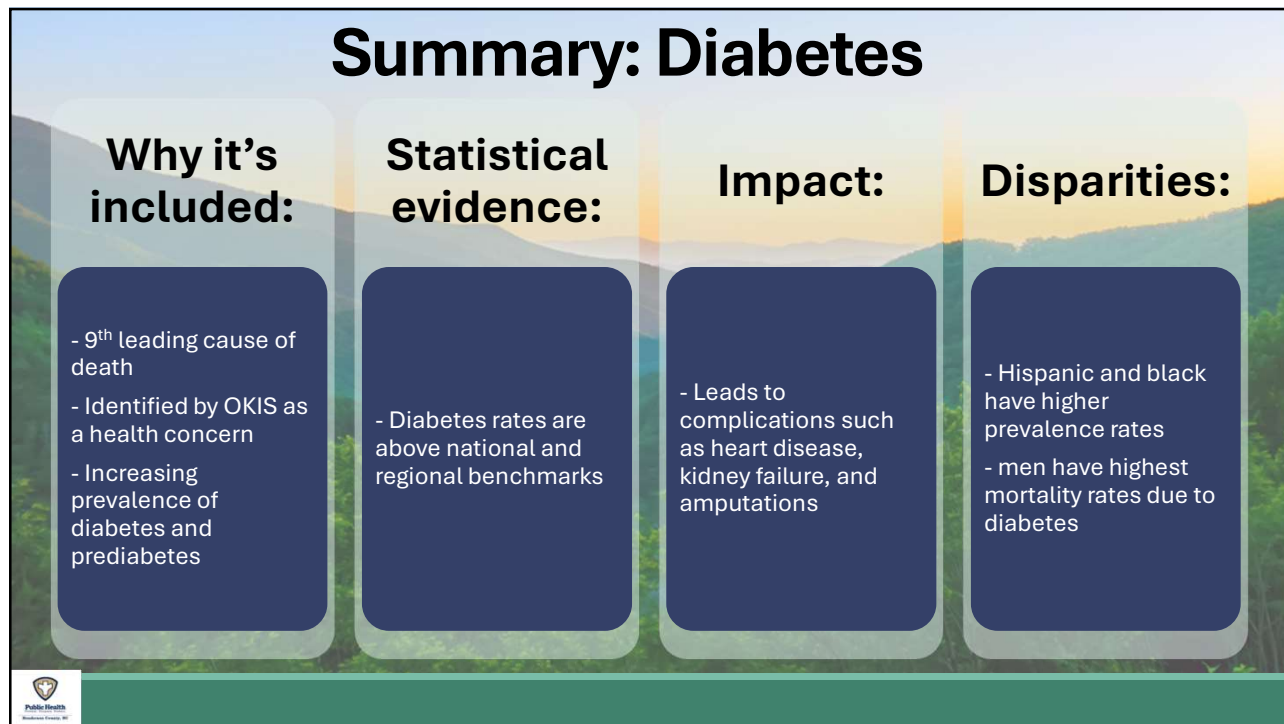
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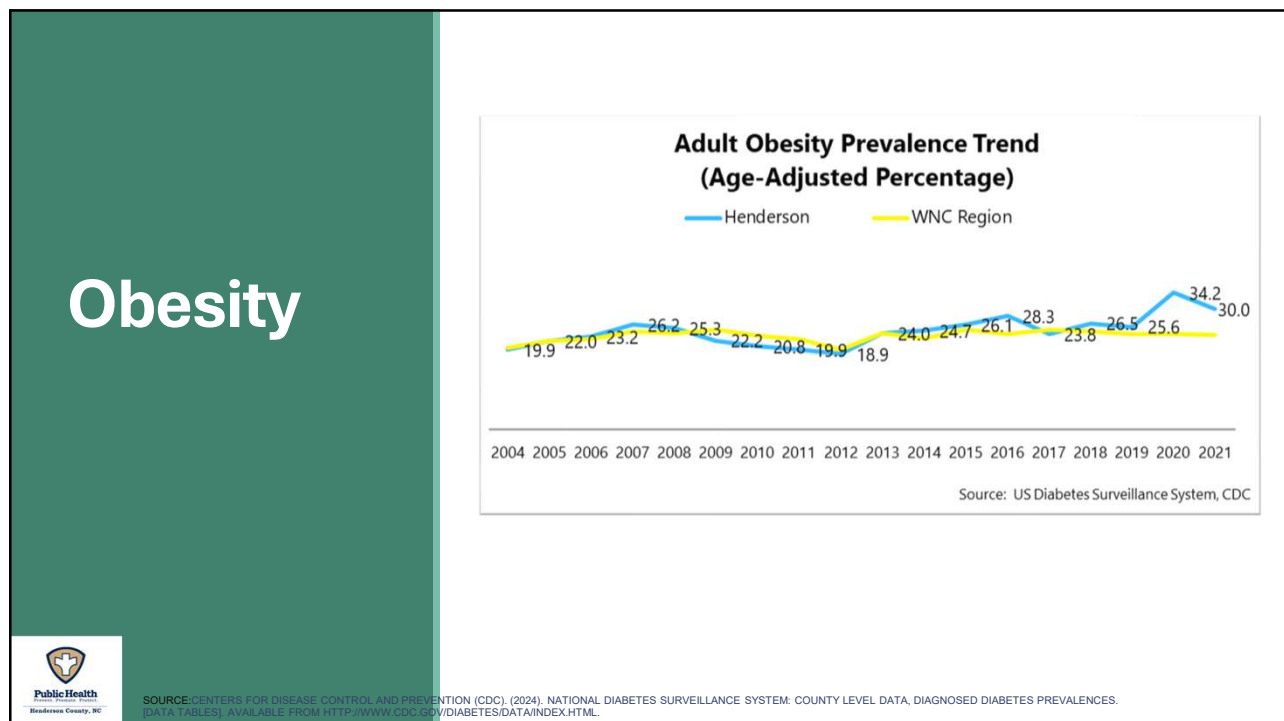
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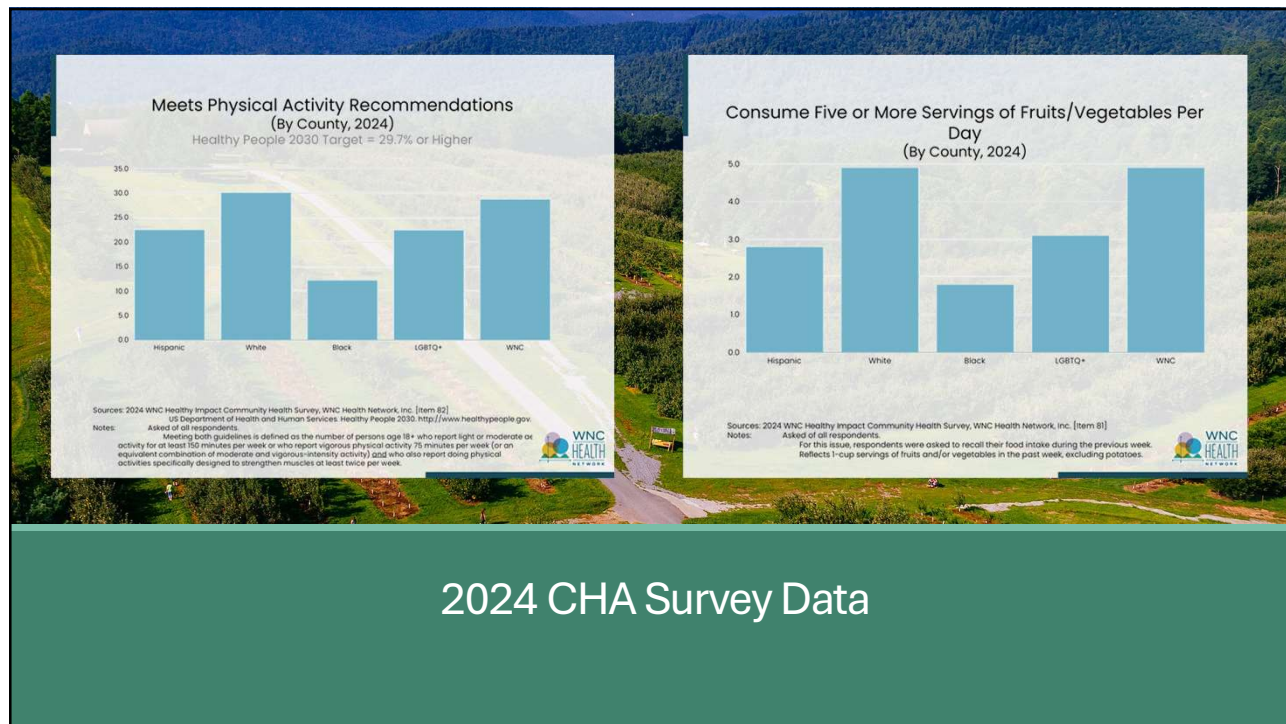


37

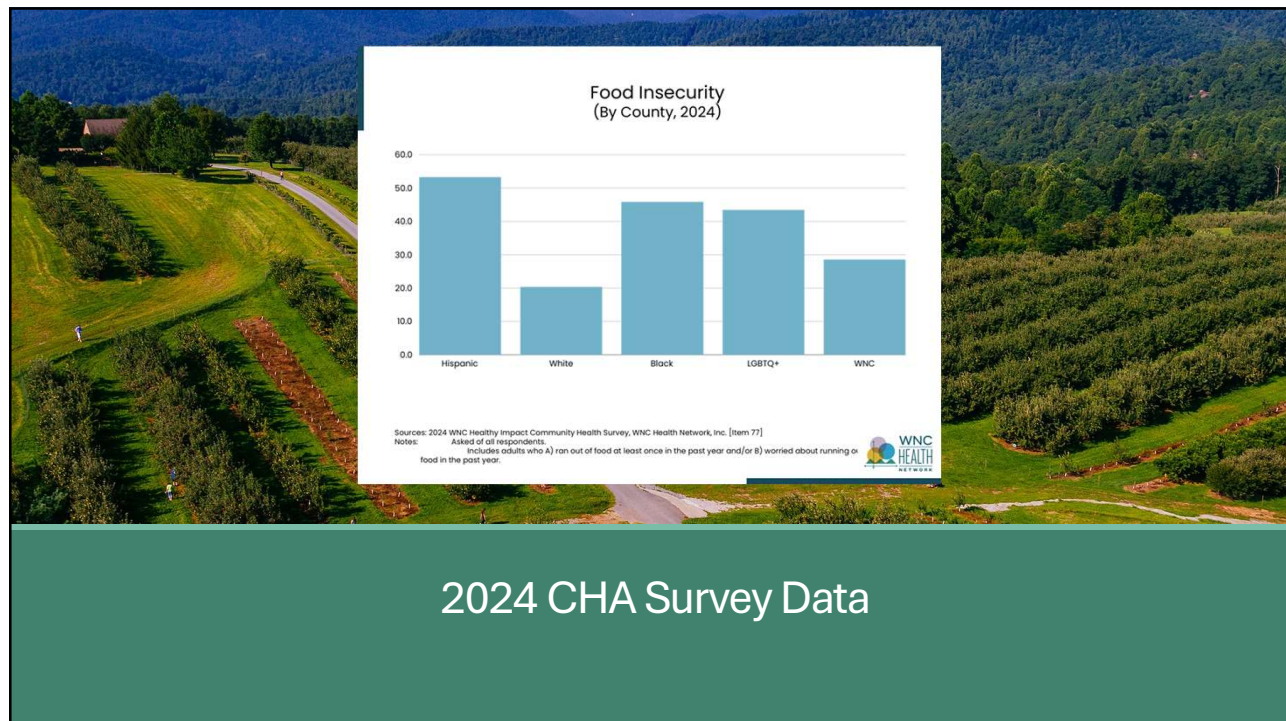


38

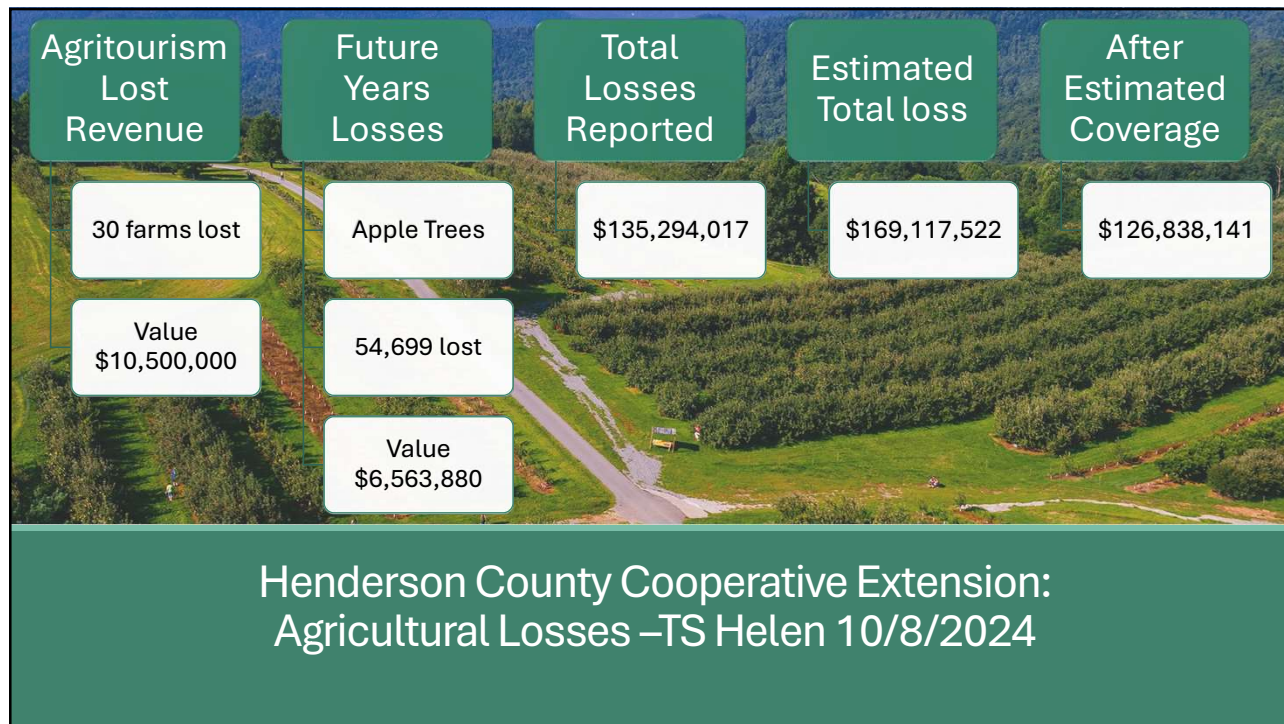




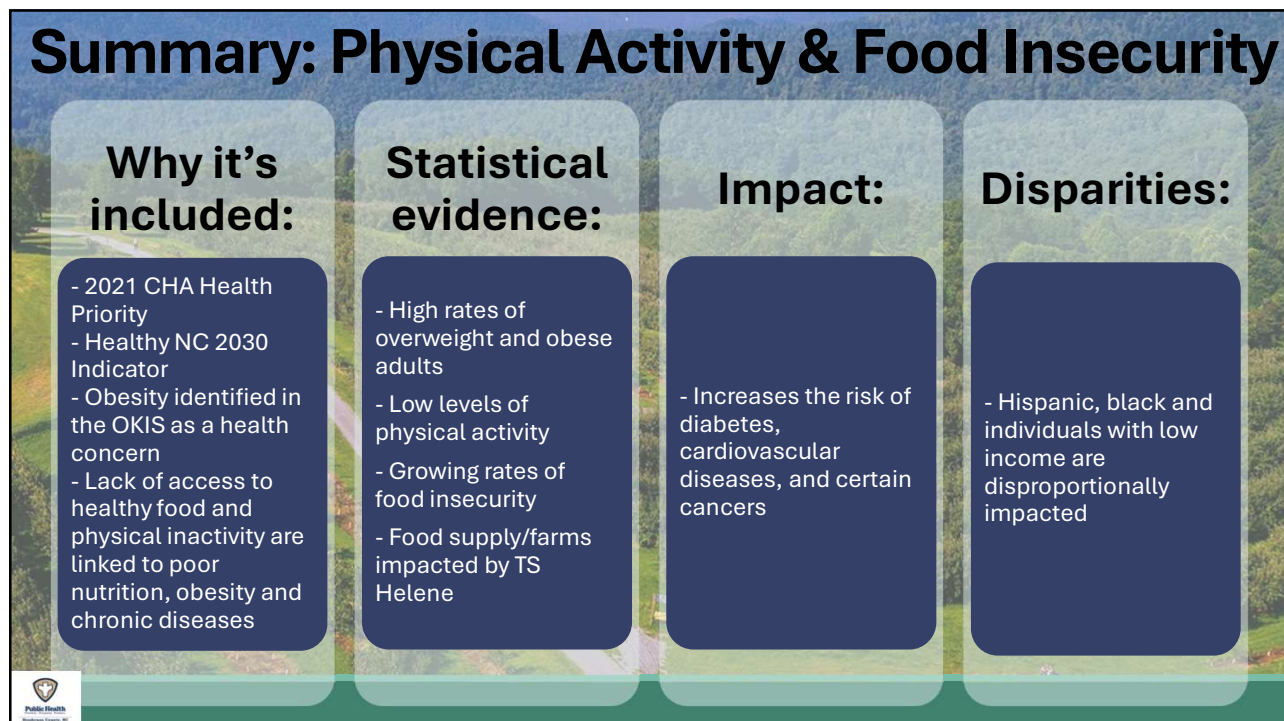
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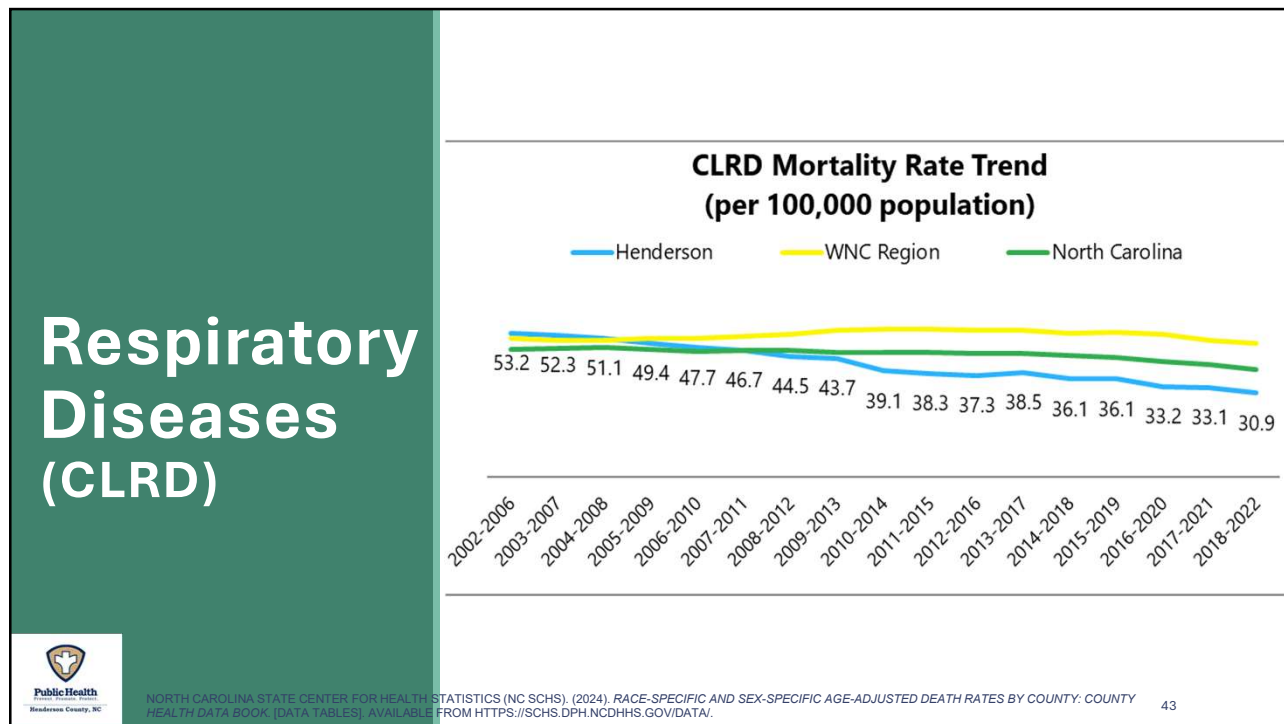


41



42





43

## Summary: Respiratory Diseases

### Why it's included:

- 6<sup>th</sup> leading cause of death is Chronic lower respiratory diseases
- Asthma, CLRD, Respiratory Diseases identified by OKIS as a health concern

### Statistical evidence:

- Henderson County has higher prevalence rates of asthma and COPD than the state

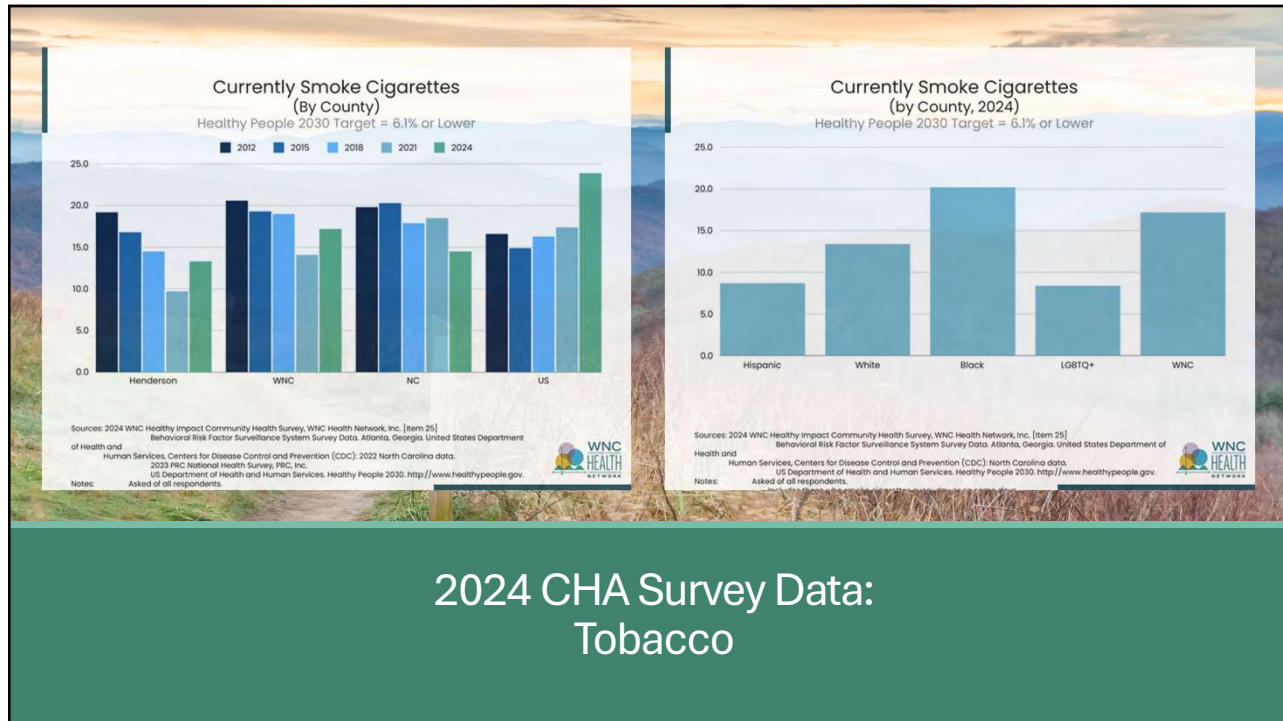
### Impact:

Respiratory diseases are among the leading causes of illness, disability and death. Climate and weather can exacerbate issues, and poverty, lack of access to healthcare and poor living conditions can contribute to the burden of disease

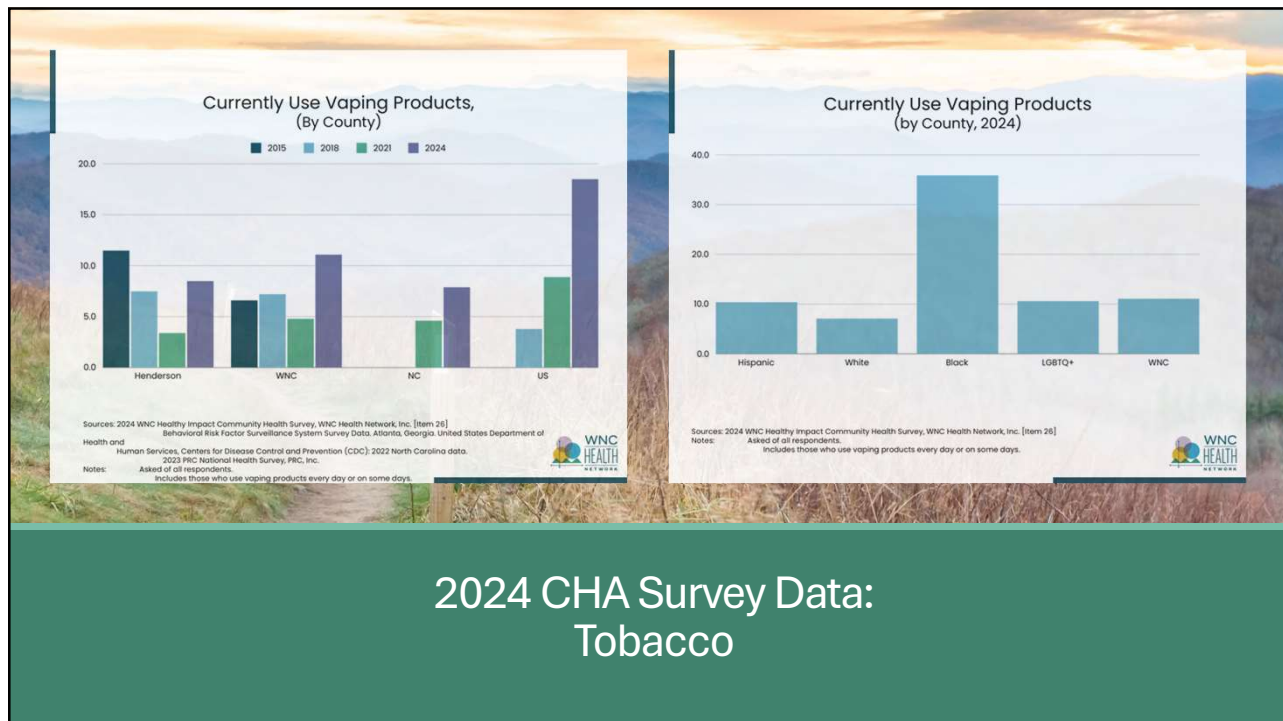
### Disparities:

Men have slightly higher mortality rates from chronic lower respiratory disease, while white and LGBTQ+ survey respondents report higher prevalence rates of COPD and asthma

44



45

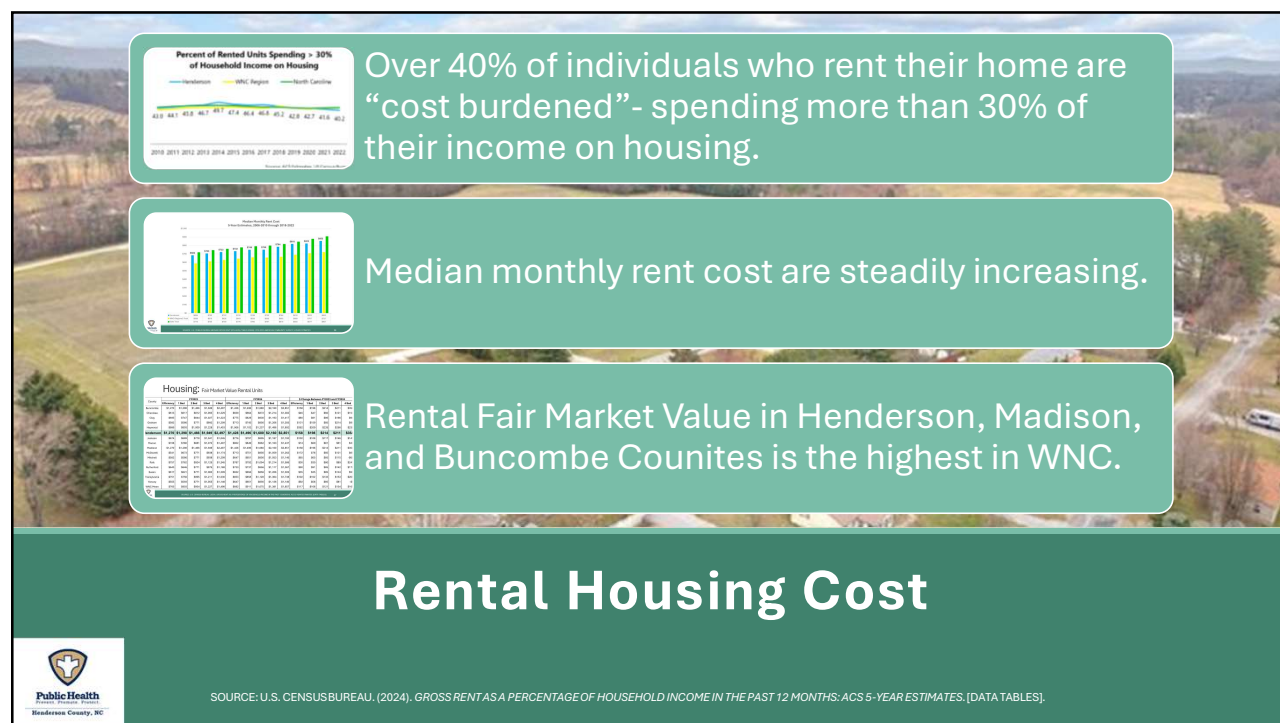


46

# Housing



47



48

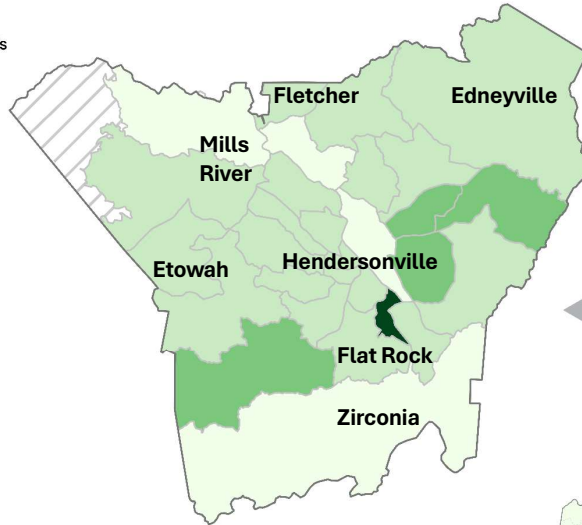
## Spending Over 30% on Rent or Mortgage

Henderson County



Percentage of Households

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



0 5 10 mi  
Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBC

49

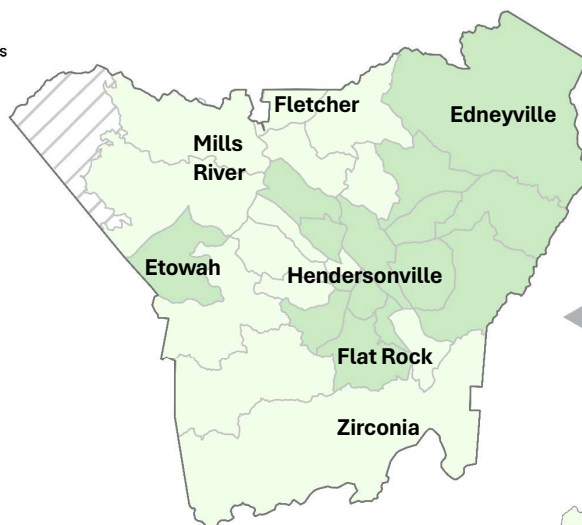
## Spending Over 50% on Rent or Mortgage

Henderson County



Percentage of Households

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



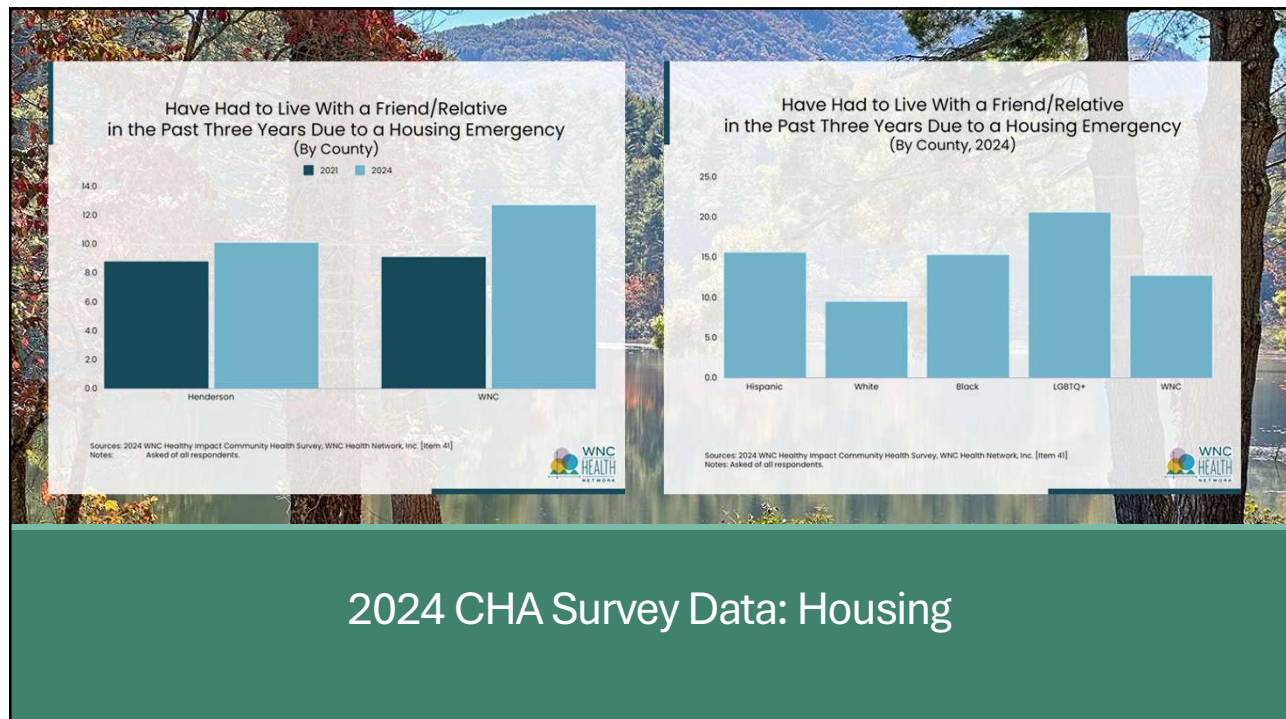
0 5 10 mi  
Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBC

50

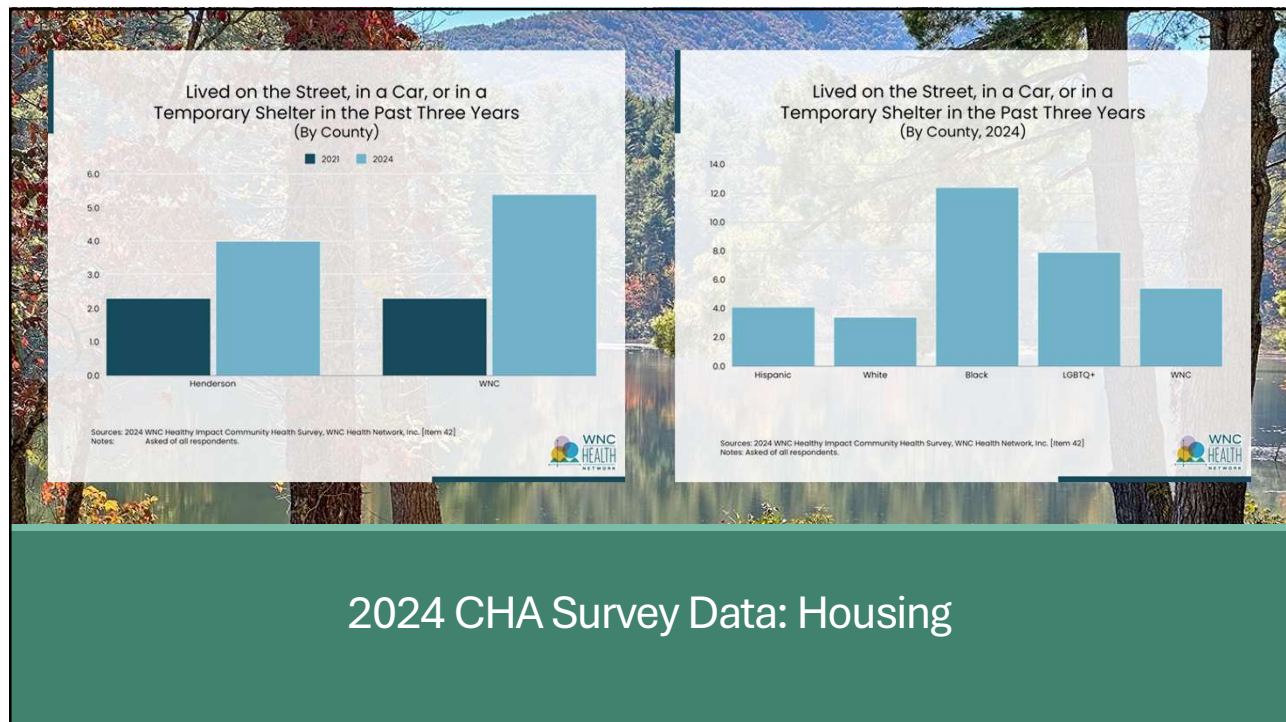




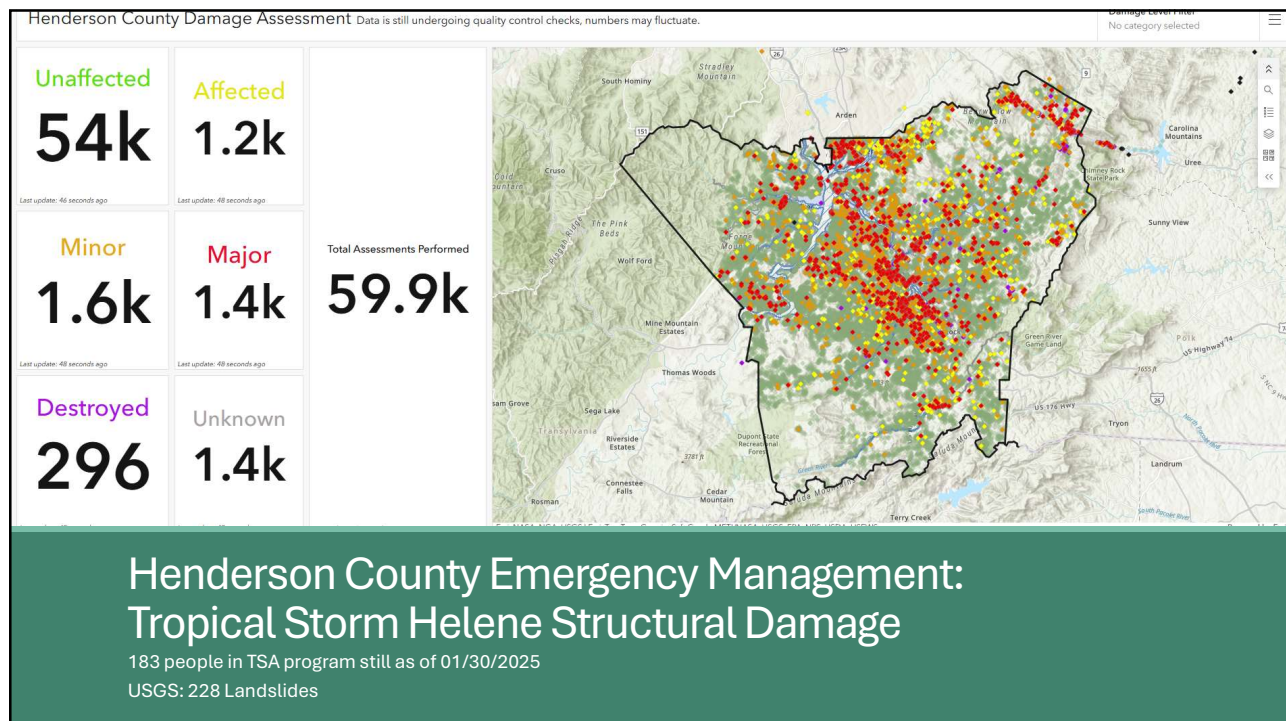
51



52



53




54



# Summary: Housing

Why it's included:	Statistical evidence:	Impact:	Disparities:
<ul style="list-style-type: none"> <li>- 2021 CHA Health Priority</li> <li>-HNC 2030 Indicator</li> </ul>	<p>Housing costs continue to rise, and TS Helene has greatly impacted the number of homes available and suitable for residence. Increase in the number of people living with a friend or on the street</p>	<p>Rising housing costs, decreasing housing supply has widespread effects through financial strain to families, overcrowding, homelessness, and reduced economic opportunities</p>	<p>Hispanic, black, and persons with low-income are disproportionately impacted by housing costs. Hispanic and LGBTQ+ more likely to report living in unsafe housing conditions</p>



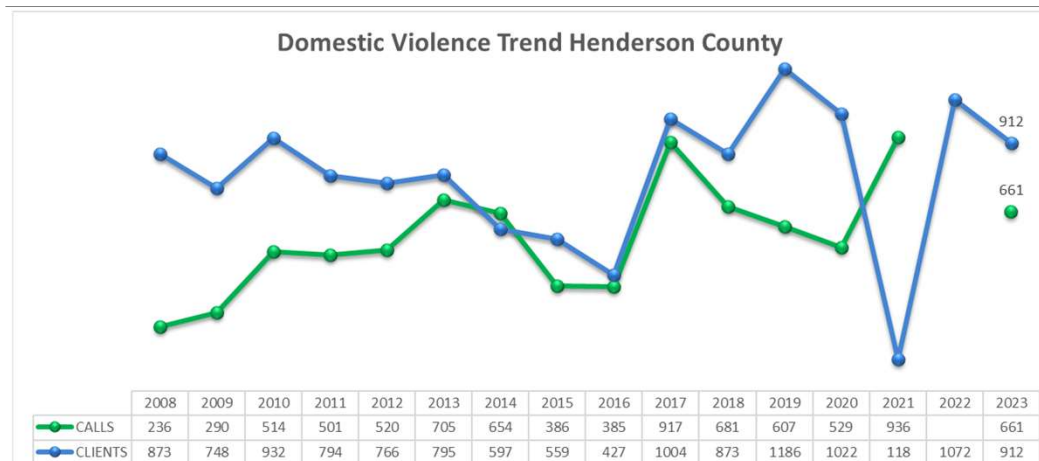
55

# Interpersonal Violence



56

## Domestic Violence



SOURCE: NORTH CAROLINA DEPARTMENT OF ADMINISTRATION. (2024). COUNTY STATISTICS - SEXUAL ASSAULT: STATEWIDE STATISTICS BY YEAR. [DATA TABLES].

57

57

## Sexual Assault

	FY 2022-2023						
	Rape	Adult Survivor of CSA	Child Sex Offense	Incest	Human Trafficking	Type of Assault Other	Type of Assault Total
Henderson	178	9	102	2	2	89	382
WNC Regional Average	53	34	16	6	8	51	169
North Carolina	4,004	1,474	2,072	372	373	2,675	10,970



Source North Carolina Department of Administration. (2024). County Statistics - Sexual Assault: Statewide Statistics by Year. [Data tables].

58

58

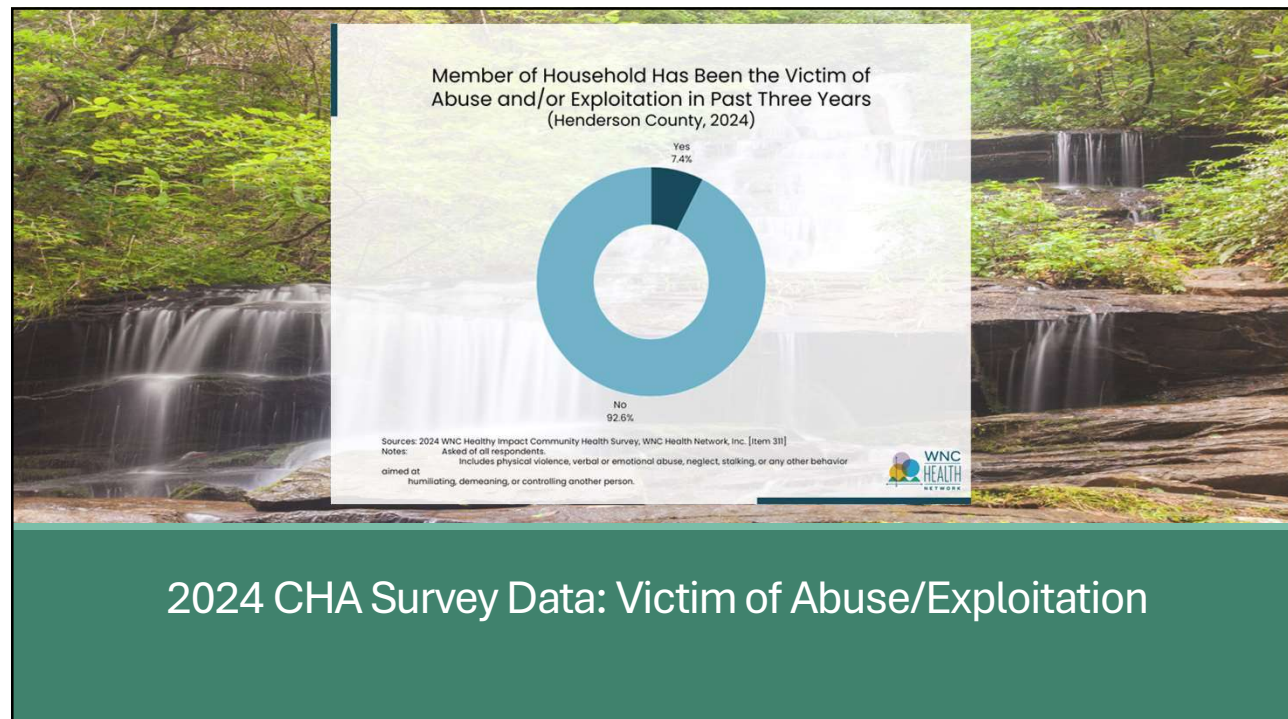
## Child Abuse

FY:	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23
Substantiated Findings (#)	80	69	42	31	53	32	52	32
Abuse and Neglect	4	3	5	2	7	2	8	1
Abuse	0	4	5	2	0	1	2	2
Neglect	74	62	32	27	46	29	42	28
Dependency	2	0	0	0	0	0	0	1
Unsubstantiated (#)	164	245	216	135	138	128	184	190
# Investigated Reports	715	791	679	397	641	610	755	657



59

59



60

# Summary: Interpersonal Violence

Why it's included:	Statistical evidence:	Impact:	Disparities:
- 2021 CHA Health Priority	<ul style="list-style-type: none"> <li>- Rates for sexual assault and child abuse are concerning</li> <li>- Domestic violence often increases after disasters (like COVID or TS Helene)</li> </ul>	Interpersonal violence causes physical and psychological harm, impacting mental health, and leading to economic consequences	Women and children are most often the victim

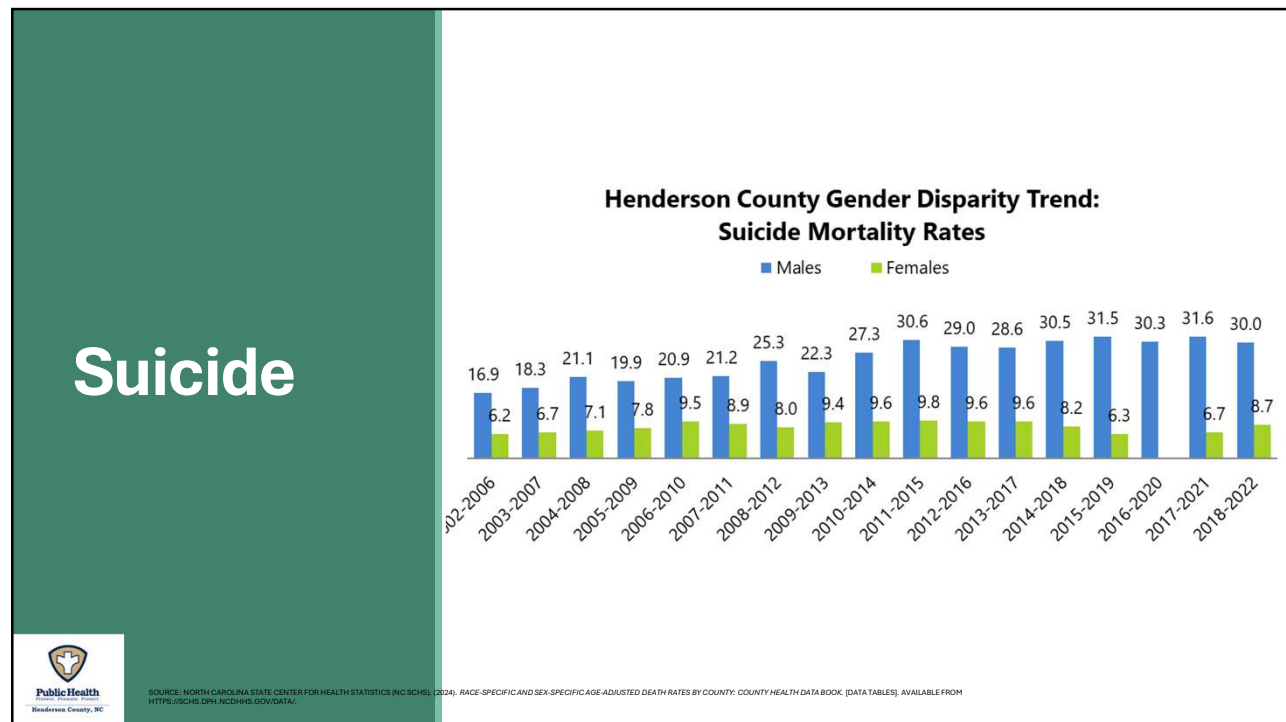
Public Health  
Berkshire County, MA

61

# Mental Health

Public Health  
Berkshire County, MA

62



63

## Teen Deaths by Suicide

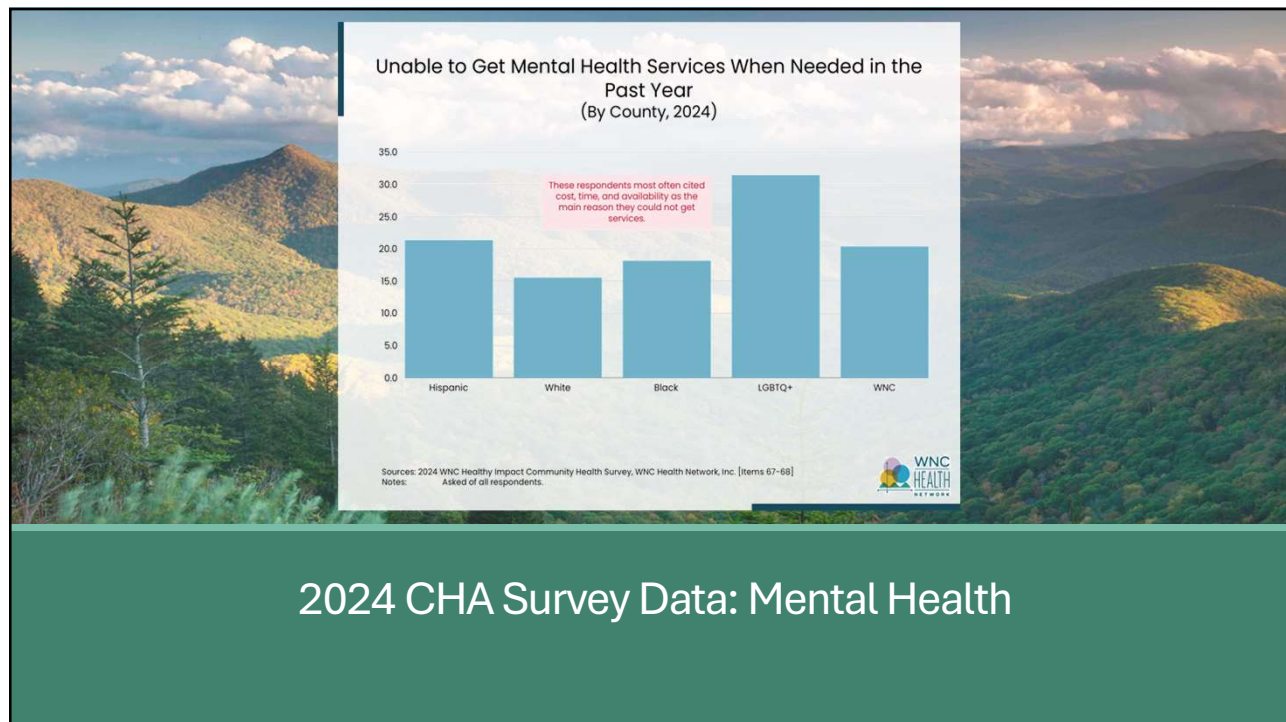
Between 2019-2023, Henderson County lost 8 children aged 10-17 to suicide, four of them were firearm related and four were hangings.

Three of those 8 deaths were in 2023.

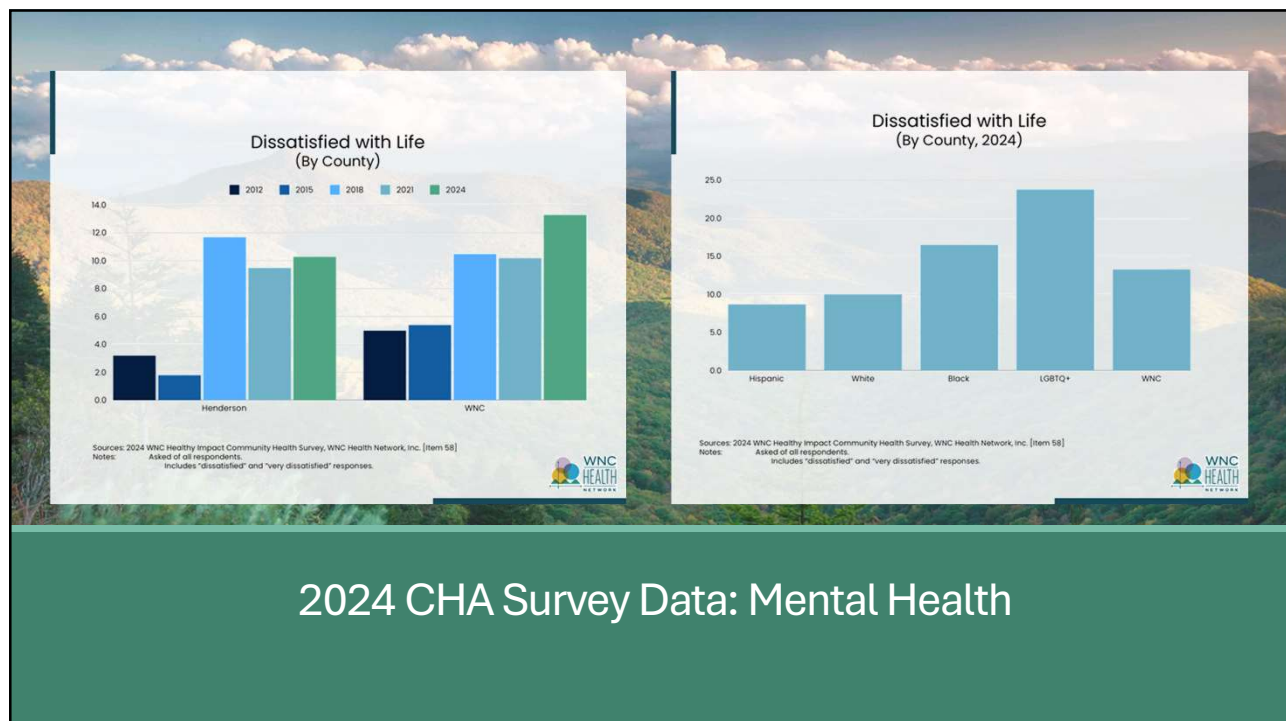
Source: 2024 Local Child Fatality Prevention Team Report

64



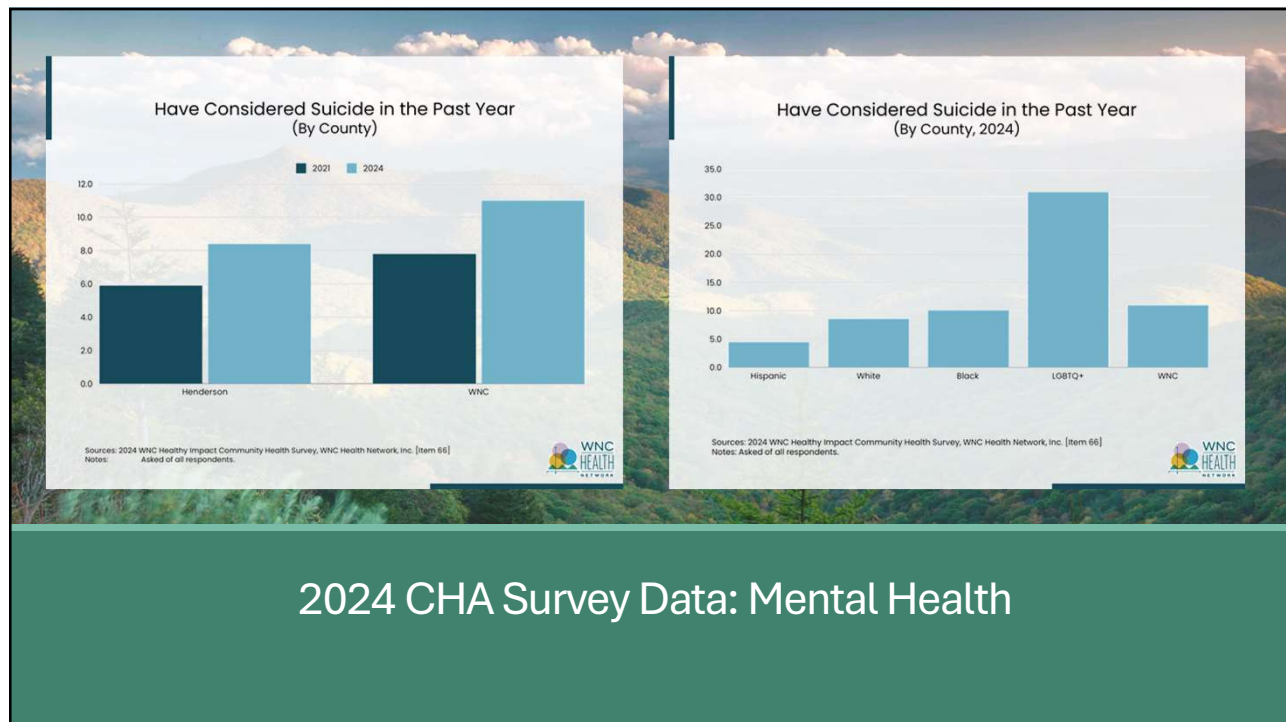


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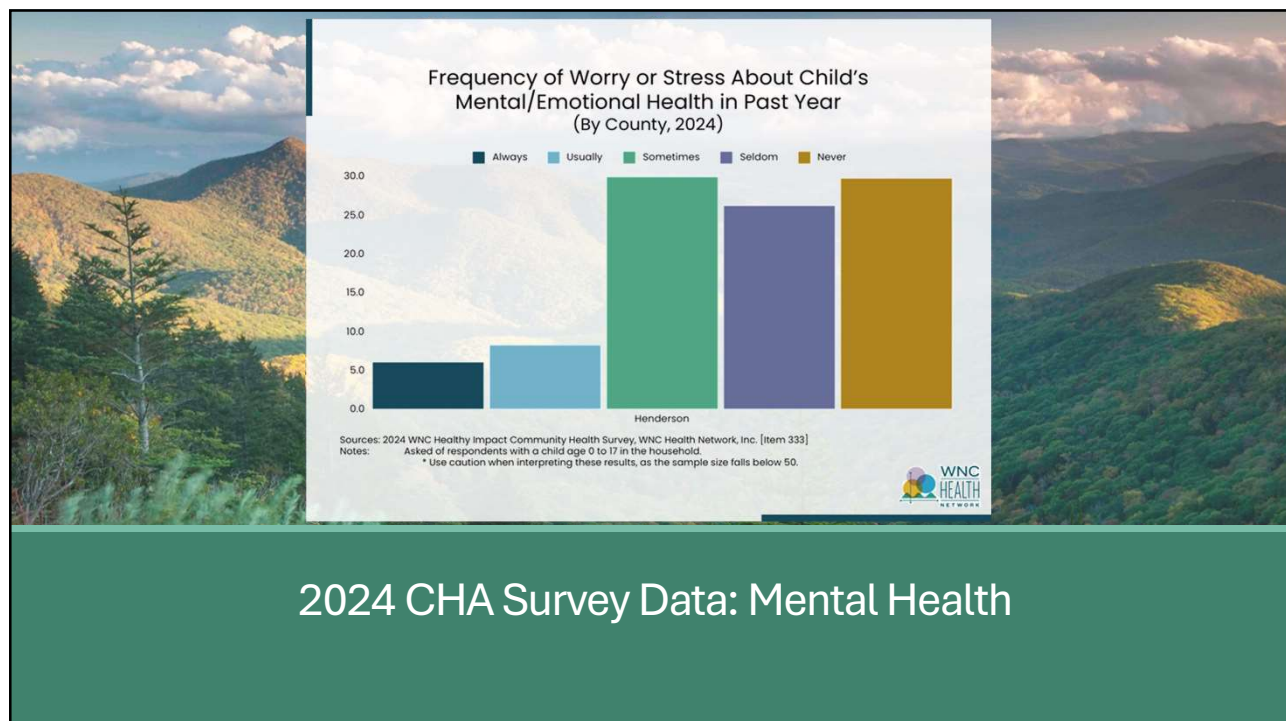


66





67



68

# Summary: Mental Health

Why it's included:	Statistical evidence:	Impact:	Disparities:
<ul style="list-style-type: none"> <li>- 2021 CHA Health Priority</li> <li>- Suicide 6<sup>th</sup> leading cause of death (2<sup>nd</sup> ages 20-39)</li> <li>- Identified by OKIS as a health concern</li> <li>- High rates of poor mental health, stress, and suicide risk</li> </ul>	<ul style="list-style-type: none"> <li>- Increase in number of people considering suicide and in deaths by suicide</li> <li>- Teen deaths by suicide are increasing</li> <li>- Many report "difficulty accessing mental health services"</li> </ul>	<p>Lack of access to mental health care leads to higher rates of crisis interventions and self-harm</p>	<ul style="list-style-type: none"> <li>- LGBTQ+ and Black more likely to report "dissatisfied with life"</li> <li>- Men are more likely to die by suicide</li> </ul>

Public Health  
American County, NY

69

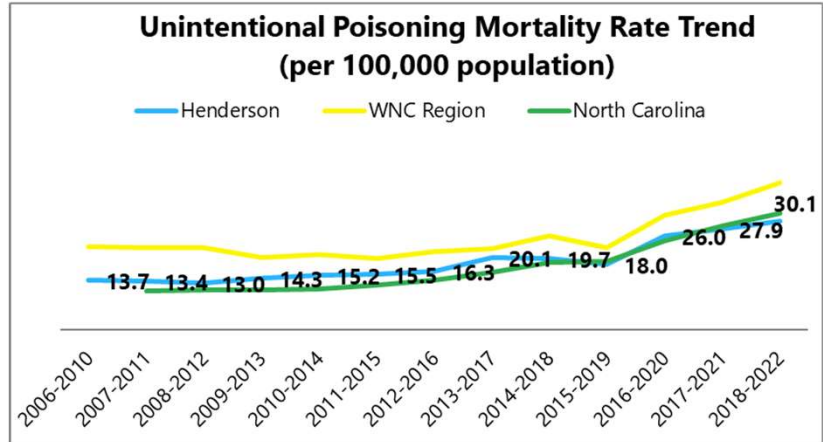
# Substance Use

70

# Unintentional Poisoning



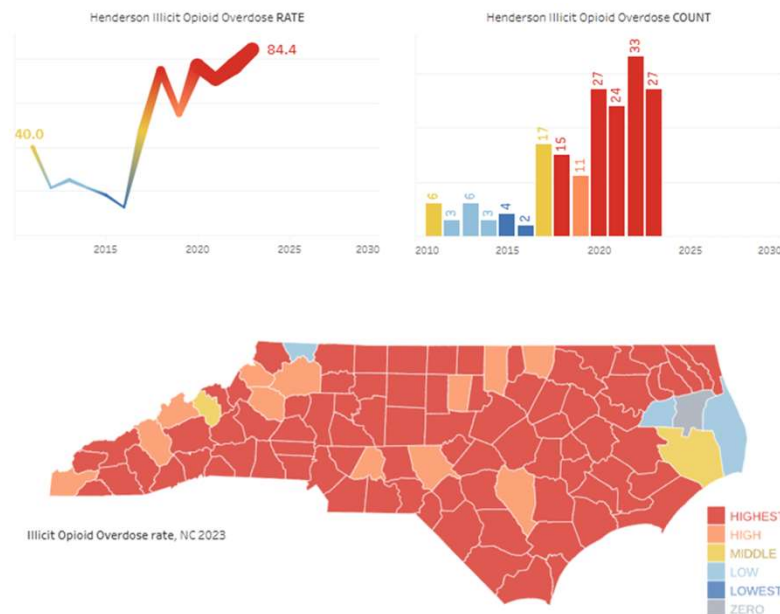
SOURCE: NORTH CAROLINA STATE CENTER FOR HEALTH STATISTICS (NC SCHS). (2024). UNINTENTIONAL POISONING MORTALITY RATES PER 100,000: COUNTY HEALTH DATA BOOK. [DATA TABLES]. AVAILABLE FROM [HTTPS://SCHS.DPH.NCDHHS.GOV/DATA/](https://schs.dph.ncdohhs.gov/data/).



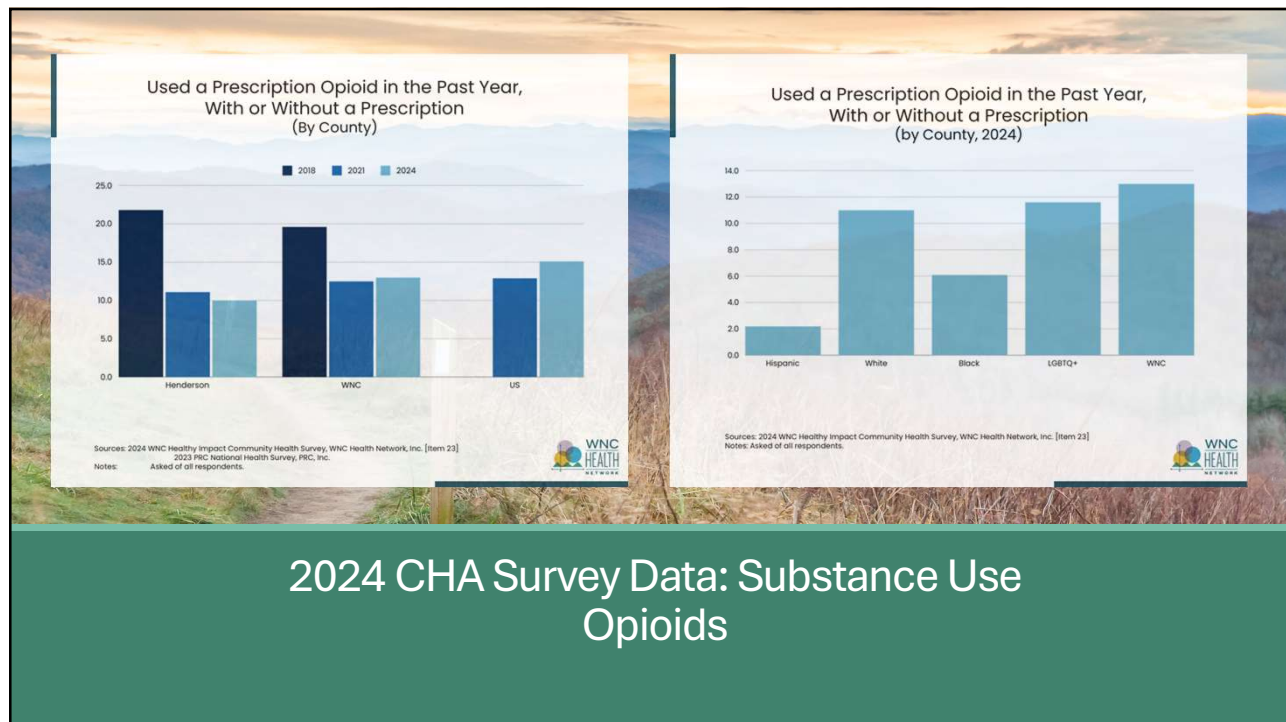
71

71

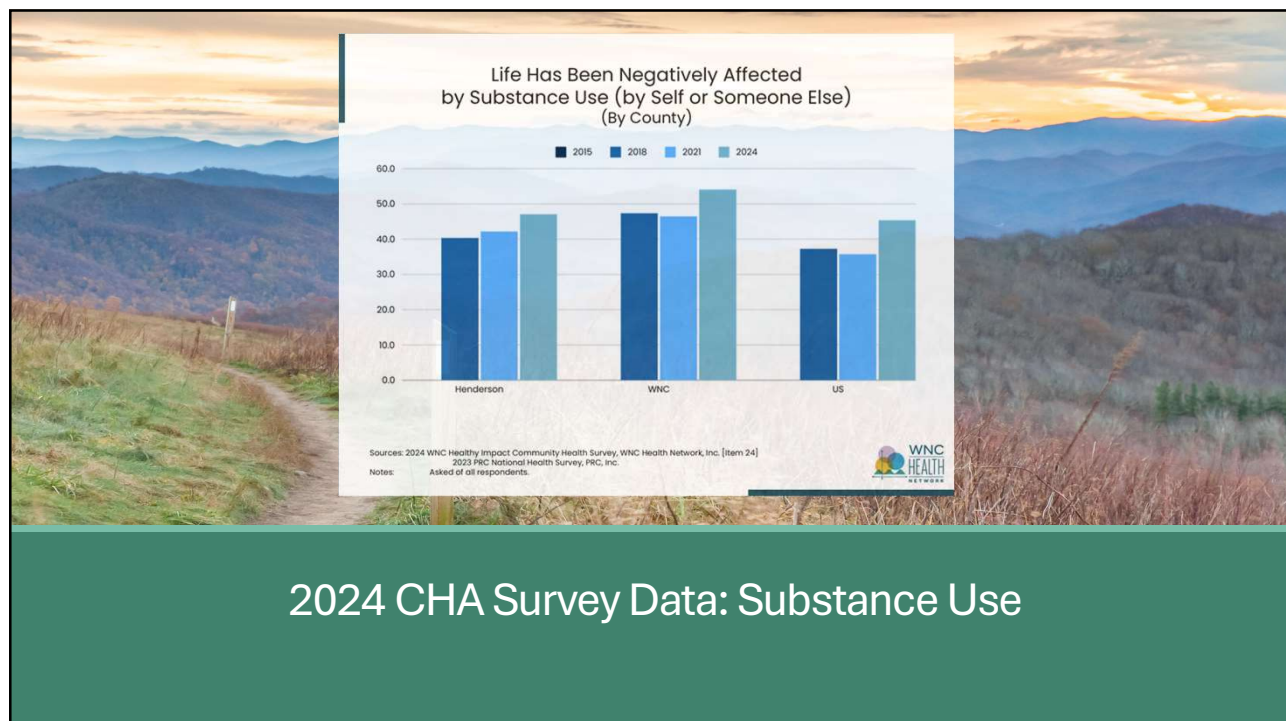
27 of 32(84.4%)  
of overdose  
deaths in 2023  
involved an illicit  
opioid.



72



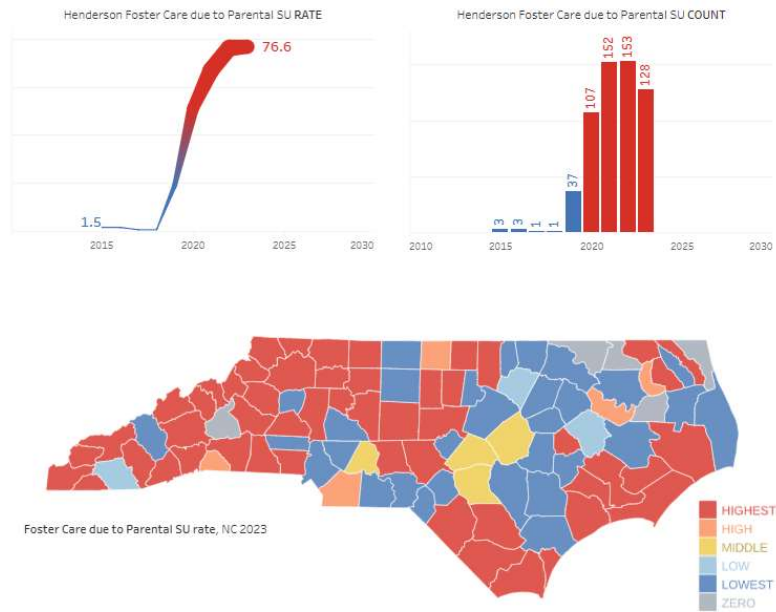
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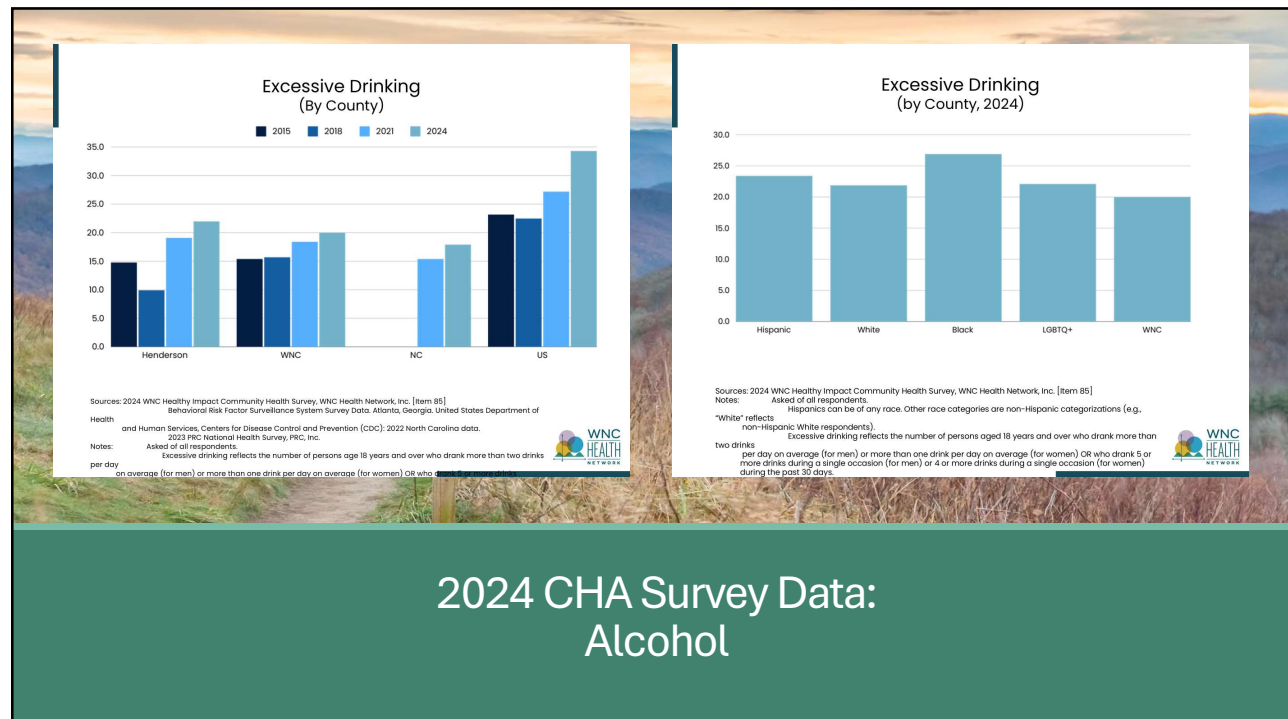
74



In 2023, 76.6% of the children in foster care was due to parental substance use.



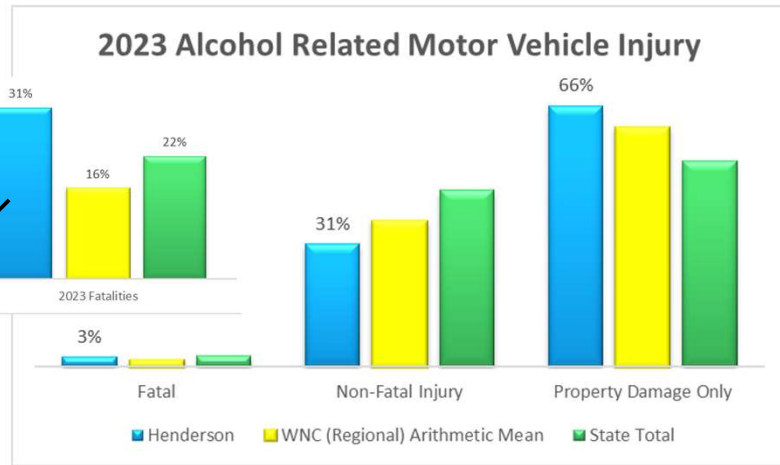
75



76

## Alcohol-Related Motor Vehicle Injury

Of the 13 reported fatal vehicle crashes in Henderson County in 2023, 4 (31%) were alcohol related.



SOURCE : NC DEPARTMENT OF TRANSPORTATION. (2023). CRASH DATA AND MAPS: COUNTY CRASH PROFILES. [DATA TABLES]. AVAILABLE FROM [HTTPS://CONNECT.NCDOT.GOV/RESOURCES/SAFETY/PAGES/CRASH-DATA.ASPX](https://connect.ncdot.gov/resources/safety/pages/crash-data.aspx).

77

77

## Summary: Substance Use

### Why it's included:

- 2021 CHA Health Priority
- Identified by OKIS as a health concern—Moderate(18.8%) or Major (81.3%) Problem (total 100%)
- Healthy NC 2030 Indicator

### Statistical evidence:

- High rates of opioid misuse and overdose deaths
- 84.4% overdose deaths in 2023 involved an illicit opioid

### Impact:

Leads to premature death, economic burdens, and social instability

### Disparities:

- White reports higher use of prescription opioids.

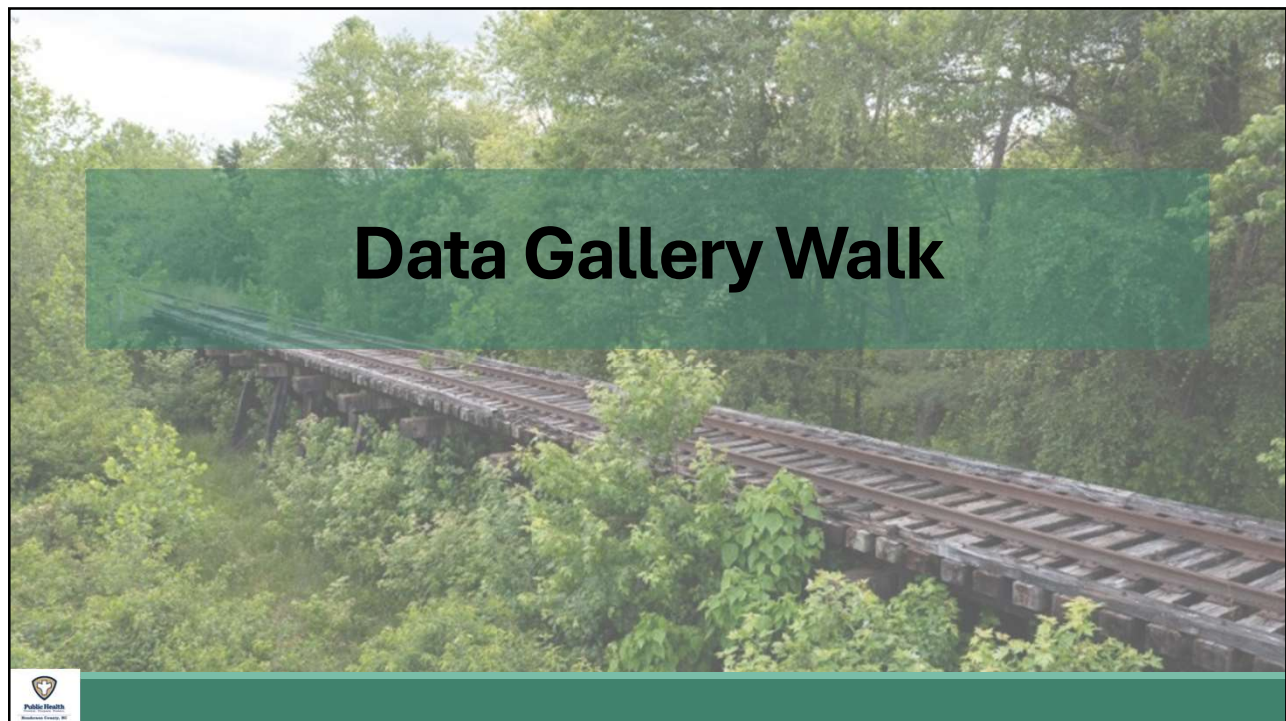


78





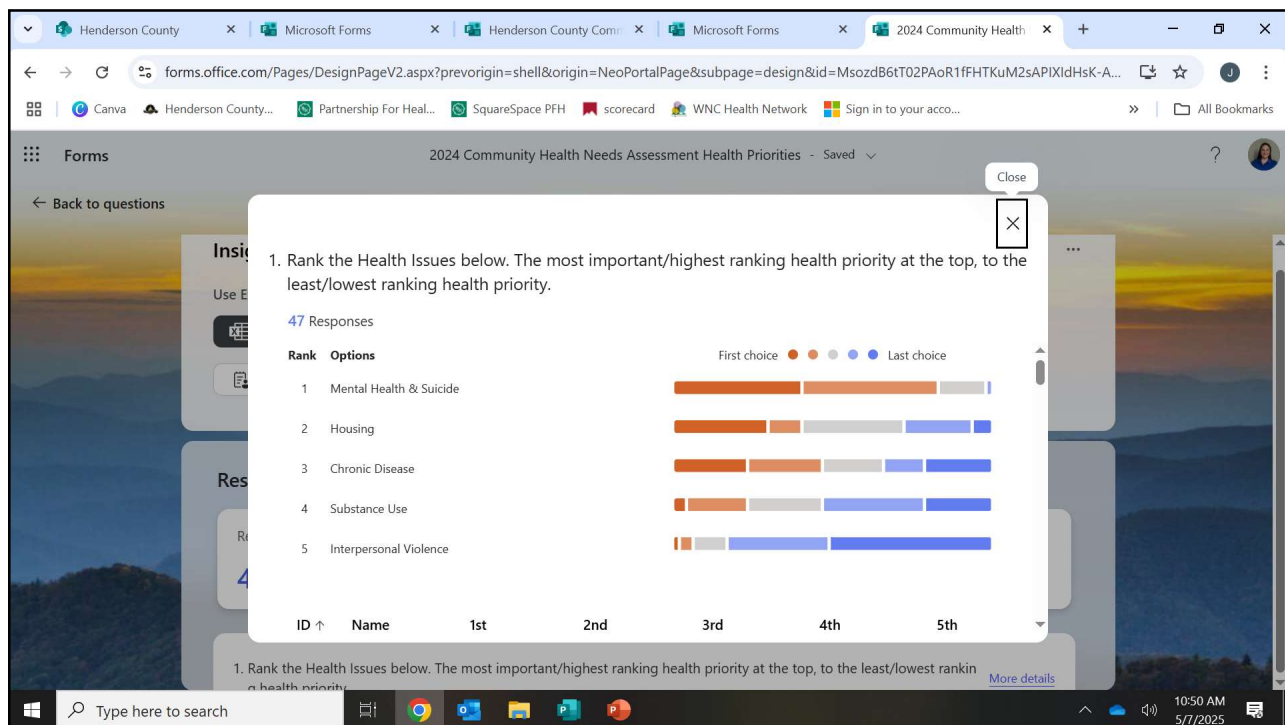
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82



83

**Next Steps**

- Developing the CHA Report
- Creating/Continuing Health Priority Action Teams
- Developing the Community Health Improvement Plan (CHIP)
- Will be in contact—stay tuned for upcoming meetings to plan!

84





# Thank you

**Stay Involved:**

**Juliana Whitaker**  
Partnership for Health Coordinator & CHA Lead  
[JulianaWhitaker@HendersonCountyNC.gov](mailto:JulianaWhitaker@HendersonCountyNC.gov)  
Mobile 828-708-9687

Health Priority Action Team  
Interest



85

Forms 2024 Community Health Needs Assessment Health Priorities - Saved

Style Settings Preview Collect responses View responses 47 Present

### 2024 Community Health Needs Assessment Health Priorities

1. Rank the Health Issues below. The most important/highest ranking health priority at the top, to the least/lowest ranking health priority.

Chronic Disease

Housing

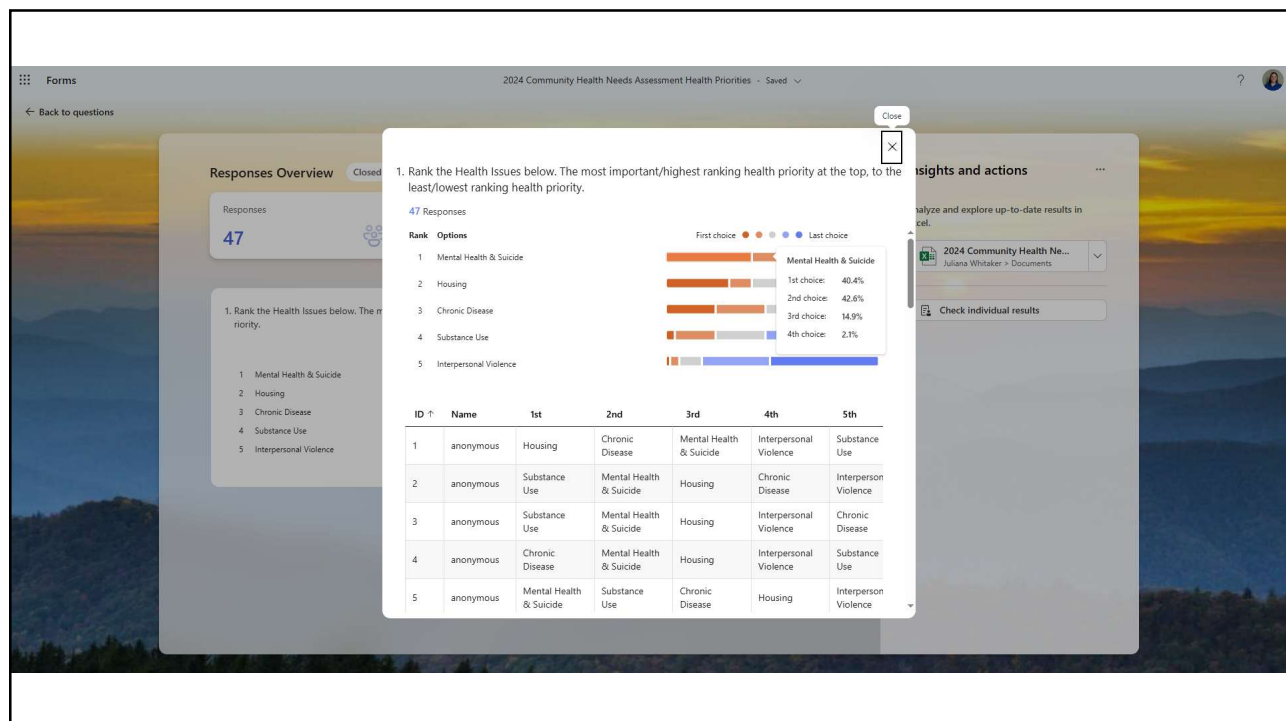
Interpersonal Violence

Mental Health & Suicide

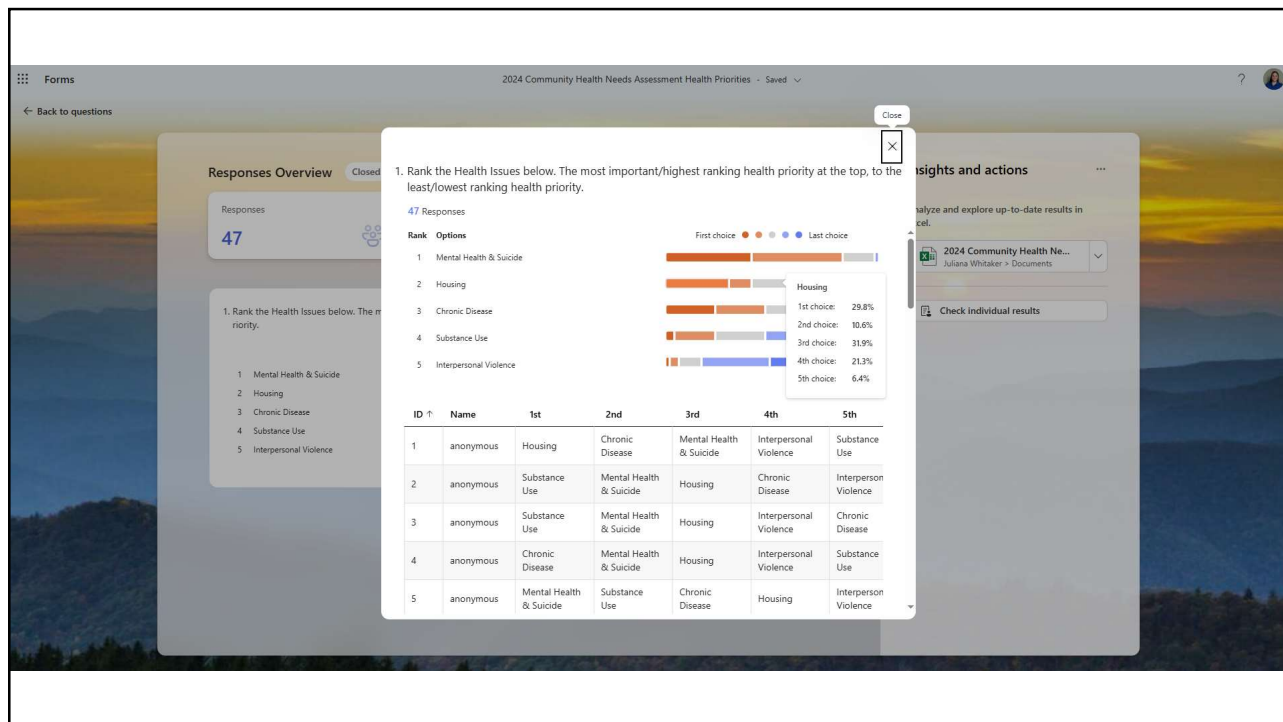
Substance Use

+ Add new question

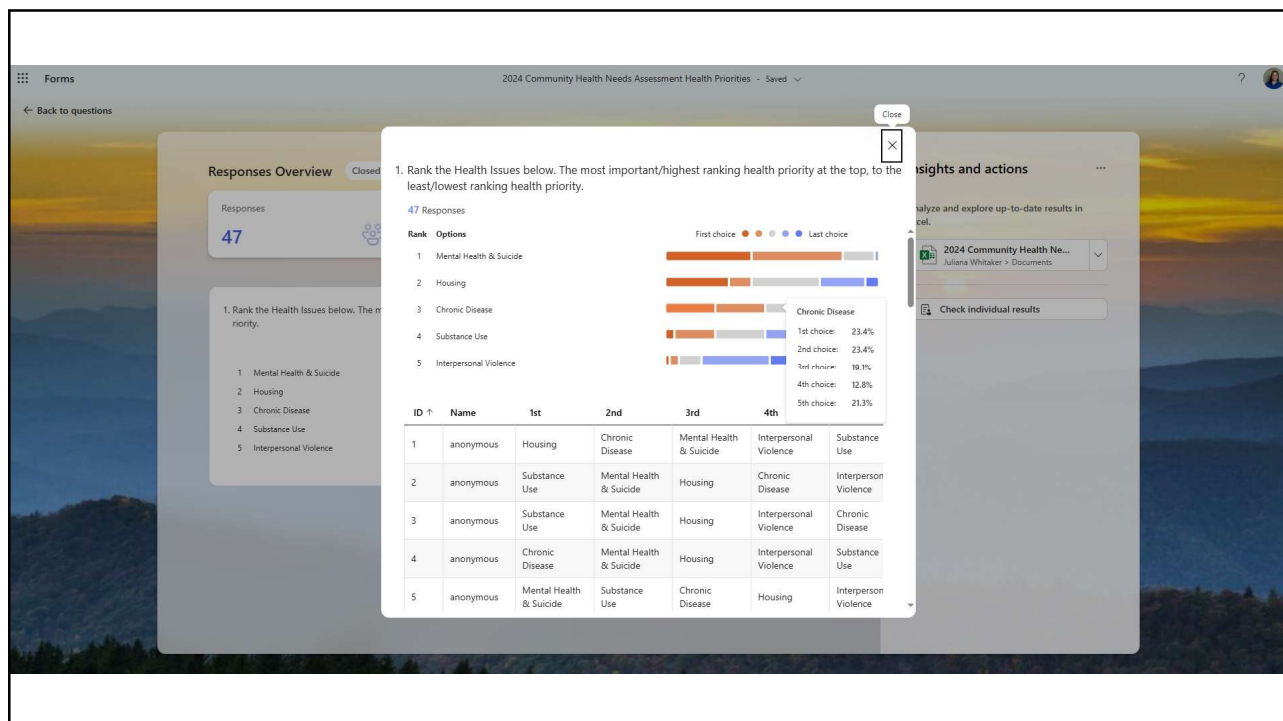
1



2

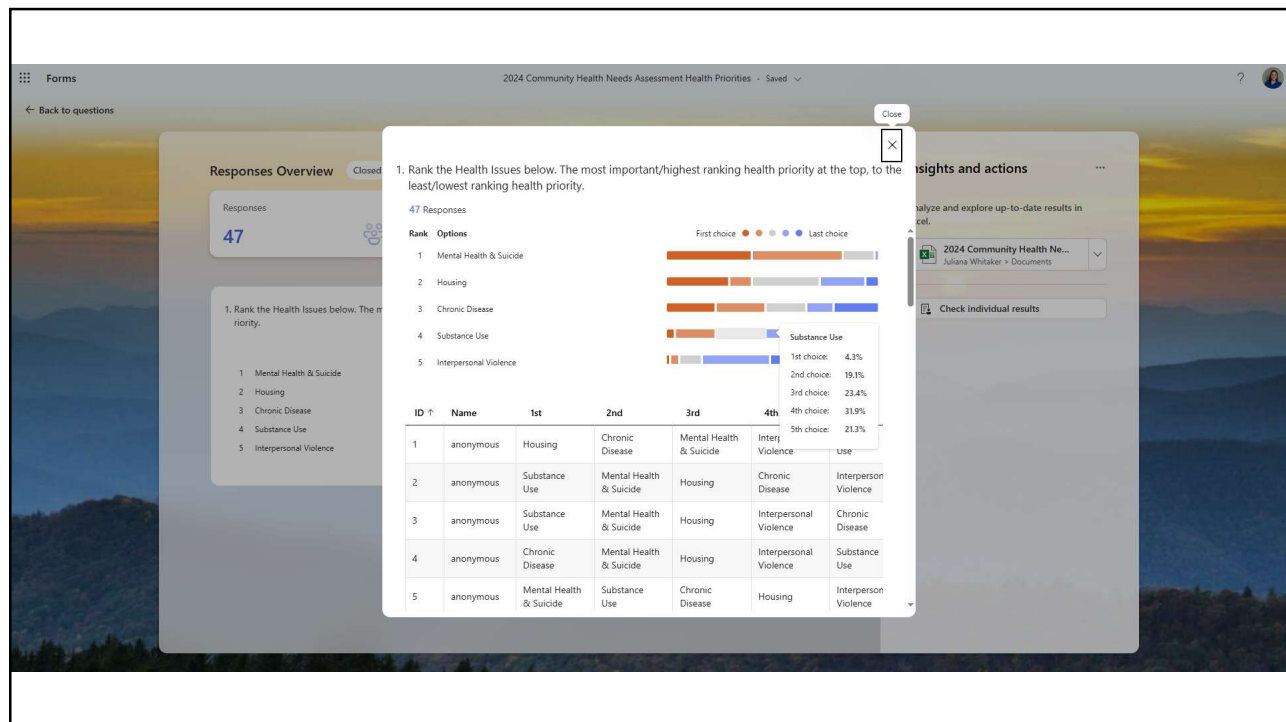


3

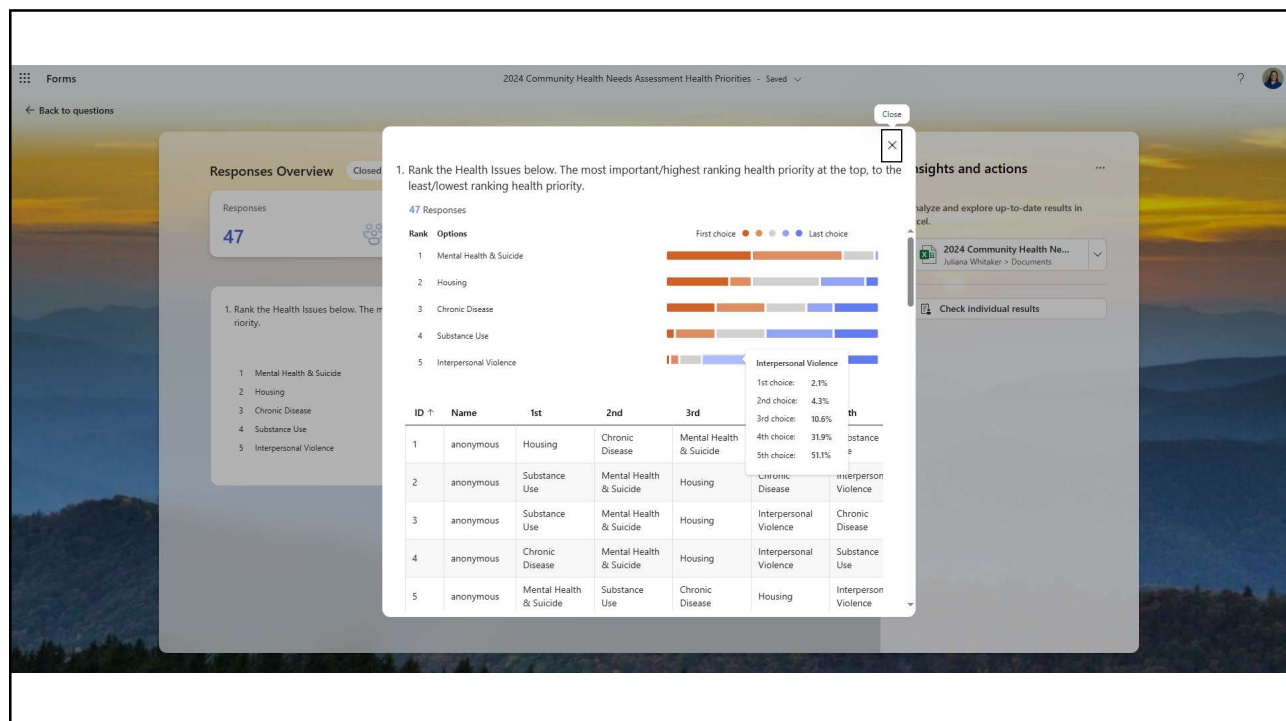


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5



6

## Appendix C—County Maps

*See attached for:*

- PowerPoint slides prepared by WNC Health Network –Henderson County Data Maps



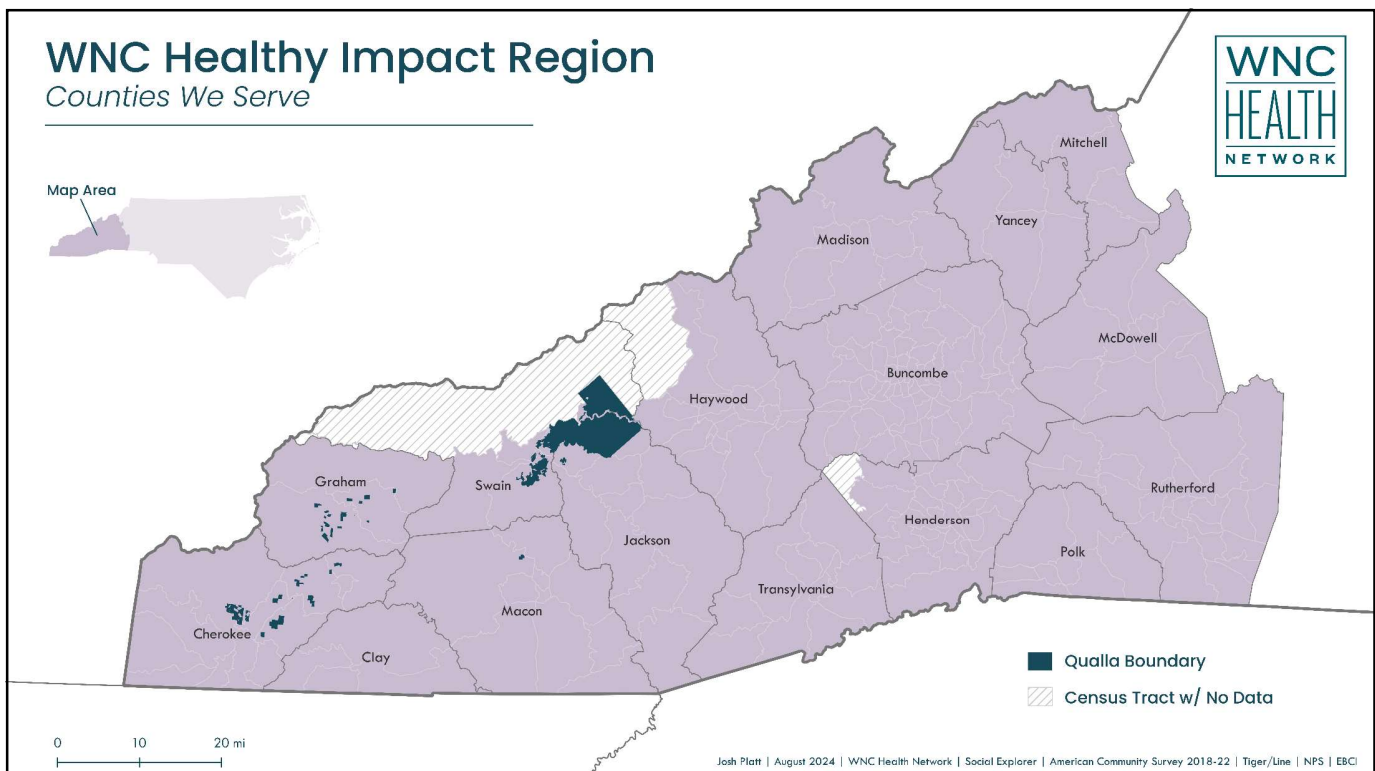
# Henderson County Maps

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

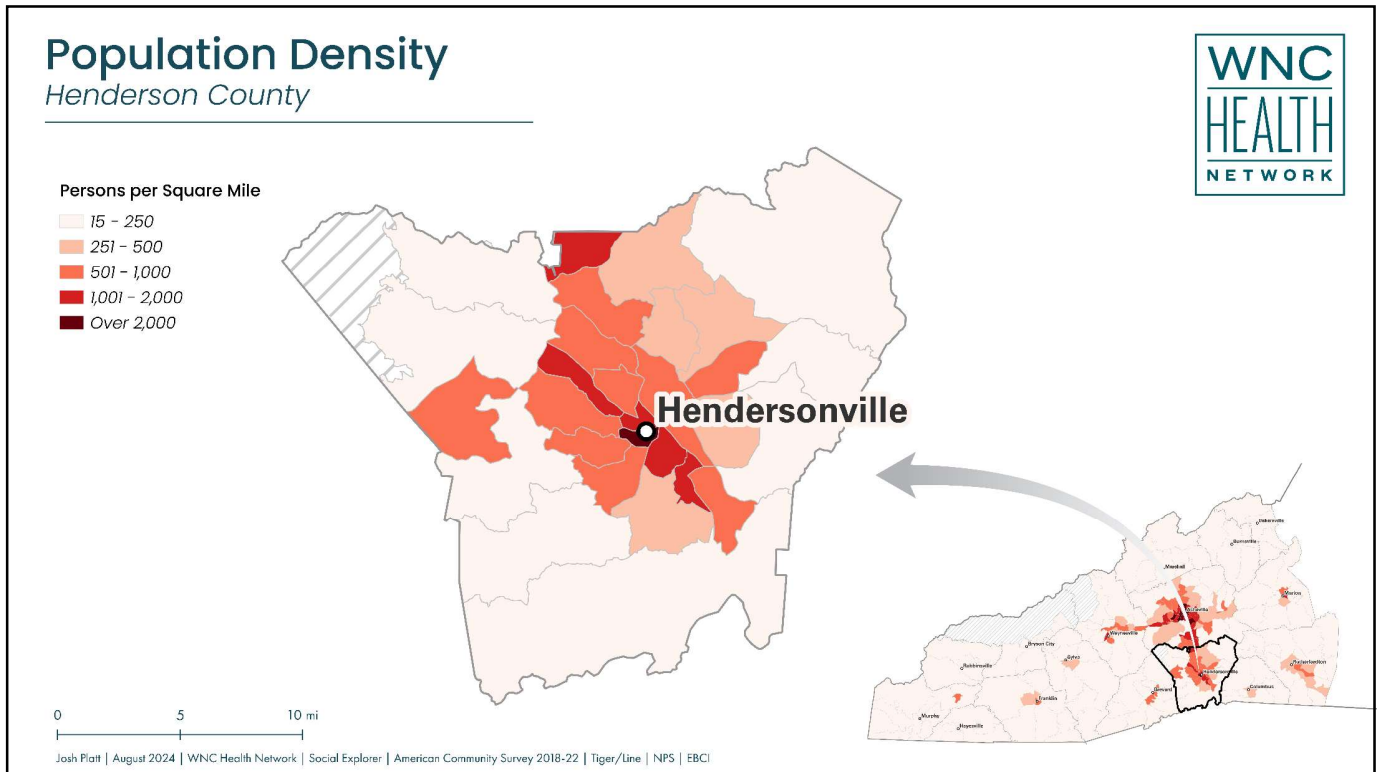
© 2022 WNC HEALTH NETWORK

1

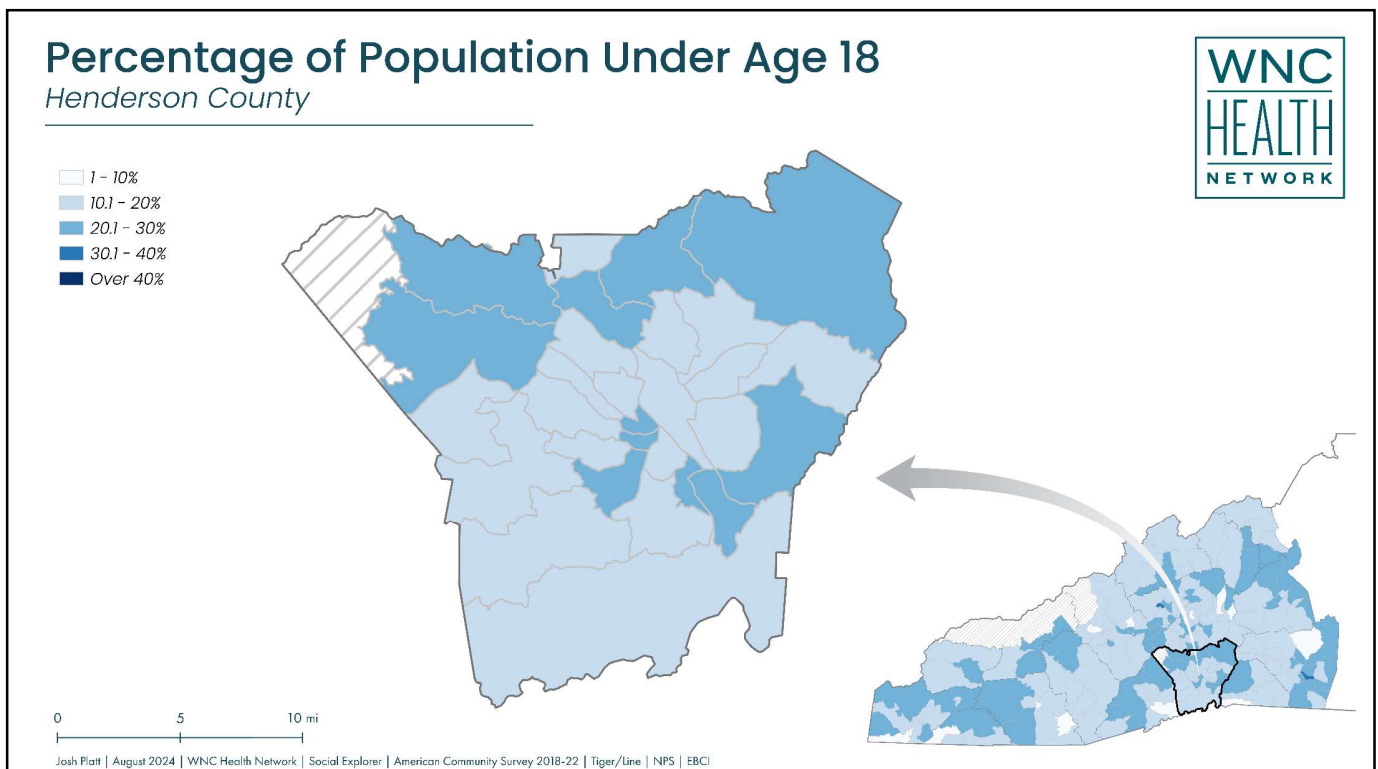
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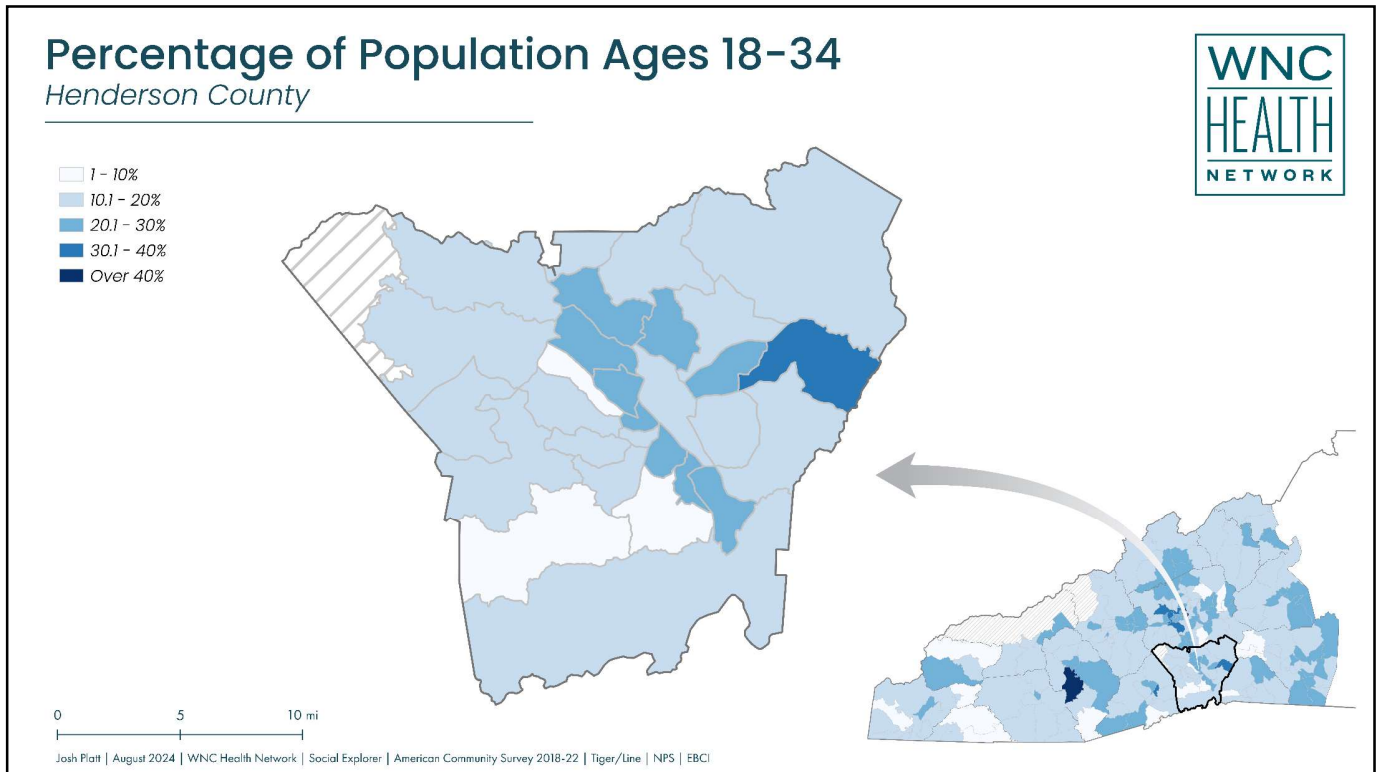
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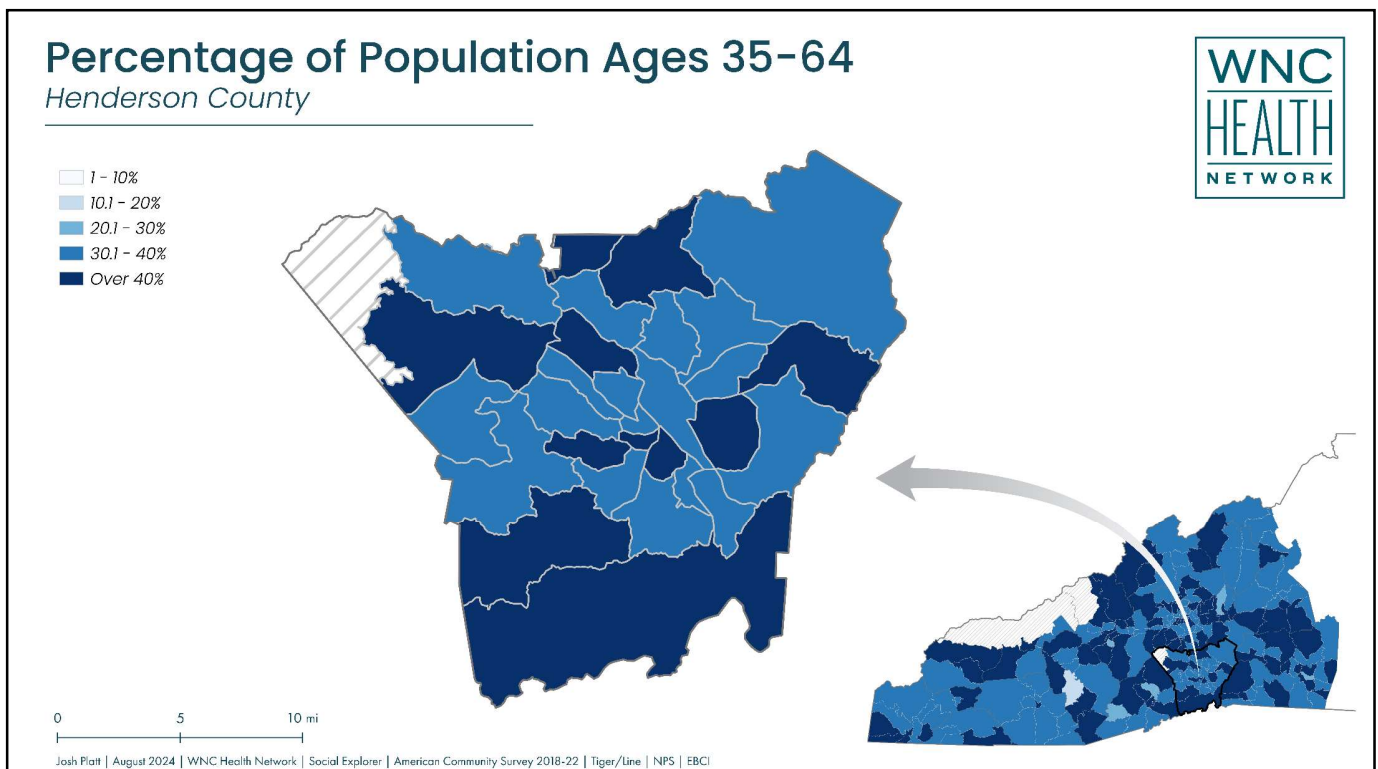
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4

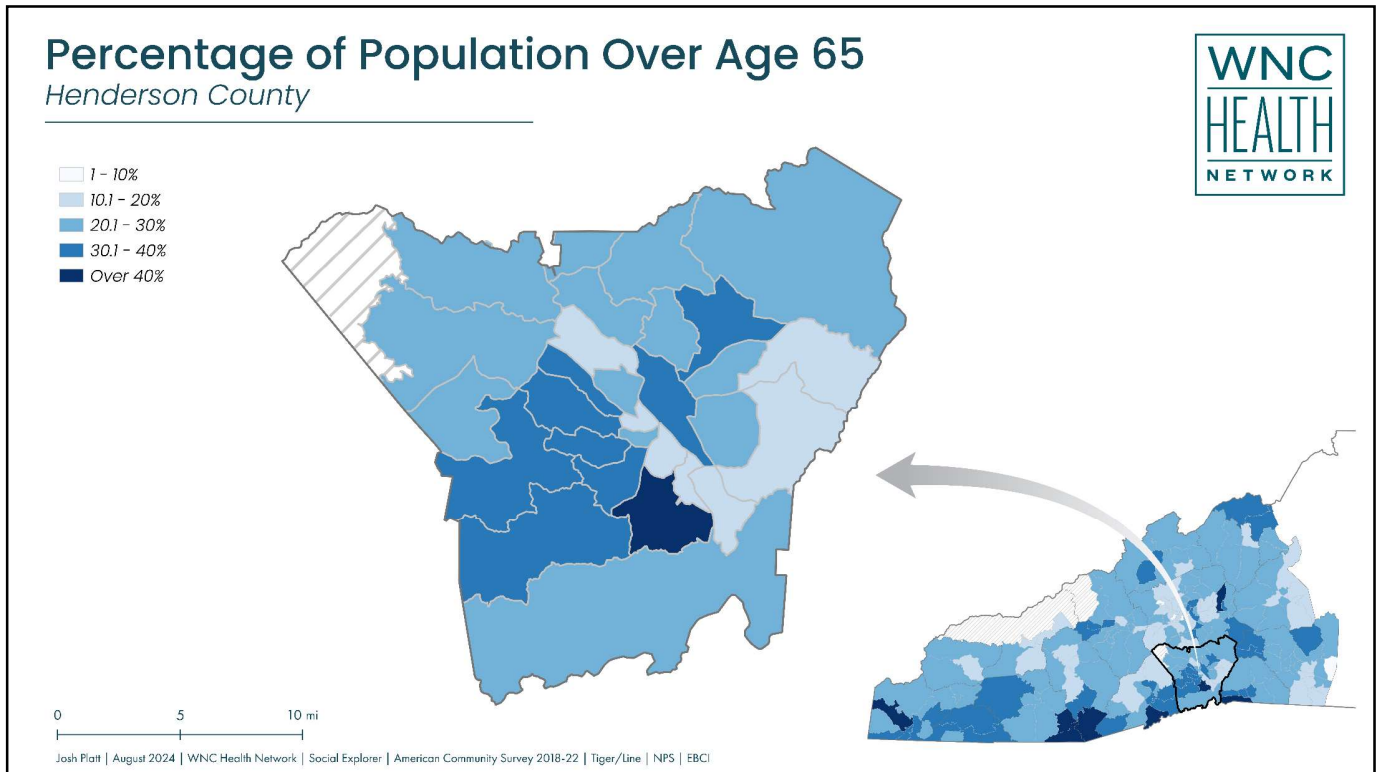


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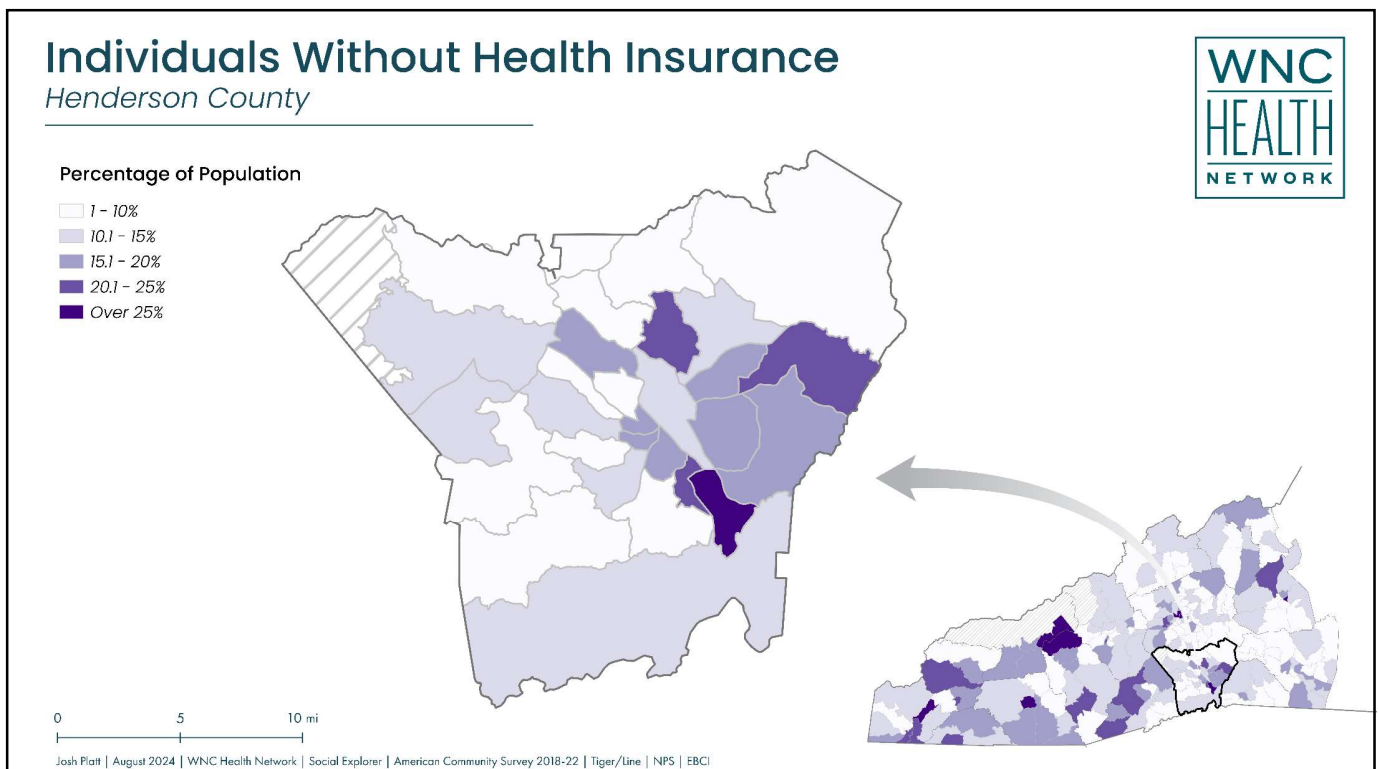


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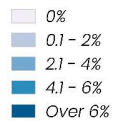
8

## Grandparents as Primary Caregiver to Grandchildren

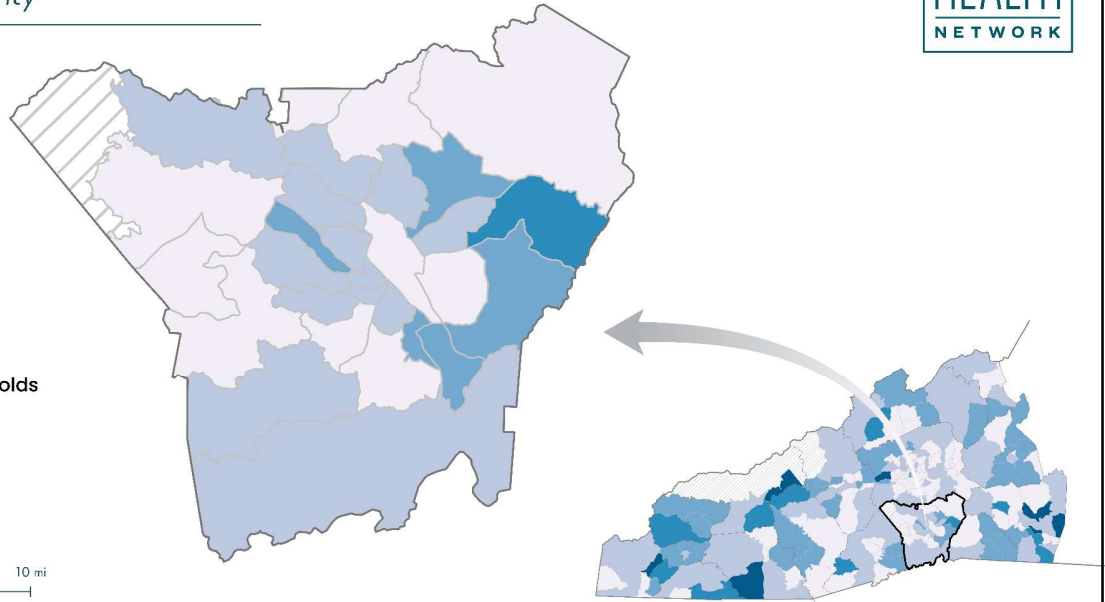
Henderson County



Percentage of Households



Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBCI



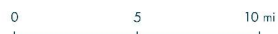
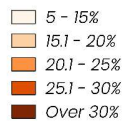
9

## Individuals Living with a Disability

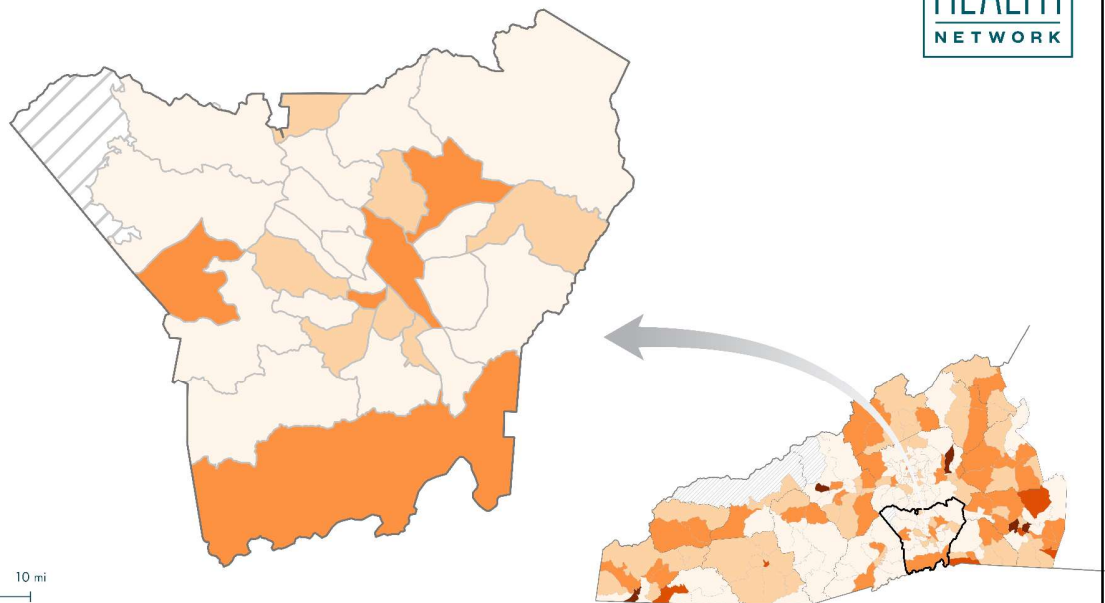
Henderson County



Percent of Population



Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBCI



10

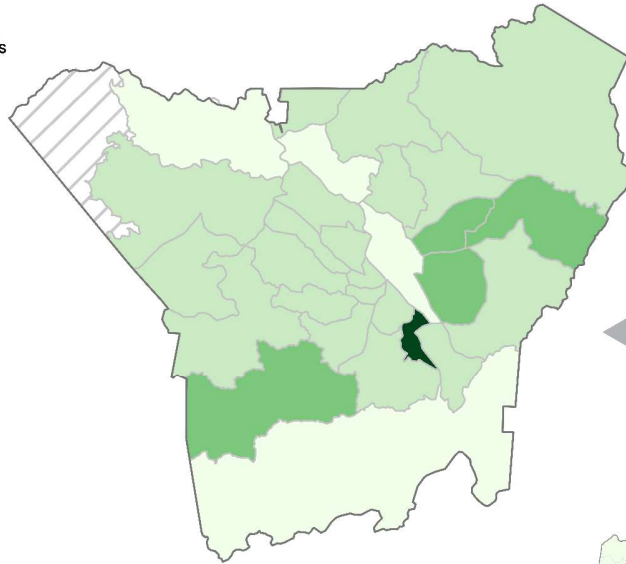
## Spending Over 30% on Rent or Mortgage

Henderson County



### Percentage of Households

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



0 5 10 mi

Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBCI

11

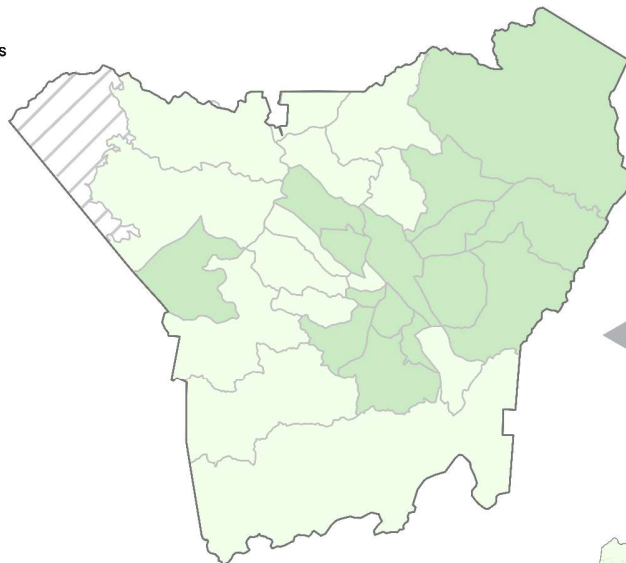
## Spending Over 50% on Rent or Mortgage

Henderson County



### Percentage of Households

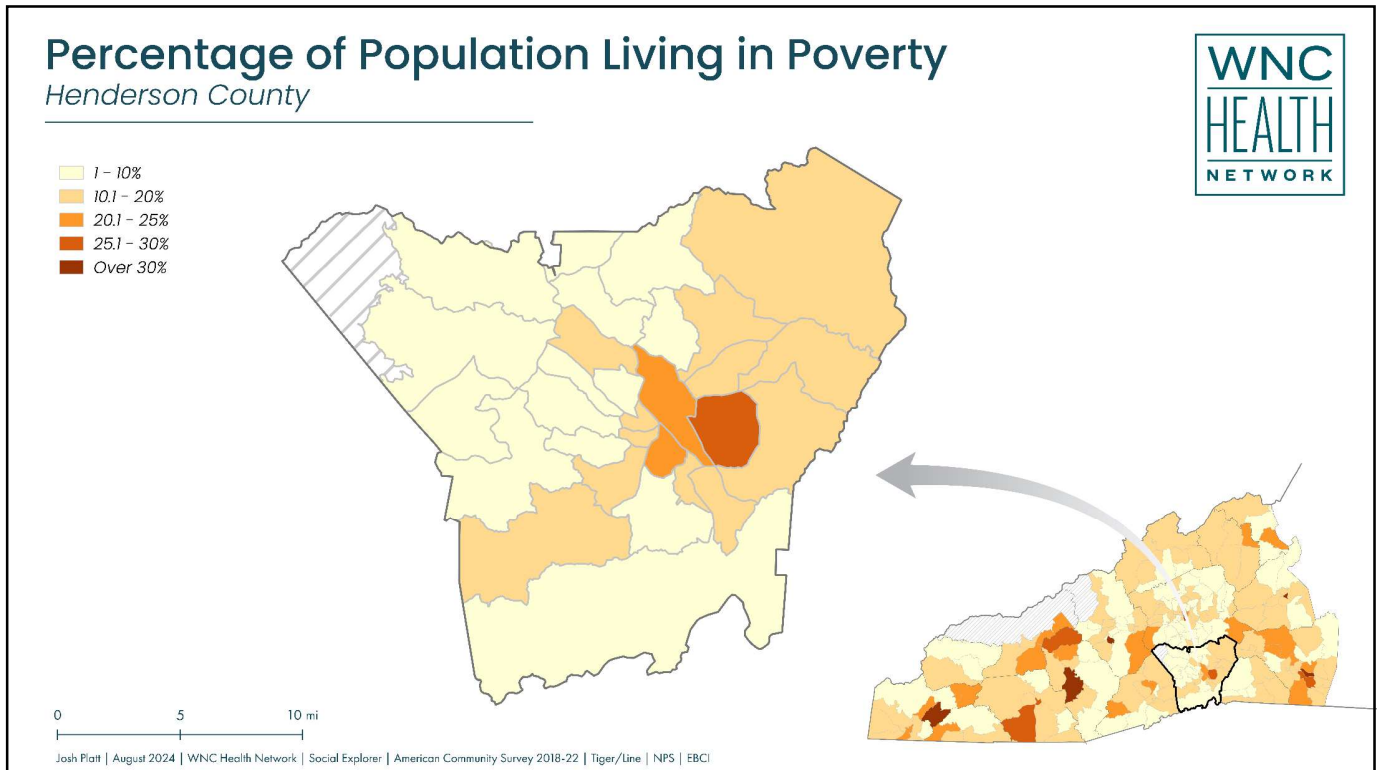
- 0.2 - 10%
- 10.1 - 20%
- 20.1 - 25%
- 25.1 - 30%
- Over 30%



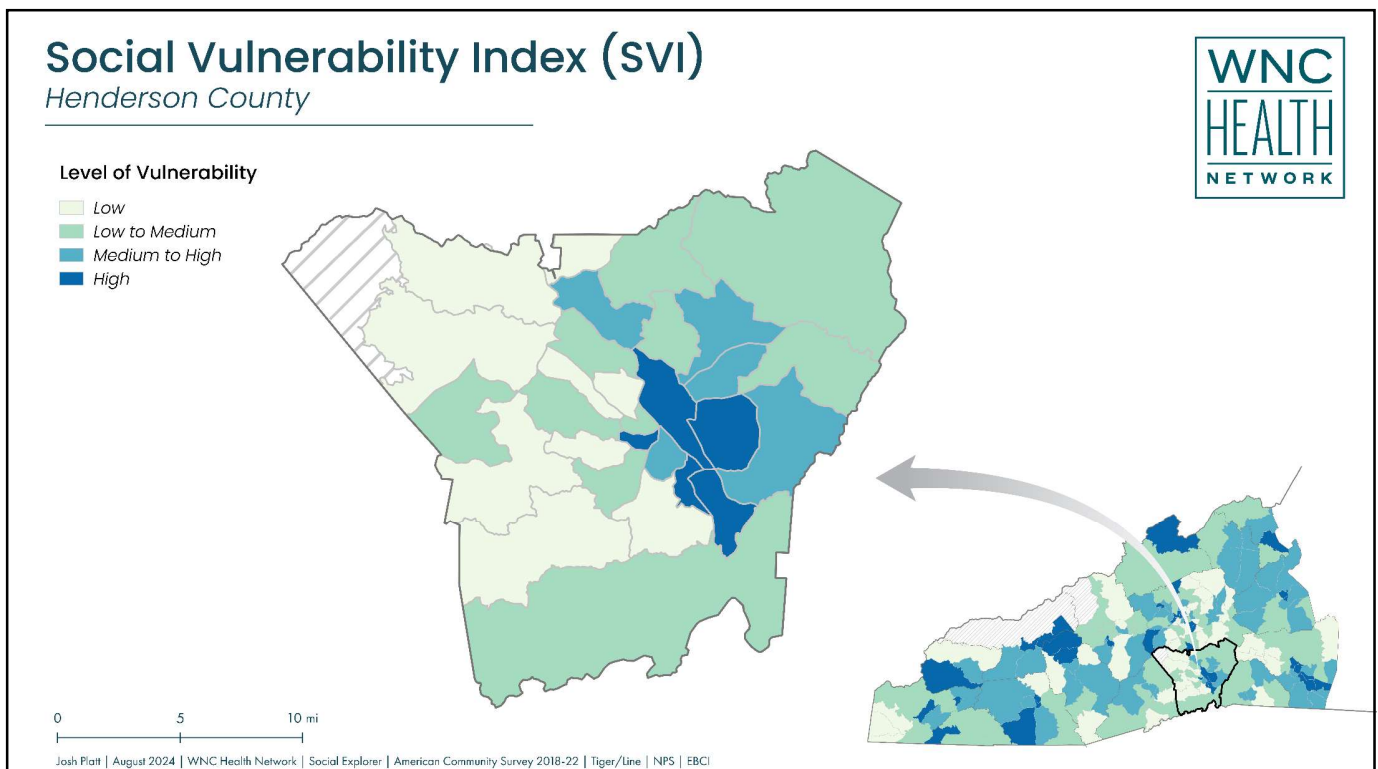
0 5 10 mi

Josh Platt | August 2024 | WNC Health Network | Social Explorer | American Community Survey 2018-22 | Tiger/Line | NPS | EBCI

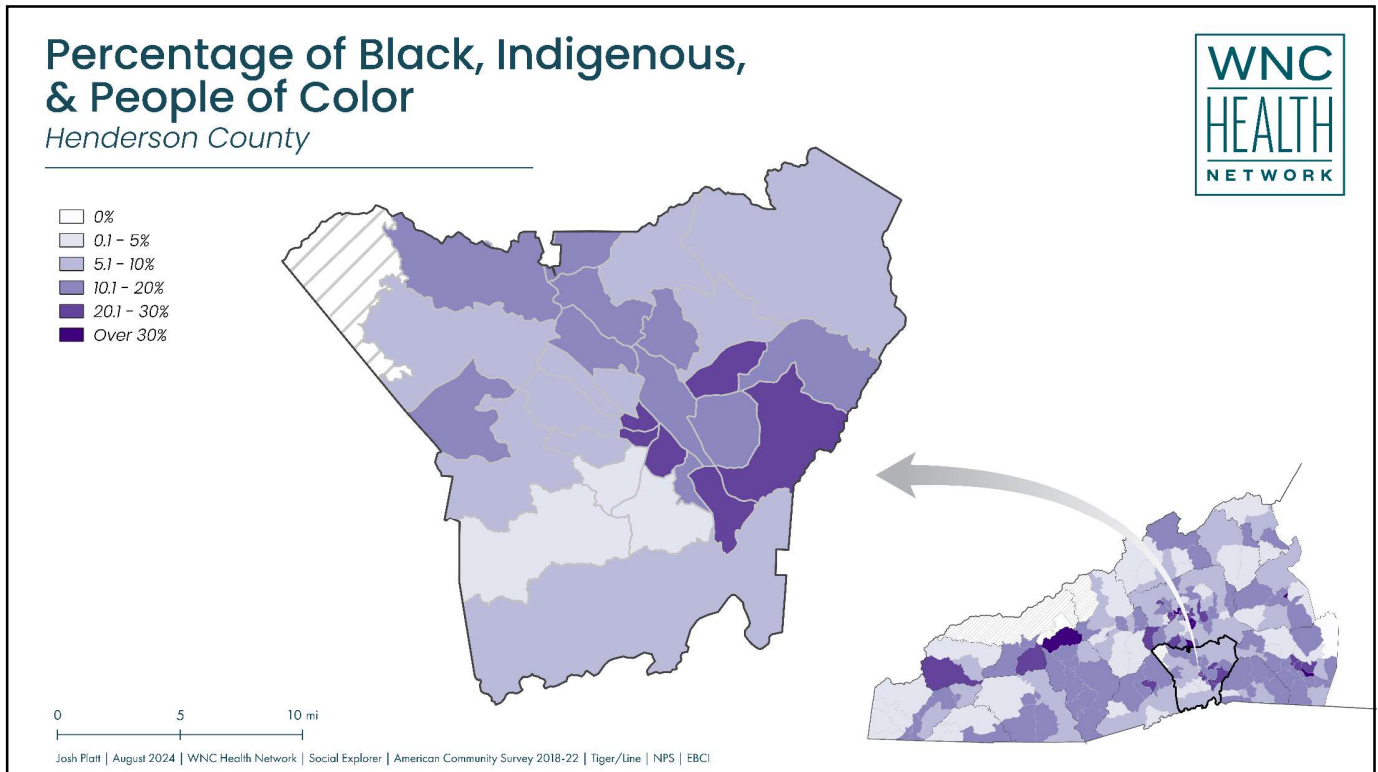
12



13



14



## Appendix D—Community Survey Findings

*See attached for:*

- WNC Healthy Impact Survey Instrument/Questions
- PowerPoint slides prepared by WNC Health Network: Community Health Survey Results





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

Key:

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

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

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

10	Next, I'd like to ask you some general questions about yourself. What is your age?	x	x	x	x	x
11	Are you of Hispanic or Latino origin, or is your family originally from a Spanish-speaking country?	x	x	x	x	x
12	What is your race? Would you say: (American Indian, Indigenous, or Alaska Native, Native Hawaiian, Pacific Islander/Asian/Black or African American/White) *(Do Not Read the Latino/Hispanic Code.)	x	x	x	x	x Mod
13	Which of the following best describes you? Are you: (Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living ON the Qualla Boundary; An Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living OFF the Qualla Boundary, or an enrolled member of a different federally-recognized tribe)? (Qualla is pronounced KWAH-lah)	x	x	x Mod	x	x Mod
14	Total Family Household Income	x	x	x	x	x
<b>Questions used for Calculated Measures</b>						
15	Now I would like to ask, about how much do you weigh without shoes? @@(INTERVIEWER: Round Fractions Up)	x	x	x	x	x
16	About how tall are you without shoes? @@(INTERVIEWER: Round Fractions Down)	x	x	x	x	x
<b>County Questions</b>						
17	First, I would like to ask, overall, how would you describe your county as a place to live? Would you say it is: (Excellent, very good, good, fair or poor)		x	x	x	x
<b>Overall Health</b>						
18	Would you say that, in general, your health is: (excellent, very good, good, fair, or poor)	x	x	x	x	
<b>Access to Care</b>						
19	Was there a time during the past 12 months when you needed medical care, but could not get it? (Yes/No)	x	x	x	x	x
20	Was there a time in the past 12 months when you needed a prescription medicine, but did not get it because you could not afford it? (Yes/No)					x



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

21	What was the main reason you did not get this needed medical care? (Cost/no insurance, distance too far, inconvenient office hours/office closed, lack of child care, lack of transportation, language barrier, no access for people with disabilities, too long of wait for appointment, too long of wait in waiting room, other (specify))	x	x	x	x	x
22	In the future, how likely would you be to use telemedicine instead of office visits if you needed routine medical care-- such as a check-up--got sick or hurt, or needed advice about a health problem? Would you be: (Extremely likely to not at all likely)				x	x
<b>Chronic Disease</b>						
23	Have you ever suffered from or been diagnosed with COPD or Chronic Obstructive Pulmonary Disease, Including Bronchitis, or Emphysema? (Yes/No)		x	x	x	x
24	Has a doctor, nurse or other health professional EVER told you that you had any of the following: (a) A Heart Attack, Also Called a Myocardial Infarction, OR Angina OR Coronary Heart Disease (Yes/No)		x	x	x	x
25	(b) A Stroke (Yes/No)		x	x	x	x
26	Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (Yes/No)		x	x	x	x
27	Do you still have asthma? (Yes/No)		x	x	x	x
28	Have you ever been told by a doctor that you have diabetes? (Yes/No)	x	x	x	x	x
	Was this only when you were pregnant? (Yes/No)	x	x	x	x	x
29	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (Yes/No)	x	x	x	x	x
	Was this only when you were pregnant? (Yes/No)	x	x	x	x	x
30	Have you ever been told by a doctor, nurse or other health care professional that you had high blood pressure? (Yes/No)	x	x	x	x	x

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

31	Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse or other health care professional that your blood cholesterol is high? (Yes/No)	x	x	x	x	x
	<b>Substance Use</b>					
32	Do you NOW smoke cigarettes? ("Every Day," "Some Days," or "Not At All")	x	x	x	x	x
33	The next questions are about electronic "vaping" products, such as electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors. Do you NOW use electronic "vaping" products, such as e-cigarettes, "Every Day," "Some Days," or "Not At All"?		x	x	x	x
34	The next few questions are about alcohol use. Keep in mind that one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. @@ During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, hard cider, a malt beverage, or liquor? (NOTE: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.) (1 to 30)	x	x	x	x	x Mod
35	On the day(s) when you drank, about how many drinks did you have on the average? (0 to 10)	x	x	x	x	x
36	(If Respondent is MALE, Read:) Considering all types of alcoholic beverages, how many TIMES during the past 30 days did you have 5 or more drinks on an occasion? (If Respondent is FEMALE, Read:) Considering all types of alcoholic beverages, how many TIMES during a typical month did you have 4 or more drinks on an occasion? (0 to 30)	x	x	x	x	x
37	(description of prescription opiates) In the PAST YEAR, have you used any of these prescription opiates, whether or not a doctor had prescribed them to you?			x	x	x
38	To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs? Would you say:			x	x	x



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

Food Security/ Nutrition						
39	Now I would like you to think about the food you ate during the past week. About how many 1-cup servings of fruit did you have in the past week? For example, one apple equals 1 cup.	x	x	x	x	x
40	And, NOT counting potatoes, about how many 1-cup servings of vegetables did you have in the past week? For example, 12 baby carrots equal 1 cup.	x	x	x	x Mod	x
41	Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months. The first statement is: "I worried about whether our food would run out before we got money to buy more." Was this statement:			x	x	x
42	The next statement is: "The food that we bought just did not last, and we did not have money to get more." Was this statement:			x	x	x
Physical Activity						
43	During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?	x	x	x	x	x
44	What type of physical activity or exercise did you spend the MOST time doing during the past month?			x	x	x
45	How many times per week or per month did you take part in this activity during the past month?			x	x	x
46	And when you took part in this activity, for how many minutes or hours did you usually keep at it?			x	x	x
47	What OTHER type of physical activity gave you the NEXT most exercise during the past month?			x	x	x
48	How many times per week or per month did you take part in this activity during the past month?			x	x	x
49	And when you took part in this activity, for how many minutes or hours did you usually keep at it?			x	x	x

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

50	During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups or push-ups, and those using weight machines, free weights, or elastic bands.	x	x	x	x	x
<b>Mental Health</b>						
51	Now I would like to ask, in general, how satisfied are you with your life? Would you say: (Very Satisfied; Satisfied; Dissatisfied; or Very Dissatisfied)	x	x	x	x	x
52	How often do you get the social and emotional support you need? Would you say: (Always, Usually, Sometimes, Seldom, or Never)	x	x	x	x	x
53	How often do you have someone you can rely on to help with things like food, transportation, childcare, or other support if needed? Would you say: (Always, Usually, Sometimes, Seldom, or Never)				x	x
54	Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health NOT good? (0 to 30)	x	x	x	x	x
55	Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: Excellent to Poor scale)					x
56	Thinking about the amount of stress in your life, would you say that most days are: (Extremely, Moderately, Not at all stressful)				x	x
57	Please tell me your level of agreement or disagreement with the following statement: I am able to stay hopeful even in difficult times. (Strongly Agree-Strongly Disagree)				x	x Mod
58	How often do you feel lonely? (Often/always, Some of the time, Occasionally, Hardly ever, Never)					x



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

59	Was there a time in the past 12 months when you needed mental health care or counseling, but did not get it at that time? (Yes/No)	x	x	x	x	x
60	Reason did not receive mental health care/counseling: What is the MAIN reason you did not get mental health care or counseling? (Open-ended)	x	x			x
61	Are you NOW taking medication or receiving treatment, therapy, or counseling from a health professional for any type of mental or emotional health need? (Yes/No)				x	x
62	[Insert script national suicide prevention hotline information] The next question is about a sensitive topic, and some people may NOT feel comfortable answering. Please keep in mind that you do not have to answer any question you do not want to. Has there been a time in the past 12 months when you thought of taking your own life? (Yes/No)				x	x
<b>Racism and Discrimination</b>						
63	The next questions are about <i>discrimination and unfair treatment</i> .  Please indicate your level of agreement or disagreement with the following statement: I feel like my community is a welcoming place for people of all races and ethnicities. (Strongly Agree, Somewhat Agree, Neutral, Somewhat Disagree, Strongly Disagree)				x	x
64	<i>In the past 12 months</i> , how often have you been threatened or harassed? (Never, Rarely, Sometimes, Often, Don't know, Refused)				x	x Mod
65	<i>In the past 12 months</i> , how often have you been treated unfairly or been discriminated against when getting medical care? (Never, Rarely, Sometimes, Often, Don't know, Refused)				x	x Mod
66	<i>In the past 12 months</i> , how often have you been treated unfairly or been discriminated against <i>in a school</i> ? Would you say... (Never, Rarely, Sometimes, Often, Don't know, Confused)				x	x Mod
67	Follow-up Question (Asked only of those answering "sometimes" or "often" to at least one question above.)				x	x Mod

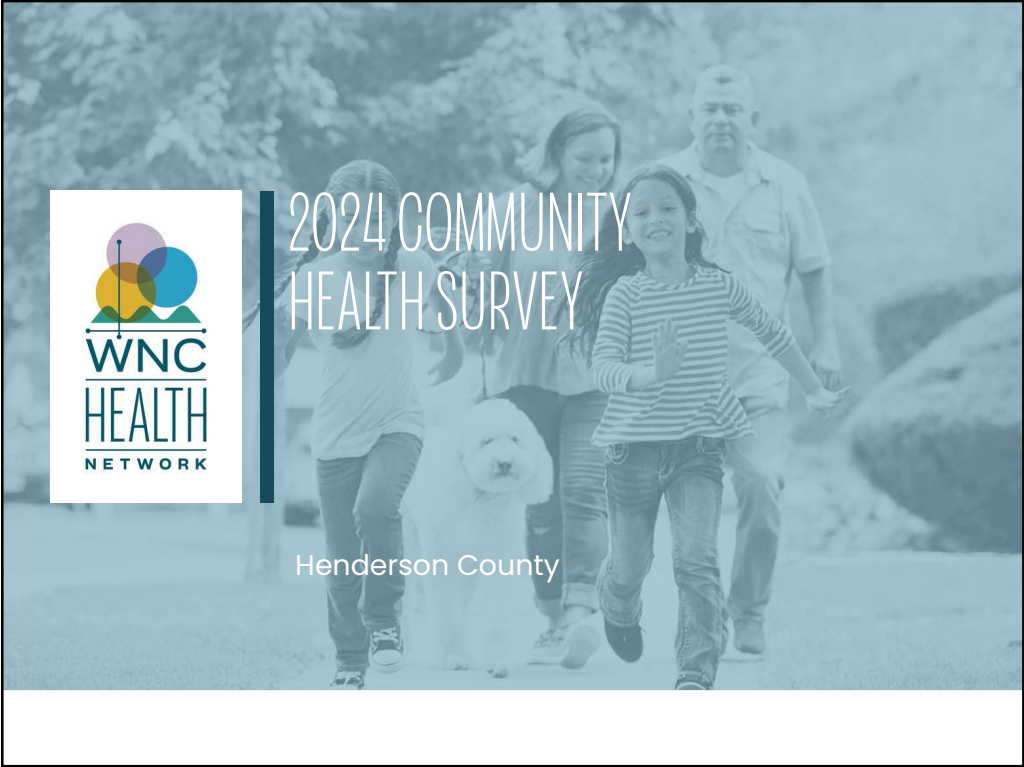
## A. Final 2024 WNC Healthy Impact Core Survey Questions (2/29/24)

	<p>What do you think is the main reason for these experiences?</p> <p>a) [Don't Know/Not Sure]</p> <p>b) [Refused]</p> <p>c) Accent/The Way I Talk</p> <p>d) Age</p> <p>e) Ancestry, Culture, or National Origins</p> <p>f) Appearance</p> <p>g) Disability</p> <p>h) Gender</p> <p>i) Height and/or Weight</p> <p>j) Income</p> <p>k) Language</p> <p>l) Race</p> <p>m) Religion</p> <p>n) Sexual Orientation</p> <p>o) Other (Specify)</p>					
68	Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated? (Yes/No)					x
	<b>Housing</b>					
69	Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe? (Yes/ No)					x
70	Next, I would like to ask about your living situation. Was there a time in the past 12 months when you did not have electricity, water, or heating in your home?: (Yes/No)				x	x
71	How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent or mortgage? Would you say: (Always, Usually, Sometimes, Seldom Never)				x	x
72	Has there been a time in the past three years when you've had to live with a friend or relative because of a housing emergency, even if this was only temporary? (Yes/ No)				x	x

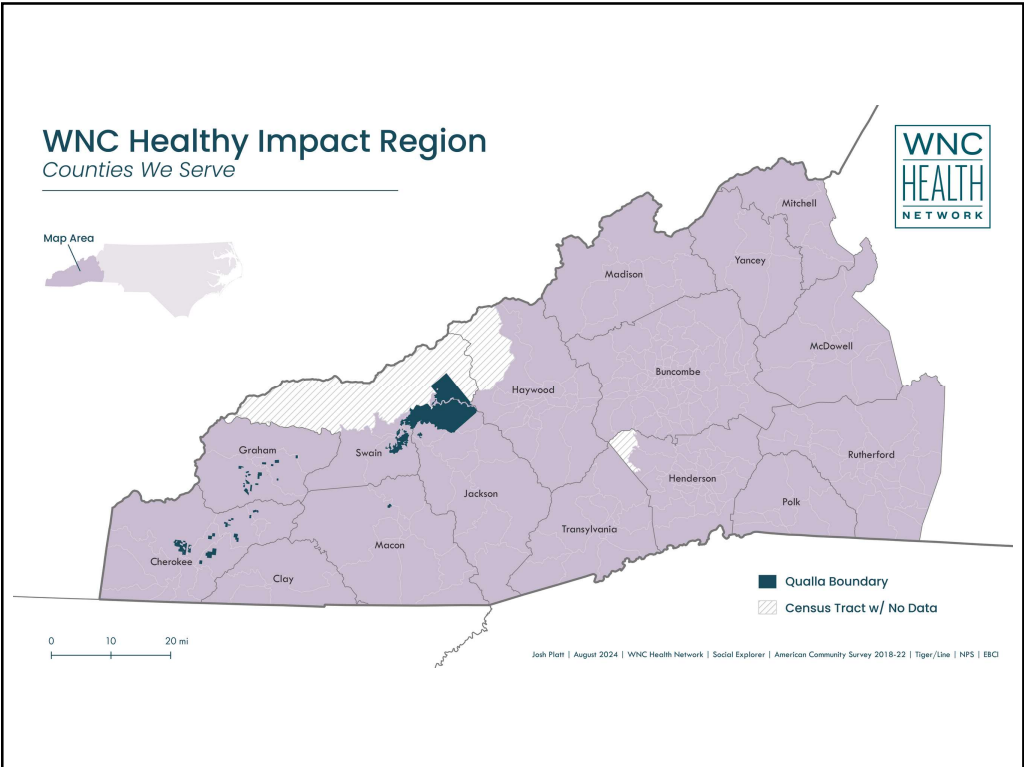


## A. Final 2024 WNC Healthy Impact Core Survey Questions (2/29/24)

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



1



2

## Methodology

### Survey methodology

- 5,898 surveys throughout WNC (including Avery & Burke)
  - 2,356 surveys were completed via the telephone (both landlines and cell phones); another 1,308 surveys were completed online by individuals invited through third-party providers to participate.
  - 2,234 were completed via a link to the online survey promoted by WNC Healthy Impact and community partners through social media, email campaigns, and various other outreach efforts.
- Allows for high participation and random selection for a large portion of the sample
  - These are critical to achieving a sample representative of county and regional populations by gender, age, race/ethnicity, income
- English and Spanish



3

## Methodology

### 5,898 surveys throughout WNC

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



4

## Methodology

Full WNC sample allows for drill-down by:

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

Individual county samples allow for drill-down by:

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



5

## 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



6



## 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  $\pm 1.3\%$  at the 95% confidence level
- Results for each of the 18 counties have maximum error rates ranging from  $\pm 3.3\%$  to  $\pm 9.8\%$  at the 95% confidence level

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



7

## Approximate Error Ranges at the 95 Percent Level of Confidence

	Sample	Error Rate
Avery County	n = 166	$\pm 8.0\%$
Buncombe County	n = 908	$\pm 3.3\%$
Burke County	n = 492	$\pm 4.6\%$
Cherokee County	n = 213	$\pm 6.9\%$
Clay County	n = 208	$\pm 6.9\%$
Graham County	n = 136	$\pm 9.8\%$
Haywood County	n = 393	$\pm 5.2\%$
Henderson County	n = 755	$\pm 3.6\%$
Jackson County	n = 345	$\pm 5.7\%$
Macon County	n = 272	$\pm 6.2\%$
Madison County	n = 294	$\pm 6.2\%$
McDowell County	n = 231	$\pm 6.9\%$
Mitchell County	n = 203	$\pm 6.9\%$
Polk County	n = 246	$\pm 6.9\%$
Rutherford County	n = 223	$\pm 6.9\%$
Swain County	n = 247	$\pm 6.9\%$
Transylvania County	n = 264	$\pm 6.2\%$

Note: The "response. A "95 p

Example: If 50% of confidence that t

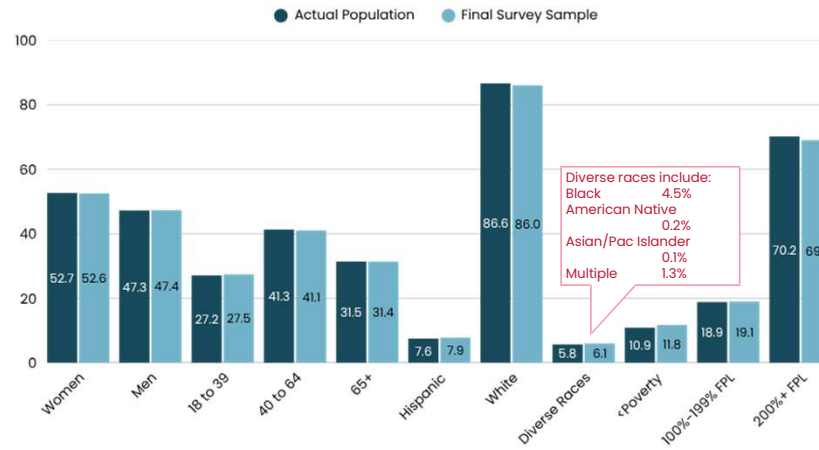
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percent level of



8

## Population & Survey Sample Characteristics (Henderson County, 2024)



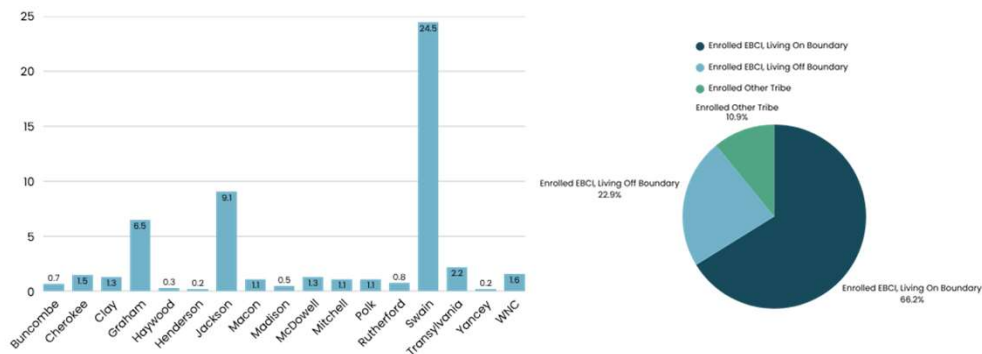
Sources: US Census Bureau, 2016-2020 American Community Survey.  
 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc.

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



9

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



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Items 30, 88]

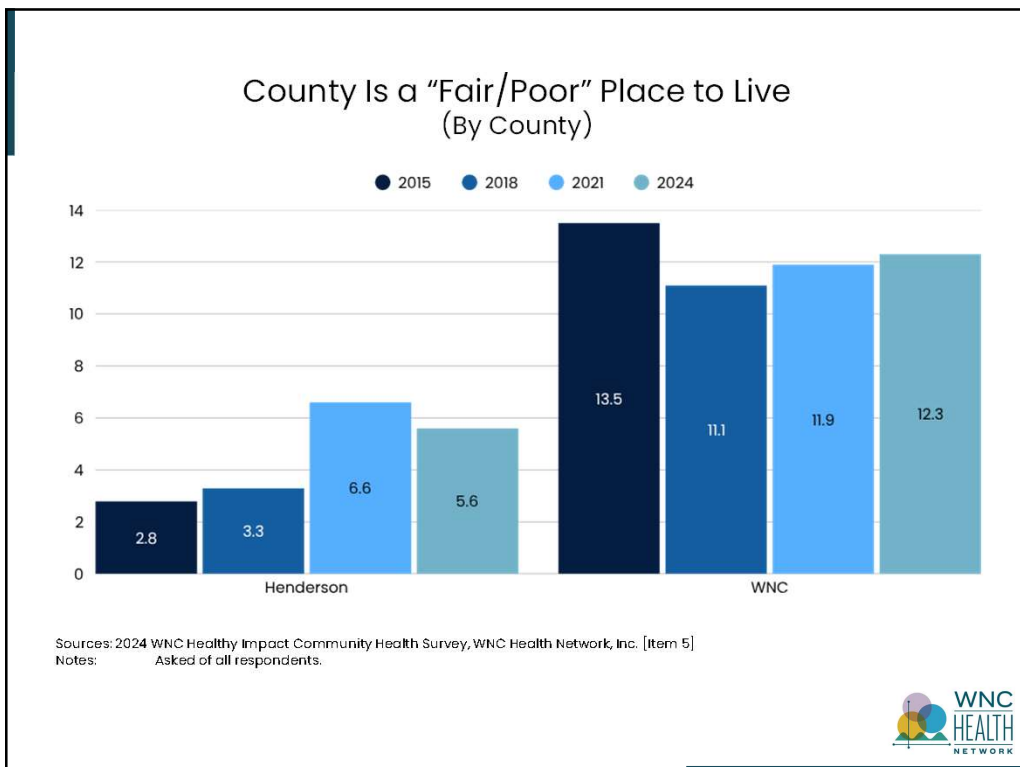
Notes: Asked of all respondents.



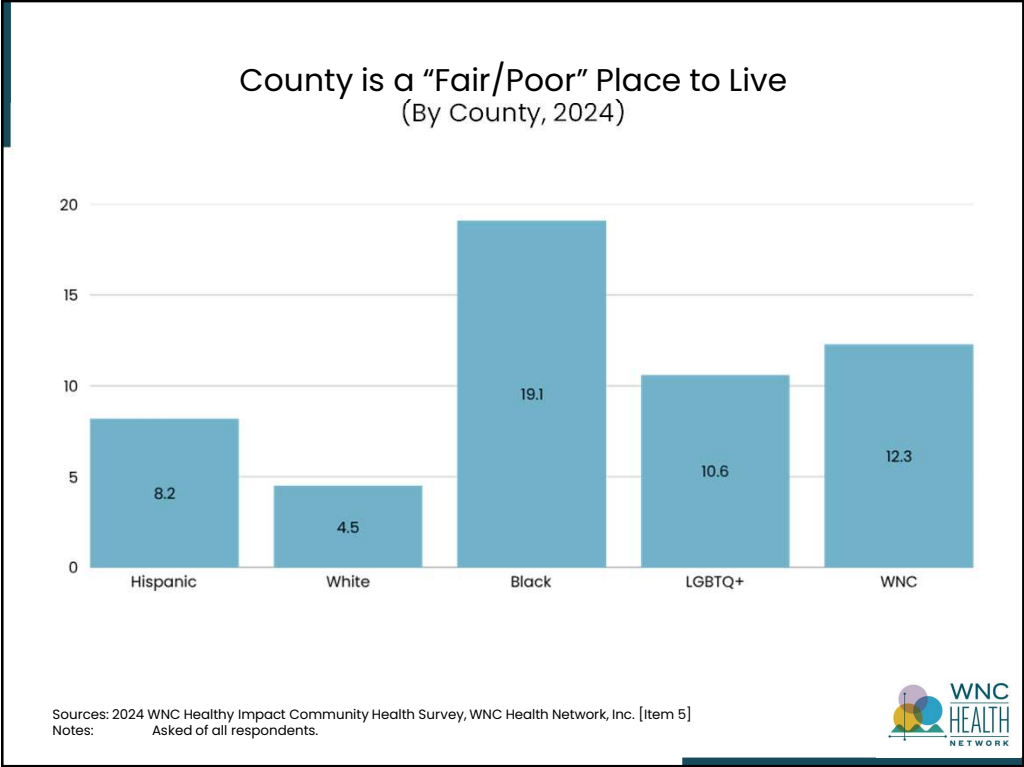
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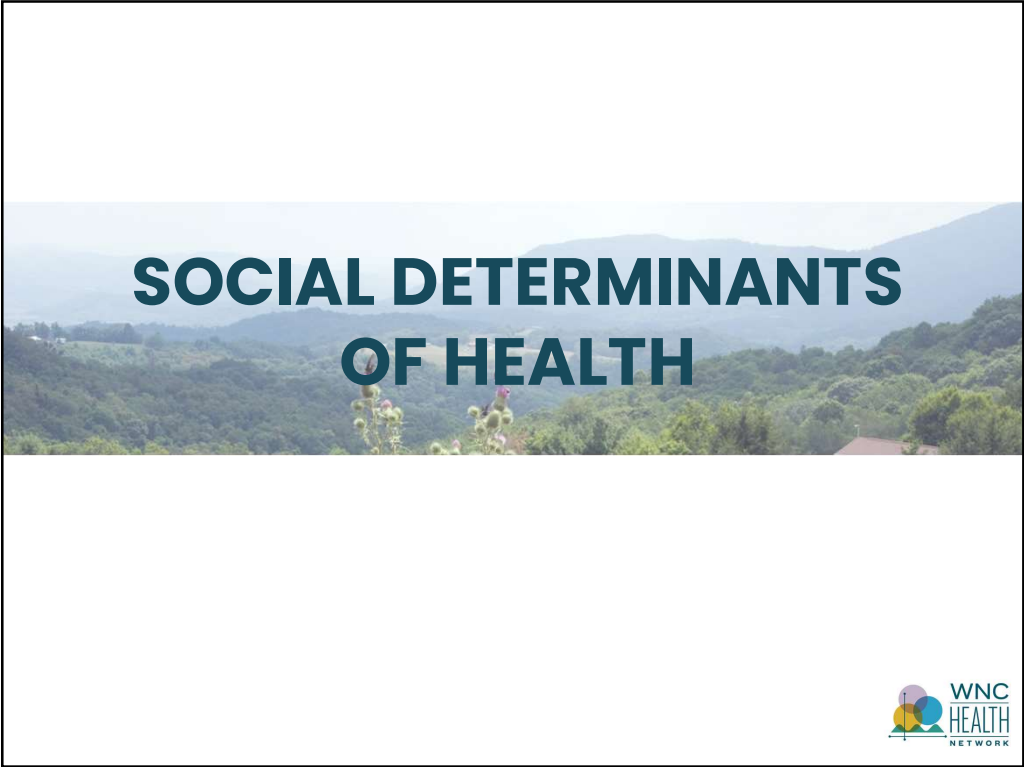
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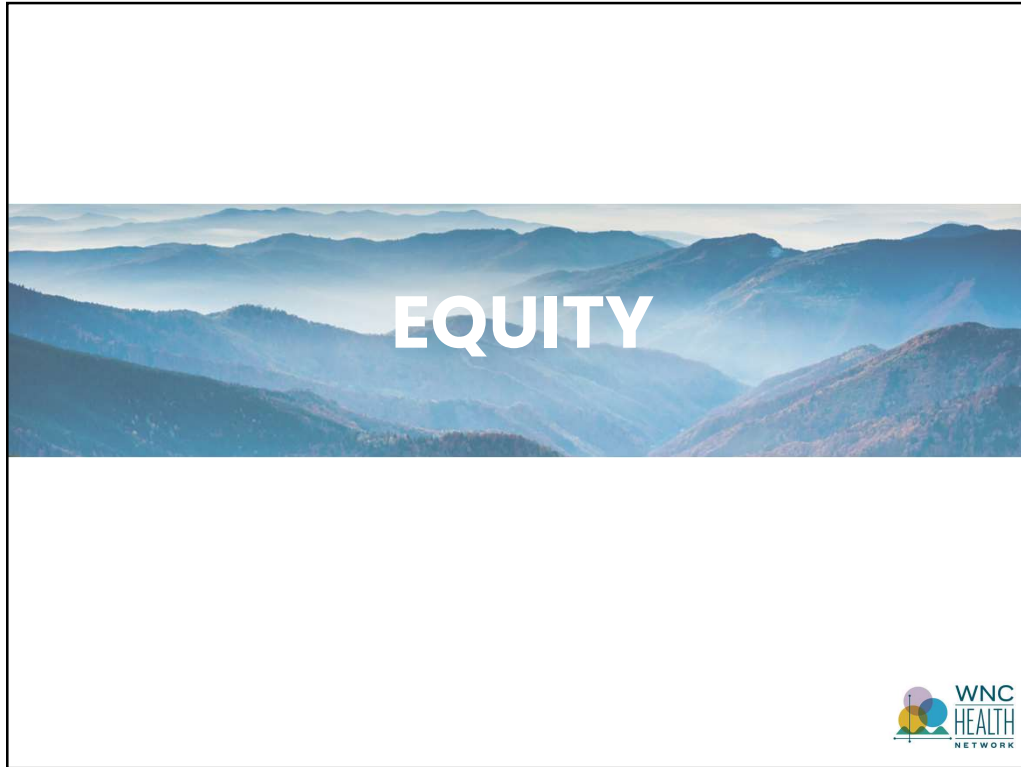
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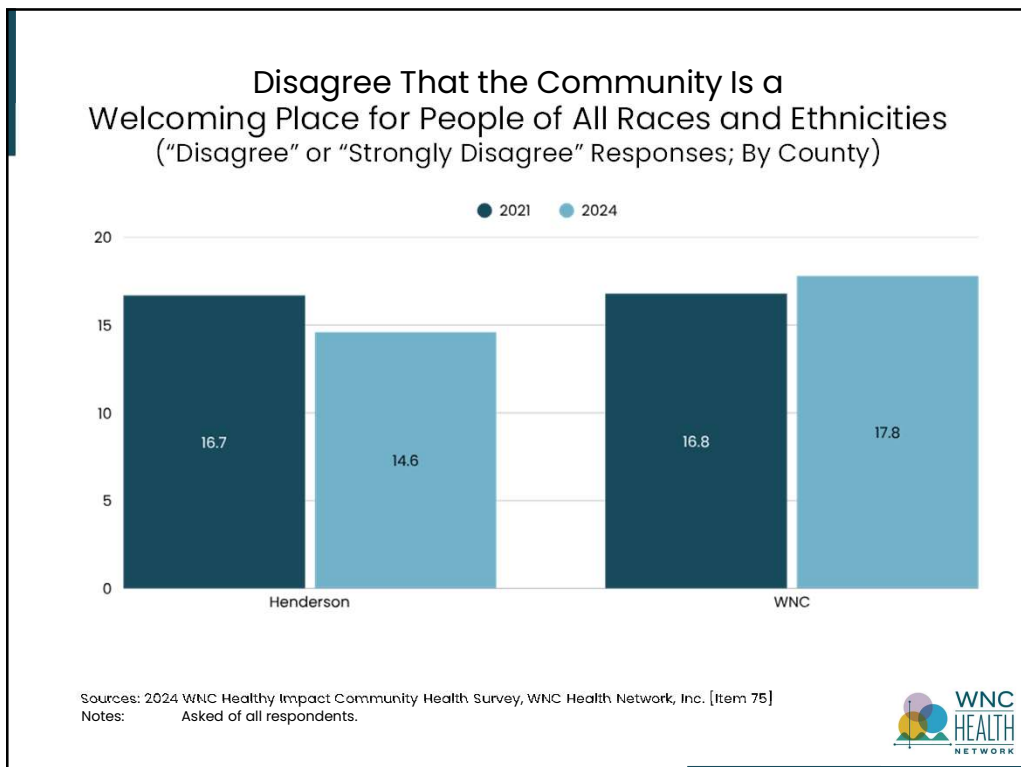
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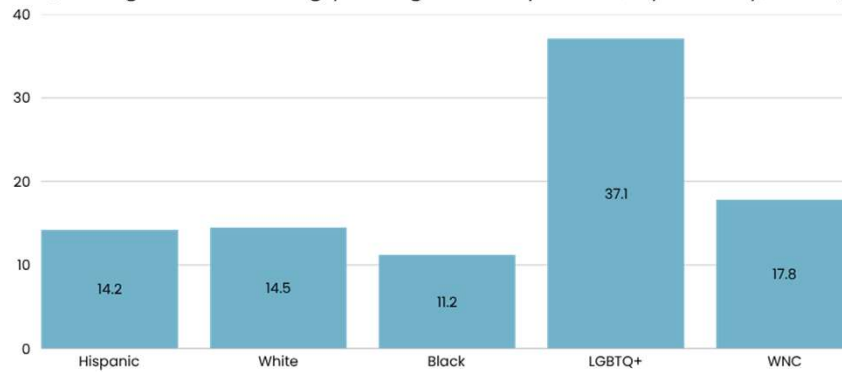


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16

### Disagree That the Community Is a Welcoming Place for People of All Races and Ethnicities ("Disagree" or "Strongly Disagree" Responses; By County, 2024)

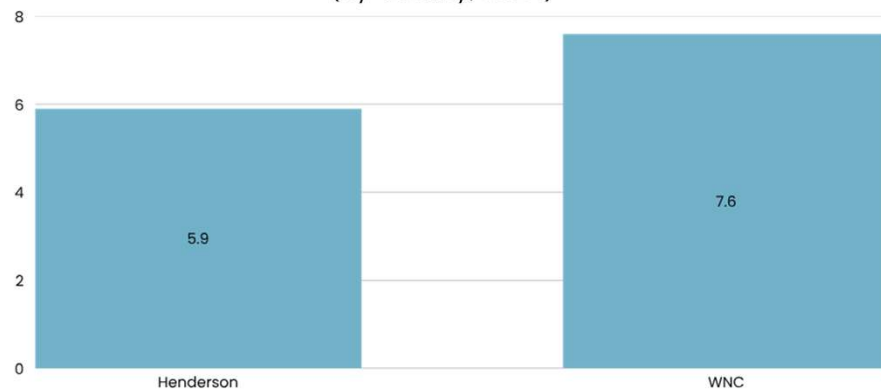


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 75]  
Notes: Asked of all respondents.



17

### "Often/Sometimes" Threatened or Harassed in the Past Year (By County, 2024)



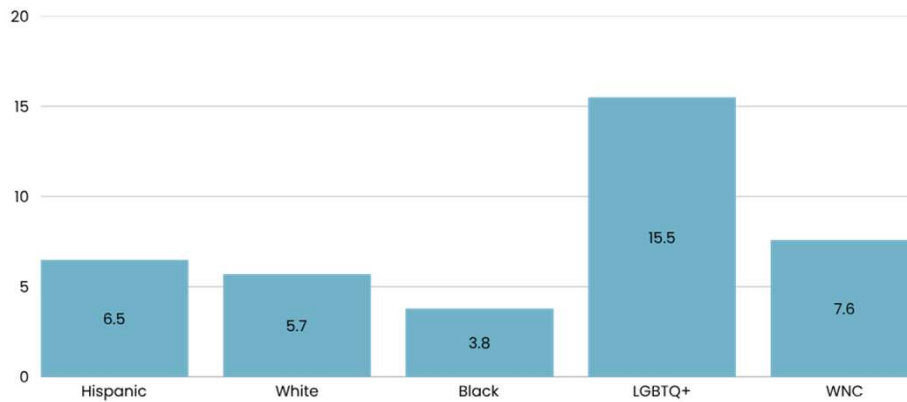
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 70]  
Notes: Asked of all respondents.



18



**"Often/Sometimes" Threatened or Harassed in the Past Year**  
(By County, 2024)

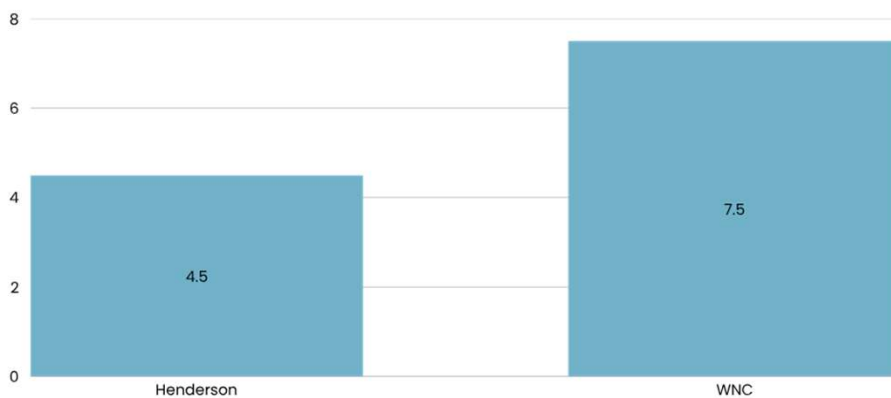


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 70]  
Notes: Asked of all respondents.



19

**"Often/Sometimes" Treated Unfairly**  
**When Getting Medical Care in the Past Year**  
(By County, 2024)

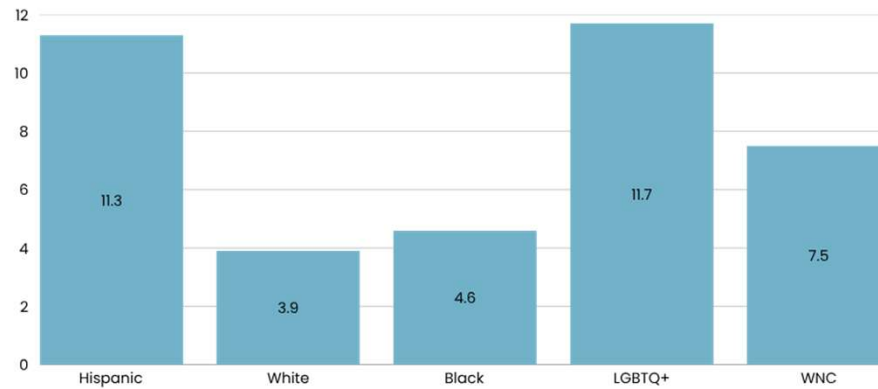


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 71]  
Notes: Asked of all respondents.



20

### "Often/Sometimes" Treated Unfairly When Getting Medical Care in the Past Year (By County, 2024)

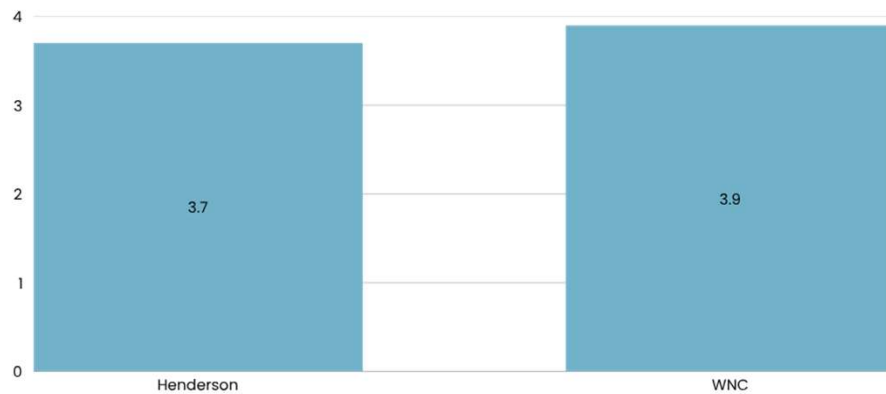


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 71]  
Notes: Asked of all respondents.



21

### "Often/Sometimes" Treated Unfairly at School in the Past Year (By County, 2024)

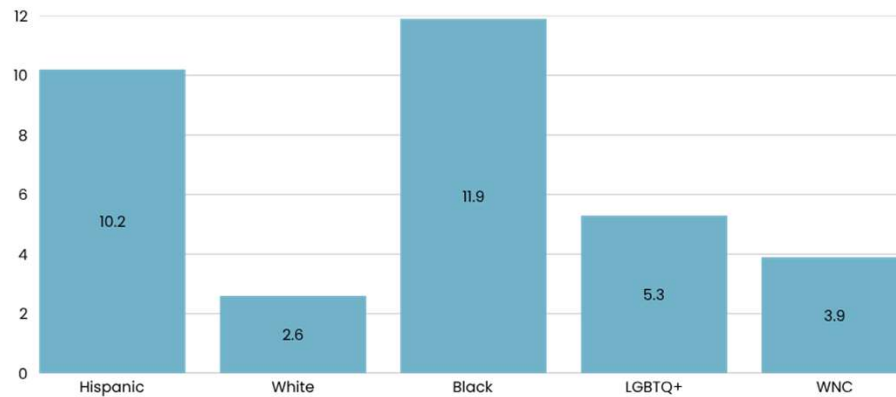


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 72]  
Notes: Asked of all respondents.



22

### "Often/Sometimes" Treated Unfairly at School in the Past Year (By County, 2024)



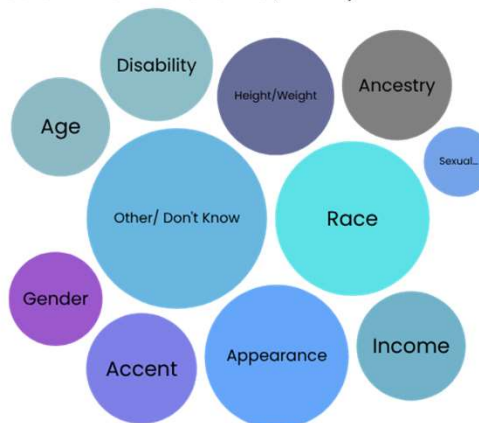
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 72]  
Notes: Asked of all respondents.



23

### Perceived Main Reason for Unfair Treatment in the Past Year (Among Those Treated Unfairly "Often" or "Sometimes"; Western North Carolina, 2024)

Race 14.6  
Appearance 12.7  
Height / Weight 8.4  
Income 7.3  
Accent 7.5  
Ancestry 7.4  
Disability 7.8  
Age 6.0  
Gender 5.4  
Sexual Orientation 3.0  
Other/Don't Know 19.9



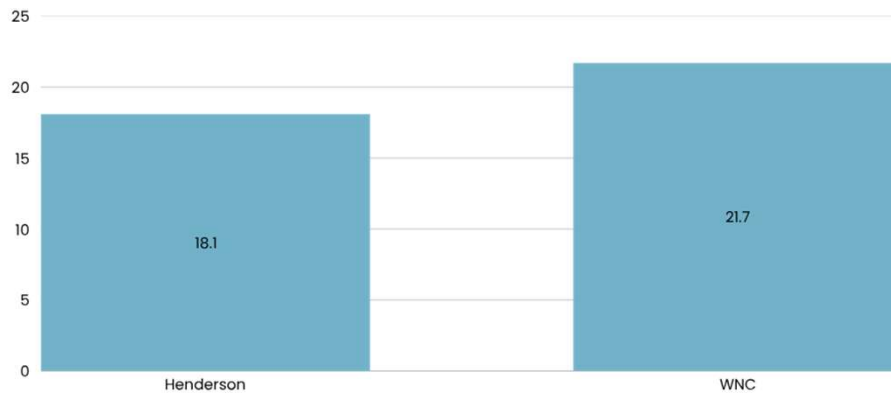
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 73]

Notes: Asked of respondents reporting they received unfair treatment "often" or "sometimes" in the past year.  
Unfair treatment includes threats, harassment, discrimination when receiving medical care, and/or discrimination at school.



24

### Experienced Negative Physical Symptoms in the Past Month as a Result of Any Unfair Treatment (By County, 2024)



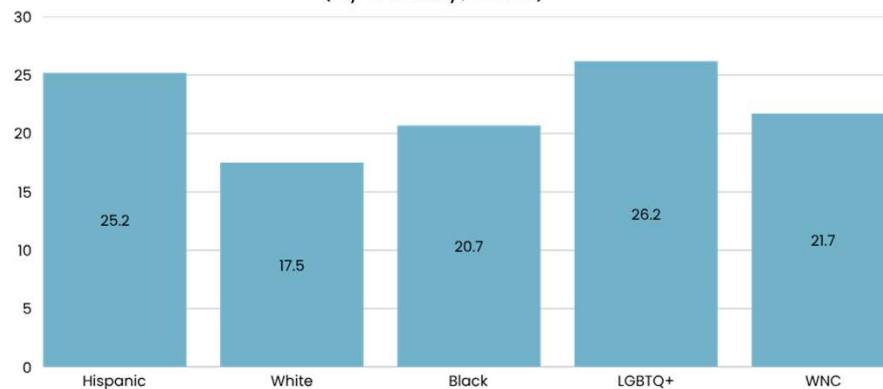
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 74]

Notes: Asked of all respondents.  
Examples of physical symptoms include a headache, an upset stomach, tensing of muscles, or a poundi



25

### Experienced Negative Physical Symptoms in the Past Month as a Result of Any Unfair Treatment (By County, 2024)

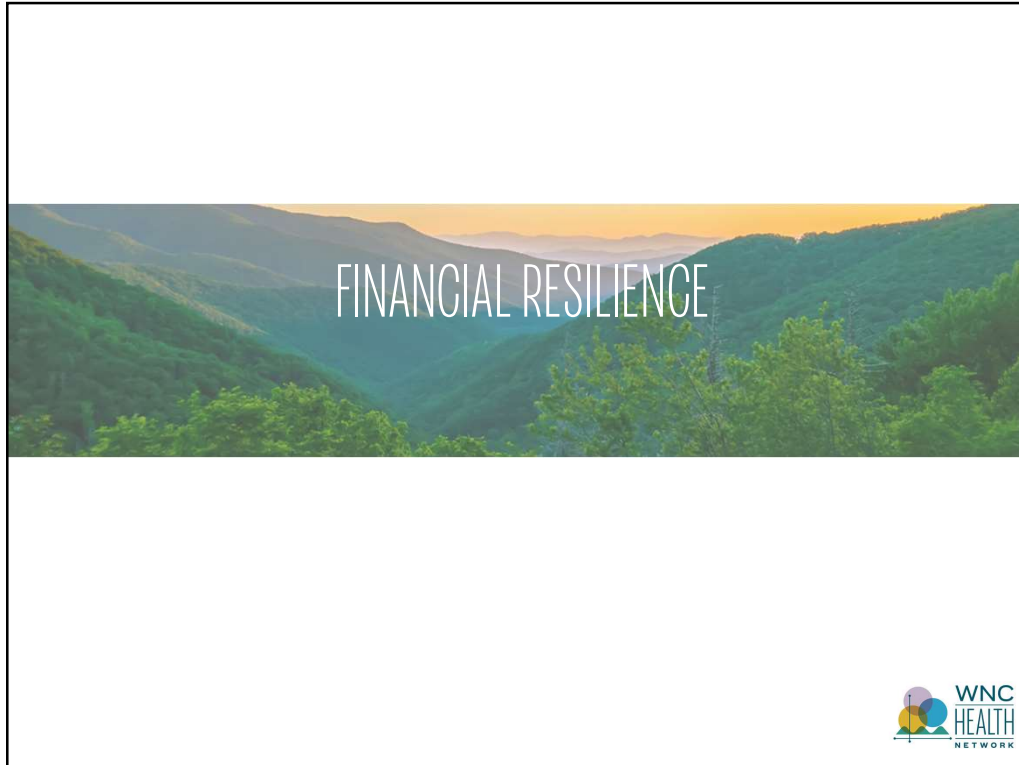


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 74]

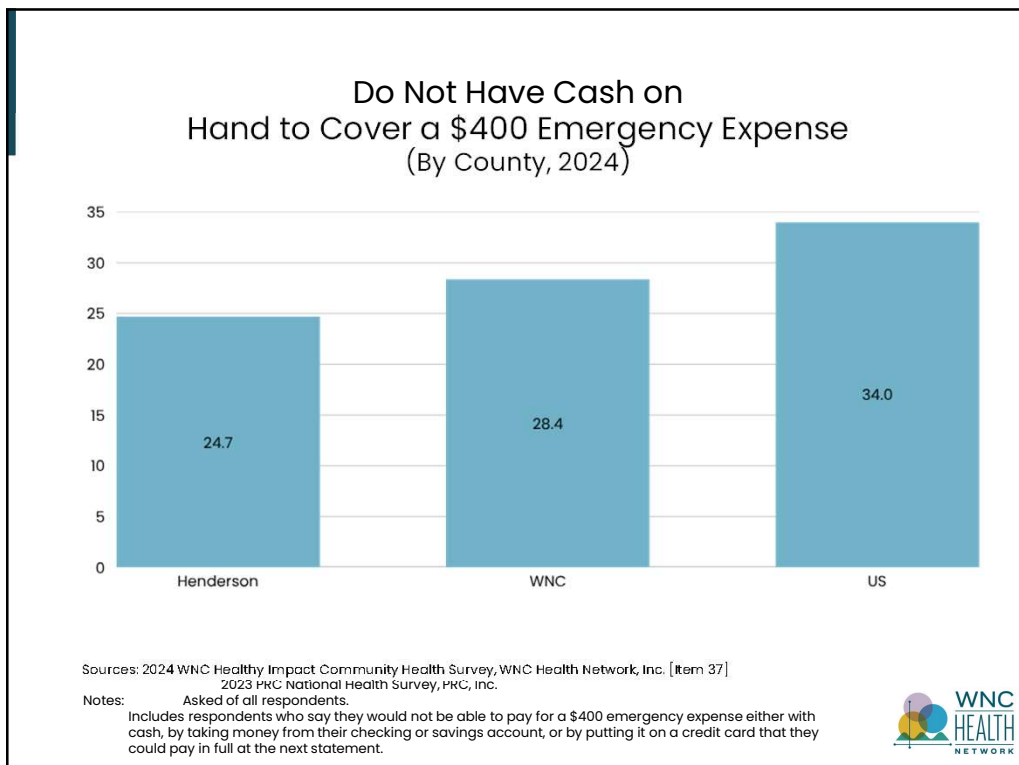
Notes: Asked of all respondents.  
Examples of physical symptoms include a headache, an upset stomach, tensing of muscles, or a poundi



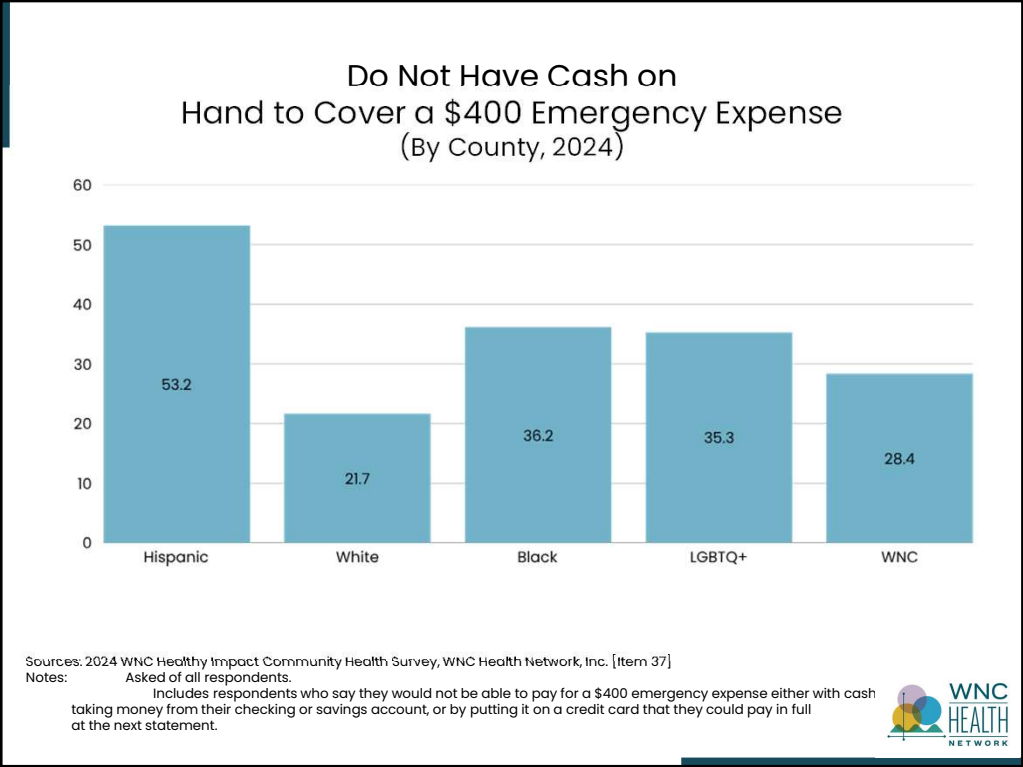
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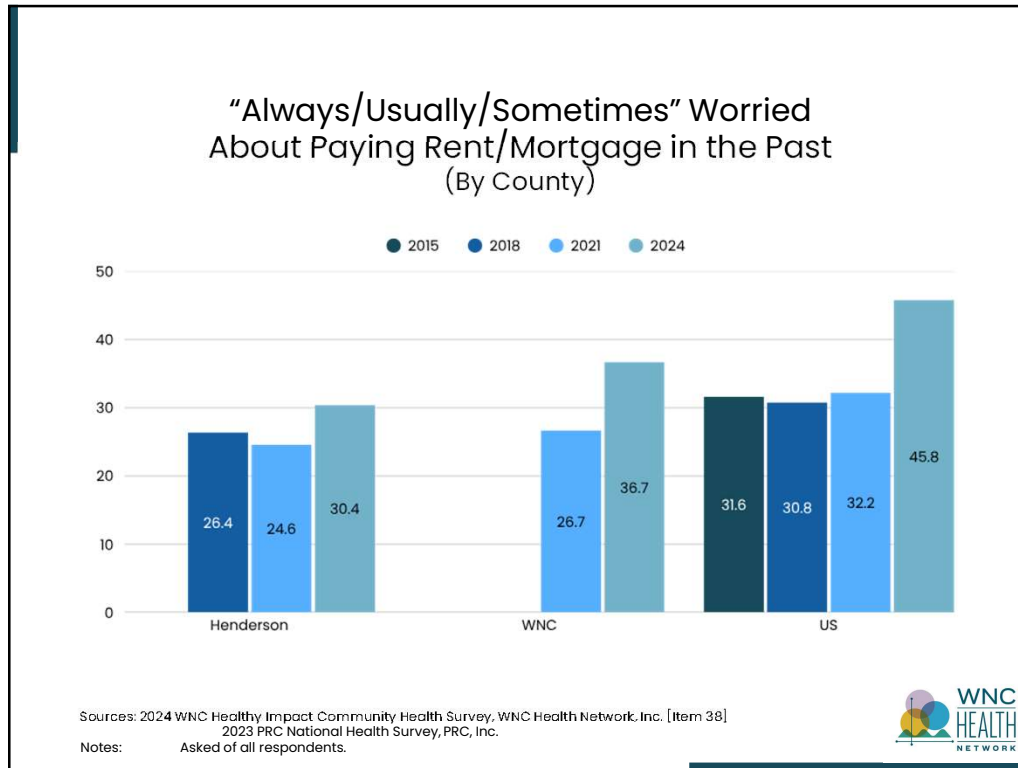


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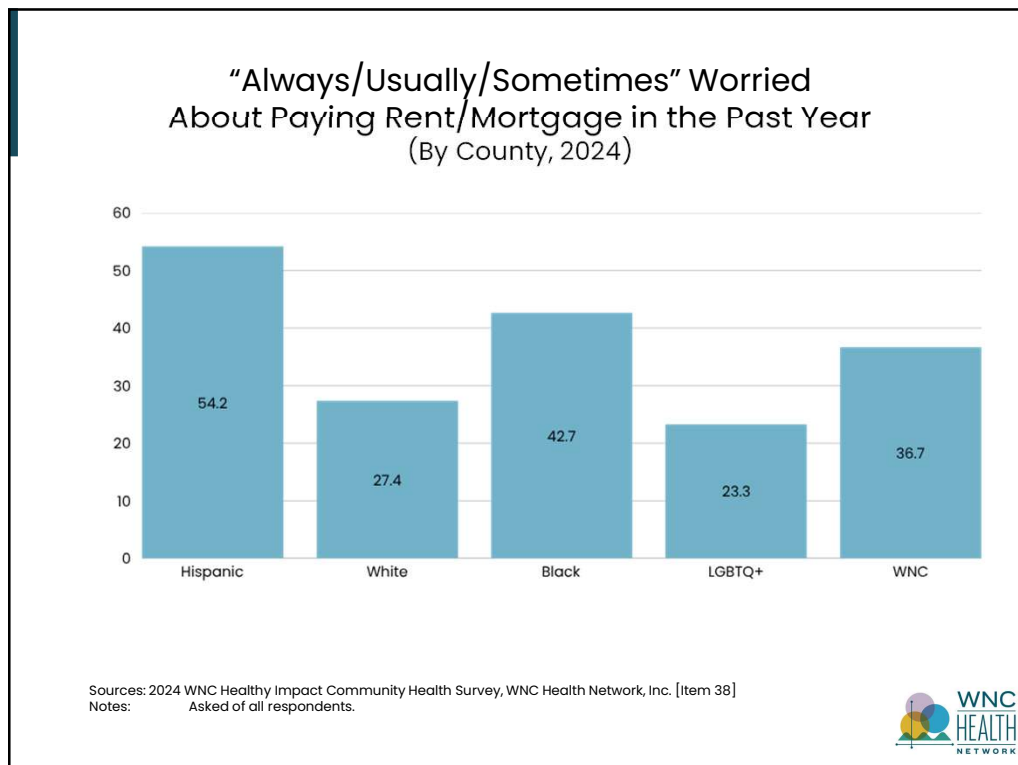


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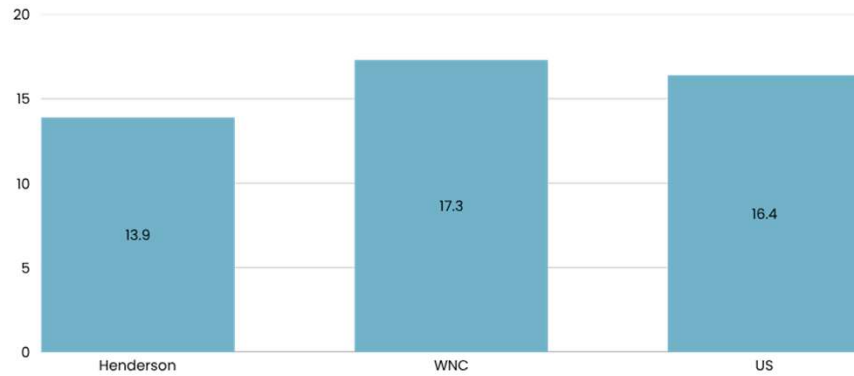


31



32

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



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 39]  
2023 PRC National Health Survey, PRC, Inc.

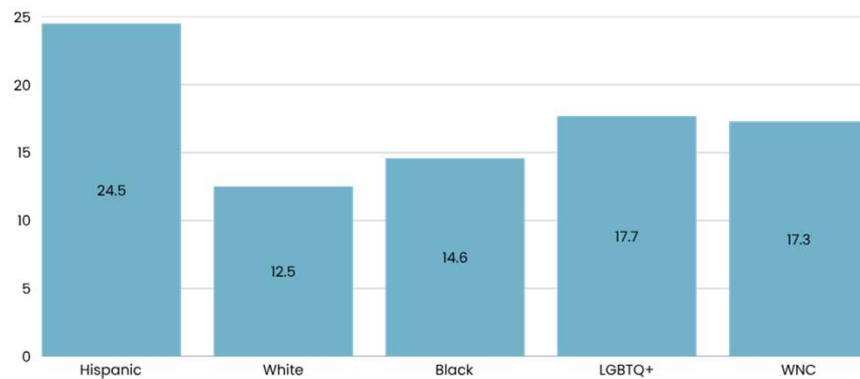
Notes: Asked of all respondents.

Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.



33

### Unhealthy or Unsafe Housing Conditions in the Past Year (Western North Carolina, 2024)



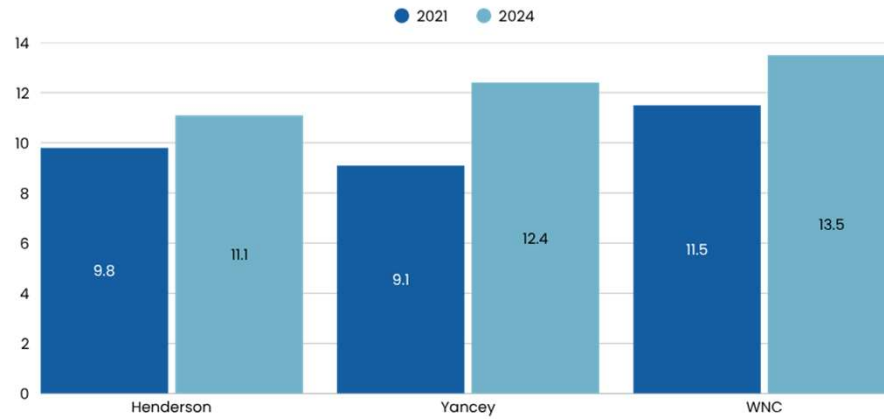
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 39]  
Notes: Asked of all respondents.

Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.



34

### Had a Time in the Past Year When Home Was Without Electricity, Water, or Heating (By County)

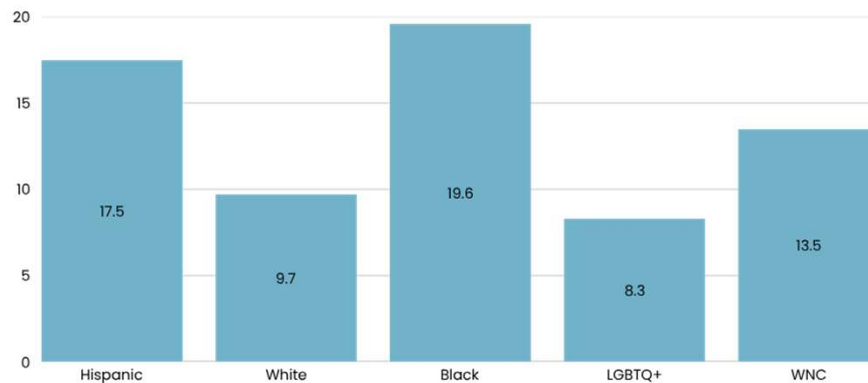


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 40]  
Notes: Asked of all respondents.



35

### Had a Time in the Past Year When Home Was Without Electricity, Water, or Heating (By County, 2024)

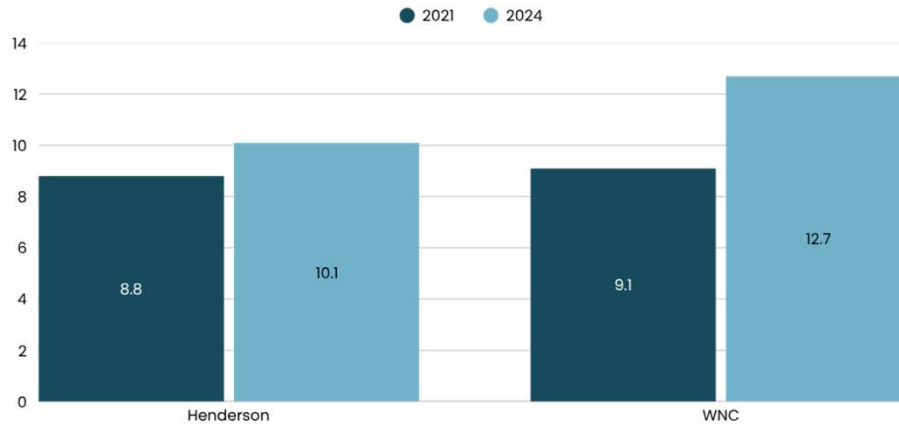


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 40]  
Notes: Asked of all respondents.



36

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

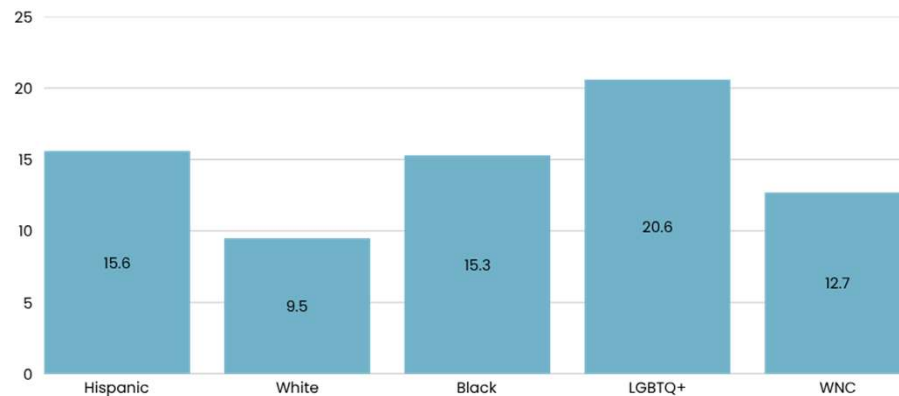


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 41]  
Notes: Asked of all respondents.



37

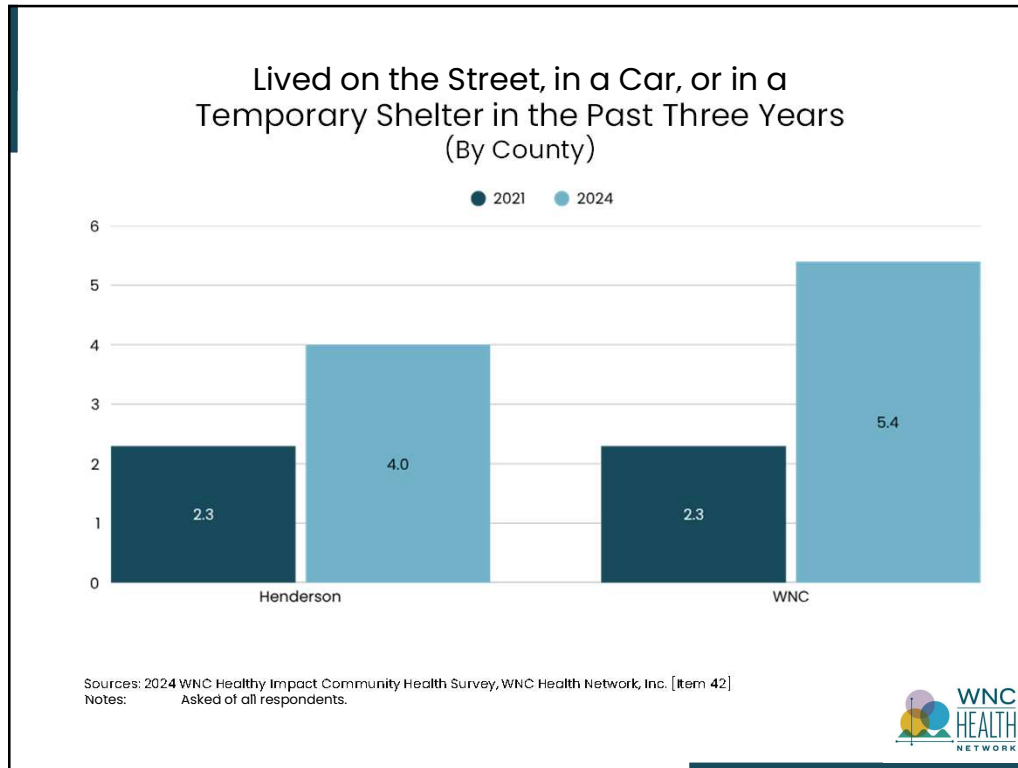
### Have Had to Live With a Friend/Relative in the Past Three Years Due to a Housing Emergency (By County, 2024)



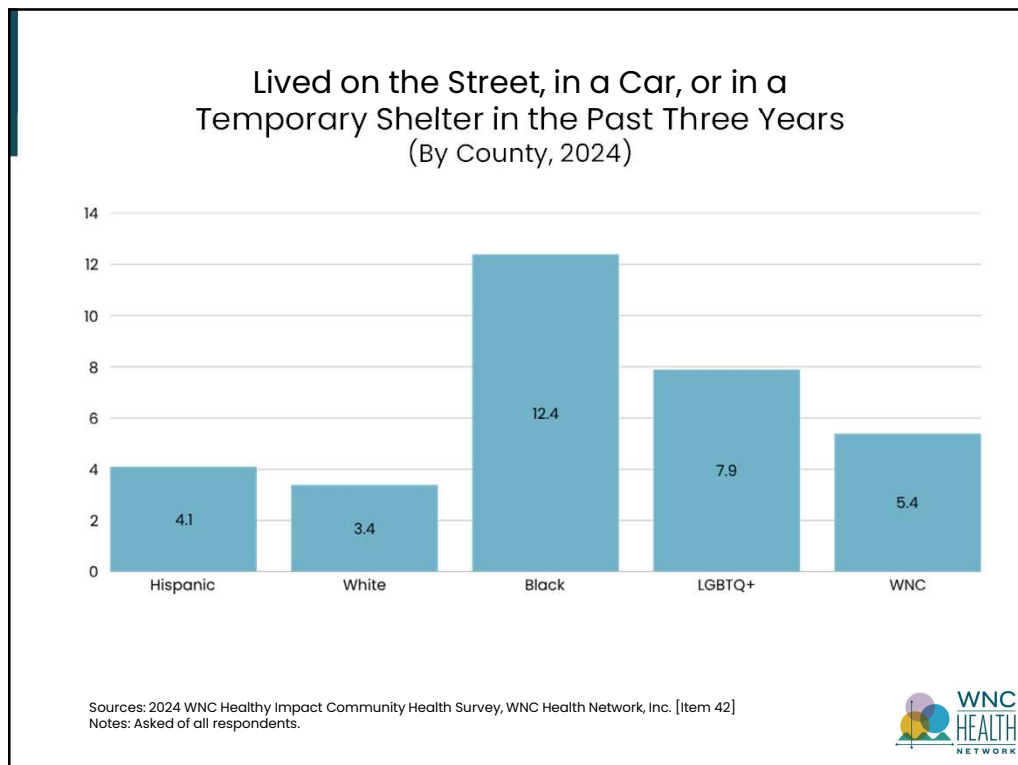
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 41]  
Notes: Asked of all respondents.



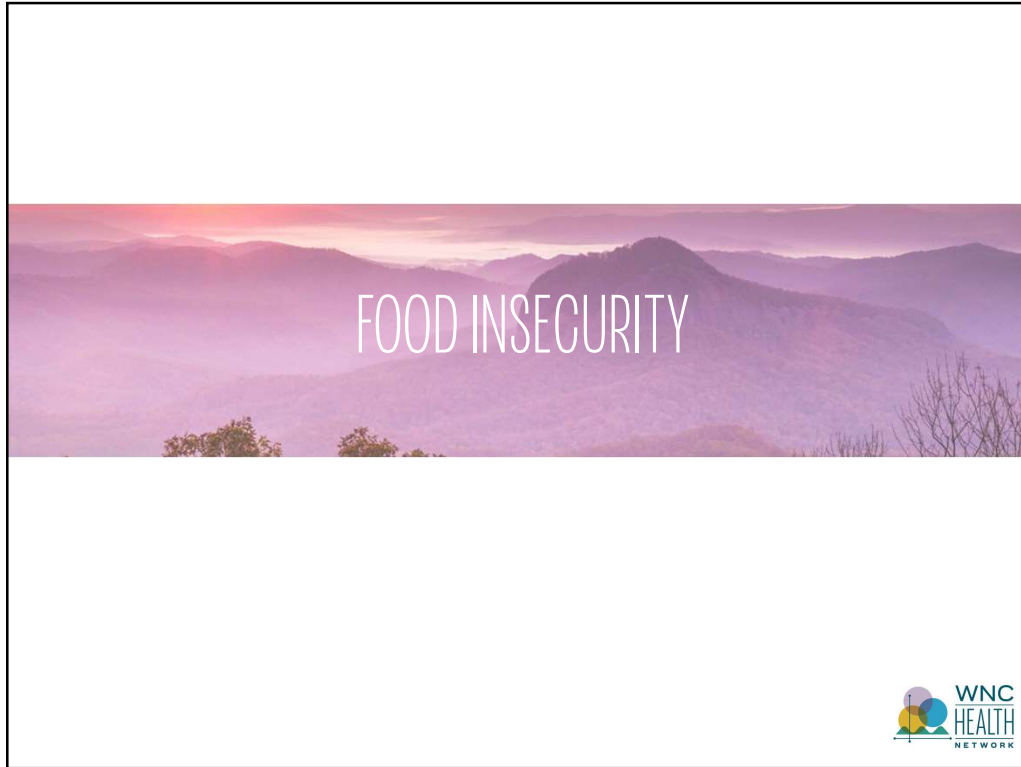
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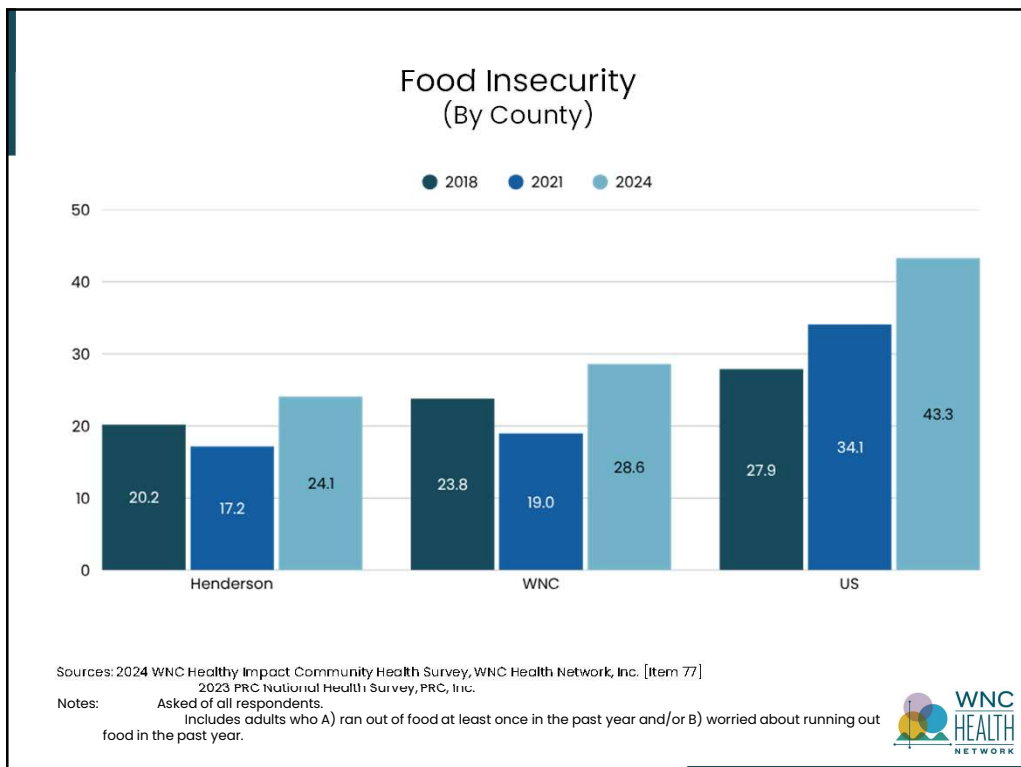
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40

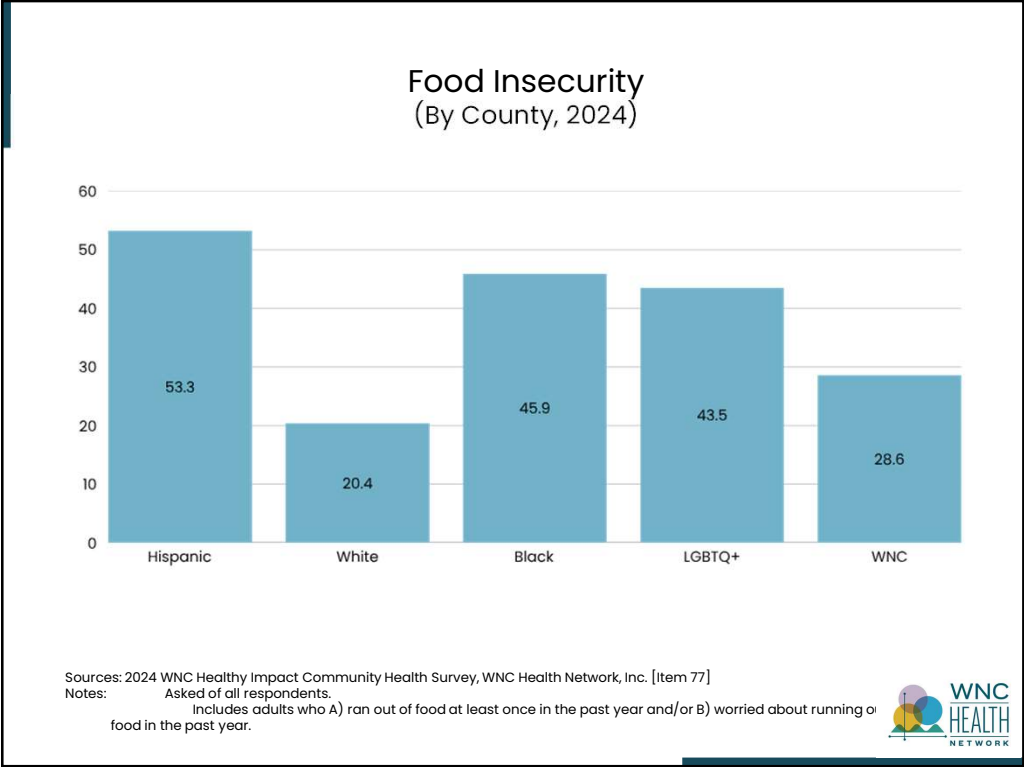


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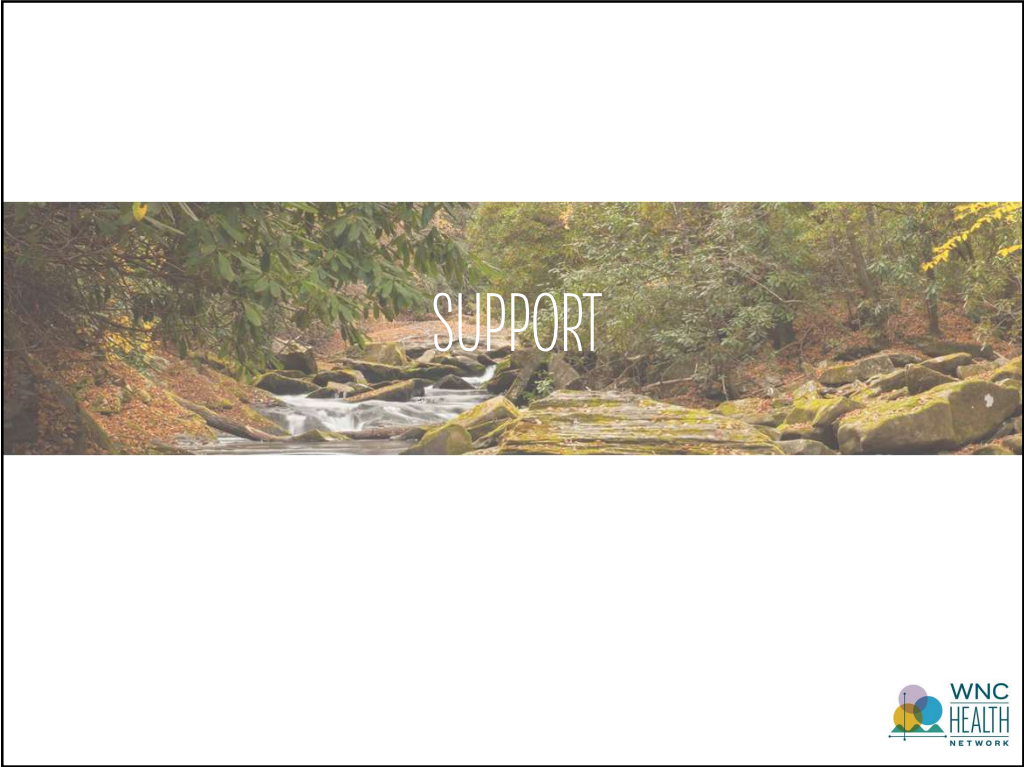


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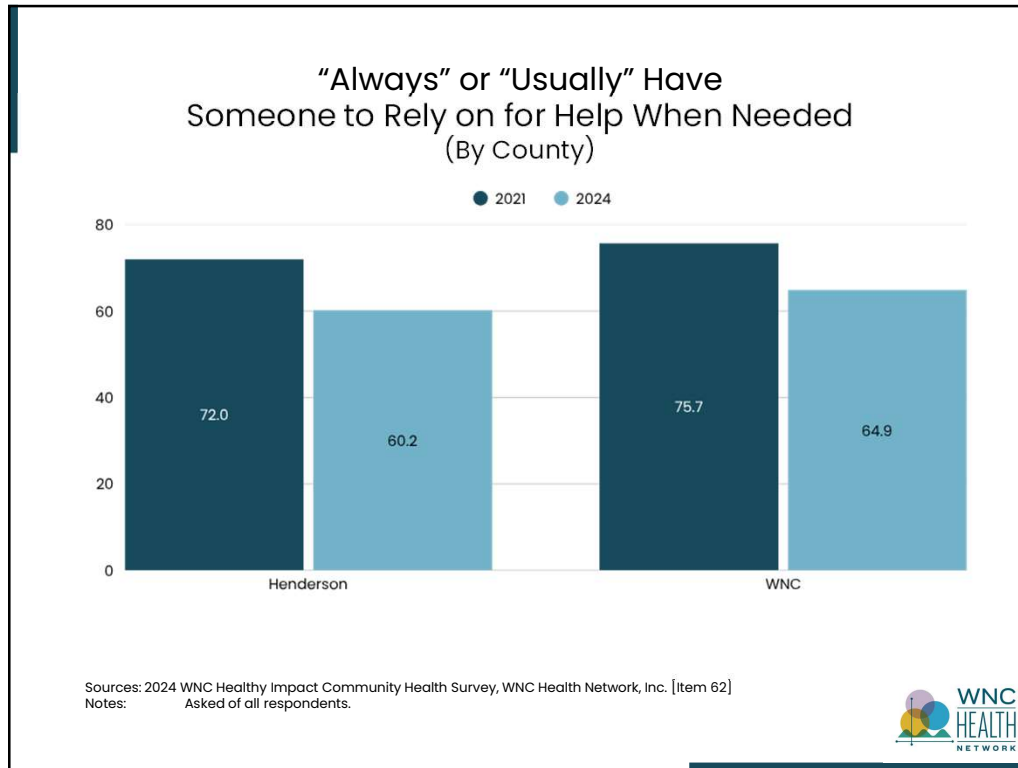




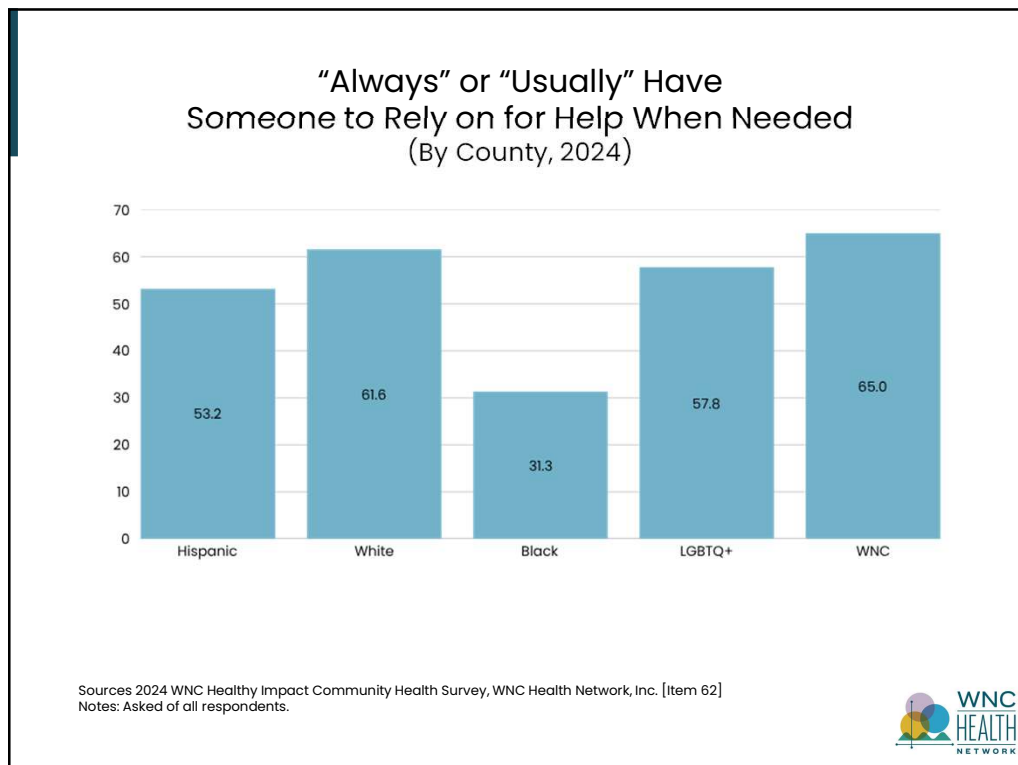
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44

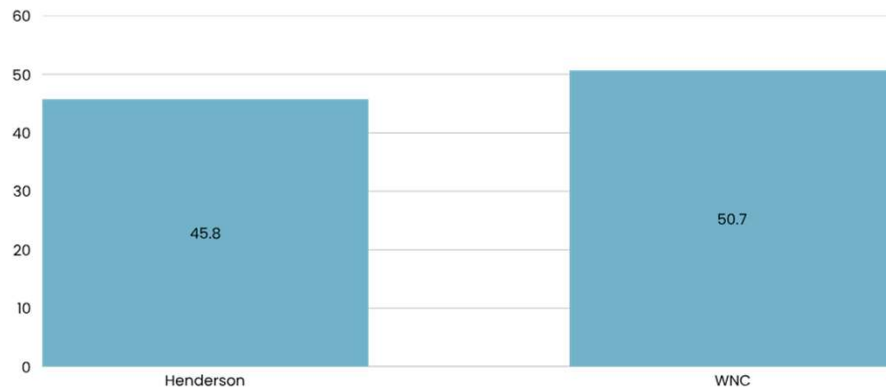


45



46

### Feel Lonely "Often/Some of the Time/Occasionally" (By County, 2024)

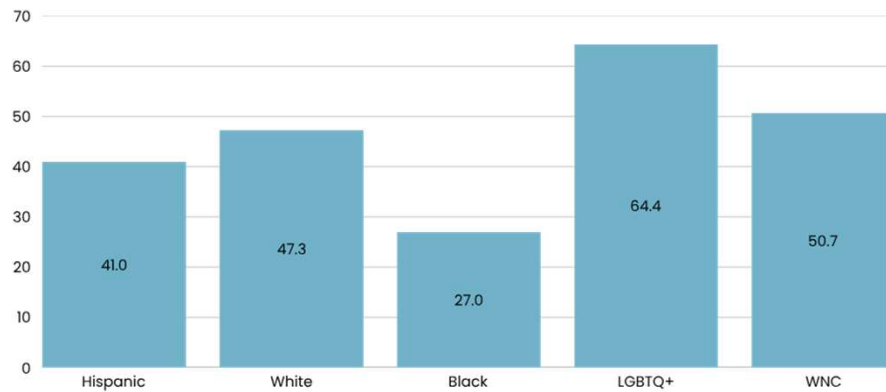


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 65]  
Notes: Asked of all respondents.



47

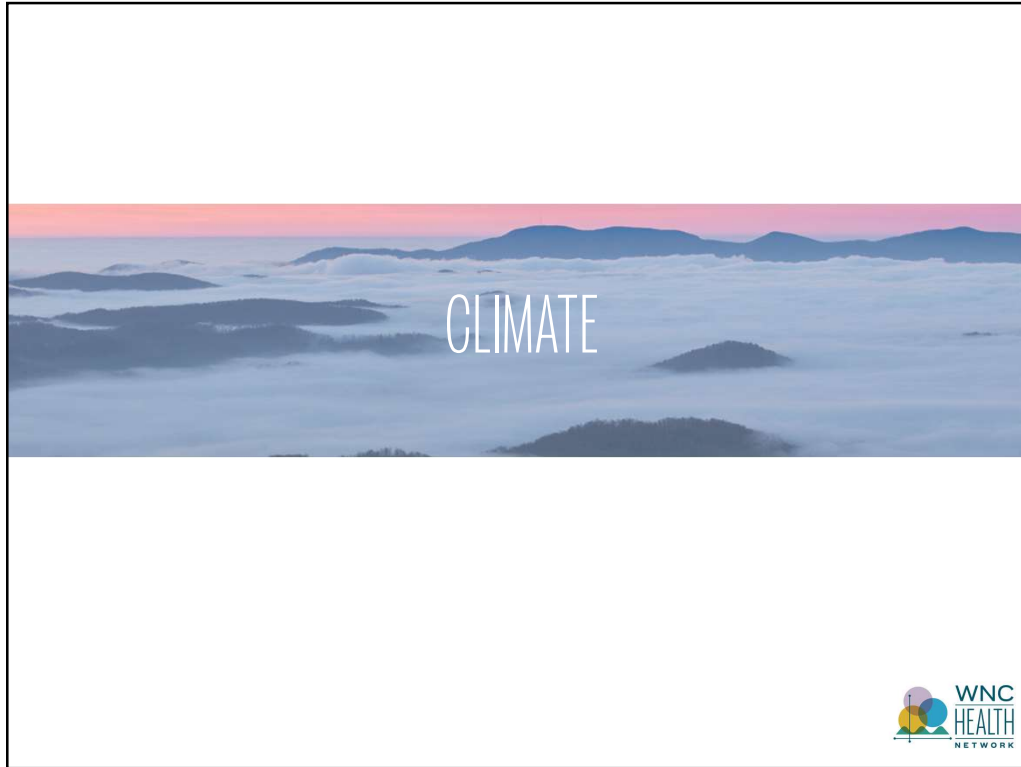
### Feel Lonely "Often/Some of the Time/Occasionally" (By County, 2024)



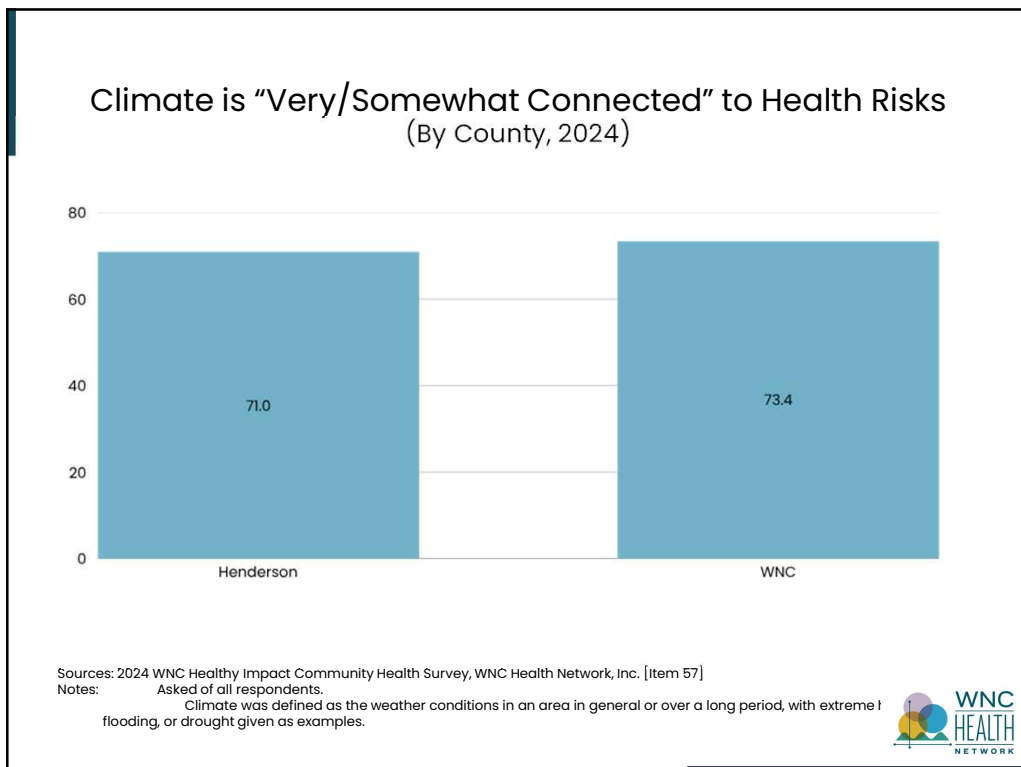
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 65]  
Notes: Asked of all respondents.



48

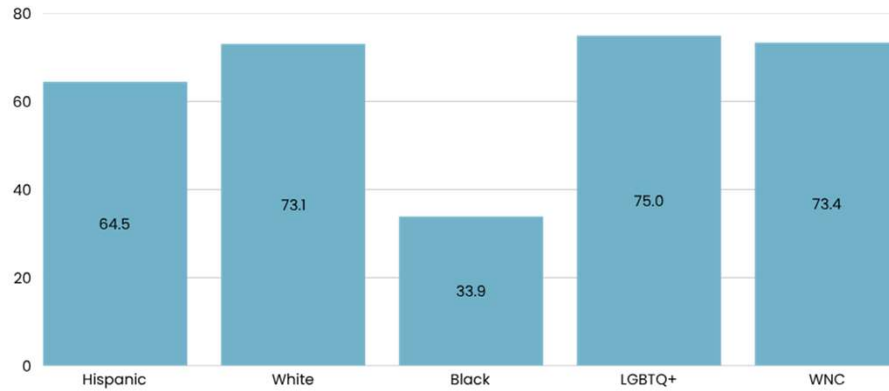


49



50

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



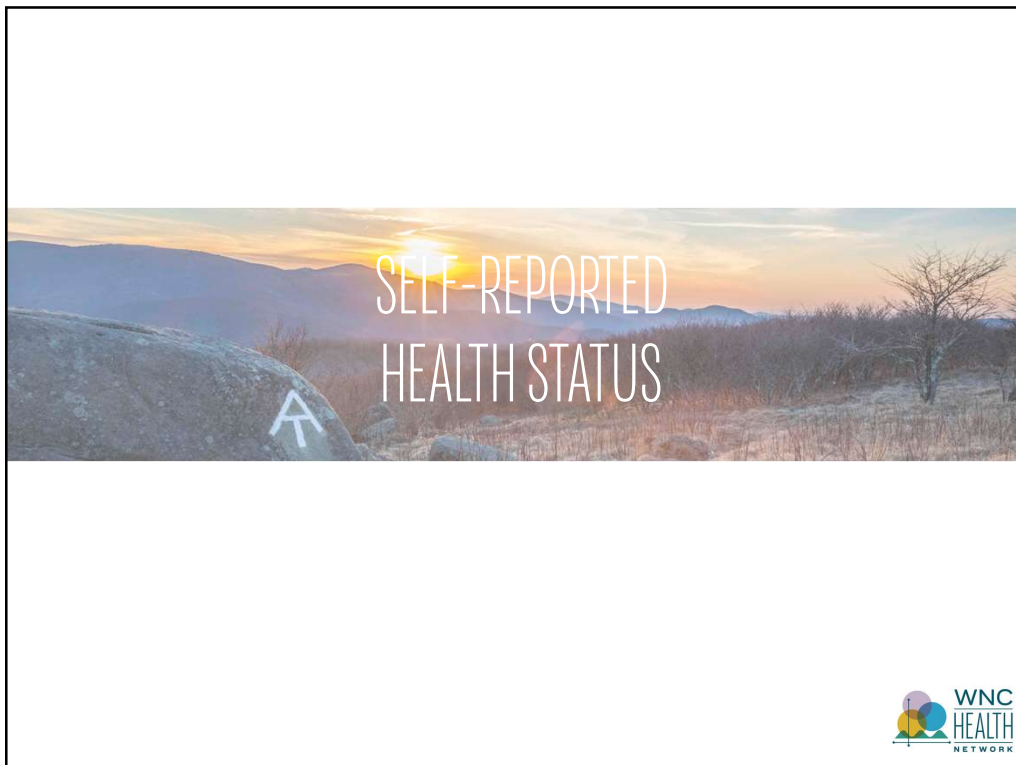
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 57]

Notes: Asked of all respondents.

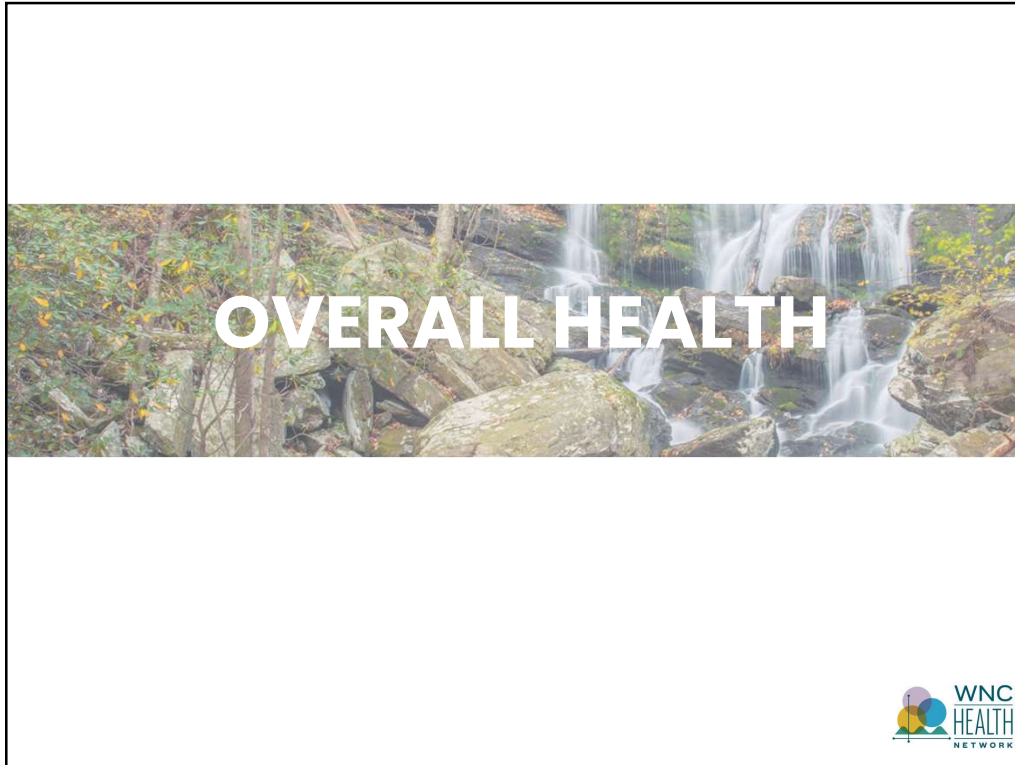
Climate was defined as the weather conditions in an area in general or over a long period, with extreme flooding, or drought given as examples.



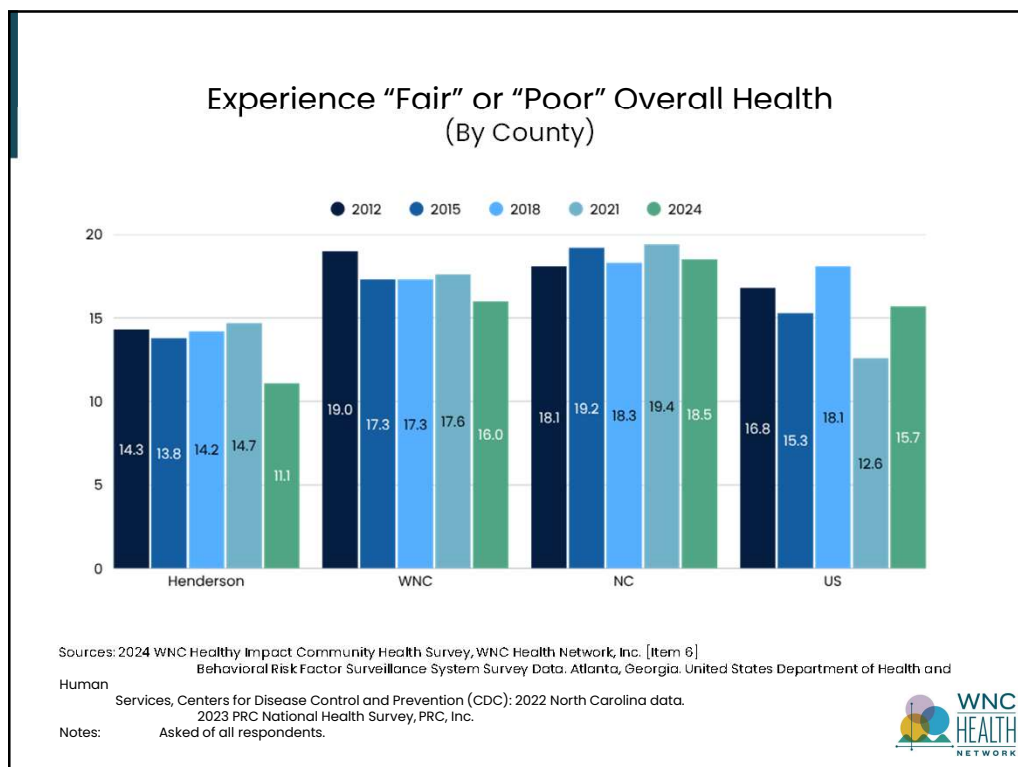
51



52

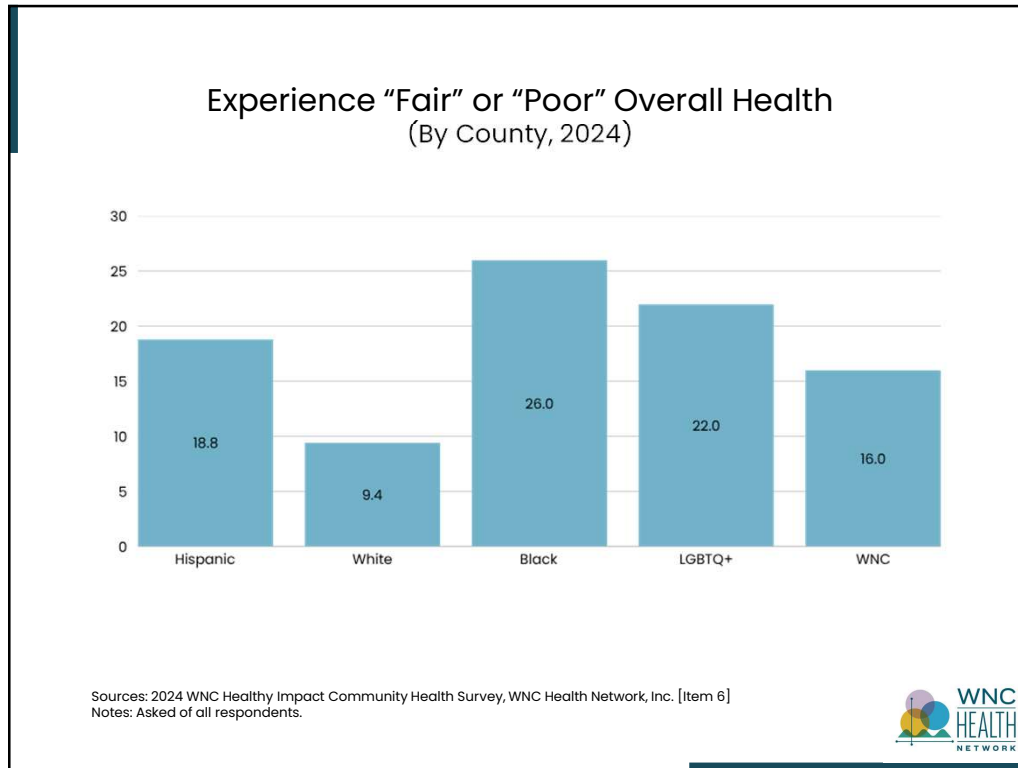


53

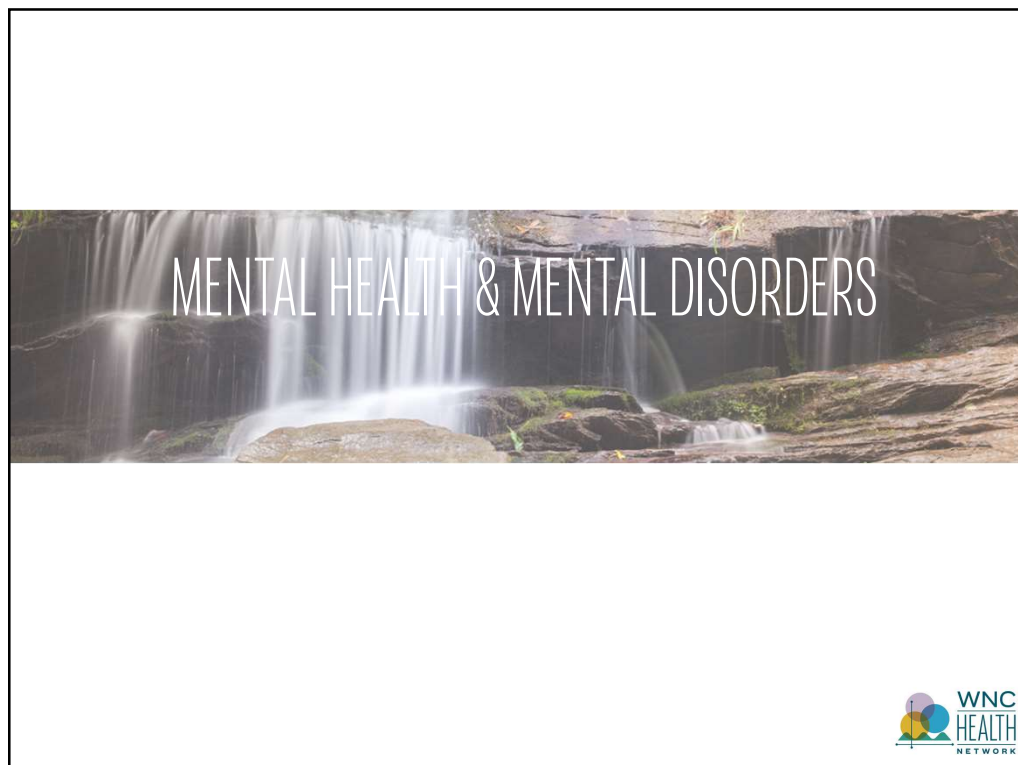


54

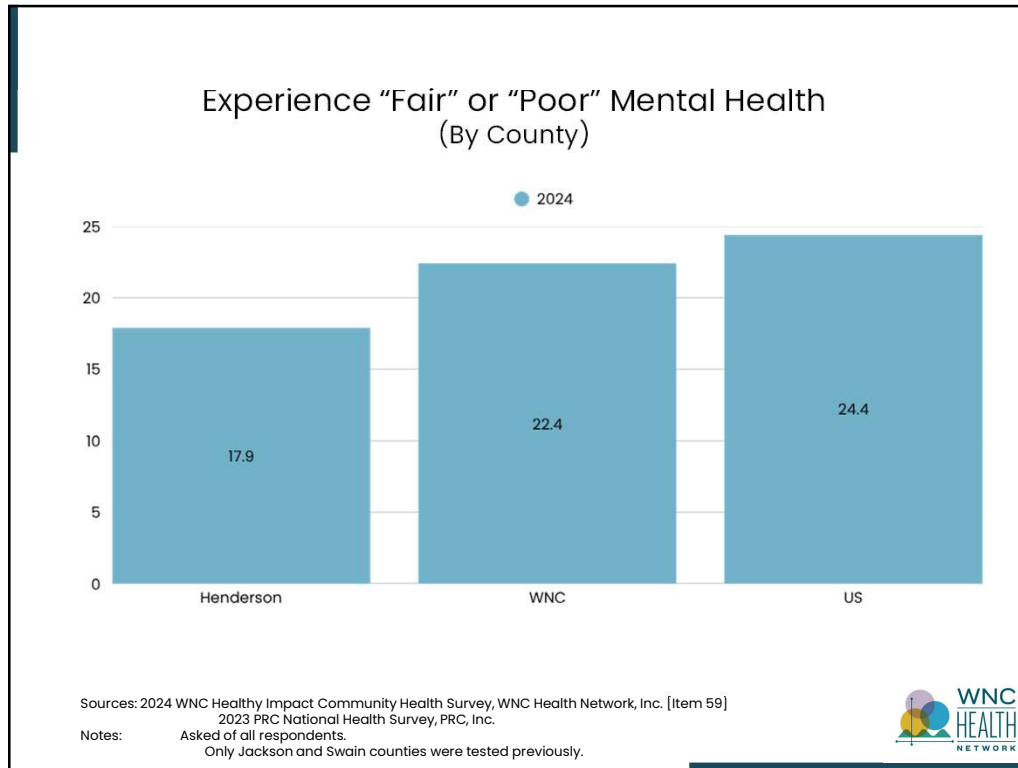




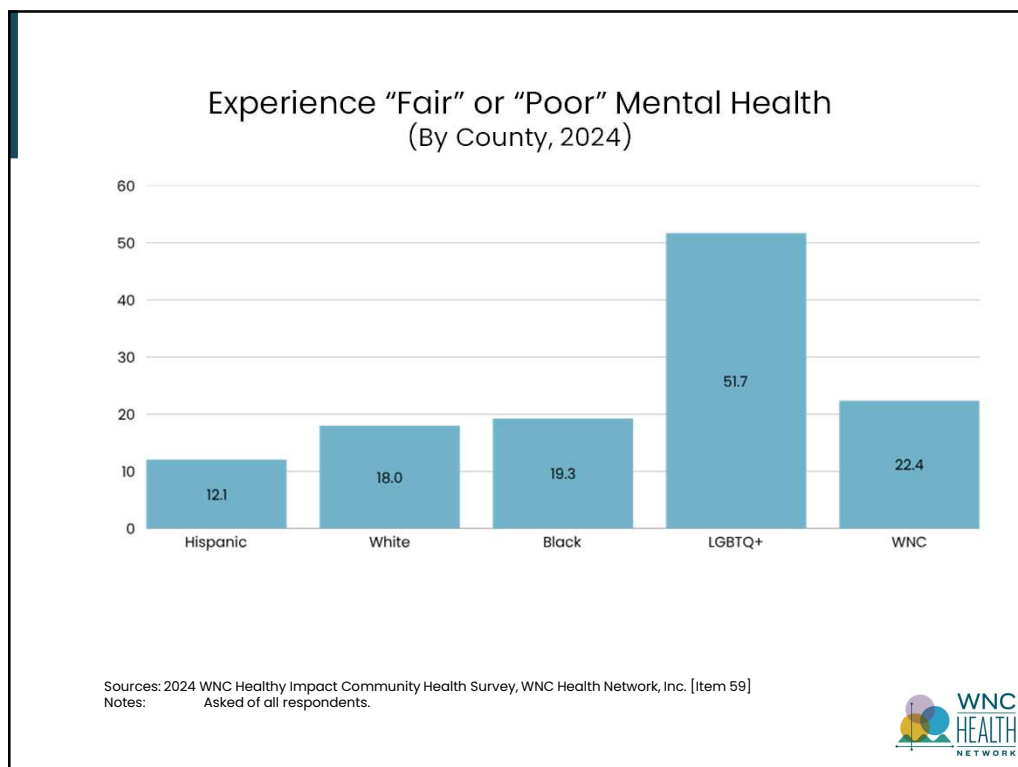
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56

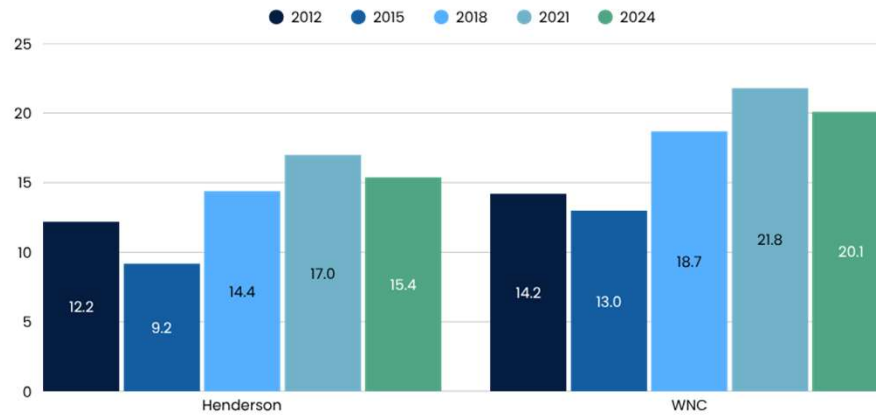


57



58

### More Than Seven Days of Poor Mental Health in the Past Month, (By County)

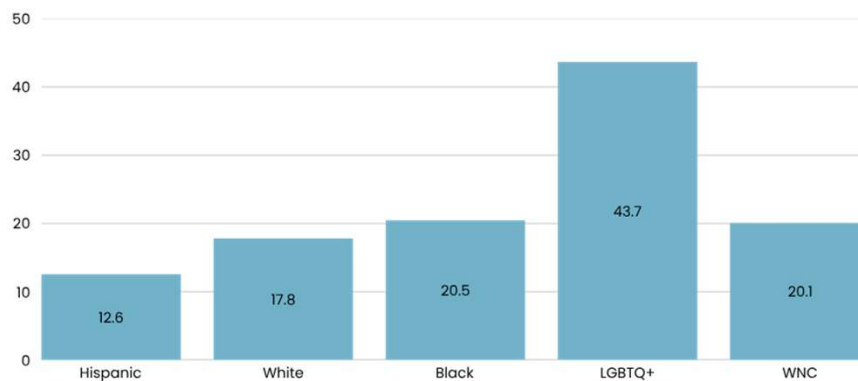


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 60]  
Notes: Asked of all respondents.



59

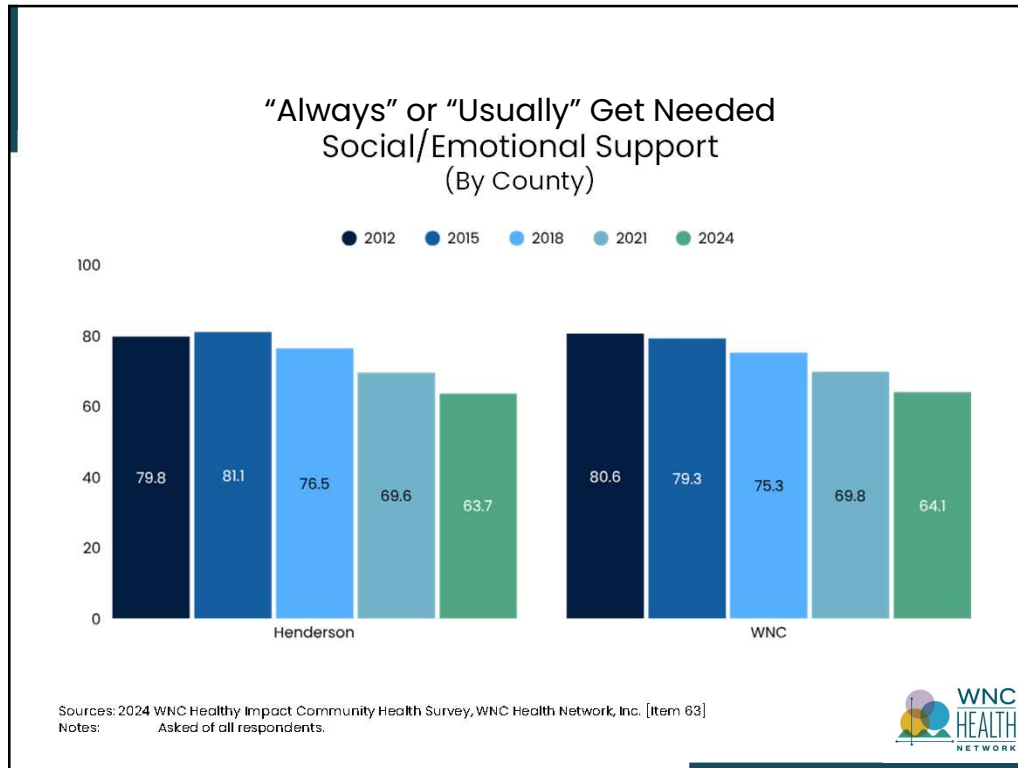
### More Than Seven Days of Poor Mental Health in the Past Month (Western North Carolina, 2024)



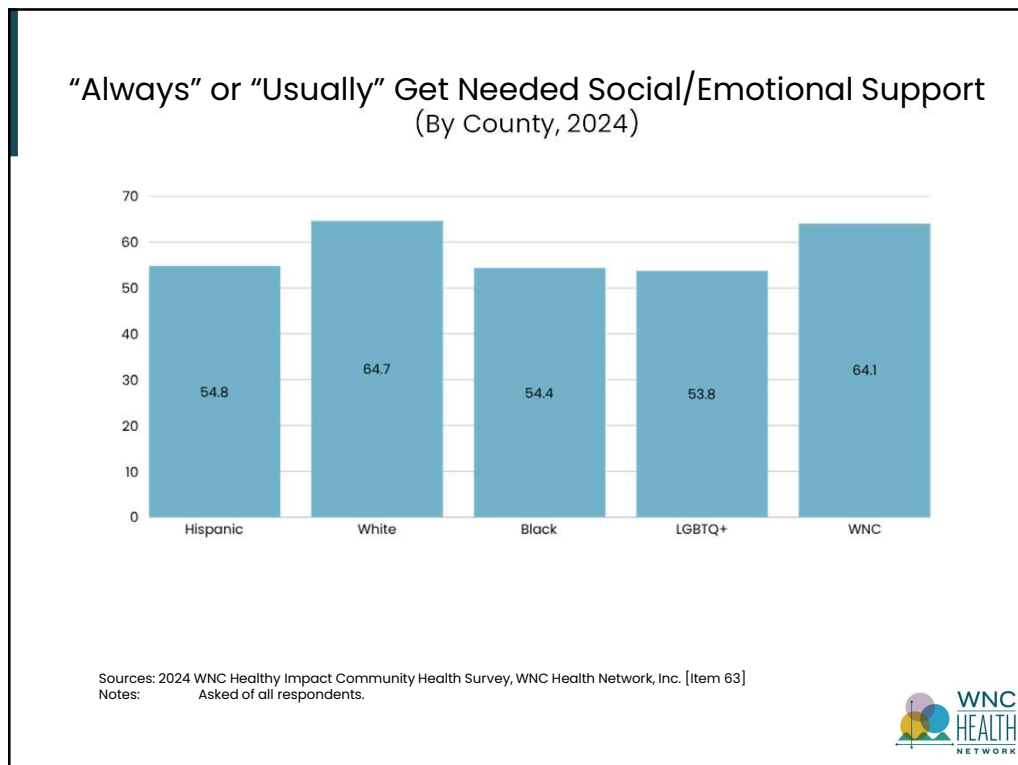
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 60]  
Notes: Asked of all respondents.



60

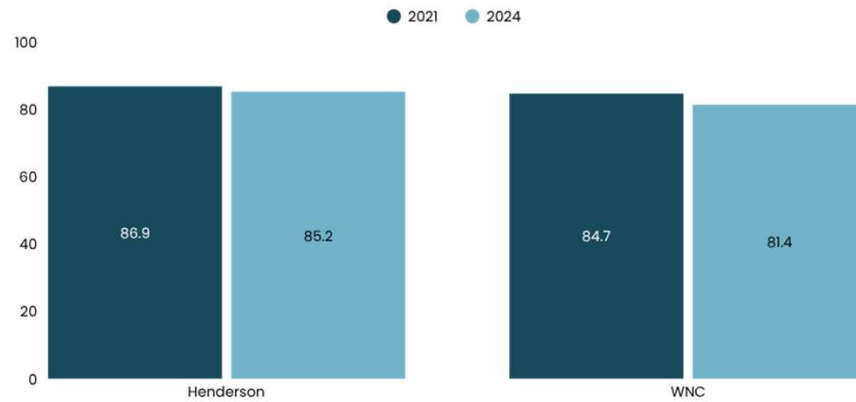


61



62

### Able to Stay Hopeful in Difficult Times (By County)

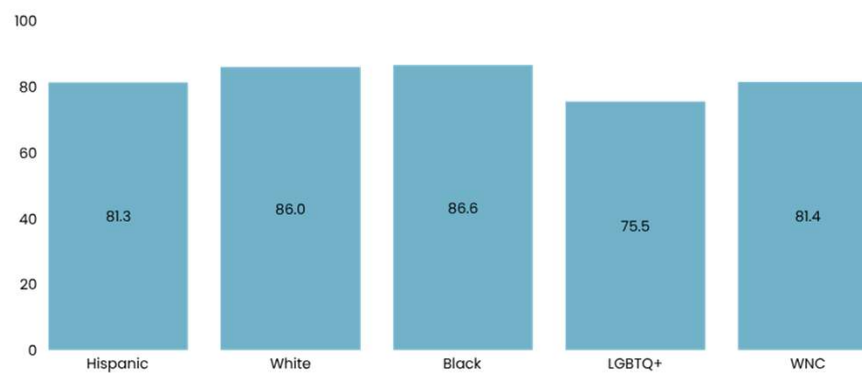


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 64]  
 Notes: Asked of all respondents.  
 Includes "strongly agree" and "agree" responses.



63

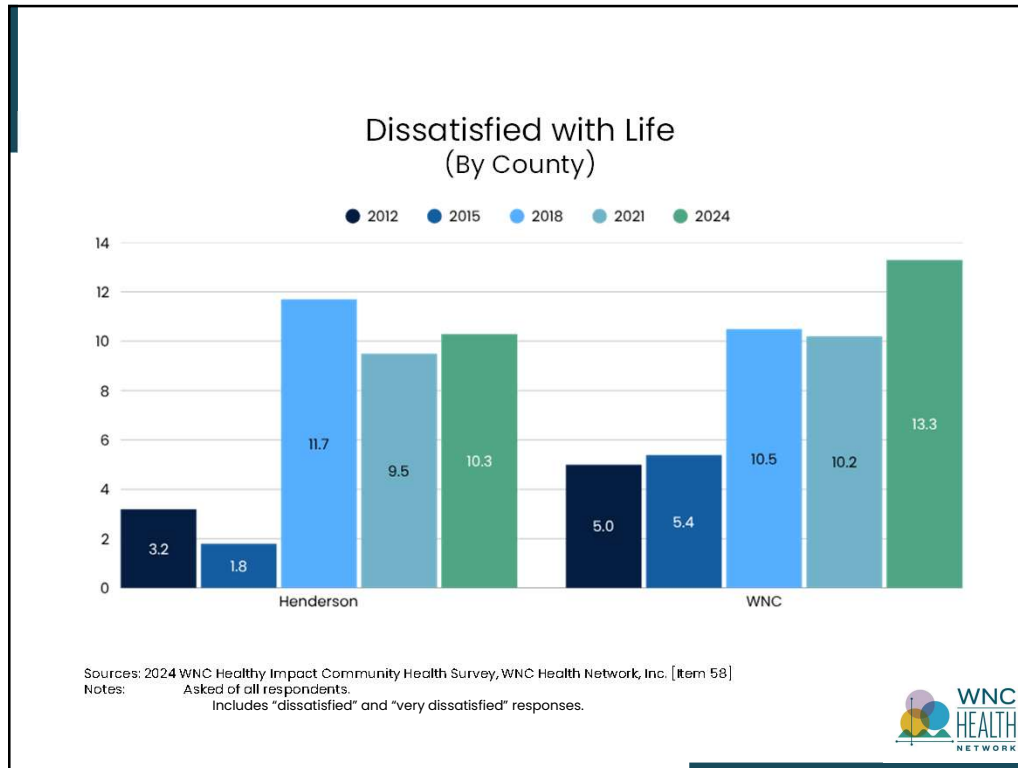
### Able to Stay Hopeful in Difficult Times (By County, 2024)



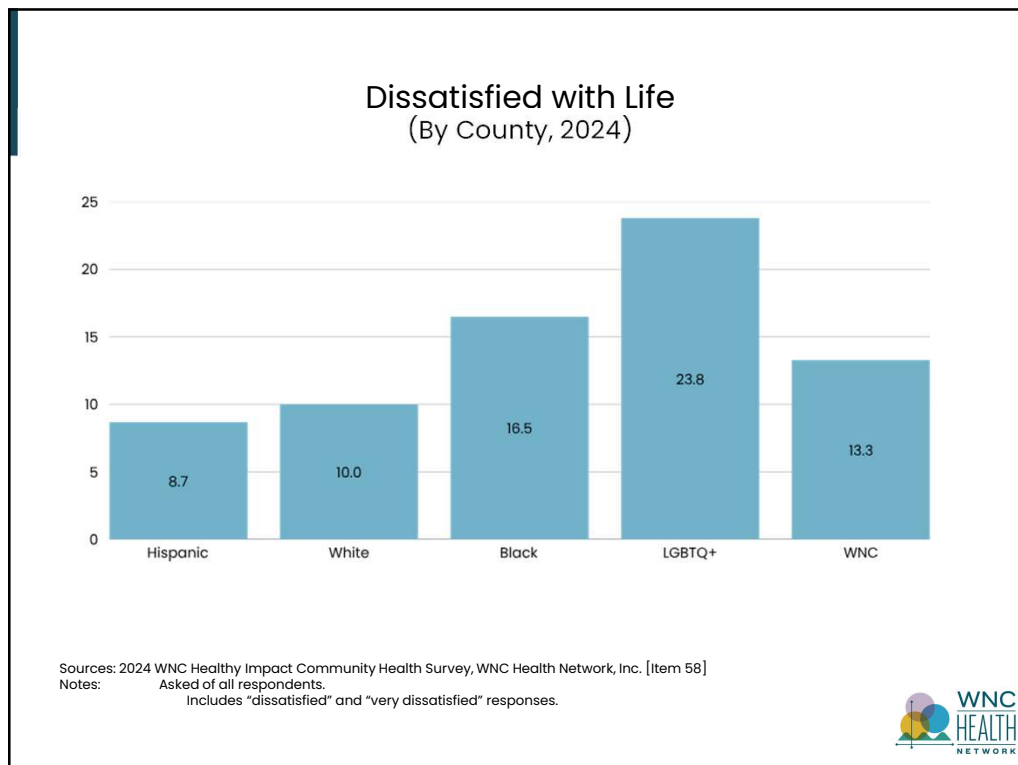
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 64]  
 Notes: Asked of all respondents.  
 Includes "strongly agree" and "agree" responses.



64

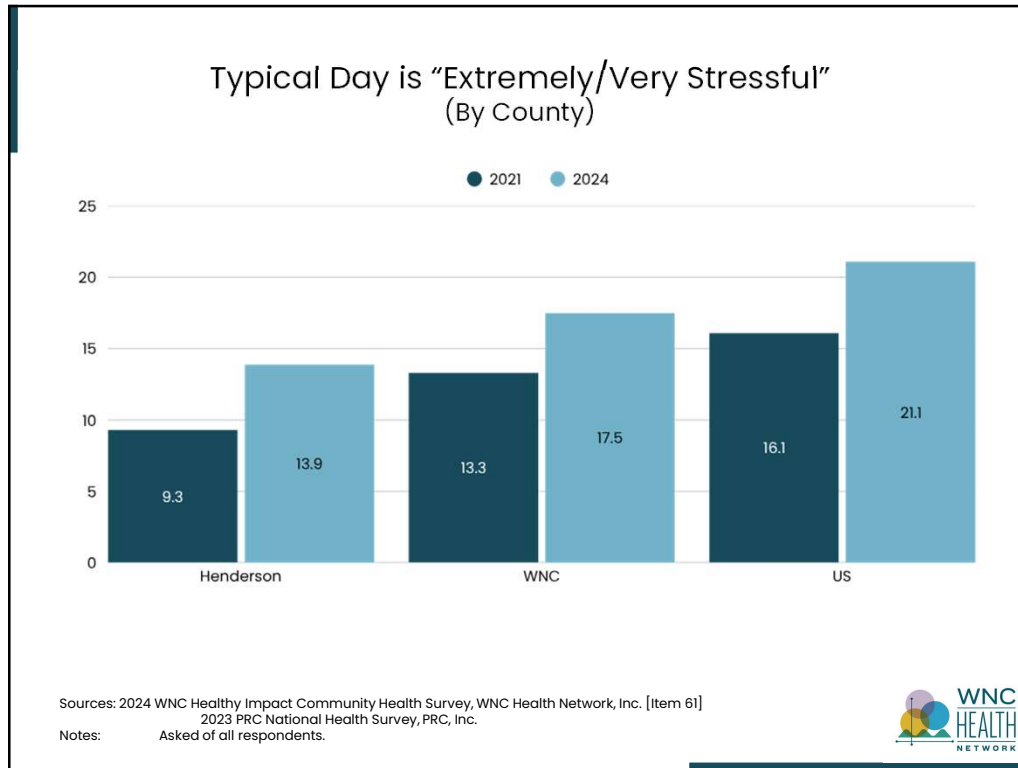


65

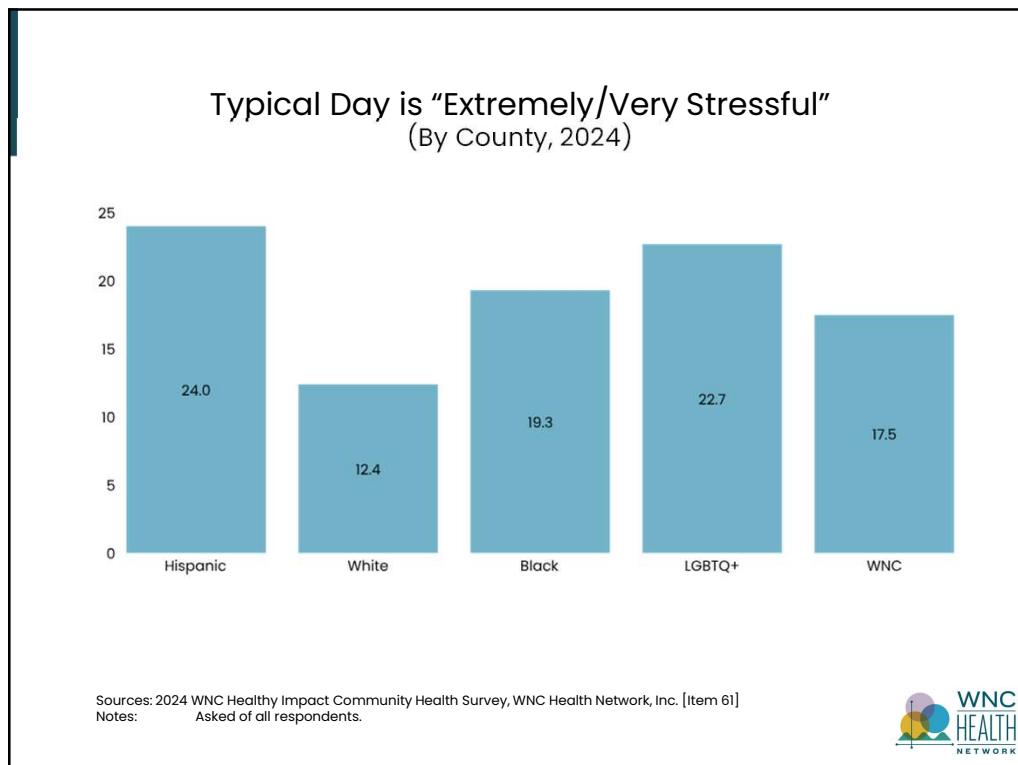


66

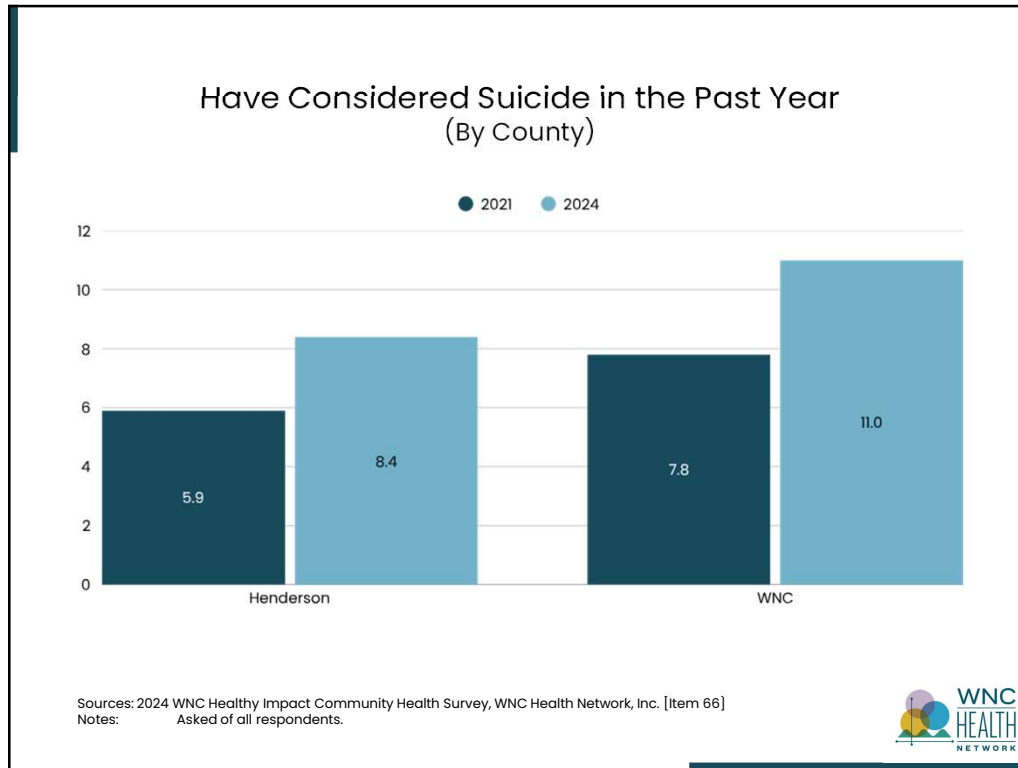




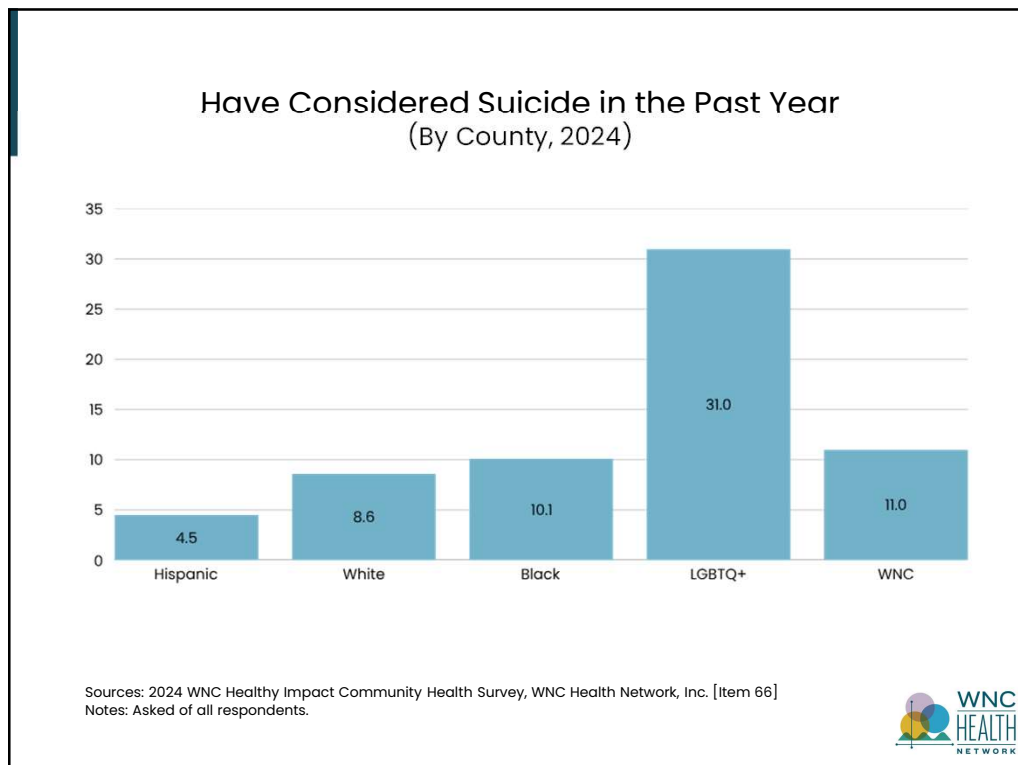
67



68

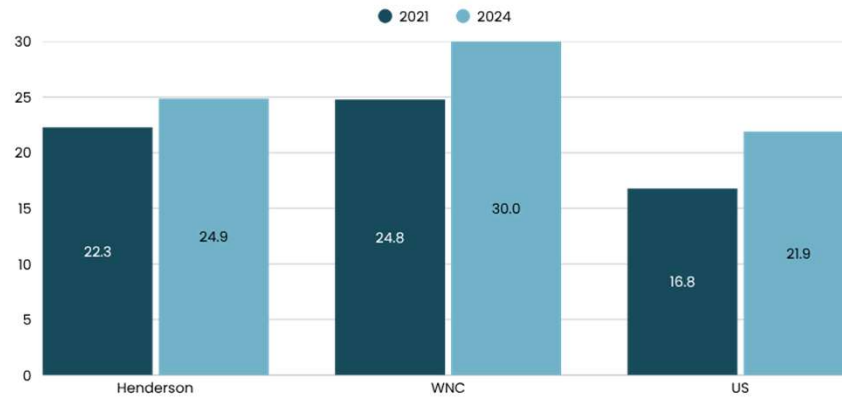


69



70

### Currently Receiving Mental Health Treatment (By County)



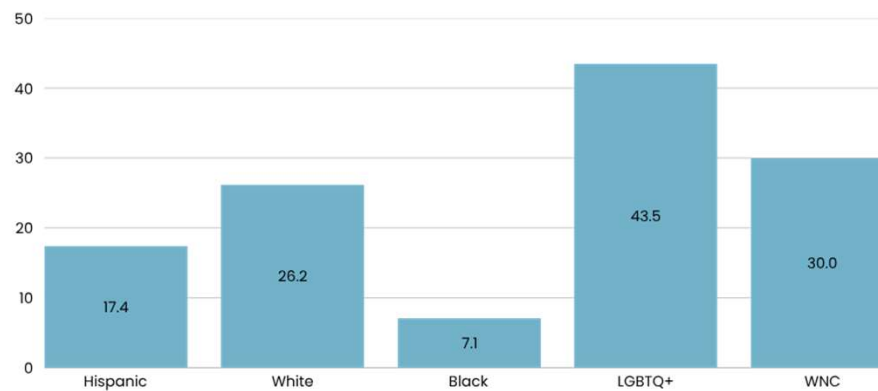
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 69]  
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.  
Includes those now taking medication or otherwise receiving treatment, therapy, or counseling for any type of mental or emotional health need.



71

### Currently Receiving Mental Health Treatment (By County, 2024)



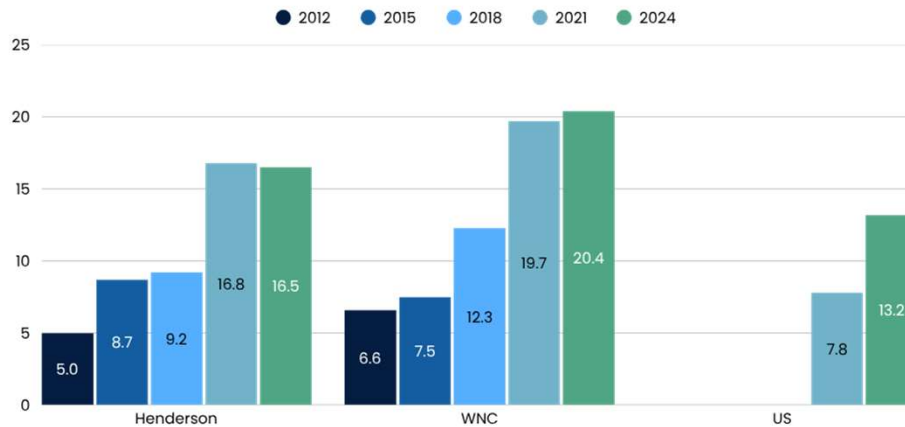
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 69]

Notes: Asked of all respondents.  
Includes those now taking medication or otherwise receiving treatment, therapy, or counseling for any type of mental or emotional health need.



72

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



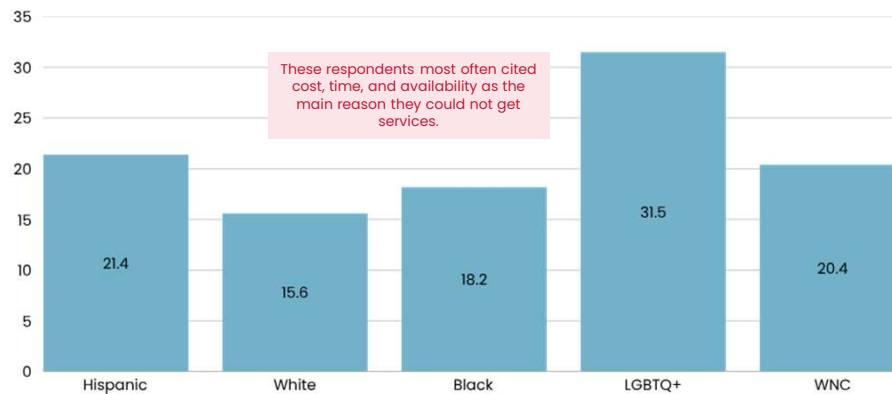
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 67]  
2023 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.



73

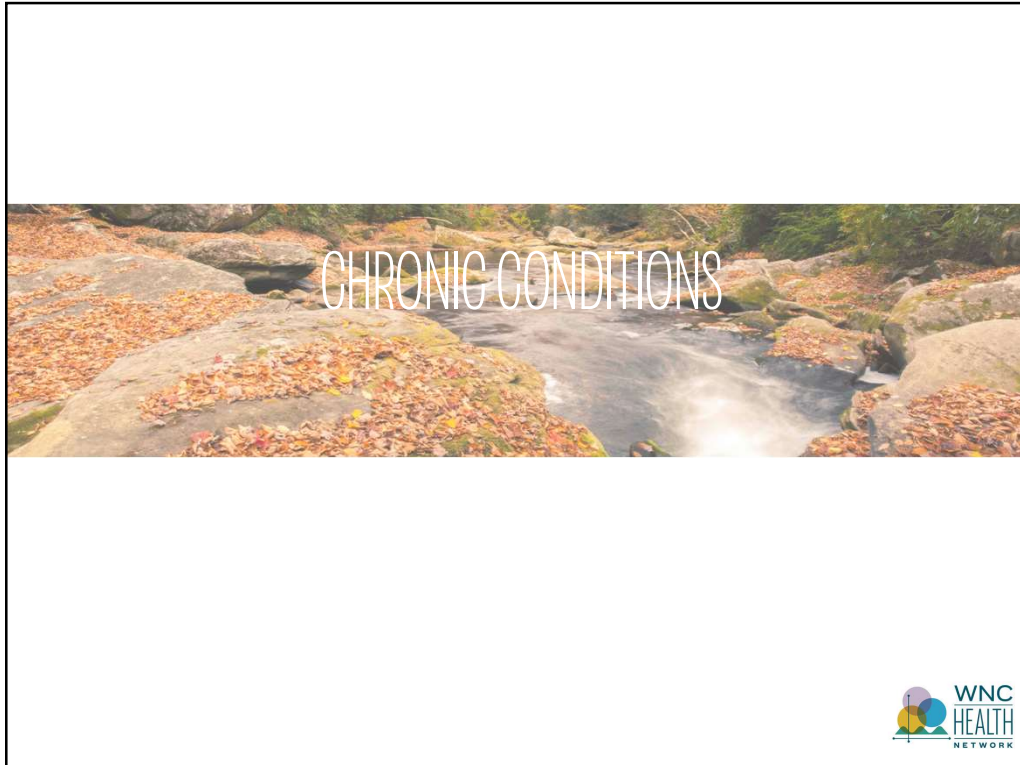
### Unable to Get Mental Health Services When Needed in the Past Year (By County, 2024)



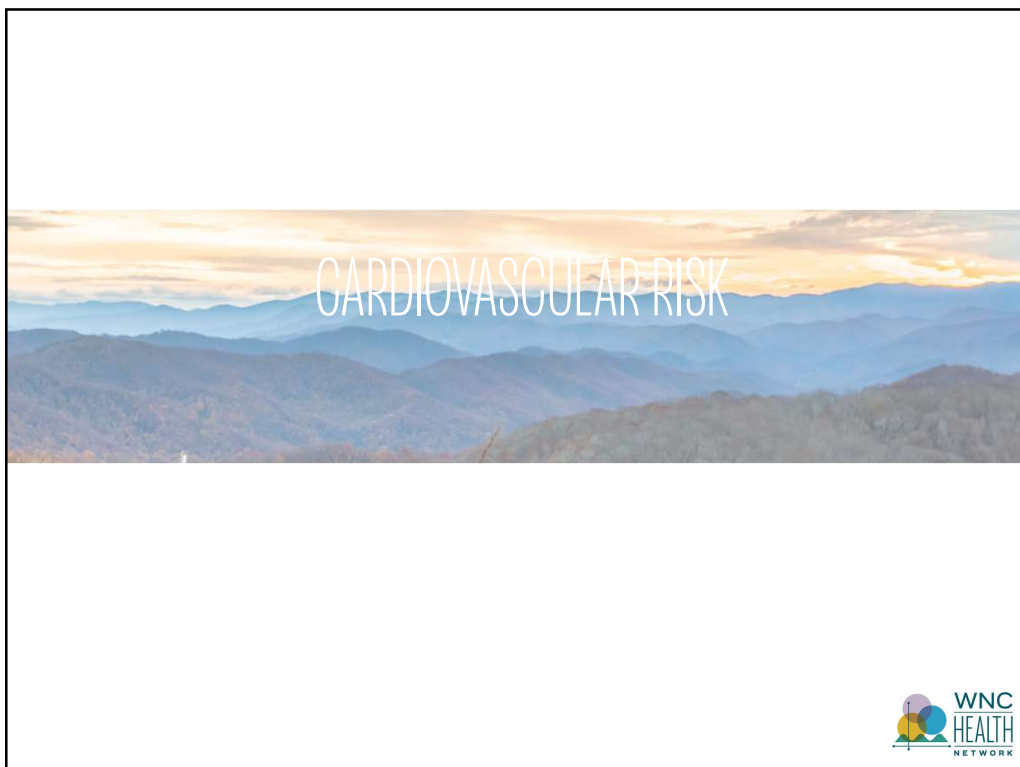
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Items 67-68]  
Notes: Asked of all respondents.



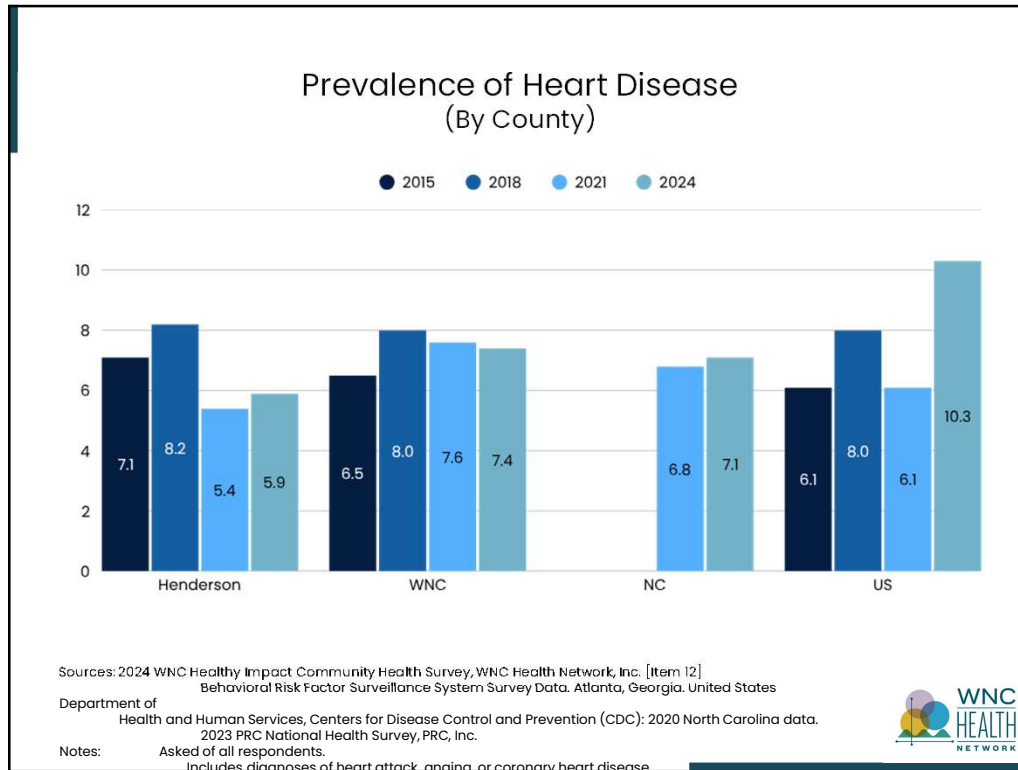
74



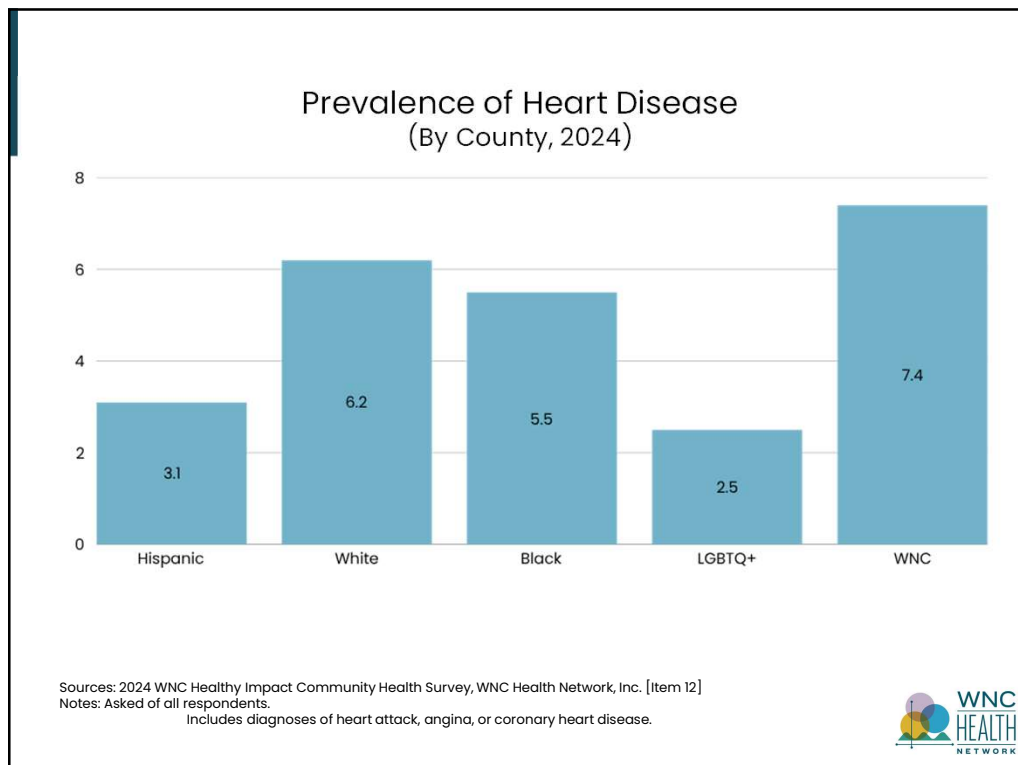
75



76

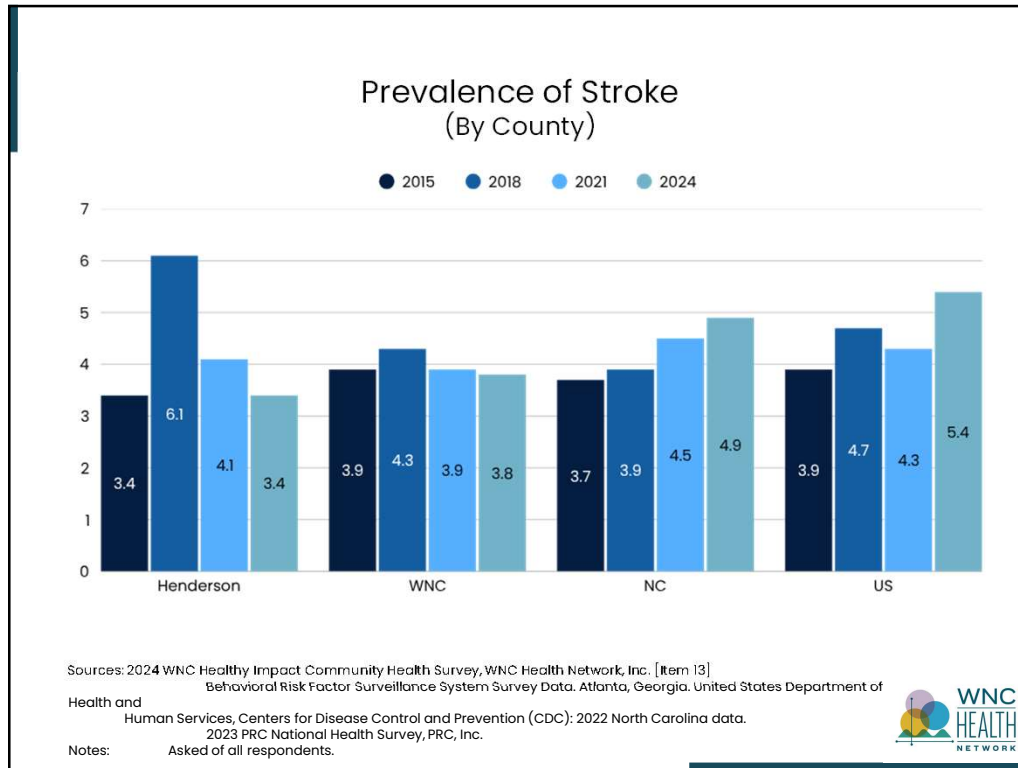


77

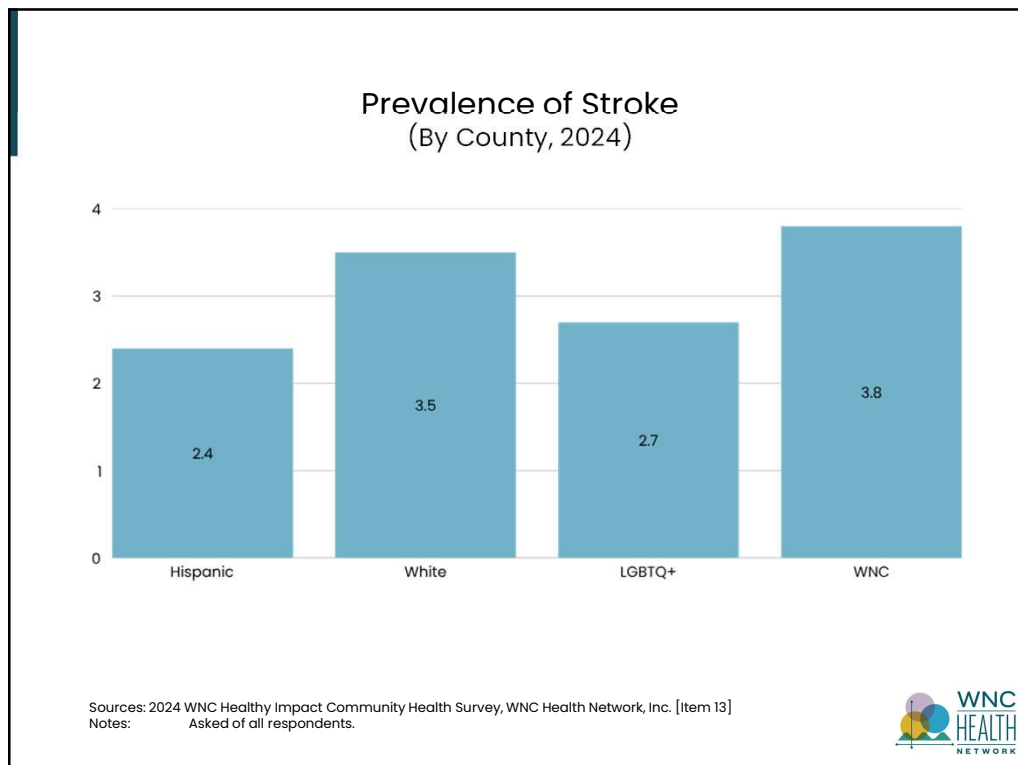


78

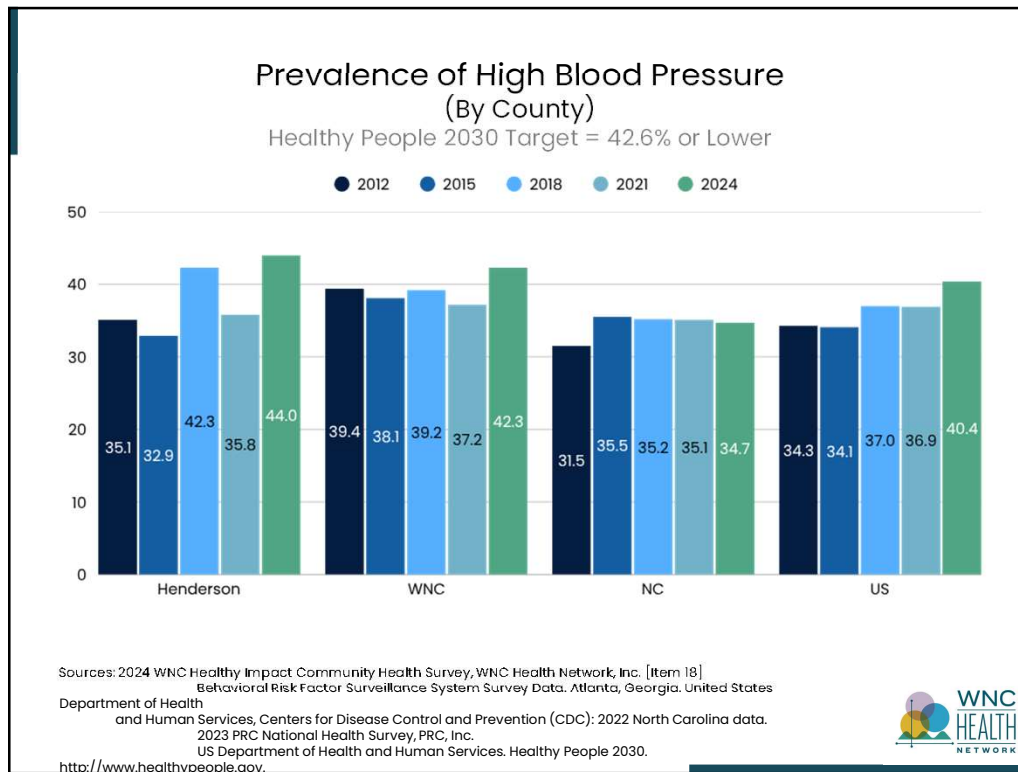




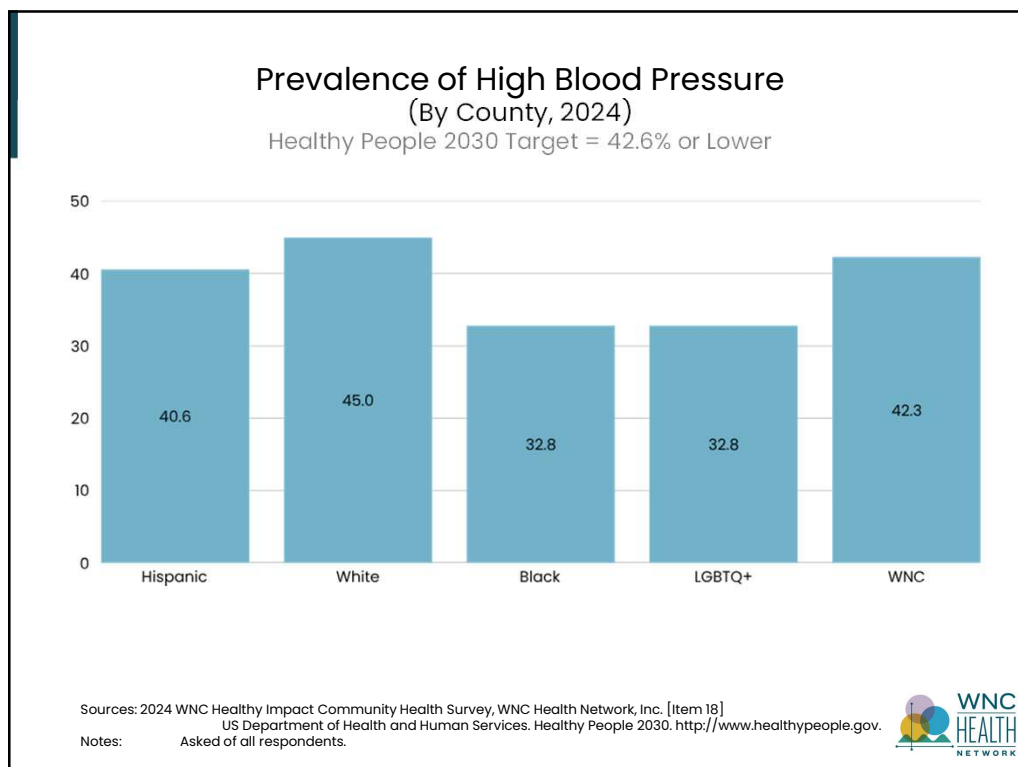
79



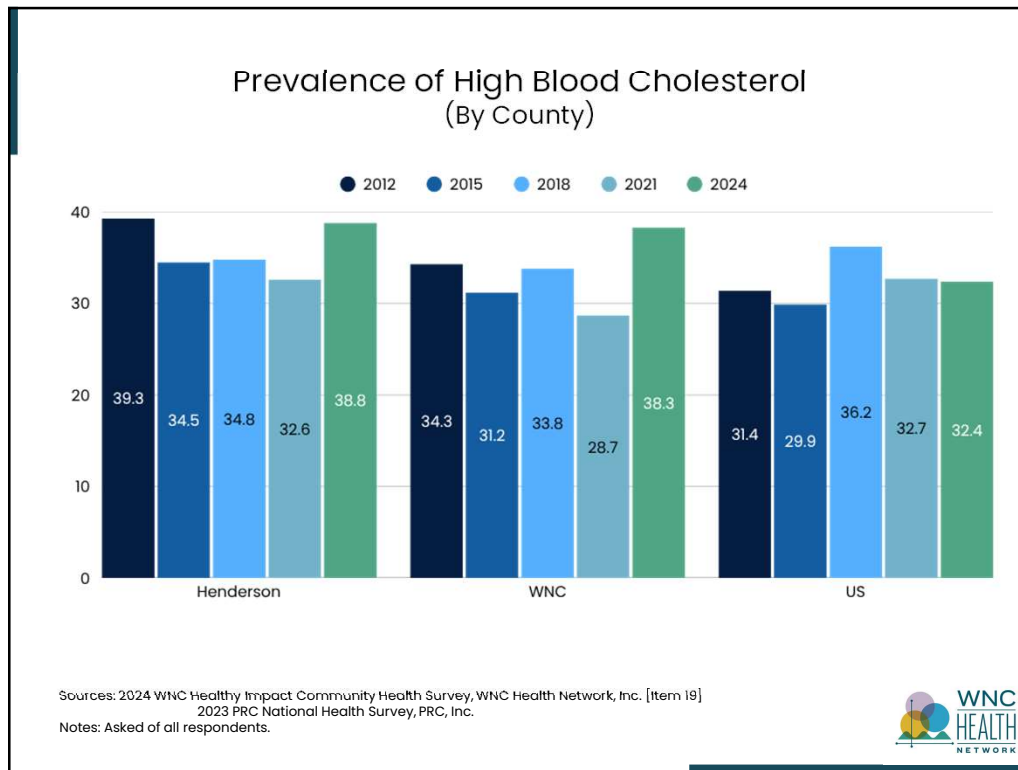
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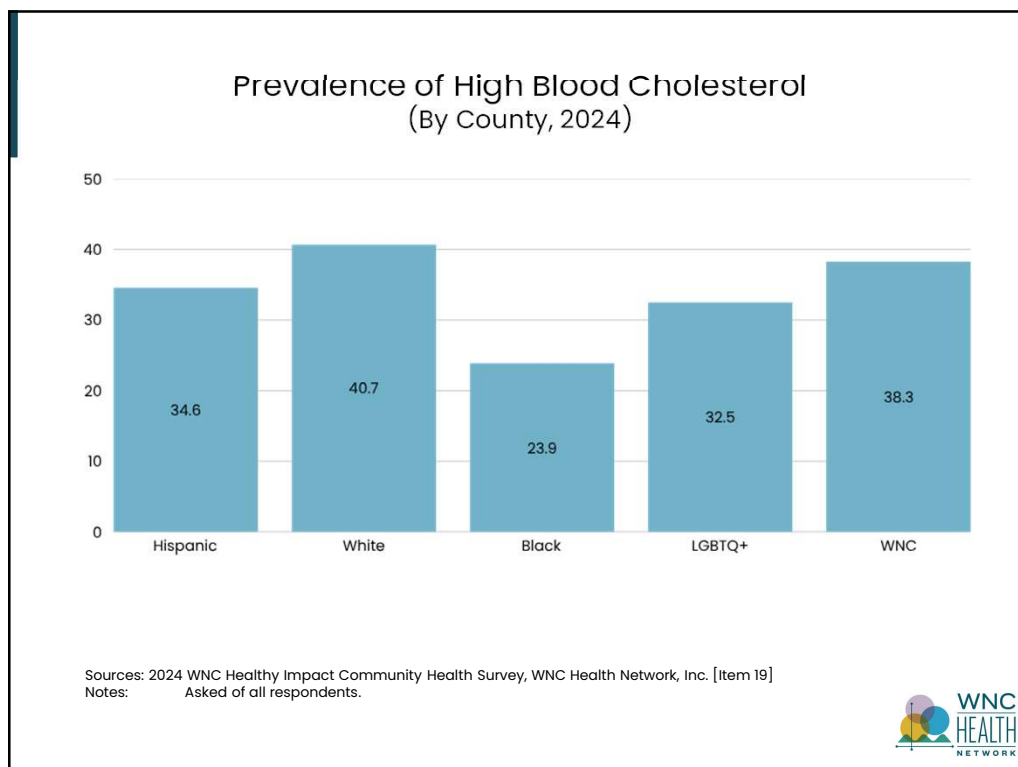
81



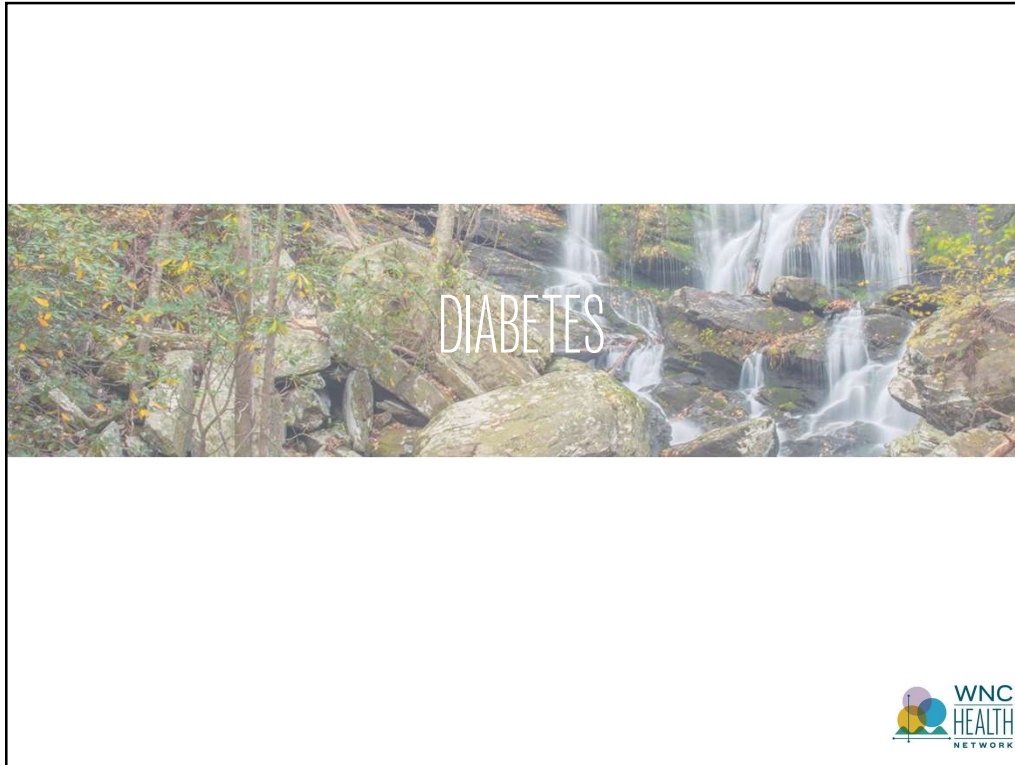
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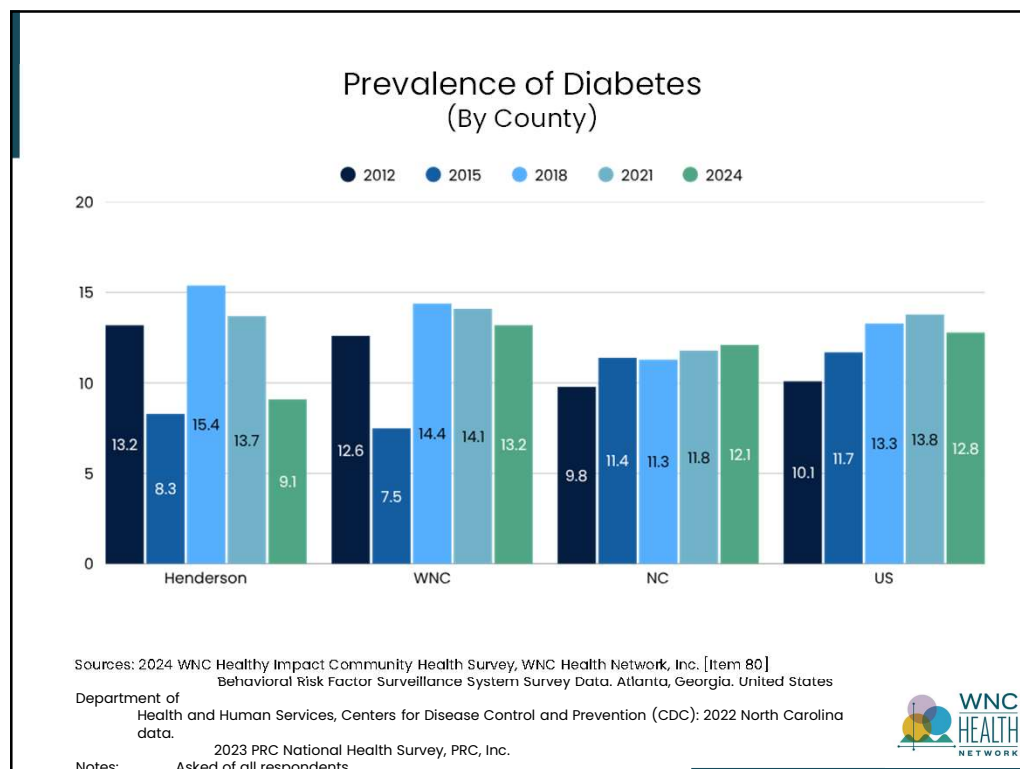
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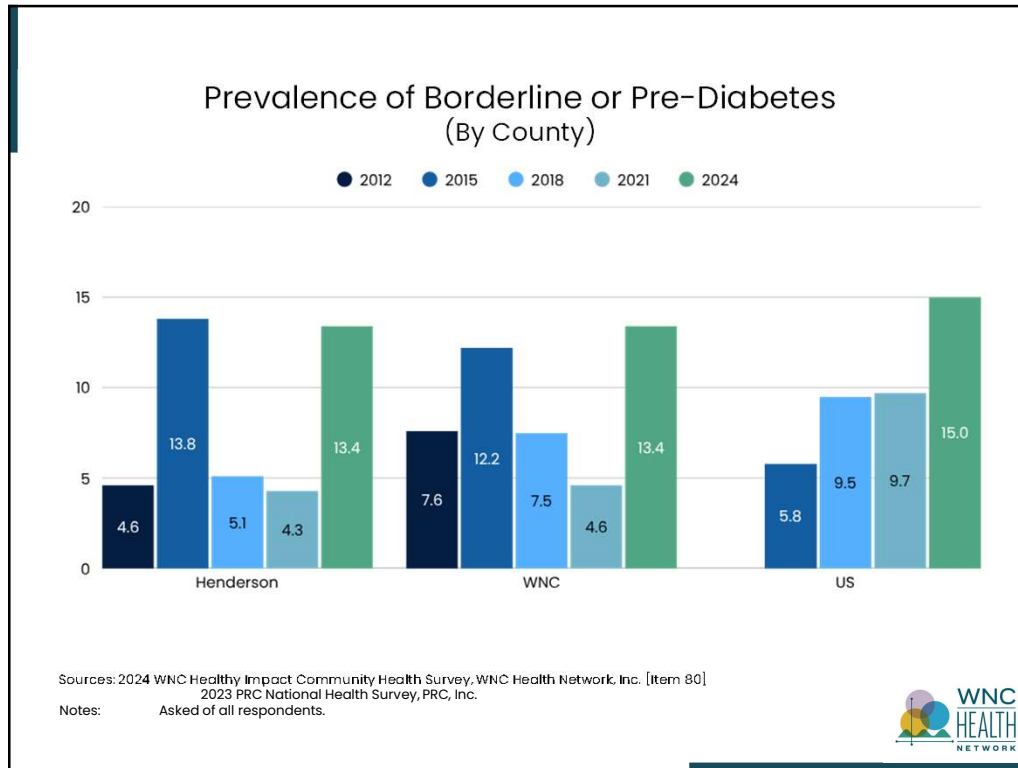
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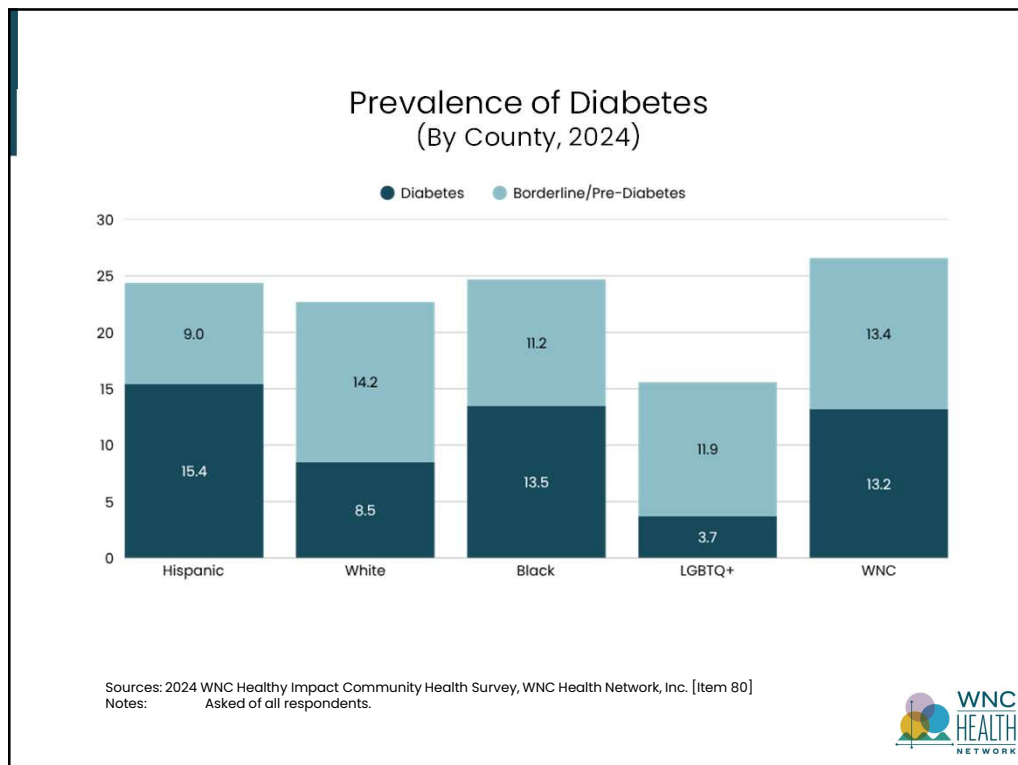
85



86



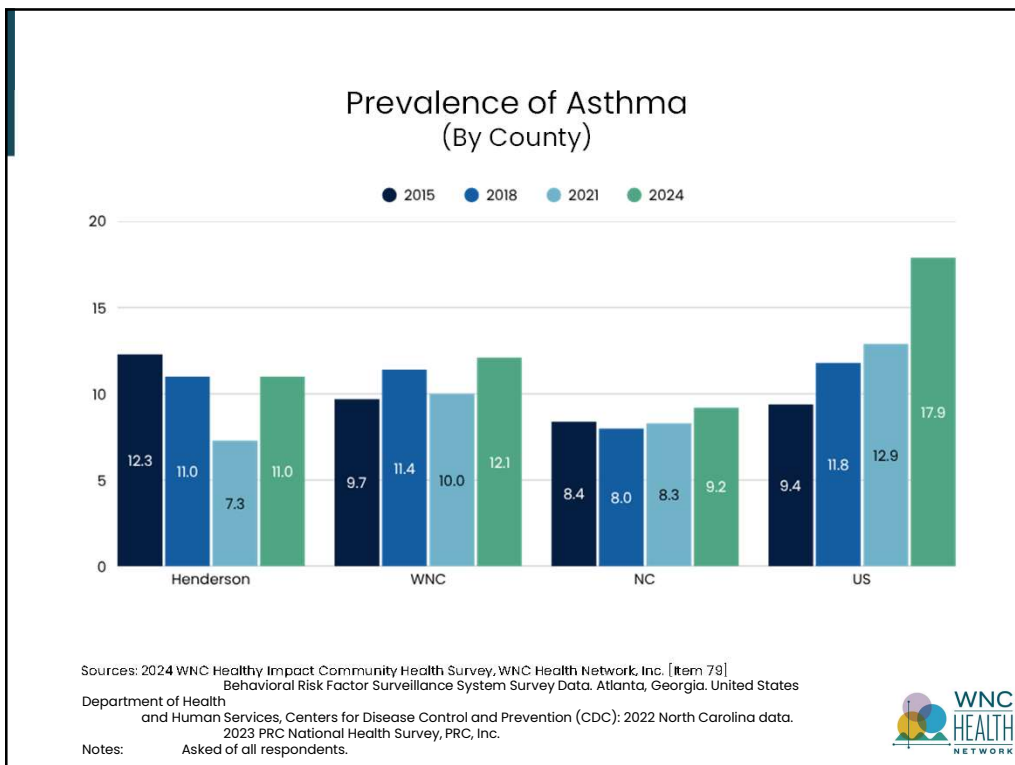
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88

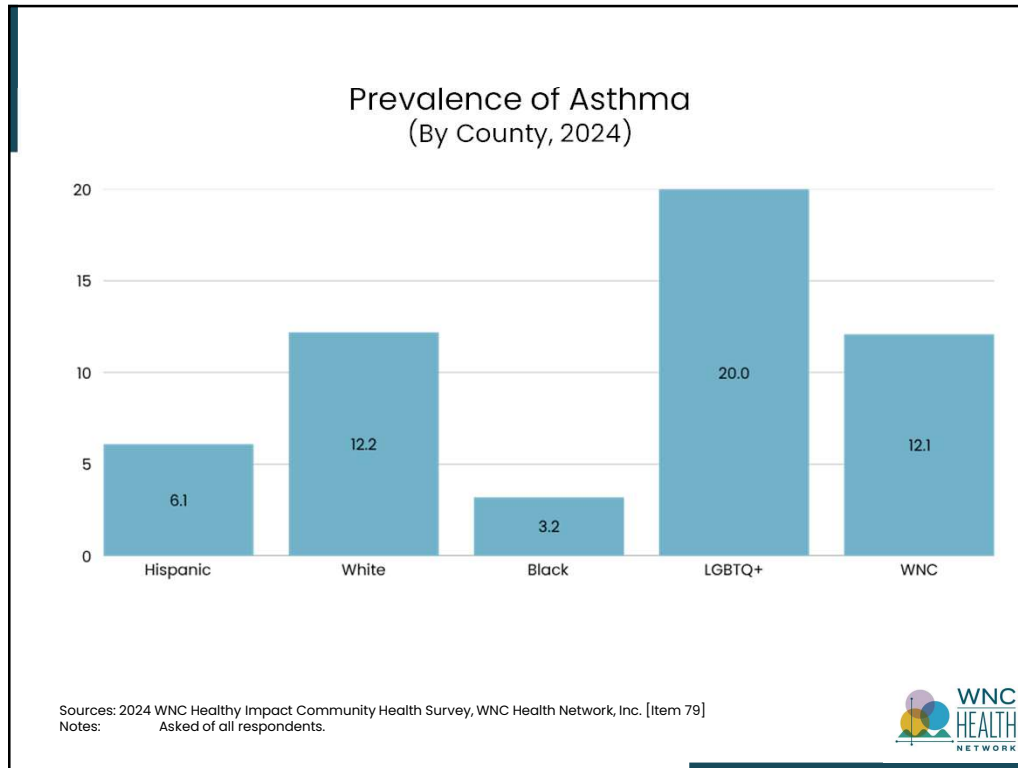


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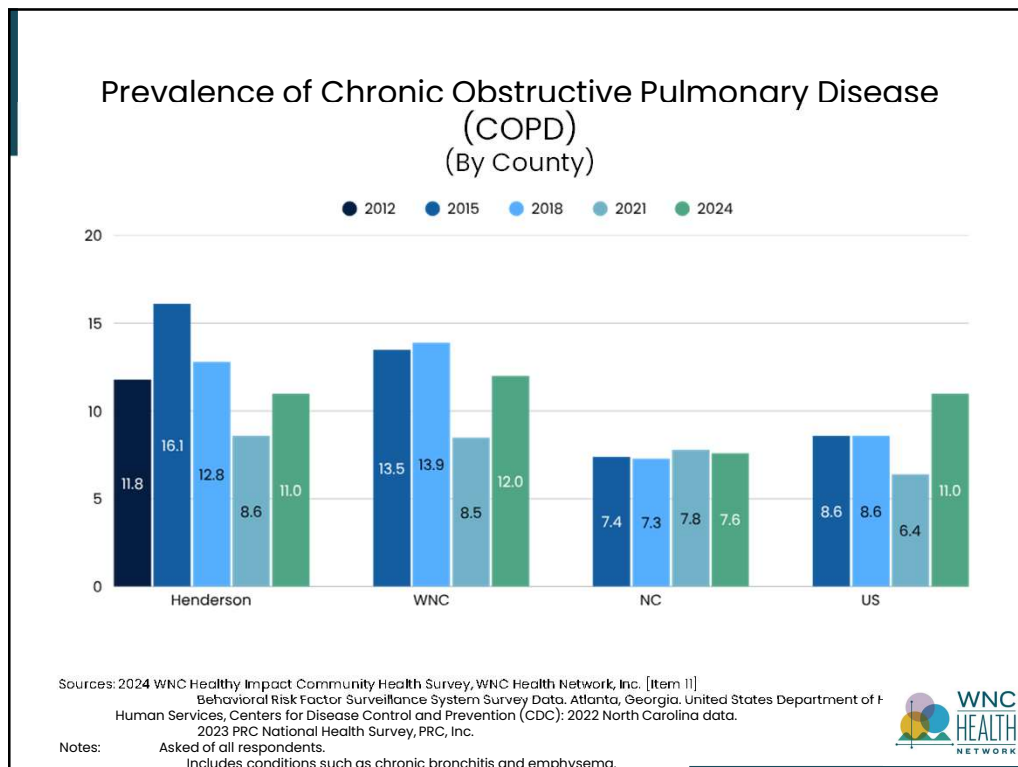


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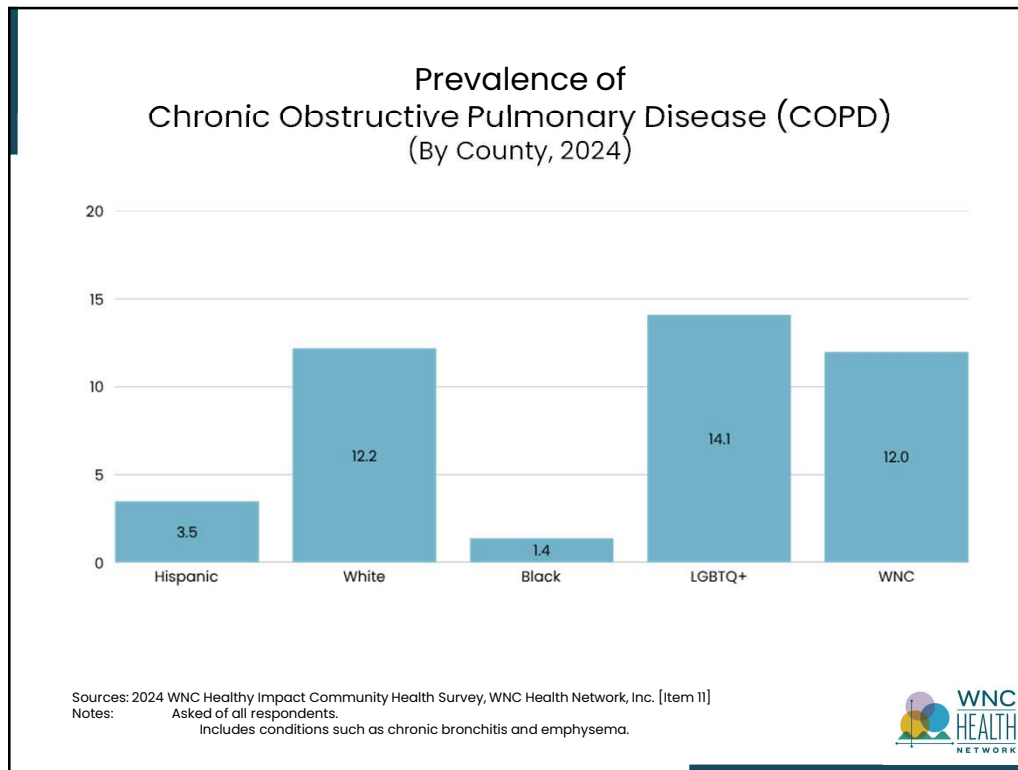




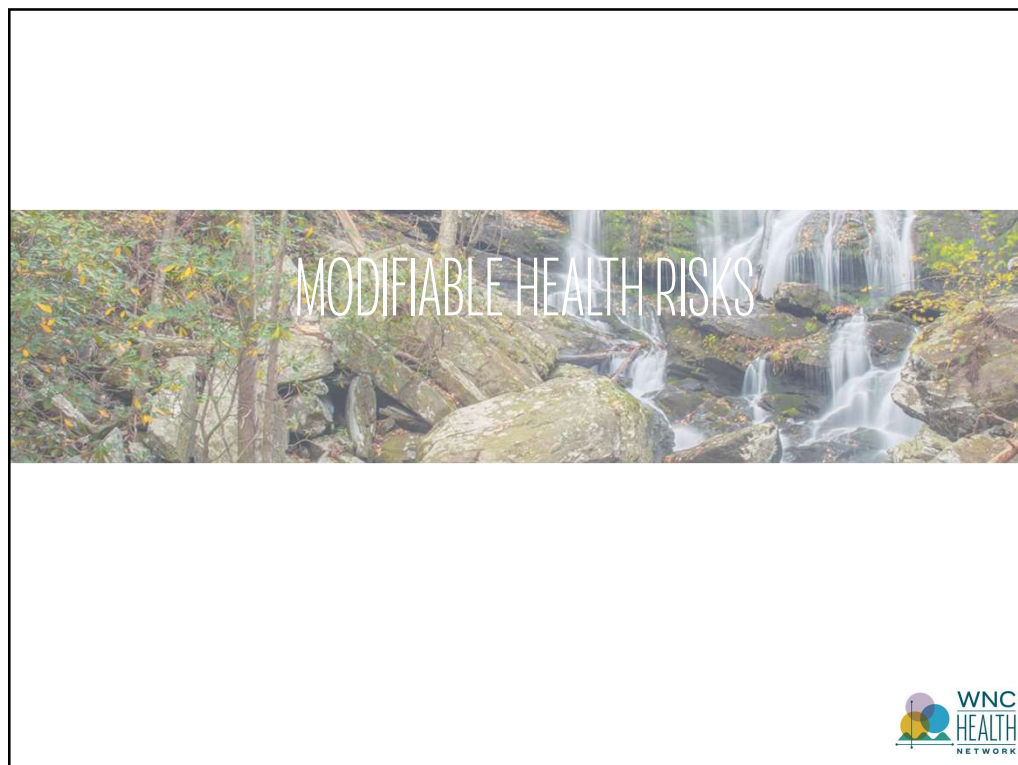
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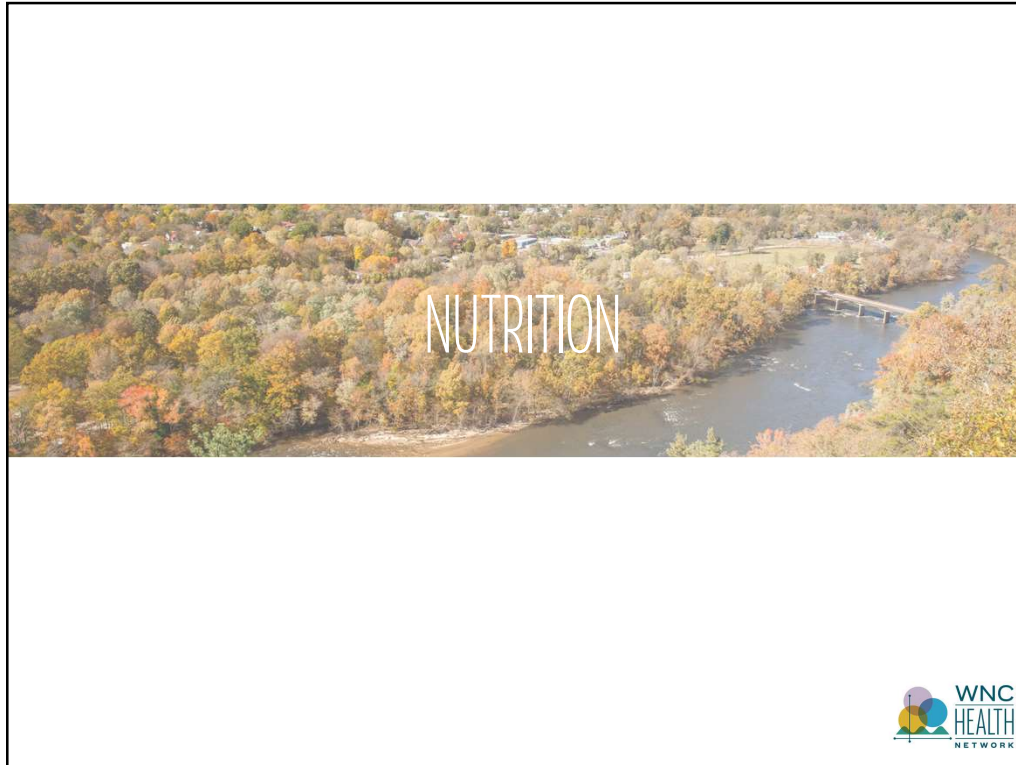
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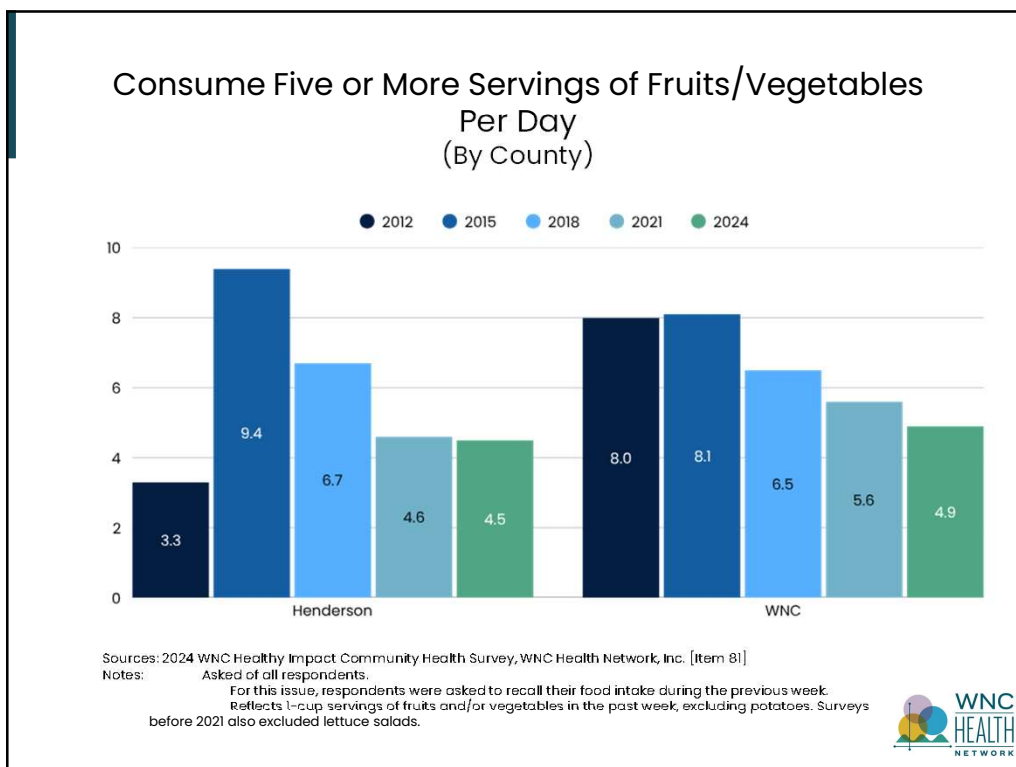
93



94

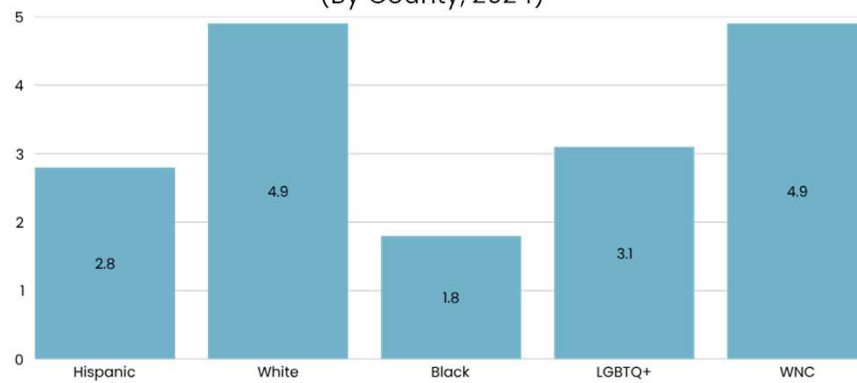


95



96

### Consume Five or More Servings of Fruits/Vegetables Per Day (By County, 2024)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 81]

Notes: Asked of all respondents.

For this issue, respondents were asked to recall their food intake during the previous week.  
Reflects 1-cup servings of fruits and/or vegetables in the past week, excluding potatoes.



97

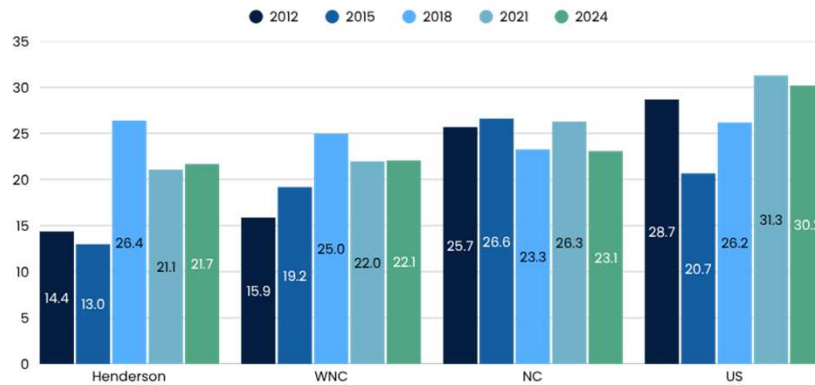
## PHYSICAL ACTIVITY & FITNESS



98

## No Leisure-Time Physical Activity in the Past Month (By County)

Healthy People 2030 = 21.8% or Lower



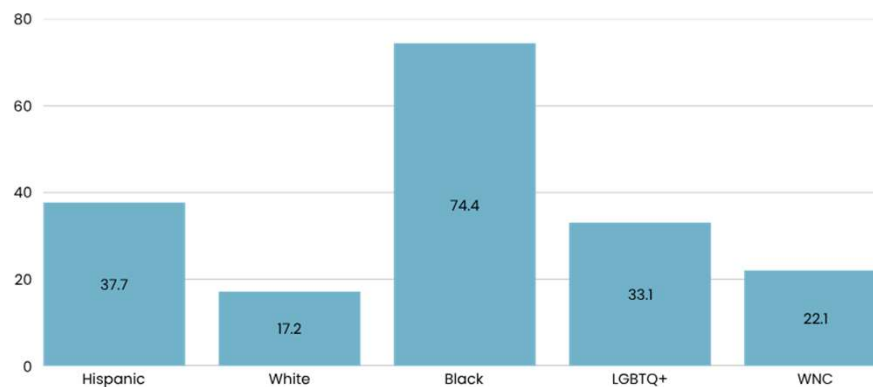
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 49]  
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 North Carolina data.  
2023 PRC National Health Survey, PRC, Inc.  
US Department of Health and Human Services. Healthy People 2030. <http://www.healthypeople.gov>.  
Notes: Asked of all respondents.



99

## No Leisure-Time Physical Activity in the Past Month (By County, 2024)

Healthy People 2030 = 21.8% or Lower



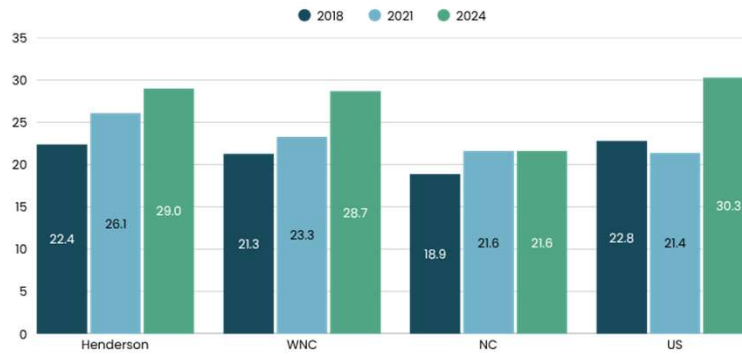
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 49]  
US Department of Health and Human Services. Healthy People 2030. <http://www.healthypeople.gov>.  
Notes: Asked of all respondents.



100

## Meets Physical Activity Recommendations (By County)

Healthy People 2030 Target = 29.7% or Higher



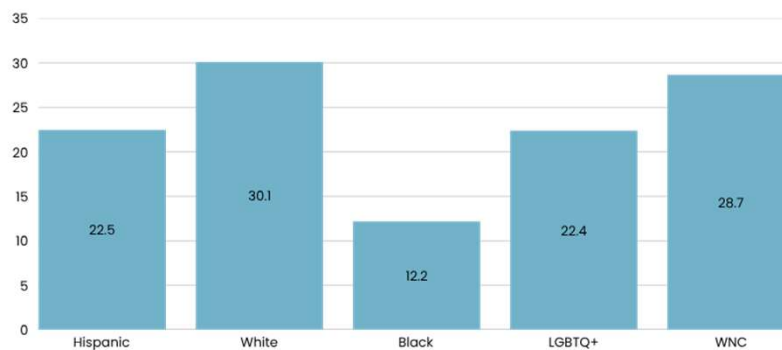
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 82]  
 Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2020 North Carolina data.  
 2023 PRC National Health Survey, PRC, Inc.  
 US Department of Health and Human Services. Healthy People 2030. <http://www.healthypeople.gov>.  
 Notes: Asked of all respondents.  
 Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) and who also report doing physical activities specifically designed to strengthen muscles at least twice per week.



101

## Meets Physical Activity Recommendations (By County, 2024)

Healthy People 2030 Target = 29.7% or Higher

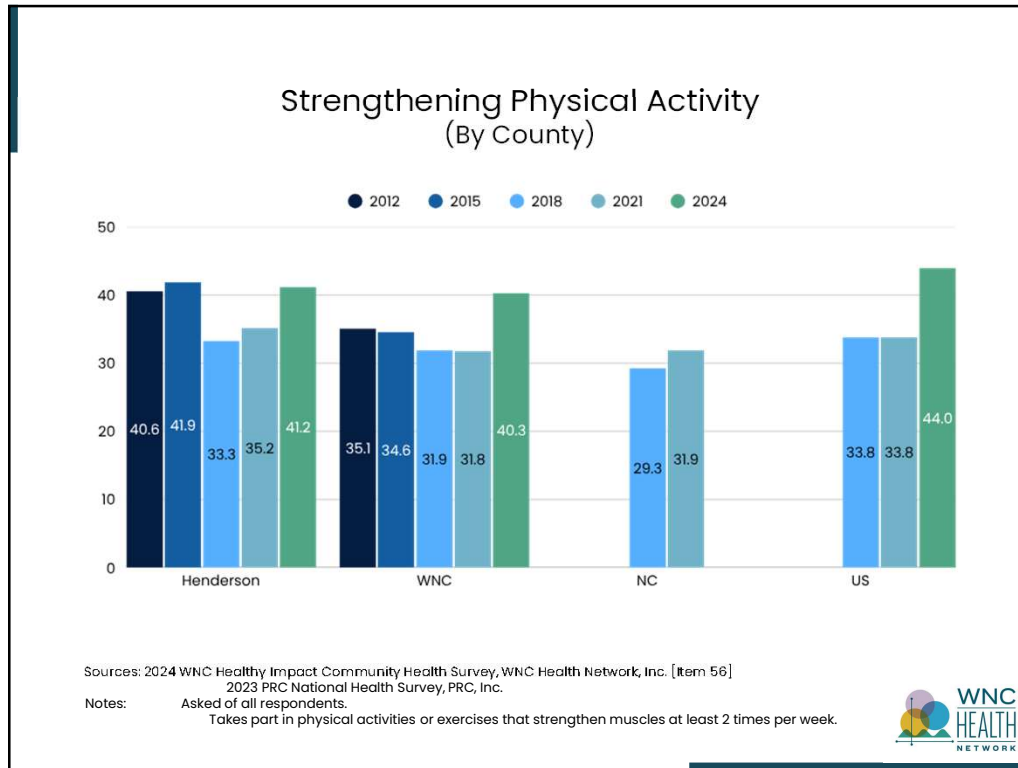


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 82]  
 US Department of Health and Human Services. Healthy People 2030. <http://www.healthypeople.gov>.  
 Notes: Asked of all respondents.  
 Meeting both guidelines is defined as the number of persons age 18+ who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

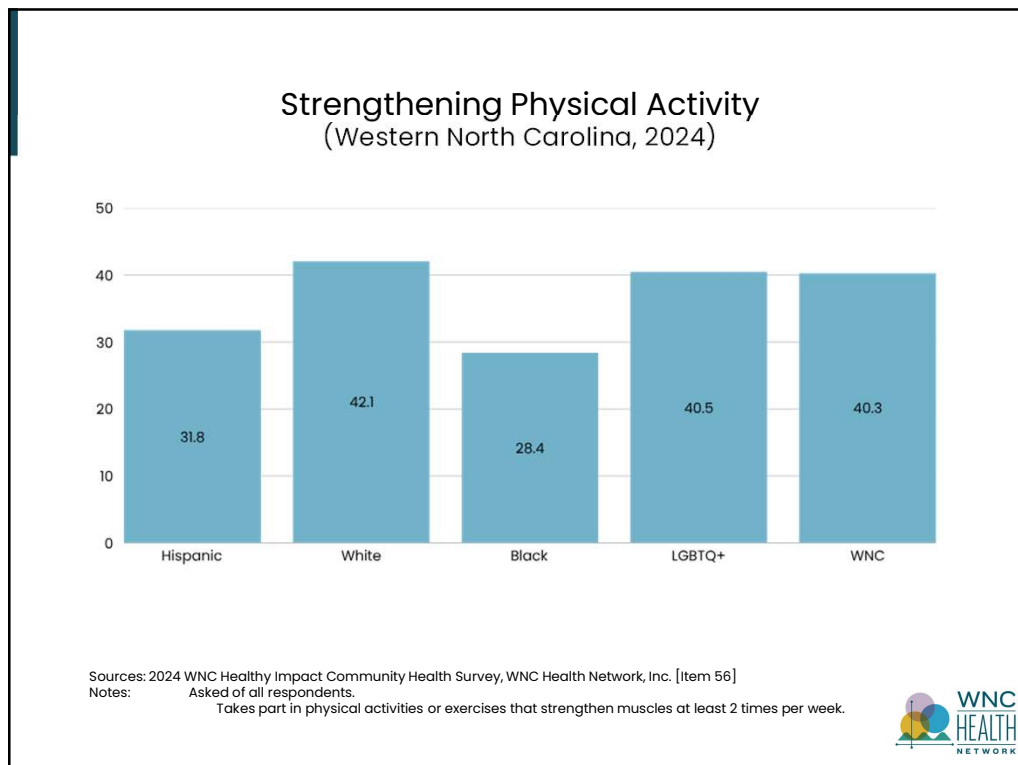


102

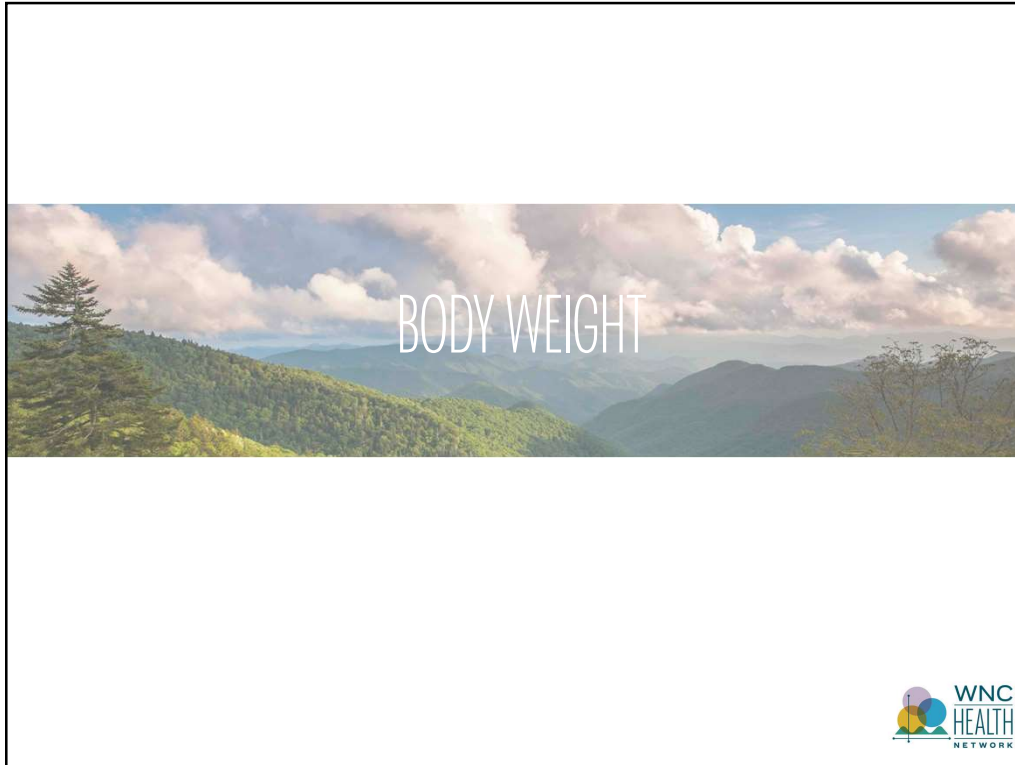




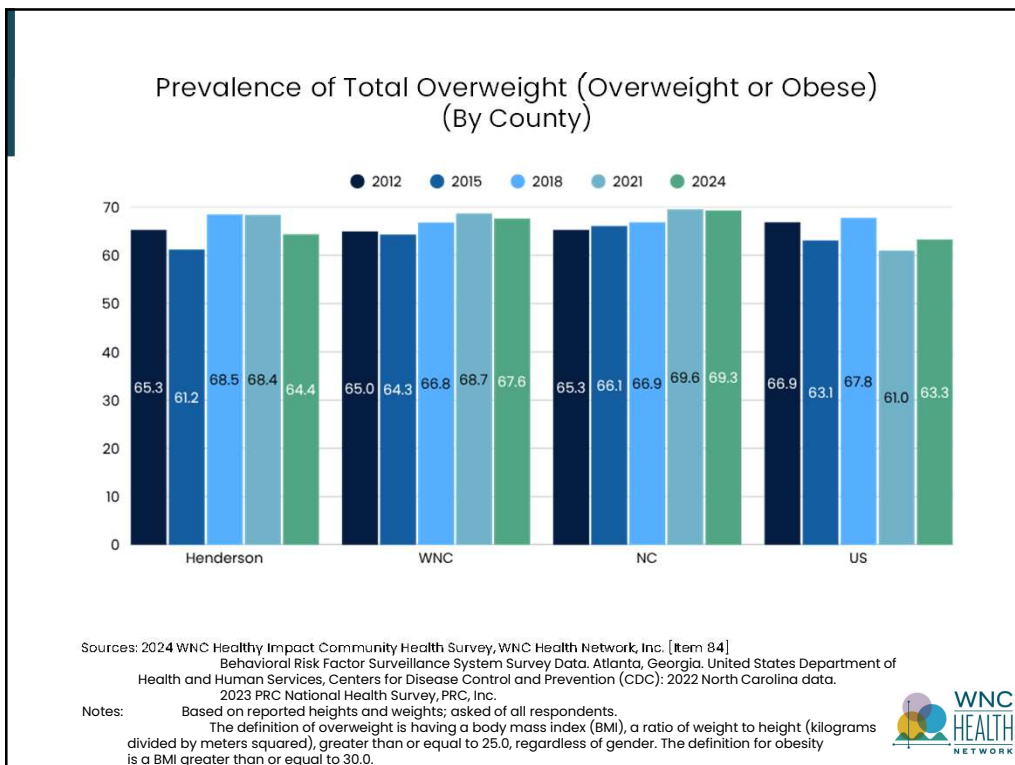
103



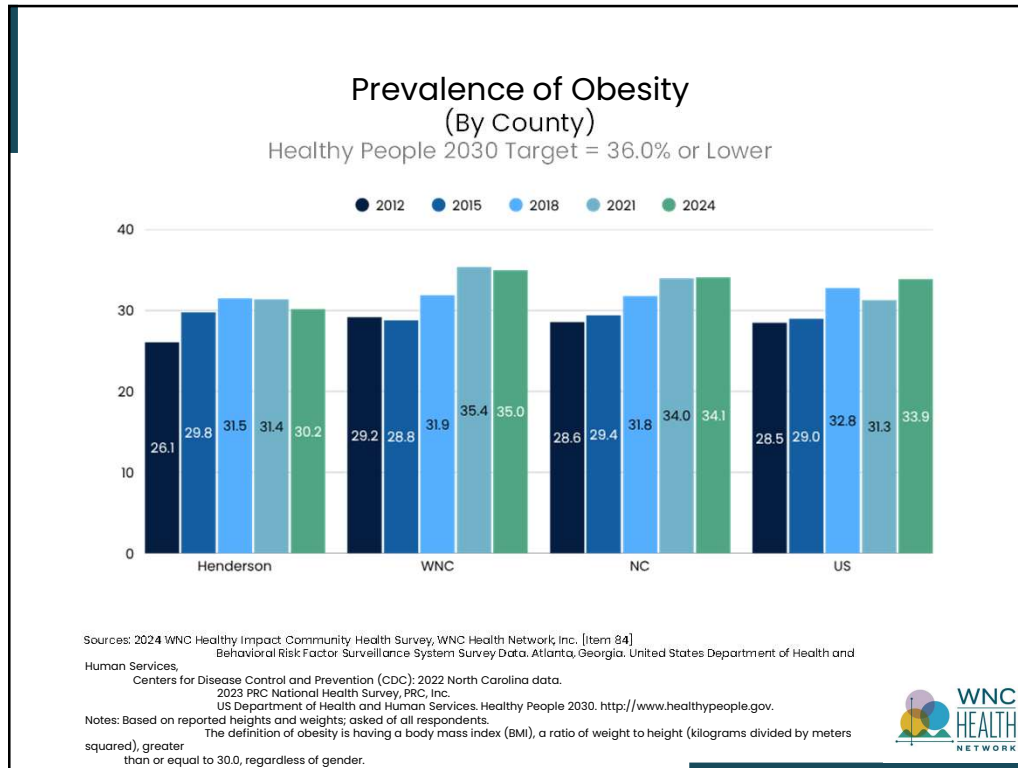
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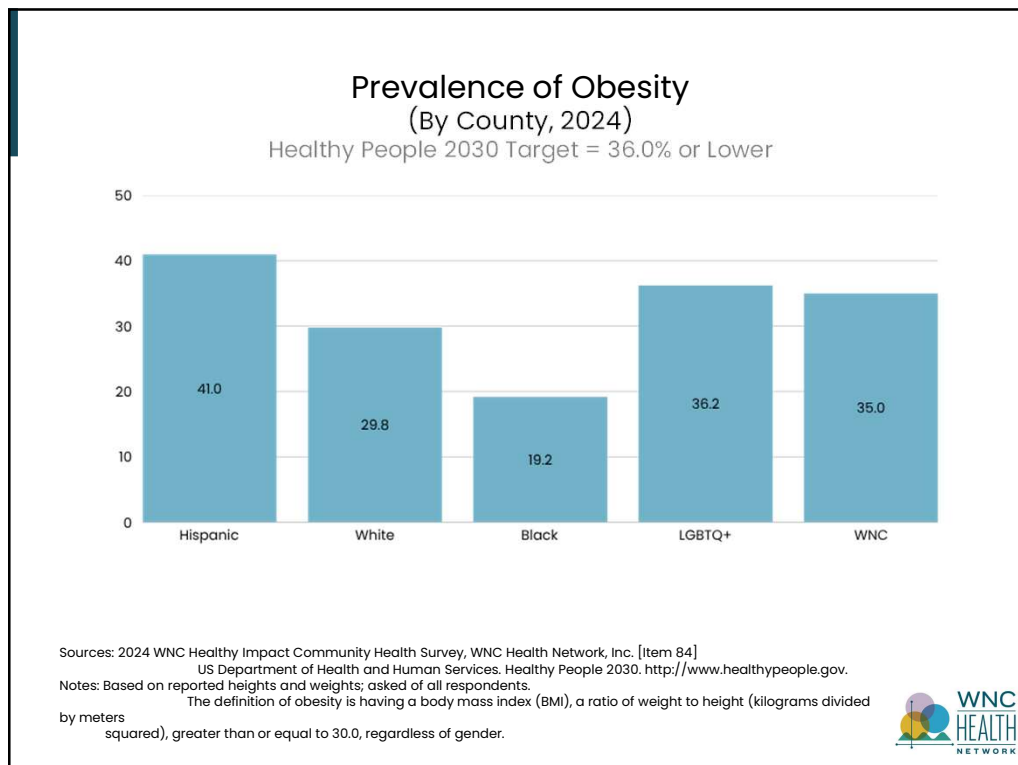
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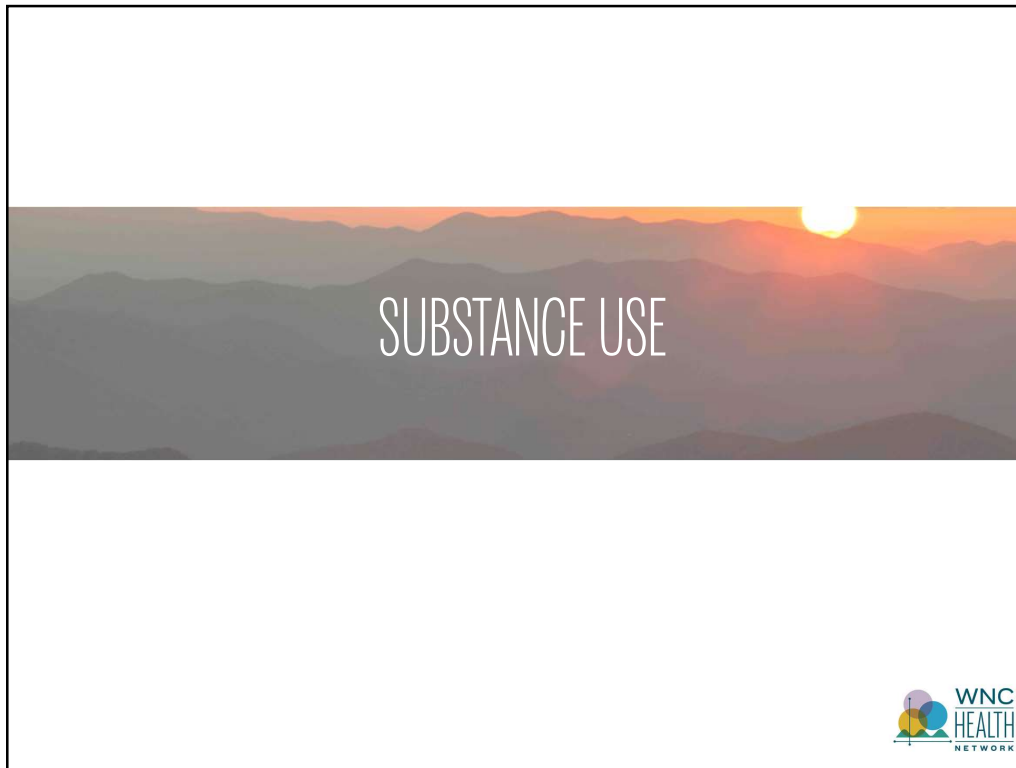
106



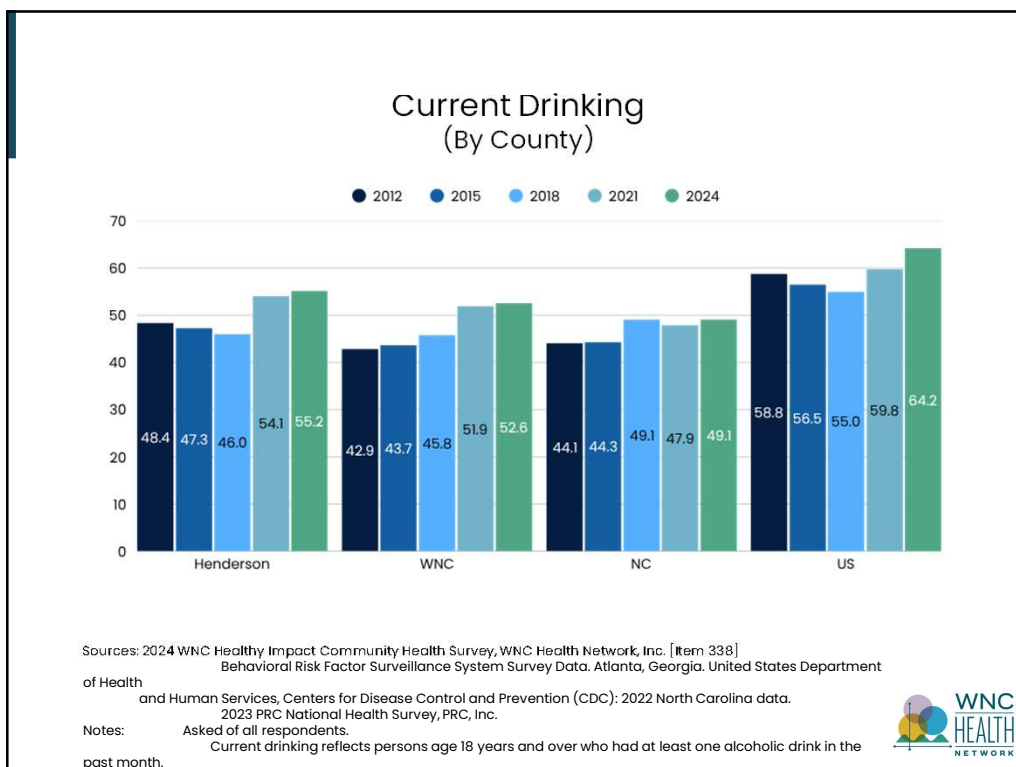
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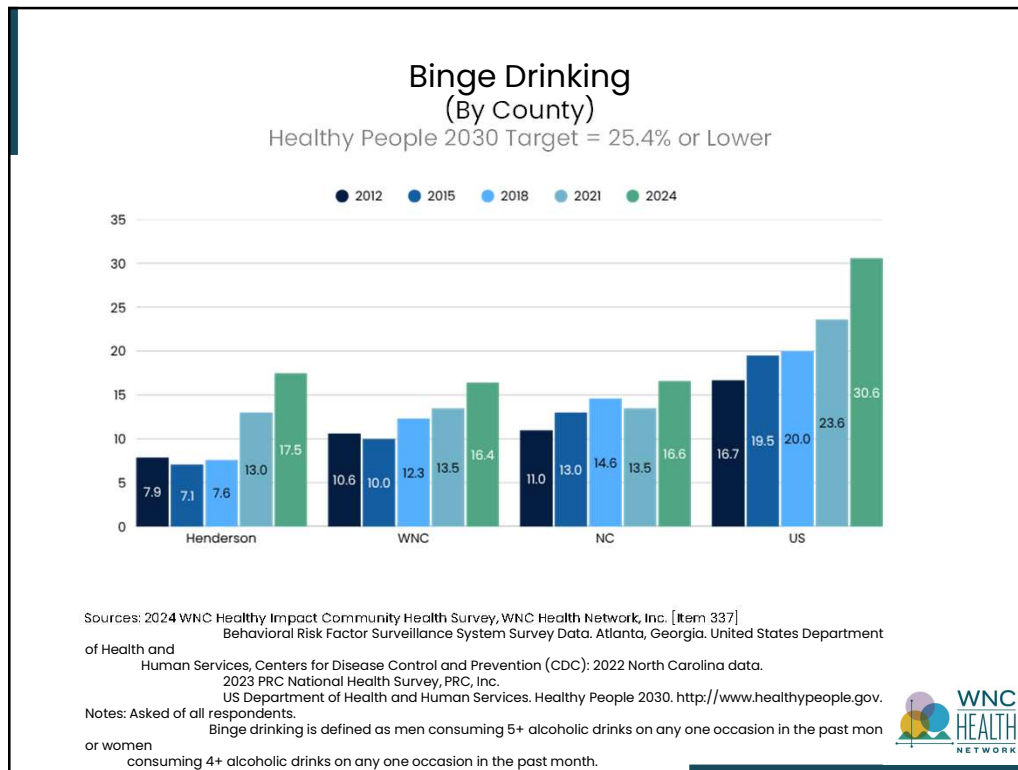
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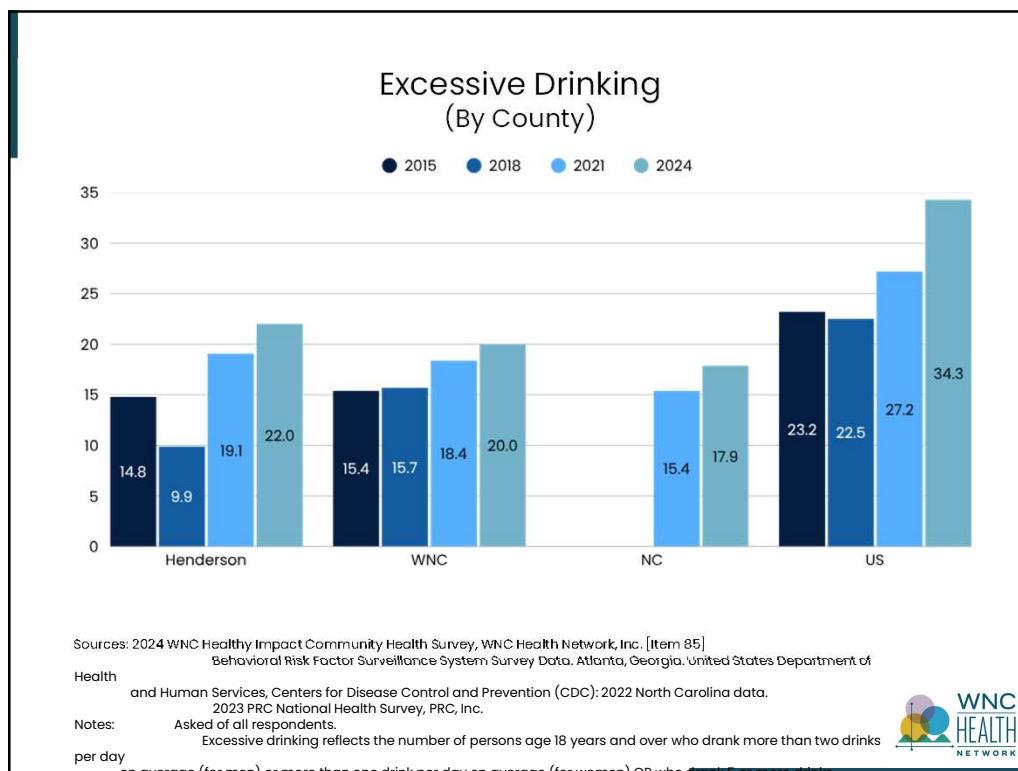
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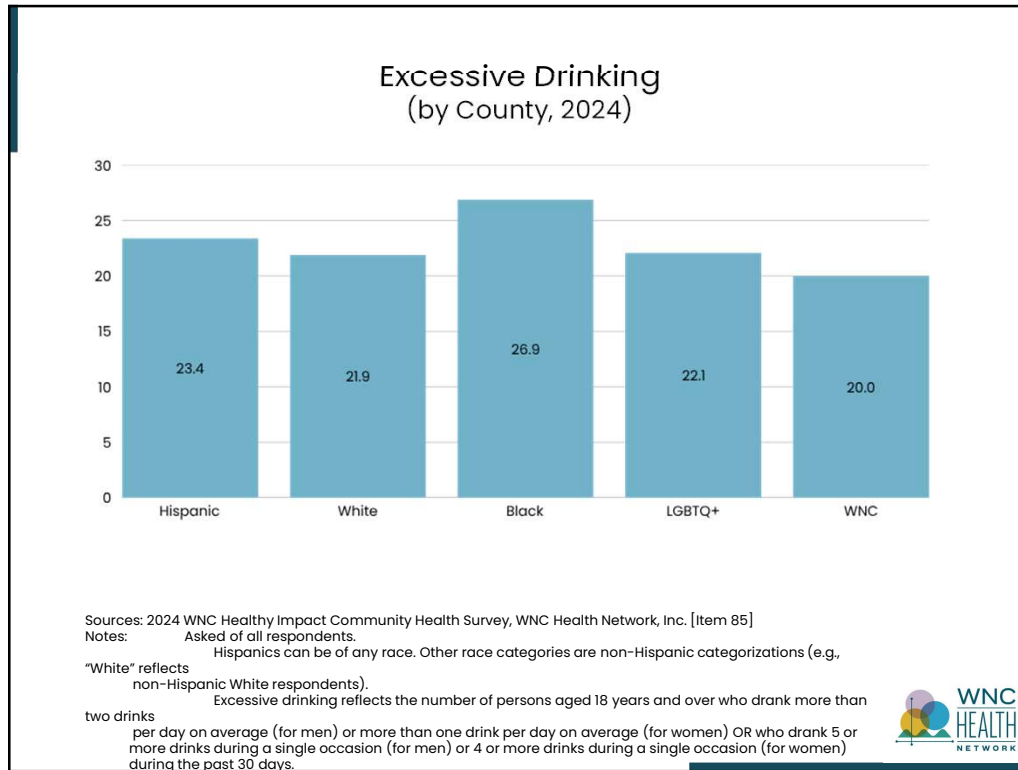
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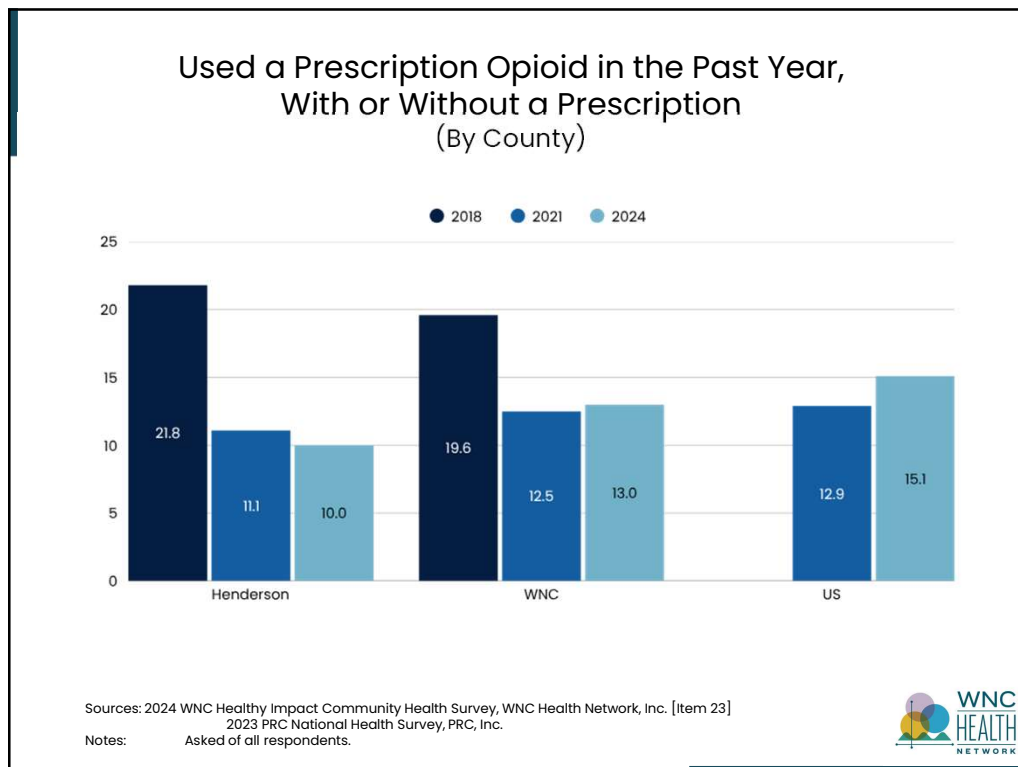
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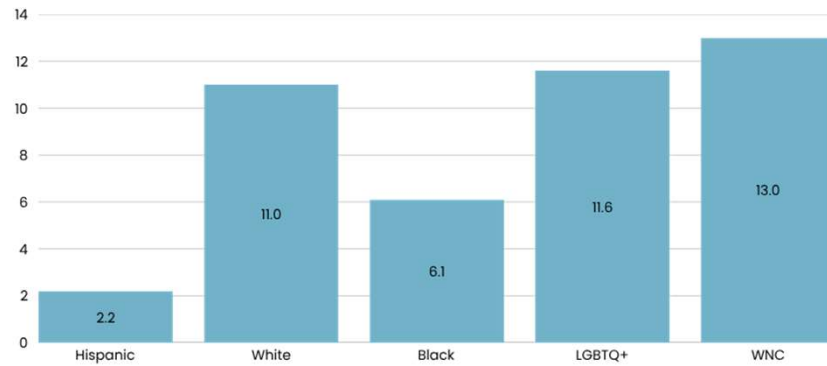
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### Used a Prescription Opioid in the Past Year, With or Without a Prescription (by County, 2024)

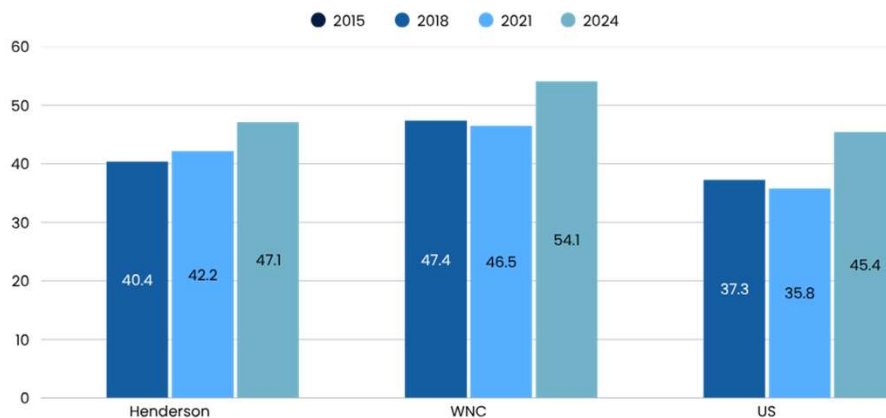


Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 23]  
Notes: Asked of all respondents.



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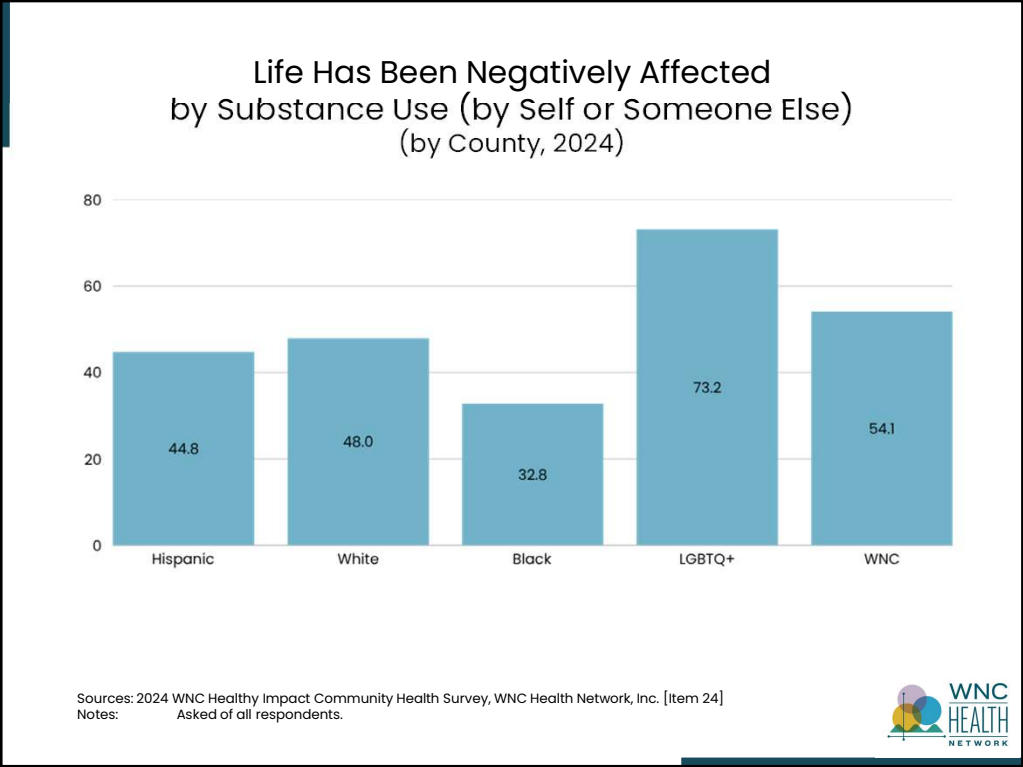
### Life Has Been Negatively Affected by Substance Use (by Self or Someone Else) (By County)



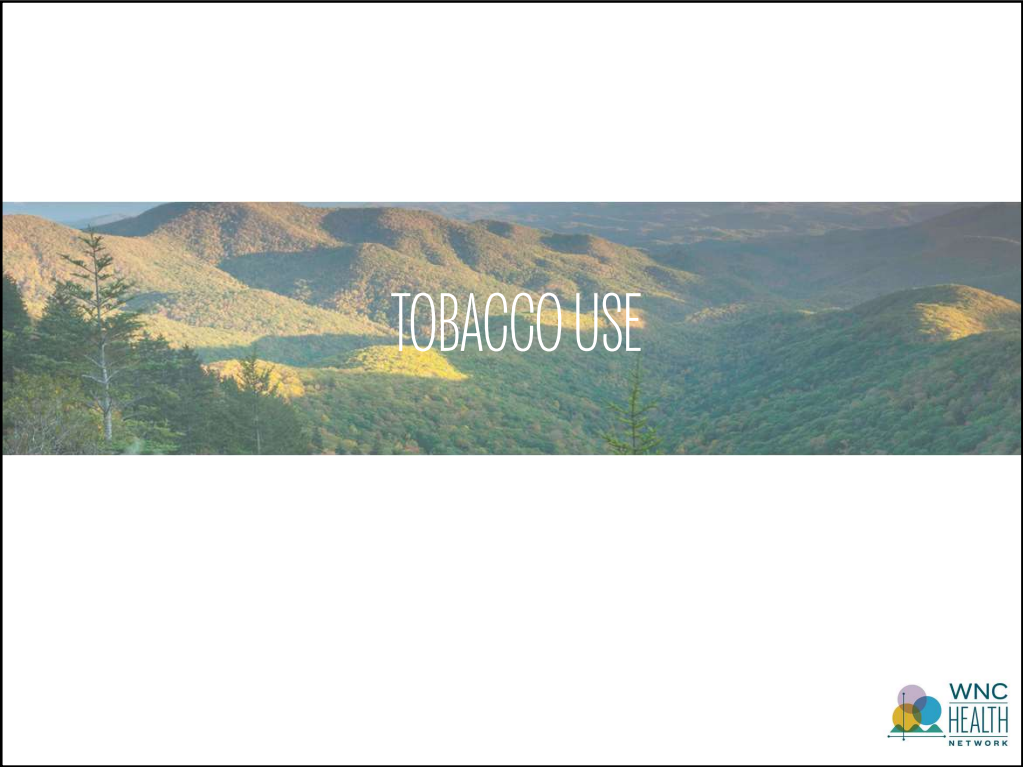
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 24]  
2023 PRC National Health Survey, PRC, Inc.  
Notes: Asked of all respondents.



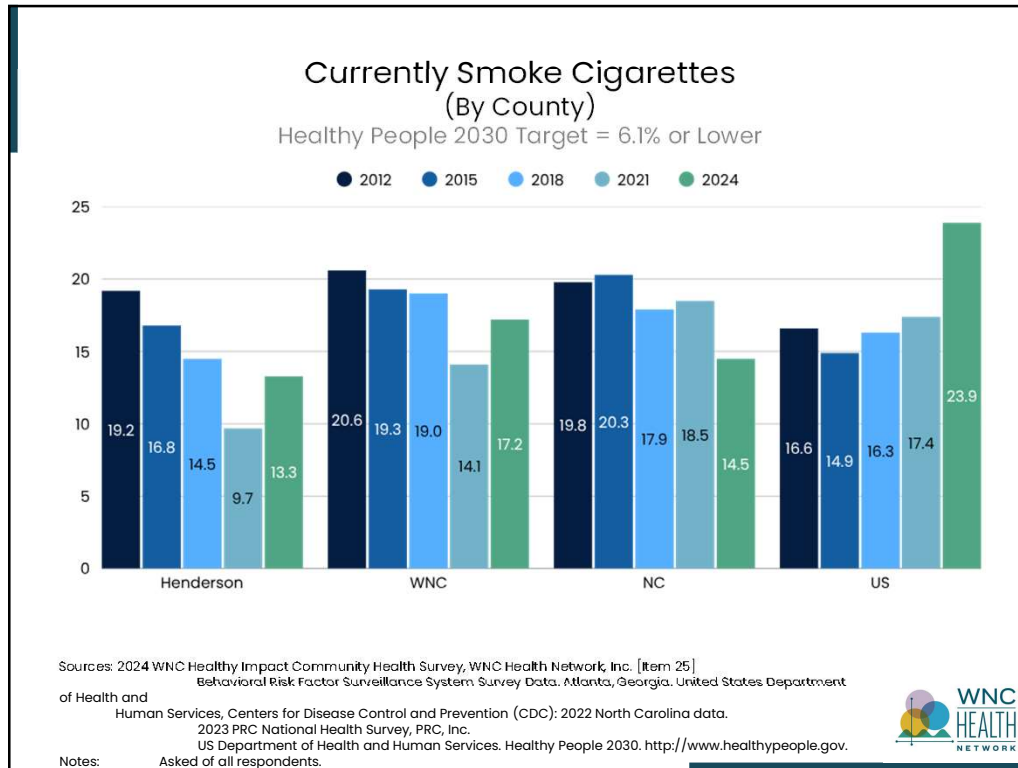
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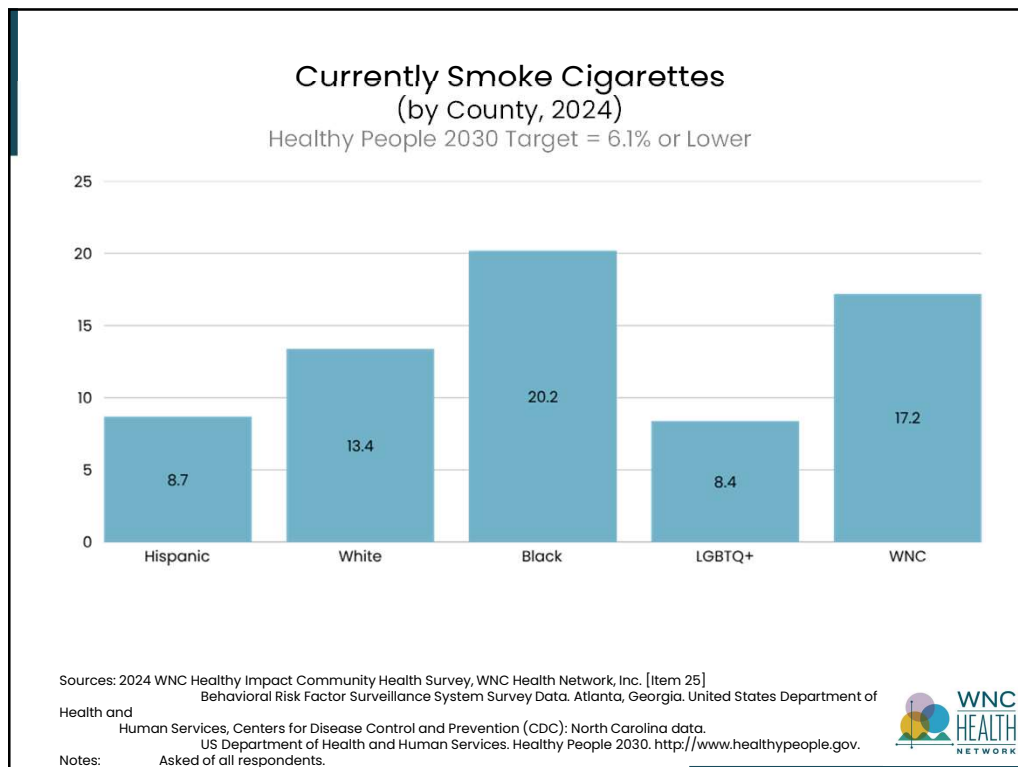
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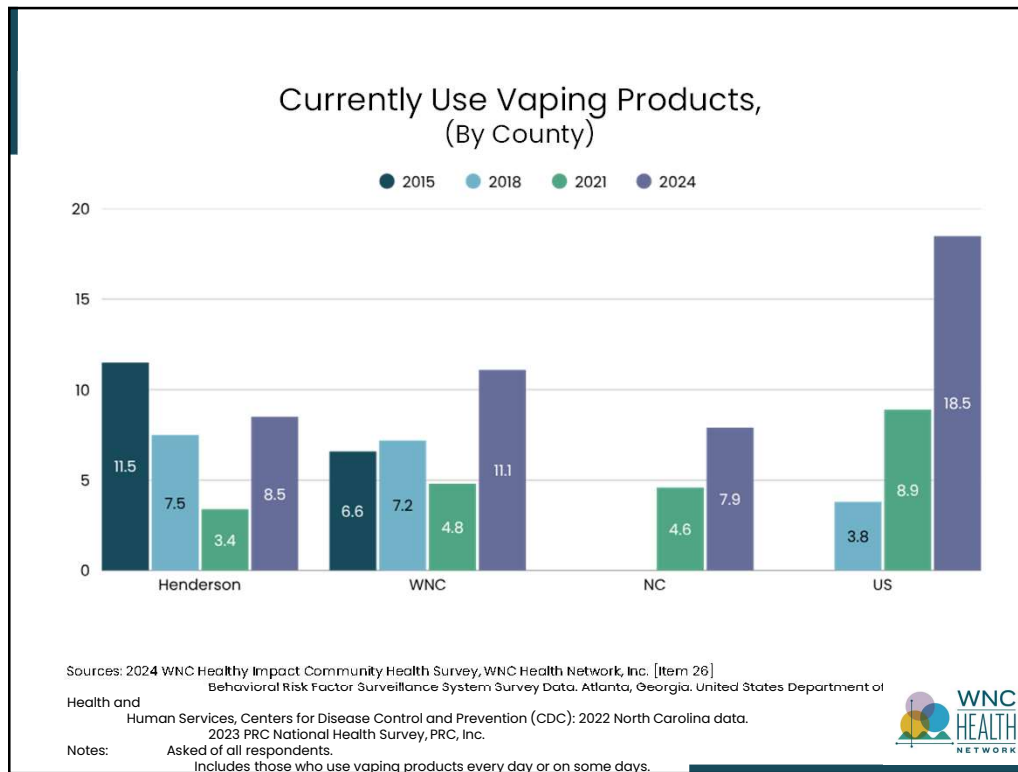
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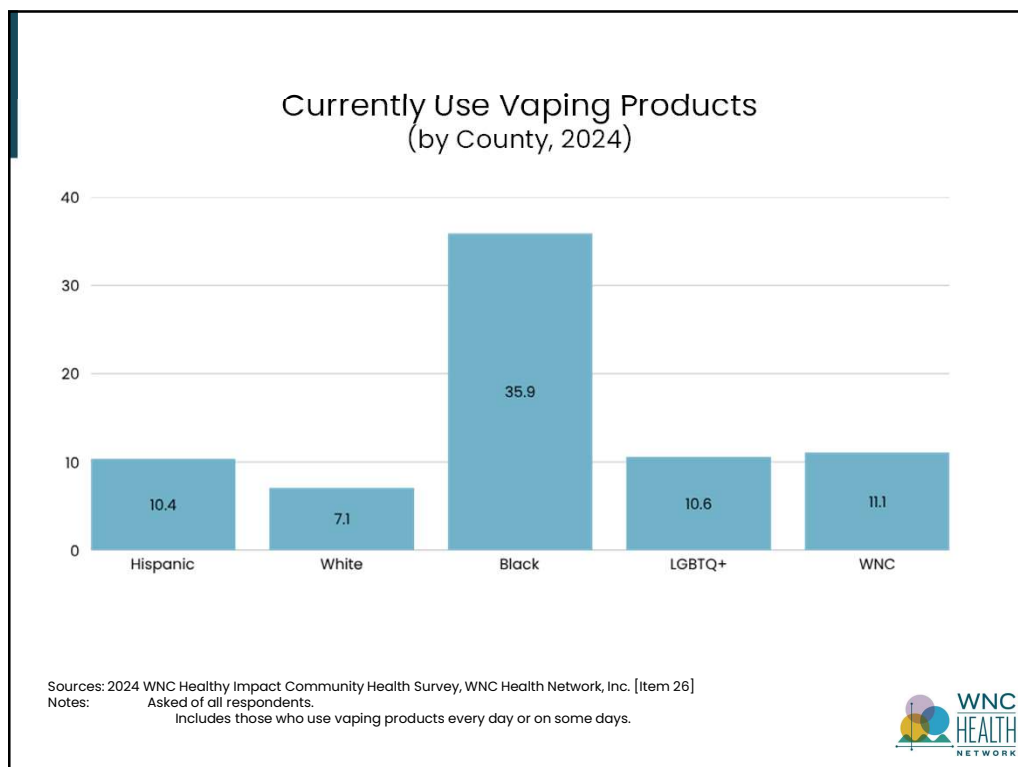
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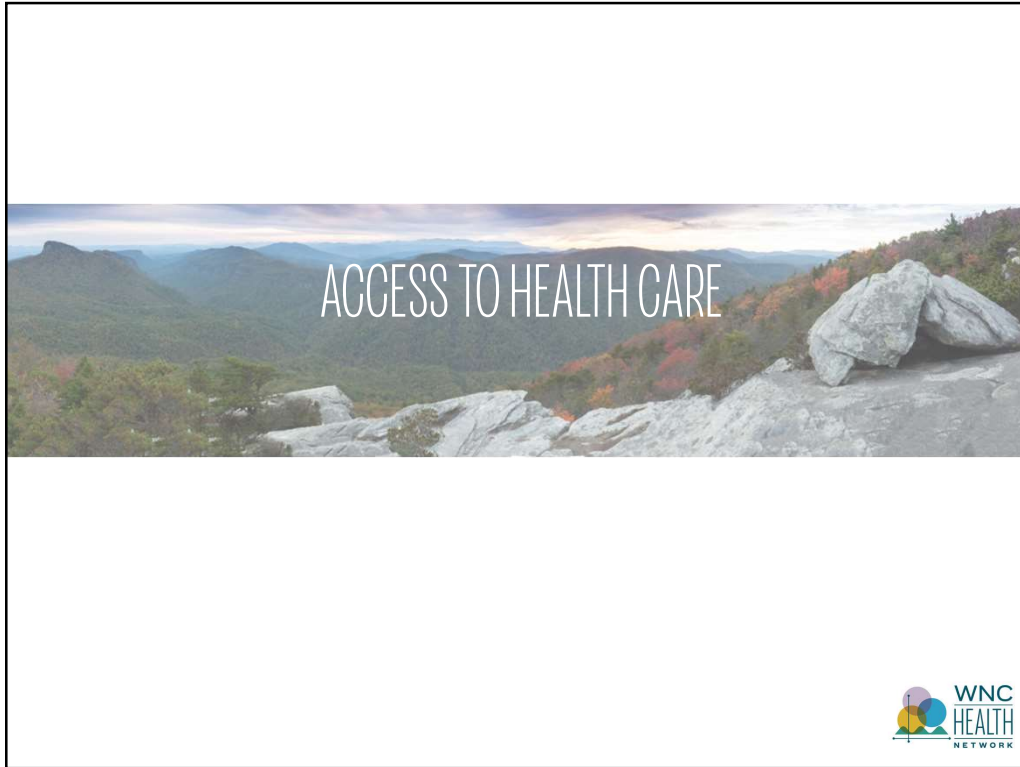
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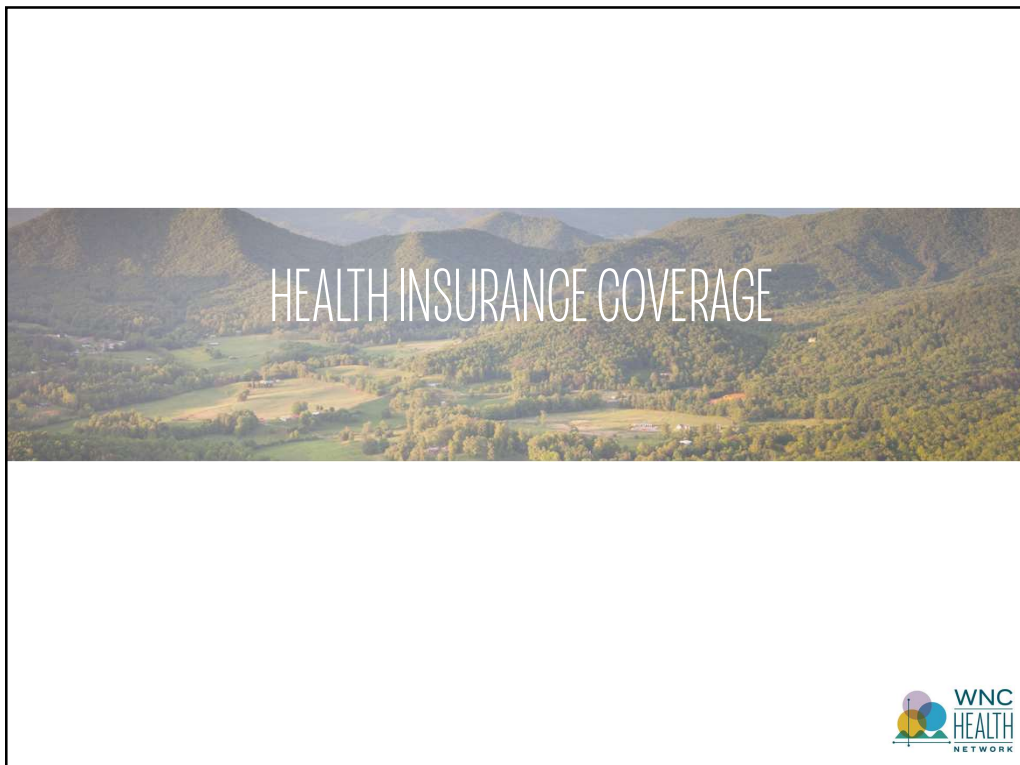
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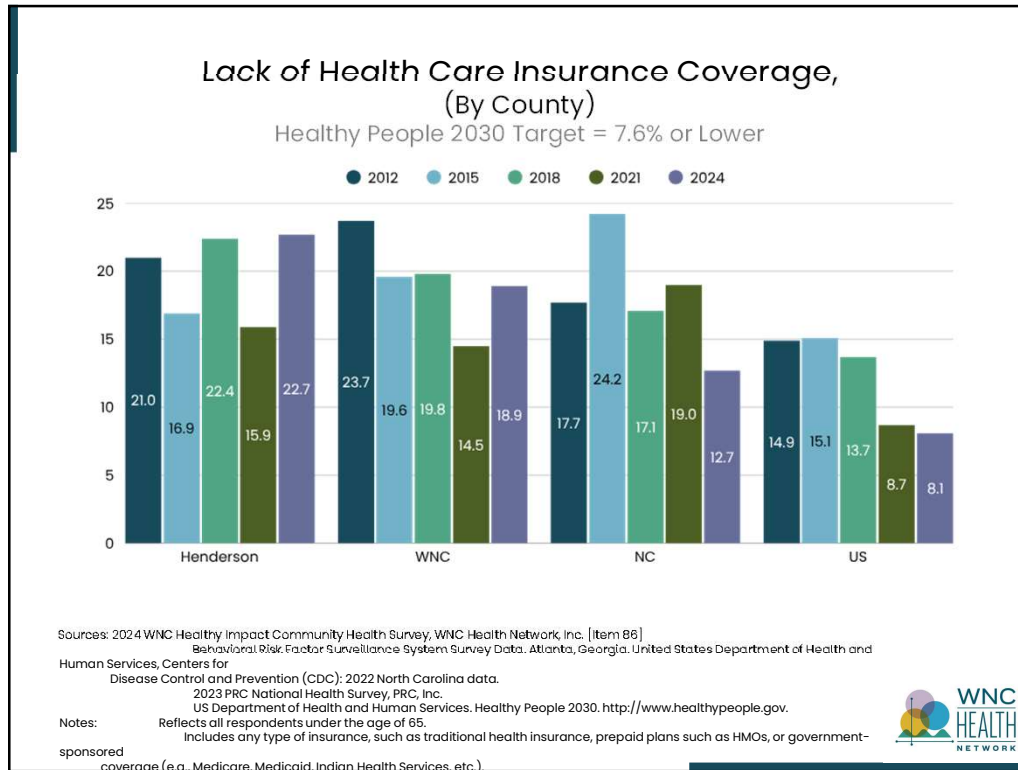
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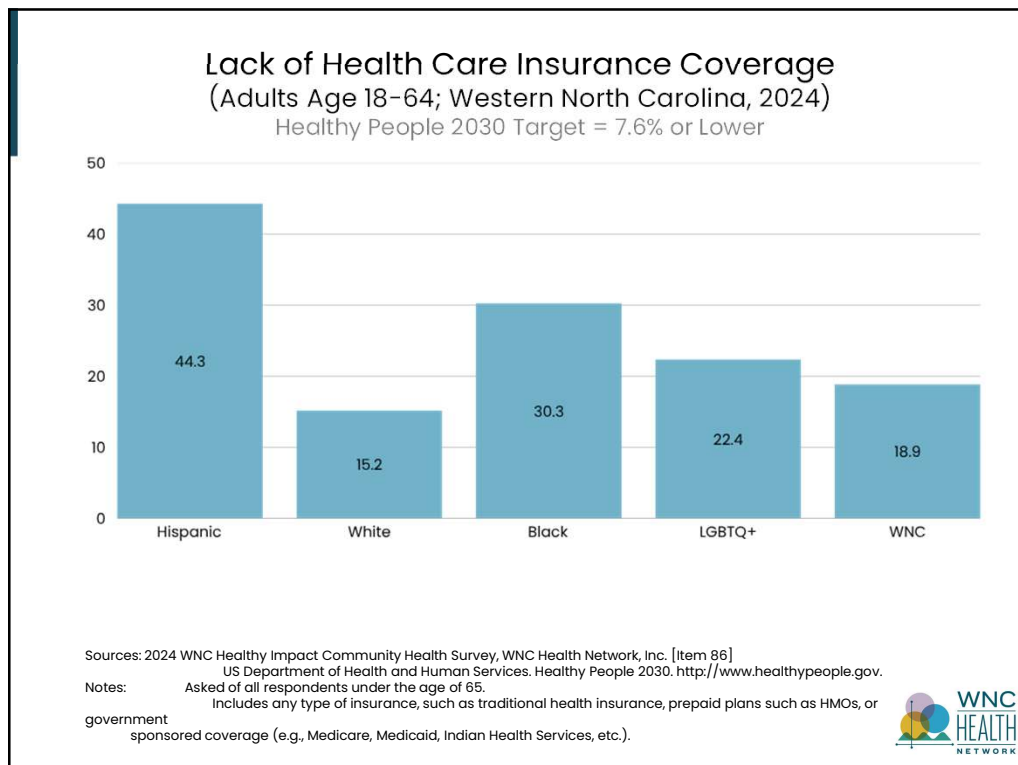
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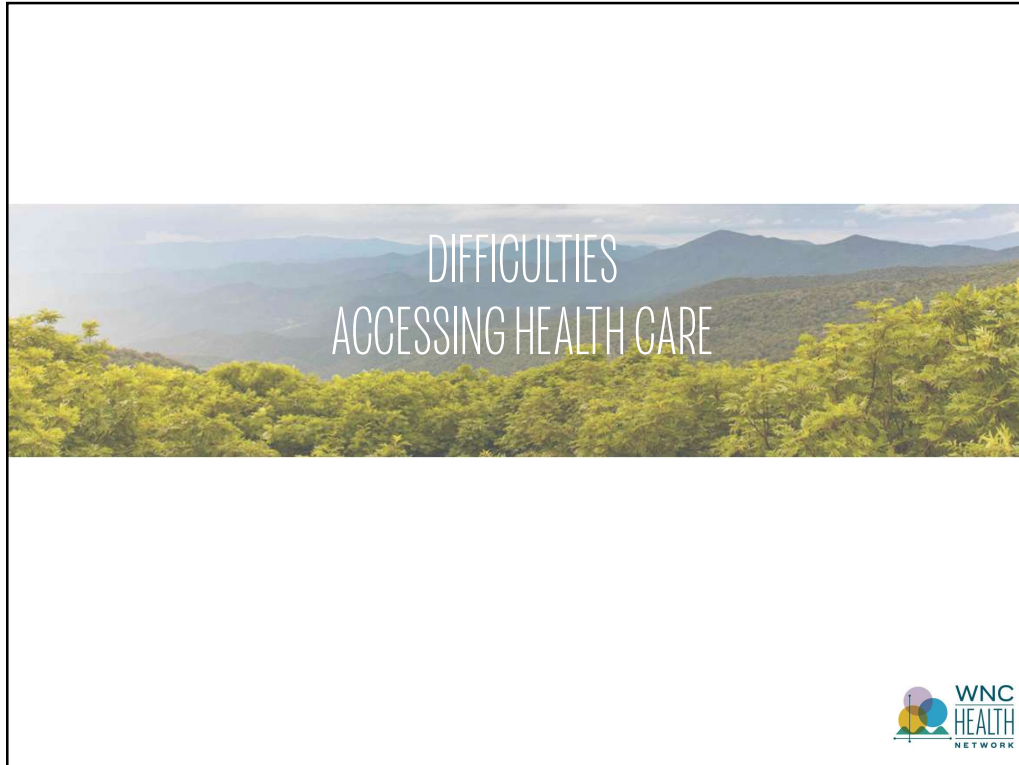


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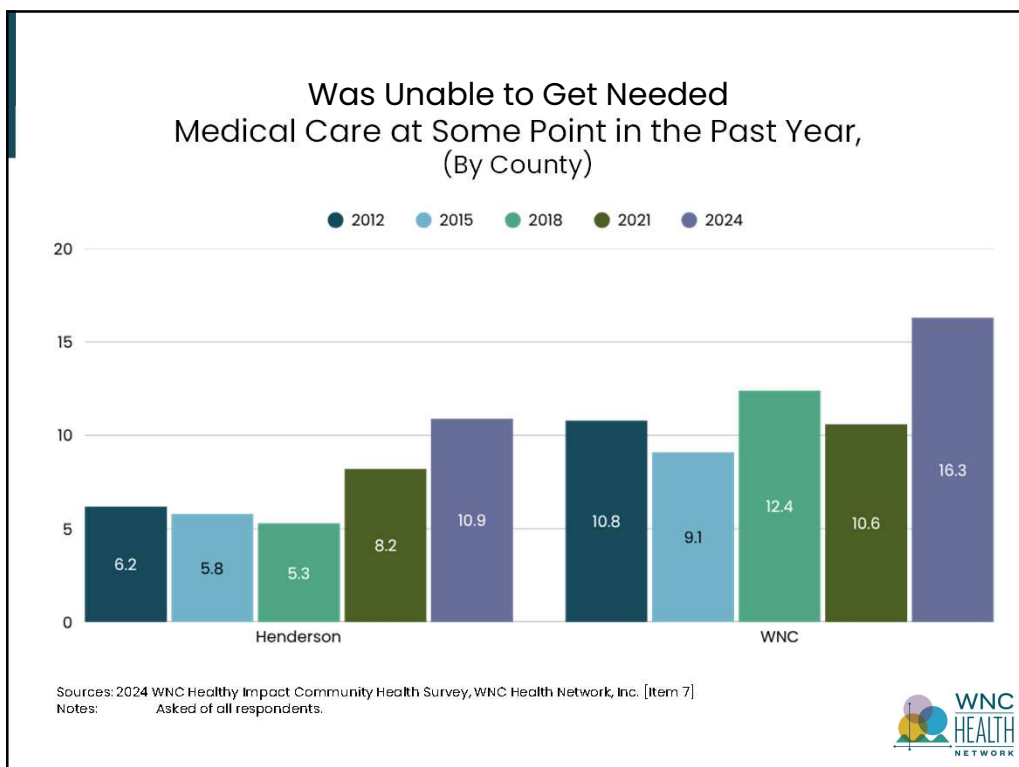


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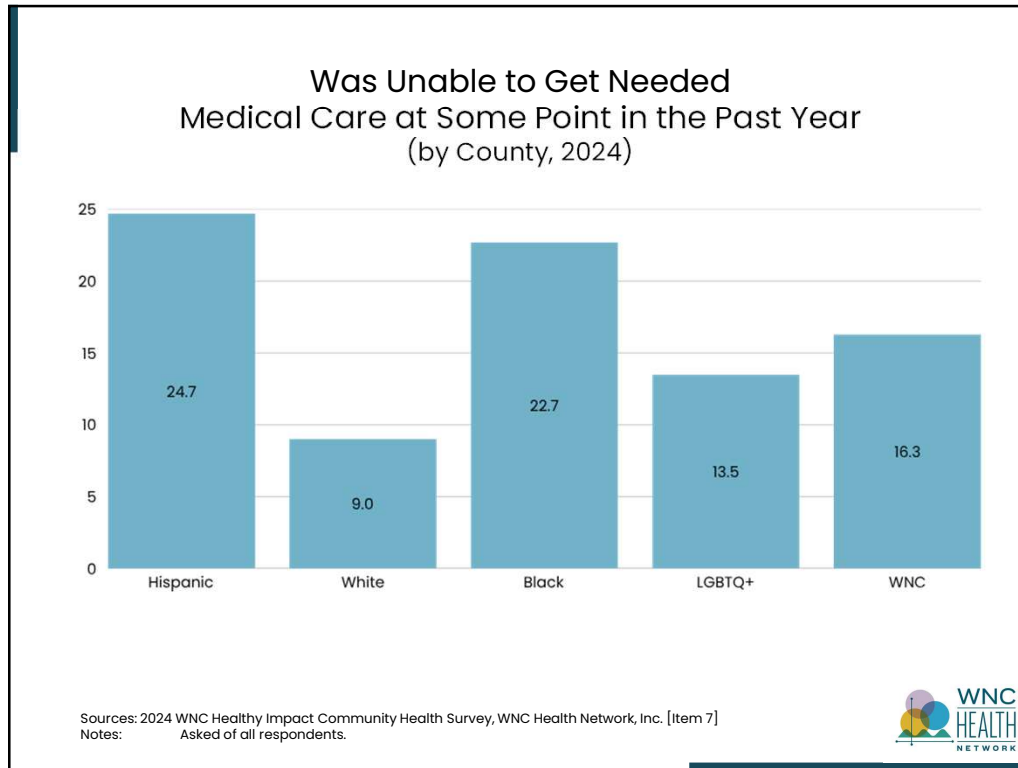




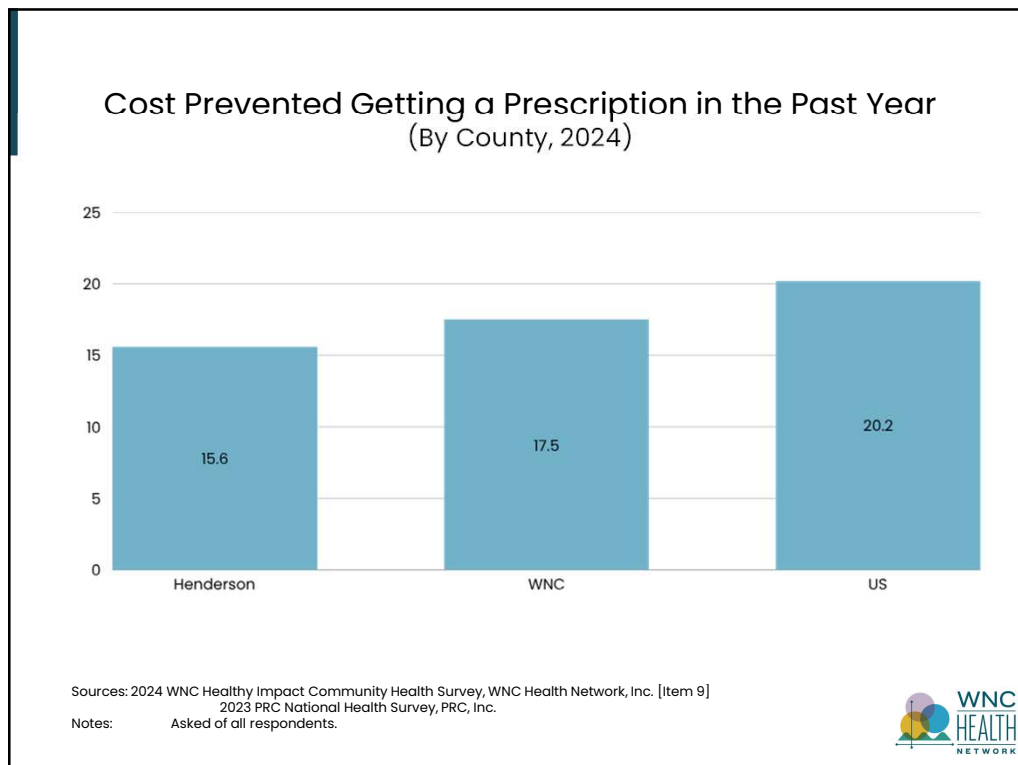
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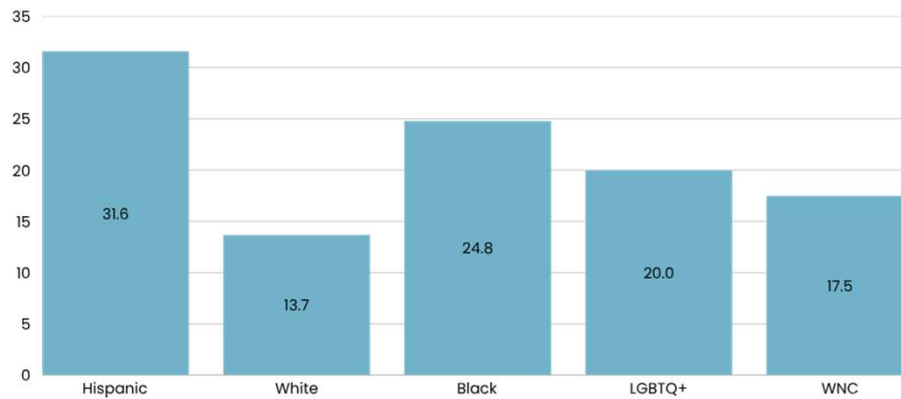


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130

### Cost Prevented Getting a Prescription in the Past Year (By County, 2024)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 9]  
Notes: Asked of all respondents.



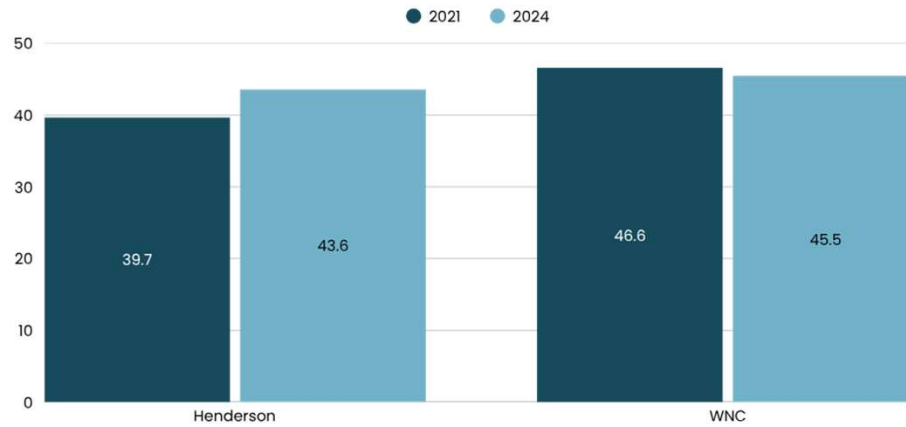
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TELEMEDICINE



132

### "Extremely/Very Likely" to Use Telemedicine for Routine Care (By County)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 10]

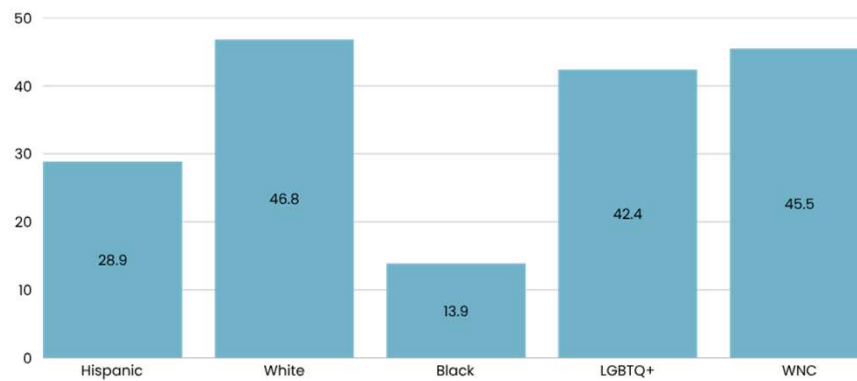
Notes: Asked of all respondents.

During a telemedicine visit, a patient uses a computer, smartphone, or telephone to communicate with a health care professional in real time without being face-to-face.



133

### "Extremely/Very Likely" to Use Telemedicine for Routine Care (by County, 2024)



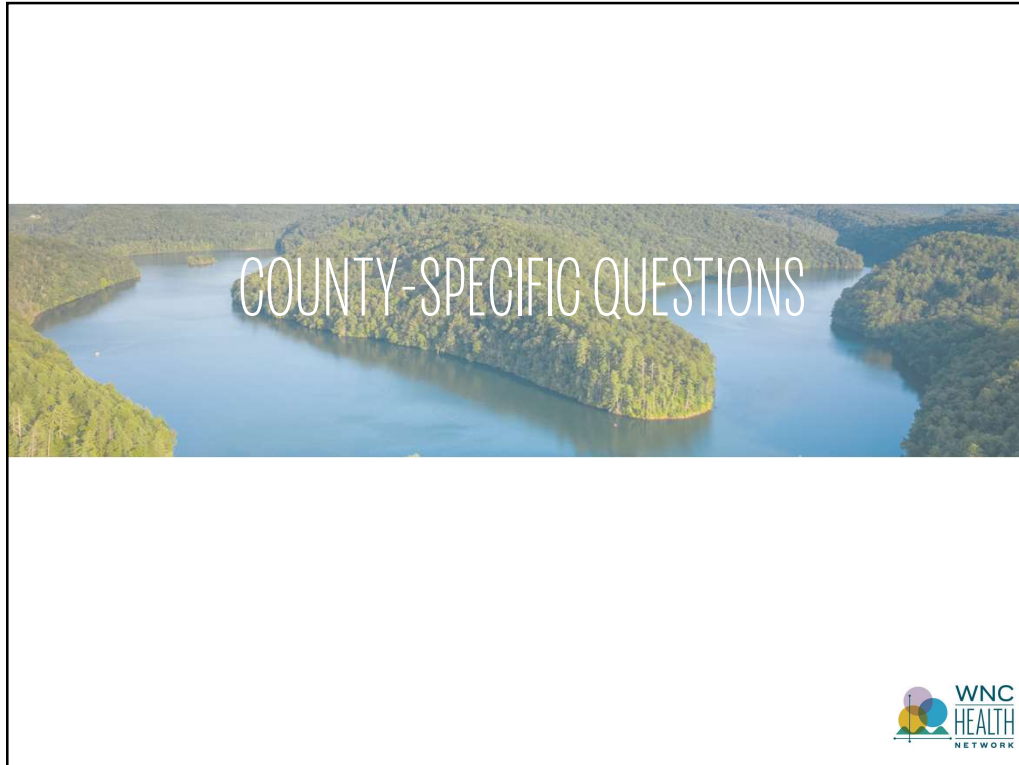
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 10]

Notes: Asked of all respondents.

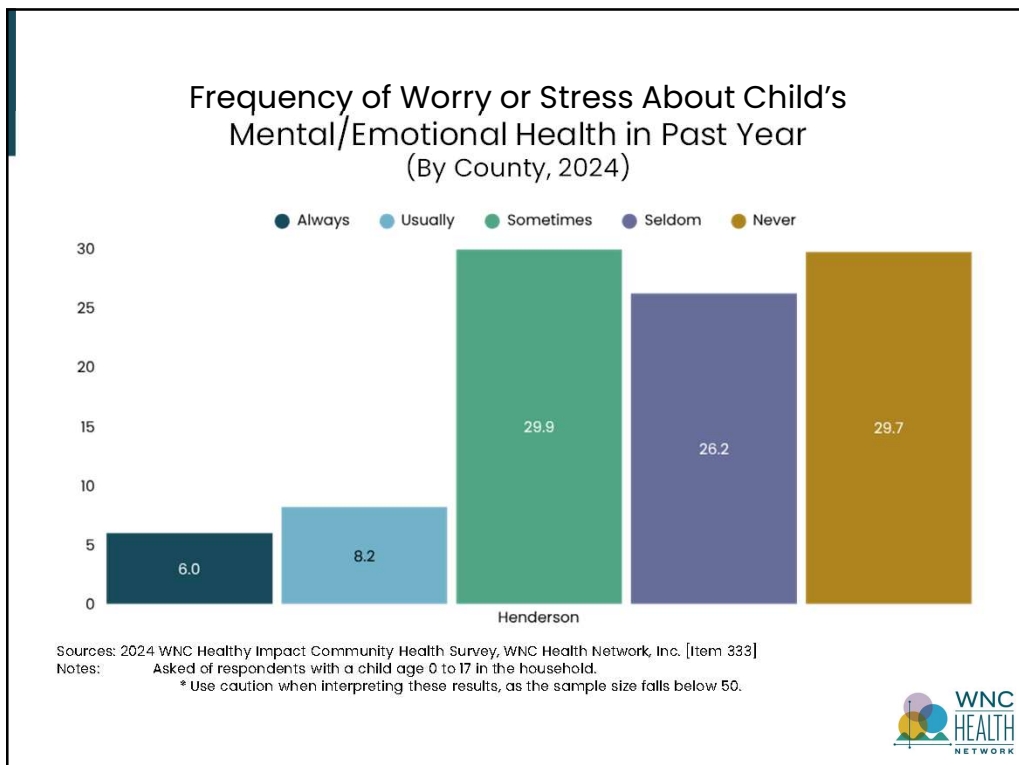
During a telemedicine visit, a patient uses a computer, smartphone, or telephone to communicate with a health care professional in real time without being face-to-face.



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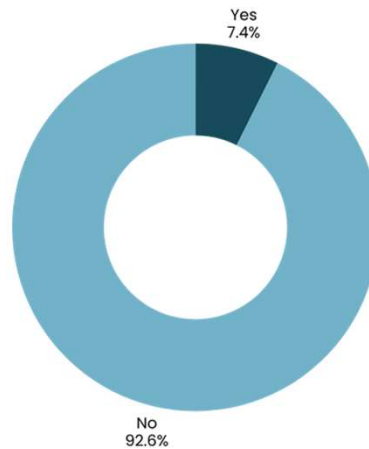


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### Member of Household Has Been the Victim of Abuse and/or Exploitation in Past Three Years (Henderson County, 2024)



Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 311]

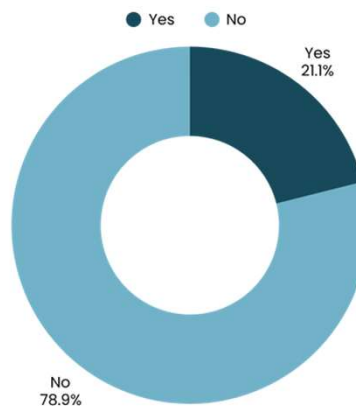
Notes: Asked of all respondents.

Includes physical violence, verbal or emotional abuse, neglect, stalking, or any other behavior aimed at humiliating, demeaning, or controlling another person.



137

### Lack of Child Care Makes It Difficult to Attend School, Work, or Doctor's Appointments (Henderson County, 2024)



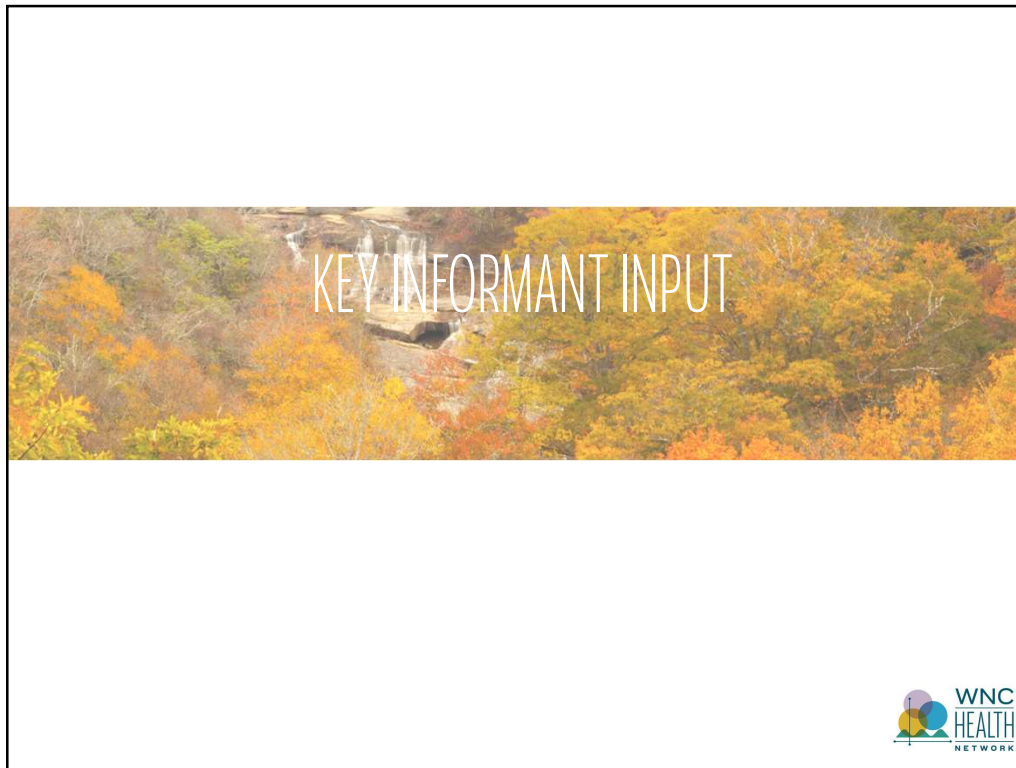
Sources: 2024 WNC Healthy Impact Community Health Survey, WNC Health Network, Inc. [Item 317]

Notes: Asked of respondents with a child age 0 to 17 in the household.

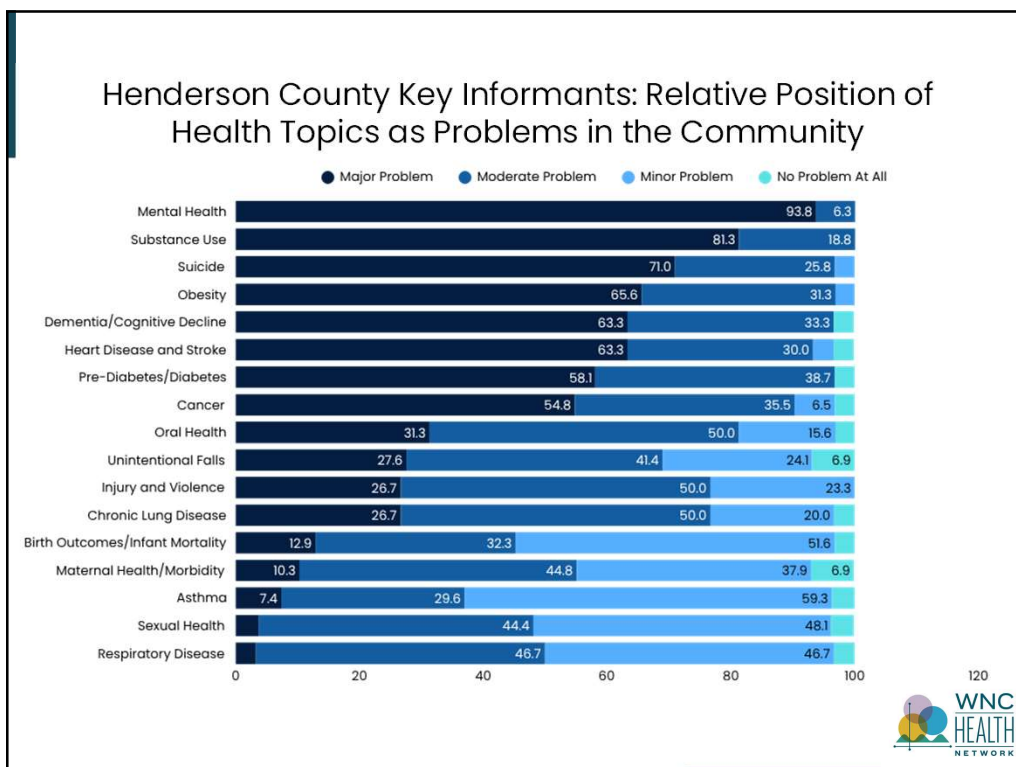


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## Appendix E—Key Informant Survey Findings

*See attached for:*

- WNC Healthy Impact –Online Key Informant Survey Questions
- Henderson County Key Informant Survey Results

## 2024 Draft OKIS

### COMMUNITY RESILIENCE

Thinking back over the past 12 months, what have you experienced in your community that has helped you feel inspired, confident, or hopeful related to the health and wellbeing of people in your community?

---

The following series lists health issues that may or may not be affecting residents locally. Please indicate, in your opinion, how much of an issue each item is in your community. (Rating)

---

### HEALTH ISSUES IN WNC

The following series lists health issues that may or may not be affecting residents locally. Please indicate, in your opinion, how much of an issue each item is in your community.

		Major Issue	Moderate Issue	Minor Issue	Not an Issue at All
	Asthma				
	Birth Outcomes/Infant Mortality				
	Cancer (All Types)				
	Chronic Lung Disease				
	Dementia/Cognitive Decline				
	Diabetes/Pre-Diabetes				
	Heart Disease and Stroke				
	Injury and Violence				
	Maternal Health/ Morbidity				
	Mental Health				
	Obesity				
	Oral Health and Dental Care				
	Respiratory Disease, Including COVID-19/Long COVID-19 or Post COVID-19 Conditions				
	Sexual Health (consider STIs and HIV)				
	Substance Use				
	Suicide, Including Ideation, Attempts and Deaths				
	Unintentional Falls				

---

### SOCIAL DETERMINANTS OF HEALTH & PHYSICAL ENVIRONMENT

Social determinants of health include a variety of conditions in which people are born, grow, live, work and age and known factors that contribute to a person's health.

In the following section, please identify (in no particular order) up to 3 types of social determinants of health about which you feel you have personal or professional insight, experience and/or knowledge in your

community. For each of these, we will then ask you to help identify strengths and challenges that exist for that issue.

Social Determinant (Choose 3): [Drop-Down List]

- Accessible and Affordable Healthy Foods
- Adverse Childhood Experiences/Childhood Trauma
- Accessibility of Primary Care Providers, Specialists, Hospitals, or Other Places That Provide Healthcare Services
- Accessibility of Reproductive Care and Family Planning Services
- Early Childhood Education/ Childcare
- Healthy Environment
- Climate Change/ Extreme Weather
- Community Safety
- Education Access and Quality
- Family and Social Support
- Income and Employment
- Intimate Partner Violence (IPV)
- Opportunities for Physical Activity
- Public Transportation
- Racism and Other Forms of Discrimination
- Safe, Healthy and Affordable Housing
- Tobacco/Vape-Free Spaces (Buildings, Parks, etc.)
- Uninsured/Underinsured
- None of These

---

*The following sections asked dependent on selection(s) above:*

### **Strengths & Challenges: [Insert Drop-Down Item]**

Thinking about this issue, what **supports** the health and wellbeing of people in your community? (open-ended)

For this issue, what **gets in the way** of the health and wellbeing of people in your community? (open-ended)

What ONE segment of the population do you feel is **most** impacted by this issue? For example: race and ethnic groups, veterans, older adults, pregnant women, children, specific neighborhood residents, etc. (open-ended)

---

### **SPECIAL TOPICS**

The following topics have been identified as priority data gaps for western North Carolina.

Do you have any personal or professional insight, experience and/or knowledge about Youth Mental Health?

- What is going well or currently working in your community to improve mental health?
- What is missing or is not helping youth mental health in your community?

Do you have any personal or professional insight, experience and/or knowledge about Medicaid Expansion?


- What is going well in your community with Medicaid expansion?
- What challenges are we facing with implementation of Medicaid expansion?

---

### **CHARACTERISTICS & QUALITIES OF A HEALTHY COMMUNITY**

This section asks about healthy communities in general. In your opinion, what are the most important characteristics or qualities of a “healthy community”? (Please list up to 3.)

1. Characteristic #1 (open-ended)
2. Characteristic #2 (open-ended)
3. Characteristic #3 (open-ended)



# 2024 COMMUNITY HEALTH NEEDS ASSESSMENT — KEY INFORMANT FINDINGS

Henderson County, North Carolina



Sponsored by

WNC Health Network  
for WNC Healthy Impact



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# INTRODUCTION

# METHODOLOGY

## Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 32 community stakeholders took part in the Online Key Informant Survey, as outlined below:

HENDERSON COUNTY: ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	3
Public Health Representatives	3
Other Health Providers	6
Social Services Providers	6
Other Community Leaders	14

Final participation included representatives of the organizations outlined below.

- A Place to Go Community Center/NNCP
- AdventHealth
- AdventHealth (Age Friendly Coalition)
- Boys and Girls Club
- Children and Family Resource Center
- Council on Aging
- Crossnore Communities for Children
- Family Preservation Services
- Habitat For Humanity
- Henderson County Department of Public Health
- Henderson County Department of Social Services
- Henderson County Department Strategic Behavioral Health
- Henderson County Emergency Management
- Henderson County Sheriff's Dept
- Hendersonville Family YMCA
- Hope Coalition
- Huntersville Family Dentistry
- Interfaith Assistance Ministry
- Mills River Parks and Recreation
- Pardee Hospital
- Safelight
- Smart Start Partnership for Children
- The Free Clinics
- Thrive
- True Ridge
- United Way
- Western Carolina Community Action

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

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







# QUALITY OF LIFE

# PERCEPTIONS OF LOCAL QUALITY OF LIFE

## Key Informant Perceptions of Community Resilience

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

### Community-Based Organizations

The work with the Henderson County Aging Coalition (HCAC) has been inspiring and brings me hope. As well as the strengthening of strategic partnerships between aging services providers. – Community Leader (Henderson County)

Pardee Hospital's plan for expansion. The development of the Ecusta Trail and other greenways. – Community Leader (Henderson County)

I am impressed with the engagement of historically marginalized community members in addressing food security issues that has been accomplished by the HC Committee for Activity & Nutrition (CAN) and a nonprofit born partially from its work, Caja Solidaria. – Health Care Provider (Henderson County)

Ecusta Trail, Caja Solidaria prescription food boxes for folks with Medicaid, accessible playground at Jackson Park, Juneteenth at the Hendersonville Farmer's Market, Double Dollars for SNAP at Farmers Markets. – Social Services Provider (Henderson County)

People enjoy walking downtown and getting fresh fruits and vegetables at the market; caring people from organizations supporting the health of the community with food boxes and other basic needs; people coming together to improve safe sleep for infants; acceptance of RSV vaccine for newborns. – Physician (Henderson County)

The creation of the Henderson County Aging Coalition has been a great thing for the community- its wonderful to have a large group of people coming together to think about best resources for older adults and how to promote healthy aging in all citizens. In a county where over 28% of the population is 65 or older, it is vital to acknowledge that we are an older community and find ways together to make it the healthiest older community we can be. I feel hopeful about the health and wellbeing of people in our community when I see the work that AdventHealth Hendersonville is doing in the field of geriatric care as a national leader in Age-Friendly Health care. This work is part of the local AdventHealth hospital's strategic goals and initiated by local administration at the Hendersonville system. I've also been inspired by the City of Hendersonville achieving Age-Friendly recognition. – Physician (Henderson County)

I have been so impressed with the true concern for our community as expressed by health department, social services and nonprofit leaders. This has led to many thought-provoking discussions and creative options. – Community Leader (Henderson County)

Henderson County's Partnership for Health collaboration, training in Building Trauma Resilient Communities by Crossnore, participation in NC's Healthy Opportunities Pilot, a growing focus on behavioral health. – Community Leader (Henderson County)

Henderson County Partnership for Health. – Public Health Representative (Henderson County)

The energy and commitment of the staff at the nonprofit agencies. – Social Services Provider (Henderson County)

### Collaboration

Agencies and organizations work well together in Henderson County. The community seems to really care about their neighbors and community and work towards building a safe and healthy community to live work and play. – Public Health Representative (Henderson County)

New collaborations, new programs coming out of the county for opioid mis use, focus on housing by the city. – Community Leader (Henderson County)

An effort of collaboration among organizations to address mental health challenges, especially those experienced by our youth. There has also been the opening of treatment beds for teen girls at one of our hospitals. There is still the need for boys. – Community Leader (Henderson County)

True community collaboration to address a host of regional health needs. We are working together across organizational and jurisdictional lines like never before and that is truly inspiring—specially in the areas of substance misuse and youth mental health. – Health Care Provider (Henderson County)

The recent alignment and commitment around an organized and collaborative approach to proactive/preventative substance abuse/opioid abuse initiatives. – Social Services Provider (Henderson County)





## Community Engagement

Community meetings coordinating solutions. – Social Services Provider (Henderson County)

The large turnout of persons attending a session regarding youth behavioral health- people want to help. – Community Leader (Henderson County)

There are people who care about this community are committed to it and want to see it succeed. – Health Care Provider (Henderson County)

## Medicaid Expansion

Medicaid expansion-so many people in need are now able to get the care they deserve. I've read and heard about the formation of drug court and that will be life changing for so many people. We prosecute drug offenders (harsher crimes for people of color) and often times drugs and drug use is all these folks have had exposure to. Educating people can often change their entire trajectory. – Health Care Provider (Henderson County)

Medicaid Expansion will allow more county residents to obtain the medical and mental health care that they need. Our community seems more aware of the unmet needs of some residents and the need for more MH and SA treatment. – Social Services Provider (Henderson County)

## Local Health Departments

I feel energized by the work happening with the health department, the partnership for health, local hospitals, and the local nonprofits in the community who care deeply about the health and wellbeing of our community. As issues are shared, there is a great level of interest in partnering to be part of the solutions for the various issues. – Social Services Provider (Henderson County)

Excellent health department and two local hospitals, as well as other health related nonprofits- Blue Ridge Health and The Free Clinics. Great work being done by local nonprofits on the social determinants of health. – Community Leader (Henderson County)

## Parks and Recreation

Commitment to parks and open space. – Community Leader (Henderson County)

I feel inspired by our parks and recreational spaces. I think we have beautiful places to go on hikes, bike and for walking. Personally this helps me with my health and wellbeing. – Community Leader (Henderson County)

## Awareness/Education

The progress we are trying to put in place to better serve the community and being more aware and educated of situations. – Community Leader (Henderson County)

I have appreciated seeing the community's level of awareness rise concerning mental health and relevant strategies to help people who are struggling. Additionally, the healthy opportunities pilot and seeing a greater appreciation for the social determinants of health has been refreshing. – Community Leader (Henderson County)

## Community Support

Henderson County reaches out to work together. – Health Care Provider (Henderson County)

The community's interest and level of commitment to improving the health and well-being of our community, especially marginalized groups. In addition, recognizing the significant behavioral health needs and being willing to invest resources to address them. – Physician (Henderson County)

## Community Events

Health Events, – Community Leader (Henderson County)

## Mental Health Services

There has been increased discussion revolving around the impacts of behavioral health and mental health challenges in the community. Discussions continue to revolve around ways to make improvements. – Public Health Representative (Henderson County)



# Key Informant Perceptions of a Healthy Community

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

## FIRST MENTION

### Access to Quality Care/Services

- Available doctors and therapists taking new patients. – Social Services Provider (Henderson County)
- Access to care. – Social Services Provider (Henderson County)
- Access to medical care. – Social Services Provider (Henderson County)
- Opportunities for high-quality medical and mental health care. – Community Leader (Henderson County)

### Equitable Access to Health Services

- Commitment to care for all, regardless of status, need, or stigmas. – Social Services Provider (Henderson County)
- Equitable access to affordable basic needs (food, housing, transportation, telephone, day care, employment, schools...). – Physician (Henderson County)
- Equity – no disparities in health outcomes between races/ethnicities, neighborhoods, etc. – Social Services Provider (Henderson County)
- Equity. – Health Care Provider (Henderson County)

### Access to Affordable/Safe Housing

- Access to safe and affordable housing. – Public Health Representative (Henderson County)
- Access to affordable housing. – Community Leader (Henderson County)
- Affordable housing. – Community Leader (Henderson County)
- Affordable housing for all. – Community Leader (Henderson County)

### Safe Spaces

- Safe. – Public Health Representative (Henderson County)
- Public Safety. – Physician (Henderson County)

### Community Needs Assessments

- Community needs assessments: Where communities are able to critically reflect on their strengths and weaknesses there is opportunity for improvement and growth. – Community Leader (Henderson County)
- When community and political leaders listen to the people who actually do the work rather than one or two people who have their ear. – Community Leader (Henderson County)

### Access to Affordable Care/Services

- Access to care – affordability, understanding of the cost of medical treatment. One can go to a doctor and have no idea what they will be charged with. There are so many factors, and it is confusing for the consumer, so they just do not go. – Community Leader (Henderson County)

### Quality Employment Opportunities

- Jobs skill and unskilled workers. – Community Leader (Henderson County)

### Collaboration

- A healthy community works together to make it easier to make healthy choices. – Health Care Provider (Henderson County)

### Physical Activity

- A community that encourages an active lifestyle. – Public Health Representative (Henderson County)

### Positive Social Interaction

- Strong networks of friends, neighbors, and community members create a support system that can provide assistance during times of need. – Community Leader (Henderson County)





## Nutrition

No one is food insecure. – Community Leader (Henderson County)

## Cultural Opportunities

Culture that promotes healthy lifestyles from birth to death. – Physician (Henderson County)

## Inclusivity

Inclusivity and Education. – Health Care Provider (Henderson County)

## Vulnerable Populations

Communities that care for the most vulnerable populations. – Social Services Provider (Henderson County)

## Social Connection

Consider the importance of protective factors and social connections for overall health and wellbeing. – Community Leader (Henderson County)

## Hospitalizations

Decrease in hospitalizations. – Health Care Provider (Henderson County)

## Economic Stability

Economic stability. – Community Leader (Henderson County)

## Community Outlook

Hope: A positive outlook about the future for the individual and their family. – Health Care Provider (Henderson County)

## SECOND MENTION

### Access to Quality Care/Services

Inclusivity and Equity. – Community Leader (Henderson County)

Equitable access to preventive and primary health care (physicals, vaccines, cancer screening, mental health, lab work and medications/treatments). – Physician (Henderson County)

Equality. – Health Care Provider (Henderson County)

When there is healthy competition among providers to encourage quality, but enough cooperation to not duplicate services. – Community Leader (Henderson County)

Accessibility to health care. – Community Leader (Henderson County)

Agencies to support residents in meeting their basic needs. – Social Services Provider (Henderson County)

Access to high quality and affordable health care. – Community Leader (Henderson County)

Proper resources. – Health Care Provider (Henderson County)

### Access to Affordable/Safe Housing

Safe housing is accessible for all. – Community Leader (Henderson County)

Available and affordable housing. – Physician (Henderson County)

### Awareness/Education

Access to Education. – Social Services Provider (Henderson County)

Educational opportunities. – Social Services Provider (Henderson County)

### Quality Employment Opportunities

Living wage jobs. – Community Leader (Henderson County)

Opportunities: Access to economic, educational and employment opportunities. – Health Care Provider (Henderson County)

### Access to Affordable Care/Services

Access to affordable and high-quality health care. – Public Health Representative (Henderson County)



## Mental Health Services

Communities who openly discuss mental health and substance abuse issues that impact the community. – Public Health Representative (Henderson County)

## Safe Spaces

Safe spaces to be outside, including roadways with sidewalks and bike lanes. – Social Services Provider (Henderson County)

## Outdoor Recreation

Trails, sidewalks, parks, and recreational areas. – Community Leader (Henderson County)

## Diverse Population

Embracing diversity and promoting inclusivity fosters a sense of belonging and respect among community members. – Community Leader (Henderson County)

## Community Engagement

A healthy community engages all of its members, including those that are historically marginalized. It finds non-traditional ways to do so and meets people where they are to build a culture of health together. – Health Care Provider (Henderson County)

## Positive Social Interaction

Having many ways for people to have social connection. – Physician (Henderson County)

## Community Support

Strong ties in the community such as neighborhood groups; professional discussion/problem solving groups and taskforces. – Community Leader (Henderson County)

## Environmental Health

All community clean and safe. – Community Leader (Henderson County)

## Quality Schools

Good education. – Public Health Representative (Henderson County)

## Business Presence

Strong business sector that is concerned about the community. – Social Services Provider (Henderson County)

## Crime Rates

Decrease in violent crimes. – Health Care Provider (Henderson County)

## Suicide Rates

No or low suicide rate. – Community Leader (Henderson County)

## Social Determinants of Health

Understanding and agreement on investment to the social determinants of health. – Social Services Provider (Henderson County)

## THIRD MENTION

### Access to Quality Care/Services

Access to care. – Public Health Representative (Henderson County)

Access to health care and social services. A strong infrastructure. – Community Leader (Henderson County)

Increase in those accessing Primary care, MH care, general resources and increase in school attendance. – Health Care Provider (Henderson County)

Access. – Health Care Provider (Henderson County)

Access to health care ensures that individuals can maintain their physical health, which is crucial for overall well-being. – Community Leader (Henderson County)



## Access to Affordable Healthy Food

- Accessibility to healthy food sources. – Community Leader (Henderson County)
- Available and affordable food sources. – Physician (Henderson County)
- Access to affordable fresh fruits and vegetables and a variety of physical activity opportunities. – Public Health Representative (Henderson County)

## Access to Affordable/Safe Housing

- Affordable housing. – Community Leader (Henderson County)
- Affordable housing. – Social Services Provider (Henderson County)

## Collaboration

- Coordination of resources, initiatives around community health priorities. All rowing together in the same direction. – Social Services Provider (Henderson County)
- A sense of belonging and connectedness. – Health Care Provider (Henderson County)

## Awareness/Education

- Access to high quality education from birth to 90 years old. – Community Leader (Henderson County)
- Lifelong emphasis on Learning. – Physician (Henderson County)

## Transportation

- Public transportation exists to get residents inexpensively to their jobs, schools, health-care appointments etc. – Community Leader (Henderson County)
- Transportation The resident needs met. – Community Leader (Henderson County)

## Safe Spaces

- Safe spaces to be outside for recreation and exercise. – Community Leader (Henderson County)
- Safety. – Social Services Provider (Henderson County)

## Outdoor Recreation

- Availability of parks, green space. – Social Services Provider (Henderson County)

## Decreasing Violence Rates

- No or low violence. – Community Leader (Henderson County)

## Equitable Access to Health Services

- Equitable access to exercise/recreation/community parks with events, sports teams, and places to gather for social/joyful/spiritual support and opportunities to volunteer to give back to the community and reduce social isolation. – Physician (Henderson County)

## More Inclusive

- A community where people are mutually respected – low discrimination or alienation. – Community Leader (Henderson County)

## Access for Affordable/Quality Child care

- Child care. – Community Leader (Henderson County)

## Active Community Centers/Programs

- Opportunities for social cohesion. – Social Services Provider (Henderson County)

## Politics in Health Care

- Elimination of politics as it relates to caring for people. – Health Care Provider (Henderson County)

## Political Will

- Political will. – Health Care Provider (Henderson County)



# SOCIAL DETERMINANTS OF HEALTH

## Key Informant Perceptions of Social Determinants of Health & Physical Environment

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

### Accessibility of Reproductive Care/Family Planning Services

#### STRENGTHS

##### Access to Care/Services

##### Health Department Offers These Services

Family planning and prenatal care services available at the health department and at Blue Ridge Health clinics for insured or uninsured and Spanish speaking patients reduces barriers to getting care. Pardee OB/GYN able to provide care, see referrals and support the residency program and faculty doing deliveries at Pardee Hospital. Care management for pregnant and postpartum women is critically important to meeting social needs while pregnant. Pardee Charity Care program is very helpful to make services affordable. Project Cara satellite clinic at BRH is really important for providing care to pregnant women with substance abuse. BRH offers vasectomy services to low-income men. – Physician (Henderson County)

#### CHALLENGES

##### Access to Care/Services

Phone access, transportation and other social determinants of health often interfere with care. We have higher risk pregnancies because women of childbearing age have more chronic health problems such as obesity, hypertension, and diabetes. Access to long-term reversible contraception is better but we ran out of funding for this last year, need more Title X funding at both sites. Need to increase access to tubal ligations, there are cost barriers. Men often don't accept vasectomy, lots of stigma. – Physician (Henderson County)

#### POPULATIONS MOST IMPACTED

##### Uninsured/Underinsured

Uninsured women of childbearing age. – Physician (Henderson County)



## Adverse Childhood Experiences

### STRENGTHS

#### Community-Based Organizations

A plethora of community agencies to support families and children. – Social Services Provider (Henderson County)

Head Start, Early Head Start, NC Pre-K and other high quality early childhood education programs. Qualifies mental health specialist. The Blue Ridge Health clinic and local hospitals. WNC Trauma Resilient Communities project. – Community Leader (Henderson County)

There are many entities in the community, including our health care facilities, school system, and community groups interested in addressing this issue. – Physician (Henderson County)

#### Awareness/Education

Community awareness. – Health Care Provider (Henderson County)

Discussions and incorporations of ACEs as it relates to caring for and dealing with people and situations. – Health Care Provider (Henderson County)

Education, employment, affordable housing, food security. – Public Health Representative (Henderson County)

Education regarding this issue and prevention. Preventative services that focus on healthy relationships and coping. An organized community of collaborators who offer support in this area. – Health Care Provider (Henderson County)

I think the general public could use more education on the effects of adverse childhood experiences as they relate to the health and wellness of our community. Our nonprofits are learning much about this topic and how to embed these practices in our work, but the broader community is still not as aware. – Social Services Provider (Henderson County)

Education and awareness, along with accessibility of qualified providers. For youth, places where they can connect with mentors who can help give them resilience to overcome high ACE scores. "Third spaces" in which people can feel a sense of community and belonging. Lastly, substance abuse education and prevention since this tends to cooccur with high ACE scores. – Community Leader (Henderson County)

#### Access to Care/Services

Community, access to resources, social connection, safety, access to health care and healthy food. – Community Leader (Henderson County)

Being able to find support to deal with their childhood traumas. – Social Services Provider (Henderson County)

#### Child Advocacy Center

The Child Advocacy Center is a vital part of our community. The more partnering that can be done with the police, courts and with the community the better. The community needs to understand how, when and where to make reports of suspected abuse. – Community Leader (Henderson County)

#### Outpatient/Therapeutic Support for ACEs

Outpatient and therapeutic support for those Impacted: ACEs. – Social Services Provider (Henderson County)

### CHALLENGES

#### Awareness/Education

Lack of knowledge about the impact of ACEs on a person's quality of life and longevity. – Health Care Provider (Henderson County)

Not realizing the root of their issues and not being aware they need to deal with it. – Social Services Provider (Henderson County)

Lack of education, employment, and affordable housing, food security. – Public Health Representative (Henderson County)

Lack of education and awareness – social silos in which people are "othered" or do not have a sense of meaningful connection. – Community Leader (Henderson County)

#### Access to Care/Services

Lack of resources, insurance coverage, lack of "acceptance/stigma" for the urgency of needed care. – Social Services Provider (Henderson County)

Lack of resources and funding. – Physician (Henderson County)



## Denial/Stigma

Oftentimes, people are afraid to make reports, so the children suffer in silence. We need to make sure that those who are caring for children adhere to their duty to report. In addition, stresses on the family such as lack of food and money, contribute to family violence. More family support would reduce the amount of violence in the home. – Community Leader (Henderson County)

The stigma of seeking mental health services. Social isolation. – Community Leader (Henderson County)

## Lack of Mental Health Providers

There is not as much mental health support as needed for people who have experienced trauma. We also have youth living in traumatic situations whose families need support to help them get out of these situations. – Social Services Provider (Henderson County)

## Lack of Providers

Lack of trained staff to support preventative and post traumatic experiences. Lack of education on how to receive support. Struggles with access including transportation to supportive resources. – Health Care Provider (Henderson County)

## Isolation/Loneliness

Social isolation, not having enough opportunities for health care, safe housing. – Community Leader (Henderson County)

## Stress

Parental stress, housing instability, low wages, lack of trauma-informed training and practice in the school system. – Social Services Provider (Henderson County)

## Racism

Racism. – Health Care Provider (Henderson County)

## POPULATIONS MOST IMPACTED

### Children

Children. – Social Services Provider (Henderson County)

Adolescents, young adults, and younger children. – Physician (Henderson County)

Children, especially middle schoolers. – Social Services Provider (Henderson County)

Children are most impacted. – Public Health Representative (Henderson County)

Children. – Community Leader (Henderson County)

Children, people of color, older adults. – Community Leader (Henderson County)

Everyone is impacted but I feel resources should be targeted to children, who have the greatest hope of overcoming trauma with the support of one or more caring adults who believe in their success. – Community Leader (Henderson County)

### Everyone

This is an issue that cuts across racial lines and continue to affect people at all ages. I do think there is an economic factor. The poorer you are the more likely you are to have a high ACES score. – Community Leader (Henderson County)

it impacts us all. Everyone has some level of trauma, and the way trauma shows up in individuals has an impact in the broader community as these are our community members, teachers, police officers, and grocery clerks (today and in the future). – Social Services Provider (Henderson County)

### Low Income

Those in poverty. – Health Care Provider (Henderson County)

Marginalized communities and lower income. – Health Care Provider (Henderson County)

### Adults

All adults. – Social Services Provider (Henderson County)

### Those With Mental Health Issues

Folks with mental health issues and substance use disorder. – Health Care Provider (Henderson County)



## Availability of Providers/Sources of Care

### STRENGTHS

#### Local Medical Providers/Clinics

Variety of primary care options for people with insurance, Medicare or Medicaid or no insurance, including Blue Ridge Health practices, Pardee Blue practices and the health department. Also, The Free Clinics and 7th Avenue Clinic is doing a lot to provide care to uninsured people with special needs such as homelessness and incarceration. – Physician (Henderson County)

Having an FQHC in the community is helpful. People can get care regardless of ability to pay. – Health Care Provider (Henderson County)

Between Blue Ridge Health and Pardee the majority of primary care locations having a sliding scale and don't turn anyone away for inability to pay. – Health Care Provider (Henderson County)

#### Access to Care/Services

Being insured and able to locate a provider. – Social Services Provider (Henderson County)

Accessibility. – Health Care Provider (Henderson County)

I believe that the health care community is stepping up to meet the needs by recruiting new primary care and specialty physicians to the area, expanding our existing services, and developing new service lines to provide quality care close to home. – Physician (Henderson County)

Ease of access to primary care and specialist providers. – Public Health Representative (Henderson County)

#### Hospitals

We have 2 great hospitals systems. – Community Leader (Henderson County)

#### Awareness/Education

Clear, people friendly communications that assure awareness of access opportunities; direct, personal connections to providers; outreach to underserved communities. – Social Services Provider (Henderson County)

#### Economy/Finances

Finances, access. – Community Leader (Henderson County)

#### Healthy Choices

Having people in our community who are knowledgeable about healthy choices and take ownership of their own health by choosing healthy, active lifestyles as a way to combat chronic illness and obesity. Availability of primary care and vaccination clinics in our county is good. I think that these things play a less important role than all of the above, though. – Physician (Henderson County)

### CHALLENGES

#### Access to Care/Services

Lack of outpatient mental health treatment for youth; underfunding safety net programs such as Breast and Cervical Cancer Control Program and title X; lack of access to affordable and quality child care services and transportation for medical visits; patients lack of working cell/home phones for communicating with doctors' office; people mistrusting vaccines (not just the COVID vaccine) and medical care; intrusion of politics into medicine. – Physician (Henderson County)

The hospitals and their offices are not accessible to many. – Community Leader (Henderson County)

#### Awareness/Education

Lack of education and understanding. – Health Care Provider (Henderson County)

Poor knowledge base of healthy food choices; medications that are unaffordable; lack of safe walking paths; availability of tobacco products, street and prescription drugs and alcohol. Education system that does not provide health and wellness classes or healthy food options in the cafeterias. – Physician (Henderson County)

#### Income/Poverty

Finances and access. – Community Leader (Henderson County)

Many "snow birds" in the community, would prefer not to acknowledge the severe poverty and inequality in the area. Instead, they stay in the silos rather than trying to be a part of the solution. – Health Care Provider (Henderson County)





## Transportation

Transportation, delays in appointments, lack of awareness of care coordination. – Social Services Provider (Henderson County)

## Affordable Care/Services

Costs, scheduling, extended lead times for appointments. locations. – Public Health Representative (Henderson County)

## Lack of Funding

Difficulties in obtaining adequate funding and reimbursement for necessary services are a challenge. – Physician (Henderson County)

## Access to Care for Uninsured/Underinsured

No insurance/no available provider. – Social Services Provider (Henderson County)

## Lack of Trust

Many community members have lost faith in the health care system from their experiences engaging with health care providers. This loss of faith is caused by a variety of reasons, including challenges navigating to locations most appropriate to obtain needed care; navigating costs, bills, and insurance; lack of cultural/linguistic competence; lack of feeling heard as an individual. – Health Care Provider (Henderson County)

## POPULATIONS MOST IMPACTED

### Low Income

This issue affects all types of community members, but more so those who are historically marginalized, low income, and low education. – Health Care Provider (Henderson County)

Low- and moderate-income citizens. – Social Services Provider (Henderson County)

Lower Income Residents. – Public Health Representative (Henderson County)

### Older Adults

Older adults. – Physician (Henderson County)

Elderly. – Community Leader (Henderson County)

### Minorities

People of color. – Health Care Provider (Henderson County)

Race & ethnic groups neighborhoods and elderly. – Health Care Provider (Henderson County)

### Children

Children who need to learn good health and wellness habits now for a lifetime. – Physician (Henderson County)

### Everyone

Health Care. – Community Leader (Henderson County)

### Those With Housing Instability

Those without stable housing/transportation. – Social Services Provider (Henderson County)

### Immigrants

immigrants. – Community Leader (Henderson County)

### Working Parents

Working parents. – Physician (Henderson County)



## Climate Change/Extreme Weather Events

No comments.



## Community Safety

### STRENGTHS

#### Support Networks

Communication with others/connections. Access to care. – Social Services Provider (Henderson County)

### CHALLENGES

#### Isolation/Loneliness

Isolation and loneliness. Lack of transportation. Lack of insurance. Lack of child support. – Social Services Provider (Henderson County)

### POPULATIONS MOST IMPACTED

#### Children

Children. – Social Services Provider (Henderson County)



## Early Childhood Education/Child care

### STRENGTHS

#### Access to Quality/Affordable Child Care

Access and affordability of child care and preschool for all children. – Social Services Provider (Henderson County)

Available child care so children are safe while their parent/parents work. – Social Services Provider (Henderson County)

Access to education and child care run by invested, well-paid workers who feel valued and supported. – Community Leader (Henderson County)

All children and families who are interested should have access to safe and affordable child care so caregivers can get to work if they need to. Children need to have opportunities for high quality early childhood education so they can grow and thrive. – Social Services Provider (Henderson County)

Accessibility and affordability of child care and out-of-school time supports. – Community Leader (Henderson County)

Families who have access to high quality early care and learning programs for their children experience supports to their health and wellbeing as they are able to work without worrying about their children, and their children are developing skills and friends. – Social Services Provider (Henderson County)

Education for children as well as child care will always be affected by the need and is currently being supported through the following: Nonprofits who address substance misuse, mental health challenges and offer recovery supports. Nonprofits that provide food and shelter. Nonprofits that provide free health care services. – Community Leader (Henderson County)

The community is aware there is a need for access to affordable quality early childhood education/child care and are trying to take steps to address this issue. – Public Health Representative (Henderson County)

#### Community-Based Organizations

Programs for children and families offered by nonprofits like Smart Start and the Children and Family Resource Center and community collaborations such as the Early Childhood Task Force. – Community Leader (Henderson County)

Henderson County has high quality early childhood programs provided by WNCSource. There are also many high quality church and private preschools. – Community Leader (Henderson County)

#### School System

Strong public school system. Non-profit organizations like Children and Family Resource Center. – Health Care Provider (Henderson County)

### CHALLENGES

#### Access/Affordable Child Care

It is difficult to attract and retain child care and out-of-school time provider workers, since the rate of pay is low relative to the stress of the job. – Community Leader (Henderson County)

Lack of affordable child care. Not enough child care teachers and therefore not enough child care slots. Not enough subsidies to help boost teacher pay and help families afford child care. – Community Leader (Henderson County)

Limited Child care Facilities. Programs being cut due to lack of staff. Lack of knowledge of what quality child care should be like. – Public Health Representative (Henderson County)

Too few child care slots. – Social Services Provider (Henderson County)

Lack of availability of "slots" for children. – Social Services Provider (Henderson County)

#### Access to Care/Services

Availability and cost are the two biggest challenges. – Health Care Provider (Henderson County)

The low quality of most care available, especially with low-paid, low-educated early educators. And the unavailability and cost of care as a result of not valuing and funding early care and education. – Social Services Provider (Henderson County)



## Lack of Funding

The state of North Carolina has flat funded NC Pre-K for many years. This means teachers are hard to hire because wages have not increased. Without teachers, classrooms can't open, and fewer children are served. Child care subsidy rates are too low, and this leads to a lack of early childhood education availability. – Community Leader (Henderson County)

Funding to support existing programs and to open new centers. – Public Health Representative (Henderson County)

## Affordable Care/Services

The high cost of care, lack of an early childhood workforce, and lack of available slots for infants and toddlers. – Social Services Provider (Henderson County)

## Employment

Does not exist, major gap of availability and healthy well supported work force. – Community Leader (Henderson County)

## Affordable/Safe Housing

The need for housing. The lack of child care. Accessibility to health care, food, and housing due to inability to wis due when child care is not available. – Community Leader (Henderson County)

## Income/Poverty

Money. – Community Leader (Henderson County)

## Low Income

Low-income. People of Color. – Community Leader (Henderson County)

Children of lower-income families. – Social Services Provider (Henderson County)

Lower income families are disproportionately affected. – Community Leader (Henderson County)

Lower income households. – Community Leader (Henderson County)

## Working Parents

Working parents. – Social Services Provider (Henderson County)

Working parents with young children. – Community Leader (Henderson County)

Working parents. – Social Services Provider (Henderson County)

## Families

Young families and single mothers. – Health Care Provider (Henderson County)

Families with pre-school children. – Social Services Provider (Henderson County)

people with children, employers, education system. – Community Leader (Henderson County)

## POPULATIONS MOST IMPACTED

### Children

Children, particularly those from poor and immigrant families. – Community Leader (Henderson County)



## Education

No comments.





## Family/Social Support

### STRENGTHS

#### Community-Based Organizations

Strong supports that work together well with each other such as insurance to medical to mental health to schools to law enforcement all working together. Public institutions working well together and supported stronger financially, not all begging for too little of dollars to go around. – Social Services Provider (Henderson County)

Evidence based programs protective factors support the health and well being of people in my community. – Social Services Provider (Henderson County)

#### Support Networks Needed

Strong networks of friends, neighbors, and community members create a support system that can provide assistance during times of need. Nonprofits organizations tried to provide resources and information to the community. – Community Leader (Henderson County)

Having strong family support or resources to support families who may be struggling. – Public Health Representative (Henderson County)

#### Churches

Local faith community. Strong safety-net nonprofit organizations. – Health Care Provider (Henderson County)

Strong faith communities, nonprofits supporting families. – Social Services Provider (Henderson County)

#### Access to Affordable/Safe Child Care

Child care, affordable housing, safety in the community. – Community Leader (Henderson County)

#### Affordable Housing

Basic needs being able to be met, like affordable housing, as well as mental health and addiction support. Jobs that pay a living wage. That there were as many affordable housing options as there were types of candy bars on the shelf or cereal boxes on the shelf. – Community Leader (Henderson County)

#### Access to Care

Access to medical assistance. – Community Leader (Henderson County)

### CHALLENGES

#### Access to Care/Services

Families who may be struggling with mental health challenges and a lack of readily accessible resources to manage needs. – Public Health Representative (Henderson County)

Lack of community centers and networks. The need for Inclusivity and Diversity, embracing diversity and promoting inclusivity and promoting language access, fosters a sense of belonging and respect among community members. Access to safe and affordable housing helps families maintain stability and reduces the risk of homelessness. – Community Leader (Henderson County)

#### Awareness/Education

Access to and awareness of supports can be a barrier as well as waitlists for interventions. – Social Services Provider (Henderson County)

Lack of knowledge, ability to pay, and fear of the unknown. – Community Leader (Henderson County)

#### Affordable Housing

The housing crisis – addiction – lack of child care. – Community Leader (Henderson County)

#### Income/Poverty

Money. – Social Services Provider (Henderson County)

#### Broken Families

Broken families, mental health, and substance misuse. – Health Care Provider (Henderson County)



## Cost of Living

Cost of living. – Social Services Provider (Henderson County)

## Economy

Capitalism and the economic forces that take a higher priority than Individual wellbeing. – Community Leader (Henderson County)

## POPULATIONS MOST IMPACTED

### Children

Young children. – Social Services Provider (Henderson County)

Children. – Social Services Provider (Henderson County)

Children. – Health Care Provider (Henderson County)

Children have the most to gain from resources and are given the fewest opportunities. – Social Services Provider (Henderson County)

### Low Income

Lower-income or single-parent homes. – Public Health Representative (Henderson County)

Social economic across the segments of the population. I am most concerns on the impact to older adults. – Community Leader (Henderson County)

### Hispanic

The Hispanic and Latino community is impacted for the lack of information, language access and translation and interpretation services. – Community Leader (Henderson County)

### Immigrants/Refugees

Immigrants and poor. – Community Leader (Henderson County)

### Women

Mothers. – Community Leader (Henderson County)



## Healthy Foods

### STRENGTHS

#### Food Banks/Pantries

The nonprofit sector provides a critical safety net – The Food Pantry; IAM; vouchers; free school lunch and breakfast; backpack programs. – Community Leader (Henderson County)

A number of free, nonprofit and/or faith community-run food pantries and the meals offered at the Hendersonville Rescue Mission. Food stamps. – Community Leader (Henderson County)

Availability of locally grown food like fruits and vegetables; many food pantry options. – Physician (Henderson County)

#### Community-Based Organizations

SNAP, MEALS ON WHEELS, FARMERS MARKETS. – Health Care Provider (Henderson County)

#### Awareness/Education

A growing change of approach from telling community members what they should do to be healthier TO engaging community members in designing a community culture of health that makes it easier to make healthy choices. Efforts to build social cohesion and combat isolation are addressing the root causes of food insecurity. The Healthy Opportunities Pilot (HOP). – Health Care Provider (Henderson County)

#### Health Opportunities Pilot

Healthy Opportunities Pilot. – Health Care Provider (Henderson County)

#### Parks and Recreation

Parks and open space. – Community Leader (Henderson County)

### CHALLENGES

#### Access to Affordable Healthy Food

Food prices have risen to the degree that many people cannot afford to purchase healthy food and they may not know how to shop in an economic way while considering nutrition. – Community Leader (Henderson County)

The cheapest food is often the least healthy food. The massive advertising and convenience advantages of the cheap/fast food industry. Lack of time/prioritization to seek/prepare healthy food. Low EBT monthly amounts and relatively few local food outlets where EBT is accepted. Distance from local healthy food options. – Health Care Provider (Henderson County)

Access to affordable healthy food options and access to timely medical care. – Community Leader (Henderson County)

#### Access to Care/Services

Not all people having access to available goods or too many requirements that limit access. – Health Care Provider (Henderson County)

#### Nutrition

People either choose not to eat healthy foods or do not have the knowledge base on what is healthy. Culturally, community organizations where people gather (churches, clubs, pools, events, teams) serve unhealthy food choices for convenience rather than have a culture that encourages healthy meals together. "Convenient" food options seem to be the less healthy options (fast food, Door-dash). People prefer to have a busy lifestyle where food needs to be convenient rather than a lifestyle that values finding ways to incorporate healthy foods. – Physician (Henderson County)

#### Transportation

No real public transportation, exorbitant rental housing costs and lack of safe affordable housing. The highest grocery prices in 40 years. – Community Leader (Henderson County)

#### Affordable Care/Services

Cost. – Health Care Provider (Henderson County)



## POPULATIONS MOST IMPACTED

### Low Income

This issue affects all types of community members, but more so those who are historically marginalized, low income, and low education. – Health Care Provider (Henderson County)

Low-income individuals. – Community Leader (Henderson County)

People living near, at and beneath the federal poverty lines. In our community the poor include a growing number of agriculturally employed Latino workers and their children, especially those who have not yet been able to obtain their citizenship. – Community Leader (Henderson County)

### Children

Children who need to learn how to lay a foundation for healthy eating and are being set up for addiction to sugar , over eating, fast foods and obesity. – Physician (Henderson County)

### Older Adults

Older adults. – Community Leader (Henderson County)

Elderly and marginalized communities of color. – Health Care Provider (Henderson County)

### Immigrants

Migrant populations. – Health Care Provider (Henderson County)



## Healthy Environment

No comments.



## Housing

### STRENGTHS

#### Access to Affordable/Safe Housing

Affordable housing reduces the financial burden on families, decreasing stress and improving mental health. Stable housing conditions can lead to better physical health outcomes, as individuals are less likely to live in overcrowded or substandard conditions. Proximity to affordable housing often means better access to health care facilities and services. – Community Leader (Henderson County)

There is a strong nonprofit community that supports people with housing issues. – Social Services Provider (Henderson County)

There are attempts at developing more affordable housing. – Physician (Henderson County)

Available affordable housing. – Community Leader (Henderson County)

Rental vouchers play a critical role in supporting housing. In addition, those organizations conducting home repairs such as Habitat and HAC should receive significant community assistance. – Community Leader (Henderson County)

High quality of living and a desirable place to live. – Health Care Provider (Henderson County)

There are several agencies that are trying to work with those in need to help close the gap and keep people housed. the city of Hendersonville started a group to help develop strategies to address the housing issue in the community. – Public Health Representative (Henderson County)

#### Community-Based Organizations

Rent assistance from IAM, HC DSS, and for 7-10 days a month, Salvation Army, Habitat for Humanity, Housing Assistance Corp. low-income housing projects, WNC Source and subsidized housing through Hendersonville Housing Authority, city of Hendersonville's Affordable Housing Summit. – Community Leader (Henderson County)

There are organizations in the community that are intended to help. – Community Leader (Henderson County)

#### Habitat for Humanity

Nonprofits like Habitat for Humanity and Housing Assistance Corporation that are working to provide affordable housing. – Community Leader (Henderson County)

#### Awareness/Education

Education, support, transparency of cost, equity. – Community Leader (Henderson County)

#### Employment Opportunities

Livable wage. – Public Health Representative (Henderson County)

#### Access to Care/Services

Access. – Community Leader (Henderson County)

### CHALLENGES

#### Affordable/Safe Housing

Housing is available for the wealthier members of the community, and it is either already developed or currently being developed for the less affluent members. It seems like the large section in the middle is being overlooked. – Physician (Henderson County)

Real estate laws, interest rates, the housing market in general, things that are out of our control to a certain degree is making it difficult for people to buy/build in the area and rental prices that are increasing with the market value is making it difficult for many to afford to stay in their rental unit, or to find one that is affordable in the first place. – Public Health Representative (Henderson County)

Not enough safe affordable housing. – Community Leader (Henderson County)

Lack of affordable rental units; increasing real estate prices; lack of funding to perform critical housing repairs. – Community Leader (Henderson County)

The housing market, along with interest rates have skyrocketed. First-time homes are no longer available due to the investment companies who are buying all affordable housing for short term rentals. It has gutted the market and made it next to impossible to find affordable housing. – Community Leader (Henderson County)

Lack of available, affordable housing. – Social Services Provider (Henderson County)



Not enough affordable housing available- both for sale and for rent. – Community Leader (Henderson County)  
There are unused vouchers because there's few properties. We need to shift our perspective. Rather than building homes and apartments, look at innovative ideas for living spaces that take up less space and build community (rather than isolating people). – Community Leader (Henderson County)

### Lack of Funding

Limited government funding and subsidies for affordable housing can hinder the development of new projects. High interest rates and lack of access to affordable financing options for buyers can impede the purchase of affordable housing. In many areas, high land prices make it difficult to develop affordable housing. Rising costs of building materials, labor, and the overall cost of housing development. – Community Leader (Henderson County)

### Affordable Care/Services

Cost and access. – Health Care Provider (Henderson County)

### Cost of Living

NIMBYs (Not in my Backyard) residents, the total lack of rent control that can only be addressed by the state Legislature, increasing rents to minimum rates of \$800 to \$2,000 a month, corporate landlords who refuse to give tenants one year rent agreements and then tack on \$300 and \$400 surcharges to the tenants because they do not have a one-year lease agreement. – Community Leader (Henderson County)

### Awareness/Education

Lack of education and experience to gain a livable wage especially in high cost of living areas. – Public Health Representative (Henderson County)  
Lack of information. – Community Leader (Henderson County)

## POPULATIONS MOST IMPACTED

### Working Class

Working class. – Physician (Henderson County)  
Those who work hourly pay jobs, service industry workers, etc. – Community Leader (Henderson County)

### Hispanic

The Hispanic community is very impacted: this, they usually have to live in overcrowded or substandard conditions. Also, this community has been taken advantage by landlords due to high rent prices. – Community Leader (Henderson County)  
While it is hard to identify just one segment, I would again point to our Latino residents as the most affected by the lack of affordable rentals. – Community Leader (Henderson County)

### Everyone

All are impacted. – Community Leader (Henderson County)

### Low Income

Low to moderate income individuals and families who want to live and work in Henderson County but can't afford to do so. – Community Leader (Henderson County)

### Young Adults

Young adults, veterans, and some seniors. – Public Health Representative (Henderson County)

### Children

Children. – Community Leader (Henderson County)

### Single Parents

Single parent households .- Community Leader (Henderson County)

### Working Parents

Working families. – Health Care Provider (Henderson County)





## Income/Employment

### STRENGTHS

#### Employment Opportunities

- Availability of employment providing a living wage. – Public Health Representative (Henderson County)
- I am not sure what is needed. we have seen the wages go up and the makes the cost of everything go up. It doesn't allow to people to get ahead and build safety nets to take care of themselves. – Community Leader (Henderson County)

#### Awareness/Education

- Education. – Public Health Representative (Henderson County)
- Groups that are educating about the need for a living wage. Second chance workforce development programs. – Community Leader (Henderson County)

### CHALLENGES

#### Employment/Low Wages

- Available jobs with competitive pay and benefits. – Community Leader (Henderson County)

#### Awareness/Education

- Education. – Public Health Representative (Henderson County)

#### Economy

- Capitalism – that is it okay for one person to be paid millions (Bezos) and the driver to be paid dollars. – Community Leader (Henderson County)

#### Affordable/Safe Housing

- Costs of housing. – Public Health Representative (Henderson County)

### POPULATIONS MOST IMPACTED

#### Young Adults

- Young adults. – Public Health Representative (Henderson County)
- Young adults and families. – Public Health Representative (Henderson County)

#### Everyone

- Across the board. – Community Leader (Henderson County)

#### Low Income

- Lower income and those who have past issues, possible felonies, strikes against them. – Community Leader (Henderson County)



## Intimate Partner Violence

### STRENGTHS

#### Awareness/Education

Strong tax dollars supporting education, health/medical, safety/law enforcement, etc. We need to pay more taxes so there is more money to pull. We need better people in office to support that collective outlook for growth and investment in our children. – Social Services Provider (Henderson County)

### CHALLENGES

#### Income/Poverty

Money. – Social Services Provider (Henderson County)

### POPULATIONS MOST IMPACTED

#### Children

Children. – Social Services Provider (Henderson County)



## Physical Activity Opportunities

### STRENGTHS

#### Parks and Recreation

Great outdoor environment. Lots of parks and trails. Strong parks and rec departments. Local advocacy groups like "Blue Ridge Bicycle Club", "Friends of the Ecusta Trail", "Walk, Bike, Roll HVL", increasing support from local government. – Health Care Provider (Henderson County)

Sidewalks, parks with accessible walking tracks, gyms in the area. The natural beauty of where we live encourages us to be outdoors in nature. – Physician (Henderson County)

### CHALLENGES

#### Built Environment

Areas of town that do not have sidewalks or are not close to parks or walking tracks. People who choose not to exercise the recommended 30 min a day, 5 days a week or who do not know that recommendation. – Physician (Henderson County)

#### Awareness/Education

Lack of awareness, lack of opportunities near home, unsafe roads for bikes, unsafe sidewalks/walkways for pedestrians, lack of opportunities for those with ability/mobility issues. – Health Care Provider (Henderson County)

### POPULATIONS MOST IMPACTED

#### Low Income

This issue affects all types of community members, but more so those who are historically marginalized, low income, and low education. – Health Care Provider (Henderson County)

#### Children

Children who need to learn healthy habits now for a lifetime. – Physician (Henderson County)



## Public Transport

### STRENGTHS

#### Public Transportation

there is a public transportation bus, who is doing a survey this summer and will hopefully expand their service area, adding in bike lanes. – Public Health Representative (Henderson County)

The public transit system and WNCSource community transportation do provide a lot of transportation for the elderly, disabled and people without vehicles. – Community Leader (Henderson County)

#### Community-Based Organizations

Apple Country Transit. – Community Leader (Henderson County)

some people can access Apple Country Transportation. – Community Leader (Henderson County)

To a very limited extent, Apple Country Transit buses. Gasoline assistance provided by Interfaith Assistance Ministry. – Community Leader (Henderson County)

#### Access to Care/Services

The few resources that are available along with peoples natural resources. – Health Care Provider (Henderson County)

### CHALLENGES

#### Transportation

Lack of effective and timely transportation in the community as well as outside of the community for those who need to travel to access our resources. – Health Care Provider (Henderson County)

The lack of public transportation to large employers, to our lowest income neighborhoods and parts of the county, lack of local government support to advocate for public transportation. – Community Leader (Henderson County)

The current public transit system needs to expand hours and routes. – Community Leader (Henderson County)

#### Access to Care/Services

People in outlying areas of the county cannot. People who are disabled – and no assistance to get to a stop-have significant difficulty. – Community Leader (Henderson County)

#### Rural Access

Not enough routes to rural areas of the county. – Community Leader (Henderson County)

### POPULATIONS MOST IMPACTED

#### Low Income

Low-income people without vehicles. – Community Leader (Henderson County)

Low income. – Health Care Provider (Henderson County)

#### Those Without Transportation

The lack of public transit affects people looking for work. It also affects anyone that lacks a dependable vehicle. – Community Leader (Henderson County)

#### Hispanic

Our poor Latino community that includes people of all ages. – Community Leader (Henderson County)

#### Specific Neighborhoods

Specific neighborhoods. – Community Leader (Henderson County)



## Racism/Discrimination

### STRENGTHS

#### Community-Based Organizations

Health Programs, YMCA, Transportation. – Community Leader (Henderson County)

### CHALLENGES

#### Health Disparities

The need to develop programs aimed at reducing health disparities, ensuring equal access to health care services. Offer job training and placement programs that target marginalized communities to improve employment opportunities. Create and maintain community centers that offer safe spaces for socializing, learning, and community building. Support local grassroots organizations that work on issues of racism and discrimination. – Community Leader (Henderson County)

#### Economy

Economics and transportation. Living wages. Providers. Resources. – Community Leader (Henderson County)

### POPULATIONS MOST IMPACTED

#### Minorities

Ethnic groups. – Community Leader (Henderson County)

#### Hispanic

The Hispanic and Latino community is very impacted due to racism and other forms of discrimination. – Community Leader (Henderson County)



## Tobacco/Vape-Free Spaces

No comments.







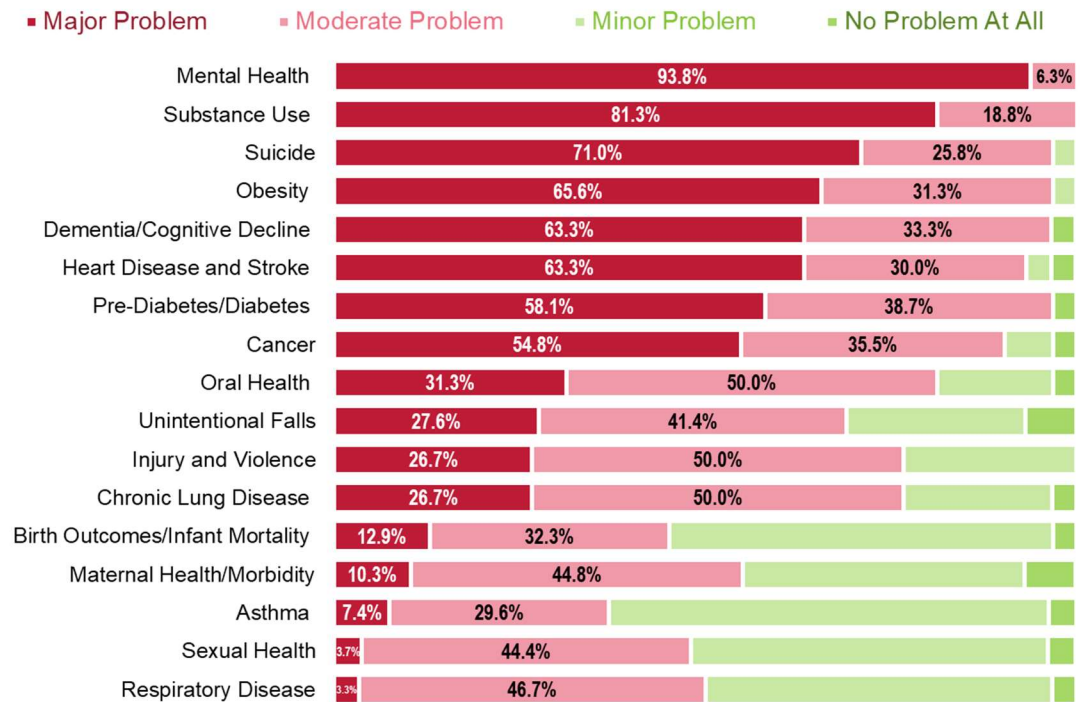
# HEALTH ISSUES



# KEY INFORMANT RATINGS OF HEALTH ISSUES

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

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



# SPECIAL TOPICS

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

## Key Informant Perceptions of Youth Mental Health

### STRENGTHS

#### Resources Available to Child/Youth

Programs offered by several nonprofit organizations and school guidance counselors. – Community Leader (Henderson County)

Isolated nonprofits are supporting youth mental health. – Social Services Provider (Henderson County)

Blue Ridge Health, WNC Source Early Childhood programs, and Saint Gerard House. – Community Leader (Henderson County)

The crisis management team that has been formed will help with managing a crisis when it develops. The new adolescent unit at advent health is also a great support. – Social Services Provider (Henderson County)

Potential new projects, good collaboration. – Community Leader (Henderson County)

Support from community organizations, resources, understanding and empathy. – Community Leader (Henderson County)

Increasing awareness is helping to reduce the social stigma. – Community Leader (Henderson County)

Community collaborations. – Health Care Provider (Henderson County)

Youth support groups/coalitions. – Health Care Provider (Henderson County)

Many people are concerned. Advent opened a unit for girls, Pardee will likely open a unit. – Community Leader (Henderson County)

We are aware that there is a mental health crisis in young adults, teens. The conversation has started and that is good. AdventHealth Hendersonville has opened a unit for teenage girls and hired a child and adolescent psychiatrist so that our teens can stay in the county when needing inpatient stays rather than go across state or to other states for care. – Physician (Henderson County)

#### Community Willing to Stand Together

It is a topic at the forefront of this community's concerns. Once again, the health care facilities, school system, and community partners are highly engaged in addressing this issue. – Physician (Henderson County)

The community is beginning to come together for a community-wide approach to this issue. – Health Care Provider (Henderson County)

The community is willing to stand together to work on a solution. – Health Care Provider (Henderson County)

#### Counselors in the School System

Schools were funded to provide counseling services which many children accessed and needed; Medicaid expansion this year will support an infusion of dollars into mental health to increase reimbursements and fund stabilization. We often see kids discharged from acute psych hospitalizations but then no psychiatrist to see them when they are discharged. Blue Ridge Health partnered with a mental health agency in WNC and has a peds/adolescent psychiatrist on staff which works for their patients. There is an online resource for primary care providers to consult with a psychiatrist by phone called NC PAL. Intensive home services are supportive. Safelight and the Child Advocacy Center are wonderful resources for traumatized children, but you have to be referred to by social services. – Physician (Henderson County)

#### Increased Awareness in School System

I believe our school system has made resources available but there still is an unmet need. – Social Services Provider (Henderson County)

#### Youth Mental Health First Aide Trainings

Youth Mental Health First Aid is offered in our schools. Hope Coalition partners with Crossnore to teach students the Architects of Hope program, a trauma-informed mentor program for youth to connect to their peers and help recognize risk. – Community Leader (Henderson County)



## Awareness/Education

Efforts to raise awareness about youth mental health through campaigns like World Mental Health Day and Mental Health Awareness Month are helping to reduce stigma and promote understanding. The rise of telehealth services has improved access to mental health care, particularly for those in remote or underserved areas. – Community Leader (Henderson County)

## Stigma/Denial

Open dialogue about challenges and struggles. Removing the stigma surrounding mental health gaps and challenges. – Public Health Representative (Henderson County)

## CHALLENGES

### Lack of Providers

Lack of providers and long wait times for care. – Health Care Provider (Henderson County)

More child/adolescent psychiatric providers. Innovative, non-provider ways to address mental health in children- i.e. including the education system; parental education; buying and promoting a web or app based program for mental health as a county like Credible Mind ([crediblemind.com](http://crediblemind.com))- which is a way to let people have their own journey for improving their mental health or learning more about their children's mental health especially those who do not want to or cannot see providers. – Physician (Henderson County)

There are not enough providers, and many people cannot access or afford the help they need. – Community Leader (Henderson County)

We need more providers able to serve clients with mental health needs. We need a YRBS survey to gauge gaps and behaviors as well. – Social Services Provider (Henderson County)

Lack of availability of professional resources such as pediatric psychiatrists and specialty counselors who accept Medicaid. – Public Health Representative (Henderson County)

### Access to Care/Services

Too few resources to get programs to capacity. – Social Services Provider (Henderson County)

Fractured system that is confusing for people to access. Long waitlists at many facilities. – Social Services Provider (Henderson County)

Access to services due to lack of staffing and lack of collaboration within the community. – Health Care Provider (Henderson County)

Lack of outpatient and therapeutic resources when needed. – Social Services Provider (Henderson County)

We need linkages to care so that we broaden the net between services, especially those who have had an acute experience and are referred to further outpatient and/or follow-up services. Navigation and support in these transitions is key and necessary to reduce risk and possible injury. – Community Leader (Henderson County)

### Resources

We desperately need services for early intervention- before it gets to the point of hospitalization. We need a Behavioral Health Crisis Center that is open in the evening. – Community Leader (Henderson County)

Blue Ridge Health is not accepting outside referrals for pediatric/adolescent psych visits. We cannot get anyone to accept Medicaid payment, and most don't take any insurance (cash only). MAHEC has a psych residency program, but they also do not accept any referrals. You have to be a MAHEC patient. Working parents need after-hours appointments or flexibility with work to be able to take their child to appointments. Many services are in the Asheville or Charlotte area, not close enough. – Physician (Henderson County)

A comprehensive behavioral health treatment center for all. More behavioral health counselors. – Community Leader (Henderson County)

### School System

The school system has not embraced district-wide trauma-informed training and support for staff, even beyond educators in schools. – Social Services Provider (Henderson County)

Support for the schools from the community members. – Health Care Provider (Henderson County)

More support in the school system...more communication from the school system to parents. – Social Services Provider (Henderson County)

### Denial/Stigma

Not paying attention to signs of depression and anxiety. – Community Leader (Henderson County)

Still has lots of stigmas. Privatization of mental health changes the effectiveness and efficiency of the overall. – Community Leader (Henderson County)



## Lack of Funding

Lack of resources and funding. – Physician (Henderson County)

## Affordable Care/Services

Many in our community face economic hardships that hinder their access to mental health care services, especially the youth. The challenges are compounded for mixed-status and undocumented families who do not have health insurance and fear engaging with the health care system due to potential legal repercussions. This economic vulnerability limits their ability to afford necessary mental and behavioral health care. Mental health stigma is another significant barrier, particularly within the Hispanic/Latinx community, where mental health issues might be less recognized or openly discussed. – Community Leader (Henderson County)

## Youth Engagement

We are not listening to youth or engaging them in designing solutions. – Health Care Provider (Henderson County)

## Incidence/Prevalence of Behaviors

There seem to be more children with challenging behaviors. Maybe as covid subsides we will see fewer children with extreme behaviors. – Community Leader (Henderson County)



# Key Informant Perceptions of Medicaid Expansion

## STRENGTHS

### More People are Enrolled

The two hospitals, health care providers, HC Dept of Health and Human Services, the HC Dept of Public Health, nonprofit human services organizations, Pisgah Legal and the Healthy Opportunities Pilot are all working to spread the word and sign up as many residents as possible. – Community Leader (Henderson County)

Of the 6000 people expected to be eligible on day 1, 3700 have applied and receive Medicaid. – Social Services Provider (Henderson County)

More people can access Medicaid. – Community Leader (Henderson County)

The majority of newly eligible community members are now participating. – Health Care Provider (Henderson County)

It encompasses more people in the community." – Physician (Henderson County)

Auto-enrollment for Family Planning Waiver patients is awesome. The expanded coverage for year postpartum helps cover costs of birth control methods and ensures access to health care for mother giving us a chance to treat postpartum depression or other chronic conditions such as hypertension. Infusion of funding for mental health as a result of expansion will benefit us, just hasn't yet. – Physician (Henderson County)

Access to those that have not been able to qualify. – Health Care Provider (Henderson County)

That we expanded is great! – Social Services Provider (Henderson County)

### Increased Access to Care/Services

People who have not had access to affordable and quality health care are now able to take advantage and "catch up" on all the things that have had to be neglected. – Health Care Provider (Henderson County)

More residents with Medicaid for improved access to care. – Public Health Representative (Henderson County)

Greater access for those seeking coverage. – Social Services Provider (Henderson County)

## CHALLENGES

### Awareness/Education

Not enough publicity about the availability. Not enough enrollment sites. General community education, especially for the population that could benefit. – Health Care Provider (Henderson County)

The process of letting people know they now qualify and signing them up. There is still a large population of "working poor" who are unable to obtain health insurance. – Physician (Henderson County)

Awareness of enrollment opportunities. – Social Services Provider (Henderson County)

Those community members who are unsure or disconnected are challenging to engage. The process of assignments to a primary care provider is rife with inaccurate information and places a burden on the less fortunate to understand a challenging system. Cultural and language barriers. – Health Care Provider (Henderson County)

### Lack of Medicaid Acceptance

Potentially enough providers that accept Medicaid for a variety of health and dental services. – Public Health Representative (Henderson County)

We have more people on Medicaid, but not enough providers accepting Medicaid. – Community Leader (Henderson County)

### Failure to Apply

Failure of potentially eligible people to apply. – Social Services Provider (Henderson County)

Our uninsured population has not changed much because of expansion since many are not eligible for Medicaid. We have had reduced funding for programs such as Breast and Cervical Cancer Control Program thinking they would qualify for Medicaid, but they often do not. Our Free Clinics system is in transition, but many still rely on them, especially for pharmacy services, so expansion will not reduce the need for these safety net providers in our county. – Physician (Henderson County)

### Understaffed

DSS is understaffed to get folks enrolled. Lack of information to help those get enrolled. – Social Services Provider (Henderson County)



## Access to Care/Medications

Access to appointments in a reasonable time. – Health Care Provider (Henderson County)

## Access

Cumbersome, not well organized, administrative challenges for those receiving services. – Health Care Provider (Henderson County)

## Outreach

People who lack access to transportation. Non-English speakers. Lack of HC DSS workers to sign residents up.  
– Community Leader (Henderson County)



## Appendix F—Handouts from CHA Community Forum

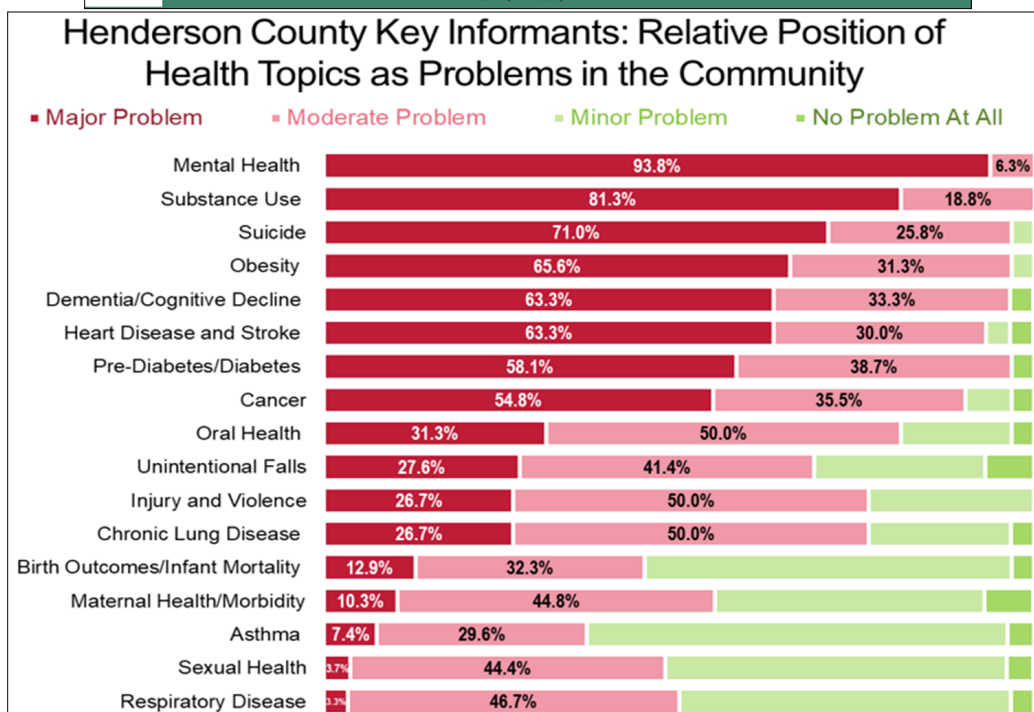
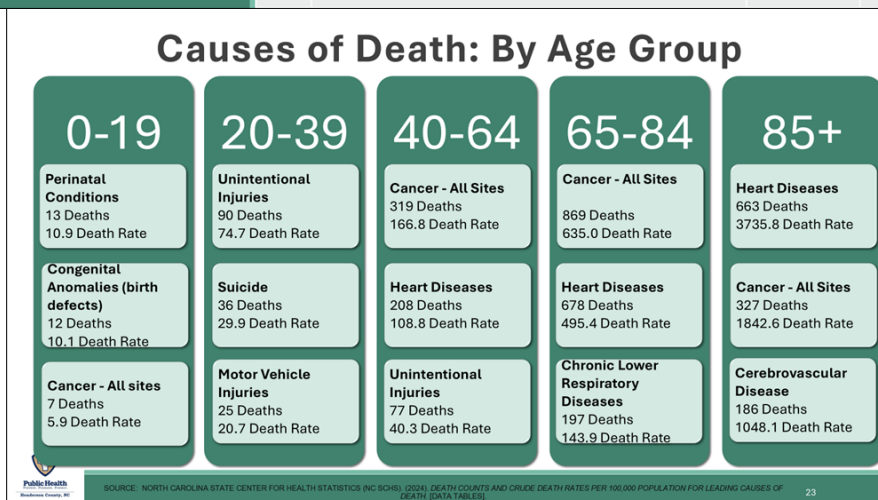
*See attached for:*

- Data One-Pagers from 2024 Community Forum
- Prioritization Worksheet

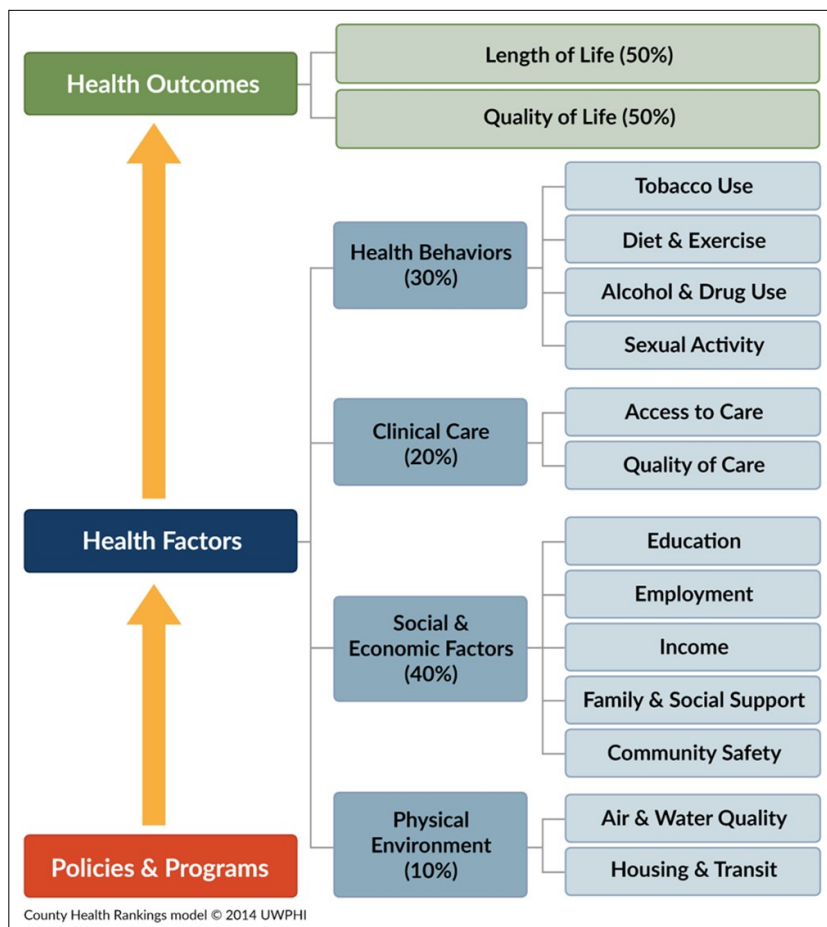


# Henderson County 2024 CHA Health Data Summary Sheet

<b>Leading Causes of Death</b>  <b>Age-Adjusted Rates per 100,000 population 2018—2022</b>		2018-2022	# Deaths	Death Rate
	1	Diseases of Heart	1,568	146.9
	2	Cancer	1,533	144.7
	3	All Other Unintentional Injuries	435	57.8
	4	Cerebrovascular Disease	399	36.7
	5	COVID-19	350	34.0
	6	Chronic Lower Respiratory Diseases	344	30.9
	7	Alzheimer's disease	300	26.3
	8	Suicide	113	19.0
	9	Diabetes Mellitus	178	16.9
	10	Pneumonia and Influenza	159	15.0
	11	Chronic Liver Disease and Cirrhosis	117	14.6
	12	Unintentional Motor Vehicle Injuries	70	11.8



# Henderson County 2024 CHA Health Data Summary Sheet



## 2021 CHA Health Priorities

- Mental Health
- Physical Activity & Nutrition
- Substance Use
- Safe & Affordable Housing
- Interpersonal Violence

## Top Morbidity Issues

- Overweight/ Obesity
- High Blood Pressure / Cholesterol
- Diabetes
- Cancer
- Cardiovascular Disease
- Dementia/ Cognitive Decline
- Falls 65+
- Chronic Lower Respiratory Diseases
- Asthma
- Vaping & Tobacco Use
- Alcohol Excessive & Binge Drinking
- Alcohol Related Car Crashes
- Mental Health
- Substance Use
- Uninsured/ Access to Care

## Healthy North Carolina 2030 Indicators

Social & Economic Factors	Physical Environment	Health Behaviors	Clinical Care	Overarching
Individuals Below 200% FPL	Access to Exercise Opportunities	Drug Overdose Deaths	Uninsured	Infant Mortality
Unemployment	Limited Access to Healthy Foods	Tobacco Use	Primary Care Clinicians	Life Expectancy
Short-term Suspensions	Severe Housing Problems	Excessive Drinking	Early Prenatal Care	
Incarceration Rates		Sugar-Sweetened Beverage Consumption	Suicide Rates	
Adverse Childhood Experiences (ACEs)		HIV Diagnosis		
Third Grade Reading Proficiency		Teen Birth Rate		



**Public Health**  
Prevent. Promote. Protect.  
Henderson County, NC

# Henderson County 2024 CHA Summary Sheet

## Chronic Disease

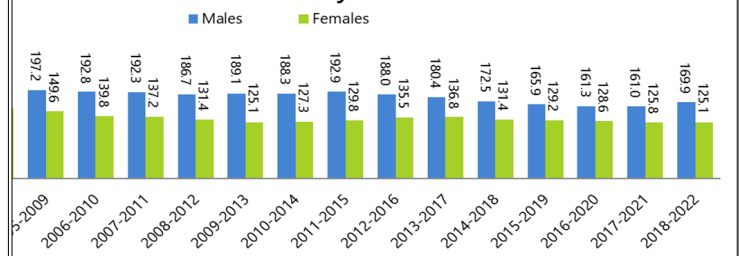
Chronic Disease includes: Cancer, Cardiovascular Diseases, Dementia/Cognitive Decline, Diabetes, Obesity, and Respiratory Disease

### Cancer

- 2nd Leading Cause of Death
  - 3rd leading cause of death ages 0-19
  - 1st leading cause of death ages 40-84
- Identified by OKIS as a moderate to major health problem — 90.3%
- Incidence rate is higher than WNC & NC
- Mortality rate slightly increasing since 2018 while WNC & NC is decreasing
- Increase in number of individuals reporting difficulty getting needed medical care
- Early detection and treatment access are crucial for survival rates
- Mortality Rate higher in men
- Female breast is most diagnosed

Cancer Incidence by Site (rate per 100,000)					
	Female Breast	Prostate	Lung	Melanoma	All Cancer
Henderson	190.8	110.0	50.2	33.6	481.6
WNC (Regional) Arithmetic Mean	158.7	106.3	62.8	30.9	472.7
State Total	171.0	124.8	58.9	27.1	474.6

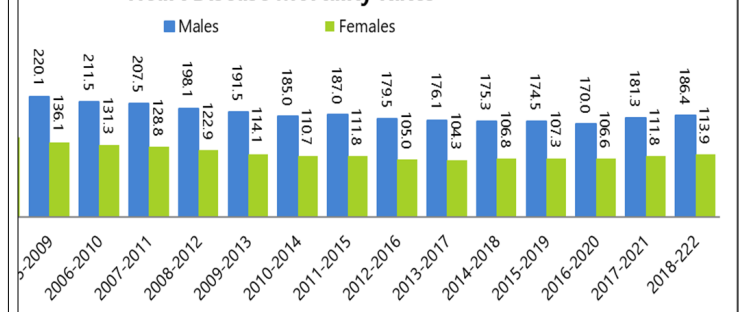
**Henderson County Gender Disparity Trend: Total Cancer Mortality Rates**



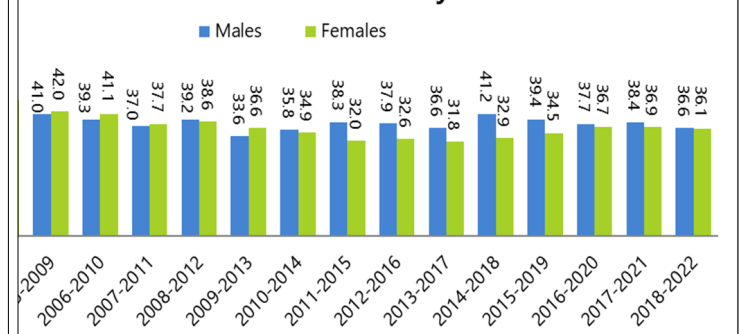
### Cardiovascular Diseases

- Heart Disease 1st Leading Cause of Death
  - 2nd leading cause of death ages 40-84
  - 1st leading cause of death ages 85+
- Stroke 4th Leading Cause of Death
  - 3rd leading cause of death ages 85+
- Identified by OKIS as a moderate to major health problem — 93.3%
- High Blood Pressure prevalence increased by 10% between 2021 and 2024 (2024 CHA Survey)
- High Blood Cholesterol prevalence increased by 13% between 2021 and 2024 (2024 CHA Survey)
- Incidence of High Blood Pressure/Cholesterol is higher than WNC, NC and the US
- Increase in number of individuals reporting difficulty getting needed medical care
- Leads to long-term disability and high healthcare costs
- Heart Disease Mortality Rate higher in men & the black community

**Henderson County Gender Disparity Trend: Heart Disease Mortality Rates**



**Henderson County Gender Disparity Trend: Cerebrovascular Disease Mortality Rates**

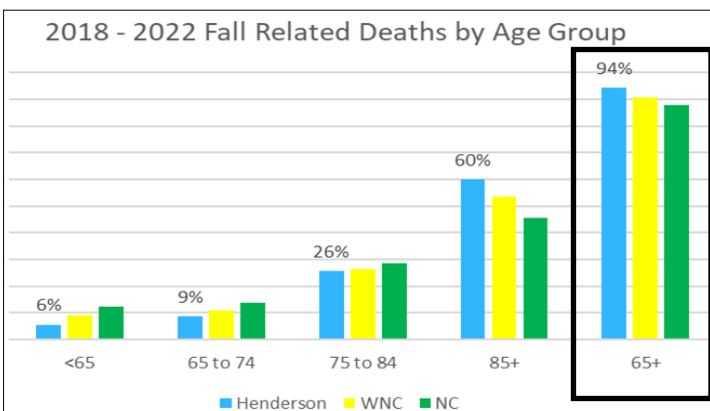
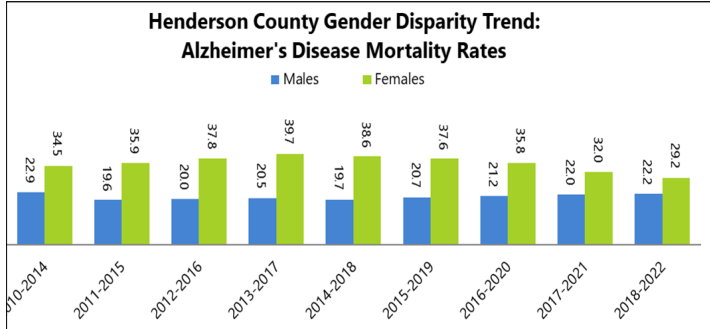


# Henderson County 2024 CHA Summary Sheet

## Chronic Disease Prevention:

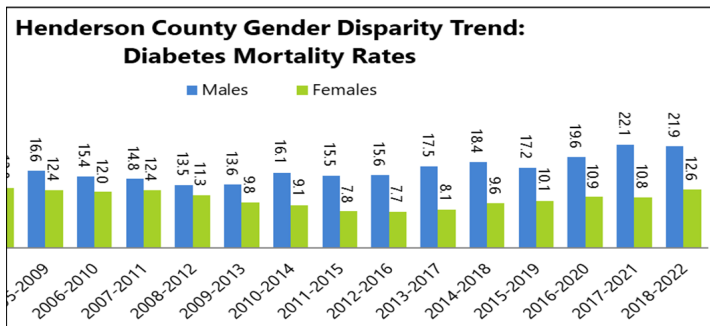
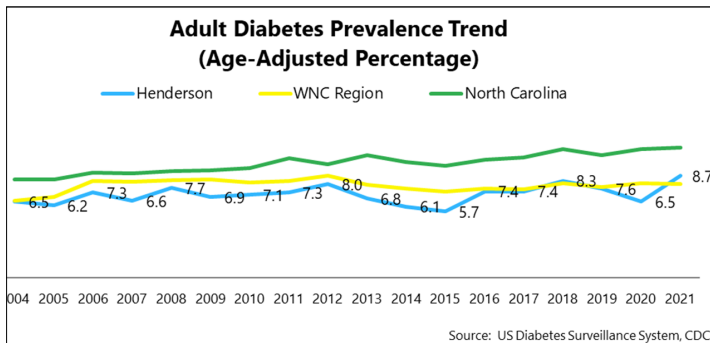
### Cognitive Health

- Alzheimer 7th Leading Cause of Death
- Dementia/Cognitive Decline Identified by OKIS as a moderate to major health problem — 96.6%
- Falls Identified by OKIS as a moderate to major health problem — 69%
- 26% of the population is 65 years+, and growing
- 94% of Fall Related Deaths were aged 65+
  - 60% of those were 85+
- Increase in number of individuals reporting difficulty getting needed medical care
- Cognitive Health Issues lead to difficulties with daily tasks, unintentional falls, increased healthcare and caregiving needs, with substantial economic and emotional burdens
- Mortality Rate higher in women & individuals 65+



### Diabetes

- 9th Leading Cause of Death
- Identified by OKIS as a moderate to major health problem — 96.8%
- Increasing prevalence of diabetes and prediabetes
- Diabetes rates are above national and regional benchmarks
- Increase in number of individuals reporting difficulty getting needed medical care
- Leads to complications such as heart disease, kidney failure, and amputations
- Hispanic and black have higher prevalence rates
- Mortality Rates are higher in men



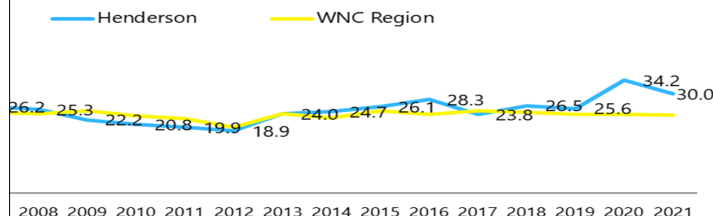
# Henderson County 2024 CHA Summary Sheet

## Chronic Disease Prevention:

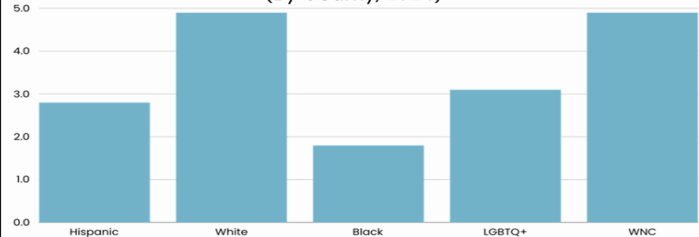
### Obesity

- 2021 CHA Health Priority (Physical Activity & Nutrition)
- Obesity Identified by OKIS as a moderate to major health problem — 96.9%
- Is a Healthy NC 2030 Indicator
- Lack of access to healthy food and physical inactivity are linked to poor nutrition, obesity and chronic diseases
- High rates of overweight and obese adults
- Low levels of physical activity reported in 2024 CHA Survey, the disparity between the communities is drastic
- Growing rates of food insecurity, Hispanic & black are twice as likely to be food insecure
- Food supply/farms impacted by TS Helene
- Increases the risk of diabetes, cardiovascular diseases, and certain cancers
- Hispanic, black and individuals with low income are disproportionately impacted

### Adult Obesity Prevalence Trend (Age-Adjusted Percentage)

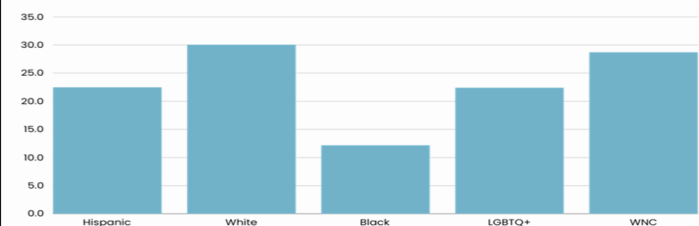


### Consume Five or More Servings of Fruits/Vegetables Per Day (By County, 2024)



### Meets Physical Activity Recommendations (By County, 2024)

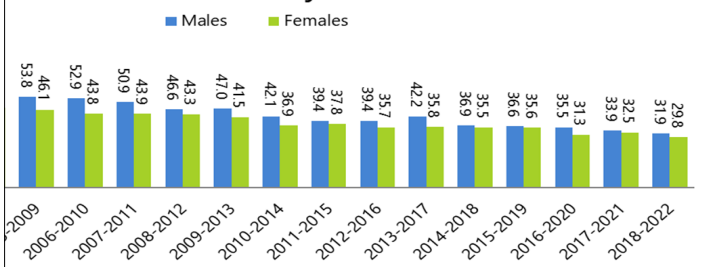
Healthy People 2030 Target = 29.7% or Higher



### Respiratory Diseases

- Chronic Lower Respiratory Disease (CLRD) 6th Leading cause of death
- CLRD Identified by OKIS as a moderate to major health problem — 76.7%
- Asthma Identified by OKIS as a moderate to major health problem — 37%
- Respiratory Disease Identified by OKIS as a moderate to major health problem — 48%
- Increasing prevalence rates of asthma and COPD and higher than NC
- White and LGBTQ+ survey report higher prevalence rates of COPD and asthma in the 2024 CHA Survey
- Climate and weather can exacerbate respiratory issues
- Vape use doubled from 2021 to 2024
- Black report higher vaping use in the 2024 CHA Survey
- Increase in smoking cigarettes — smoking has increased in WNC, NC, and the US
- Poverty, lack of access to healthcare and poor living conditions can contribute to the burden of respiratory issues and disease
- Men have slightly higher mortality rates from CLRD

### Henderson County Gender Disparity Trend: CLRD Mortality Rates





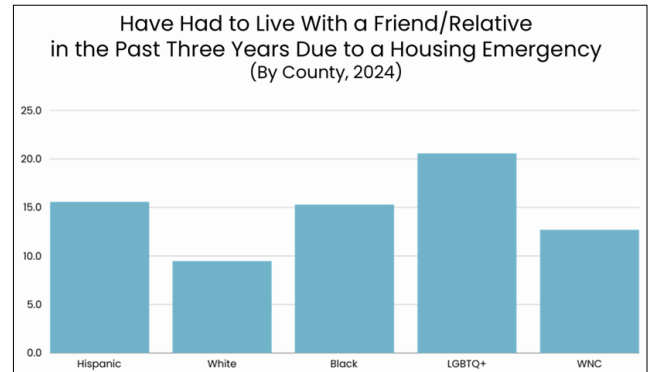
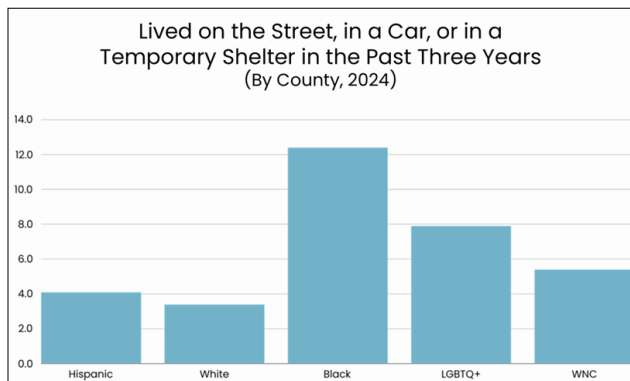
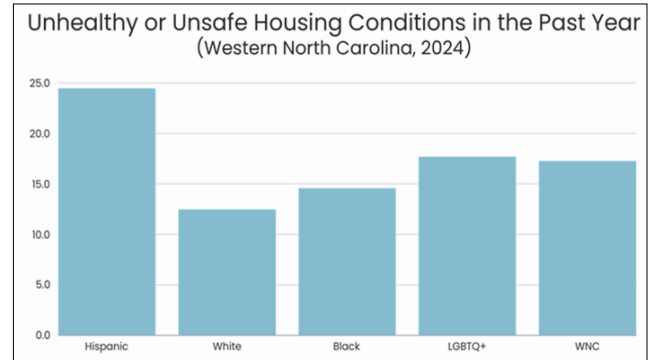
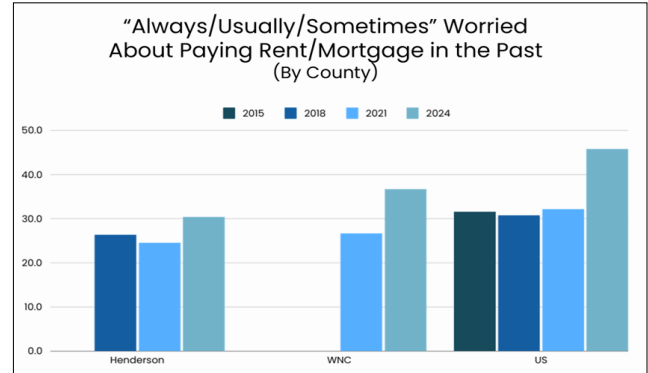


Public Health  
Prevent. Promote. Protect.  
Henderson County, NC

# Henderson County 2024 CHA Summary Sheet

## Housing

- 2021 CHA Health Priority (Safe & Affordable Housing)
- Is a HNC 2030 Indicator
- Housing costs continue to rise
- Rental Fair Market Value in Henderson, Madison & Buncombe is the highest in WNC
- Increase in families that are Cost-burdened (spending >30% of income on housing)— about 25% for homeowners and >40% for renters
- TS Helene has greatly impacted the number of homes available and suitable for residence
- Increase in the number of people living with a friend or on the street
- Rising housing costs and decreasing housing supply has widespread effects through financial strain to families, overcrowding, homelessness, and reduced economic opportunities
- Hispanic, black, and persons with low-income are disproportionately impacted by housing costs and report living in poor housing conditions
- Black and LGBTQ+ more likely to experience homelessness



Henderson County Damage Assessment Data is still undergoing quality control checks, numbers may fluctuate.

Damage Level Filter  
No category selected

Unaffected

54k

Last update: 46 seconds ago

Affected

1.2k

Last update: 48 seconds ago

Minor

1.6k

Last update: 48 seconds ago

Major

1.4k

Last update: 48 seconds ago

Total Assessments Performed

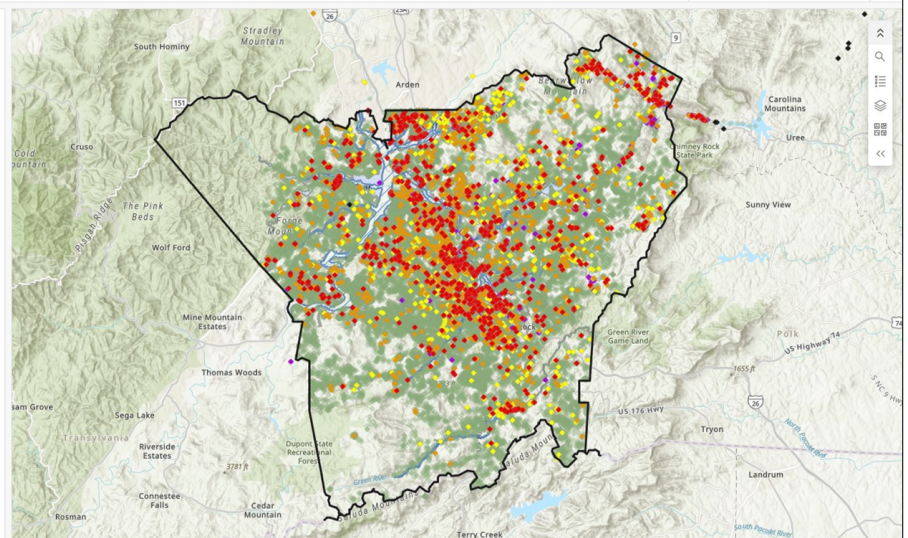
59.9k

Destroyed

296

Unknown

1.4k

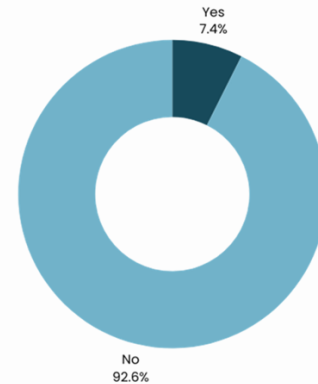


# Henderson County 2024 CHA Summary Sheet

## Interpersonal Violence

- 2021 CHA Health Priority
- Injury & Violence Identified by OKIS as a moderate to major health problem — 76.7%
- Rates for sexual assault and child abuse are concerning
- Domestic violence often increases after disasters (like COVID or TS Helene)
- Interpersonal violence causes physical and psychological harm, impacting mental health, and leading to economic consequences
- Women and children are most often the victim

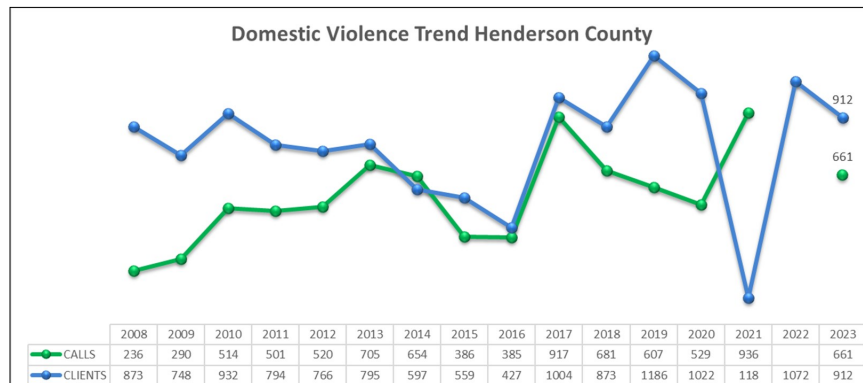
Member of Household Has Been the Victim of Abuse and/or Exploitation in Past Three Years (Henderson County, 2024)



### Child Abuse

	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23
Substantiated Findings (#)	80	69	42	31	53	32	52	32
Abuse and Neglect	4	3	5	2	7	2	8	1
Abuse	0	4	5	2	0	1	2	2
Neglect	74	62	32	27	46	29	42	28
Dependency	2	0	0	0	0	0	0	1
Unsubstantiated (#)	164	245	216	135	138	128	184	190
# Investigated Reports	715	791	679	397	641	610	755	657

Domestic Violence Trend Henderson County



### Sexual Assault

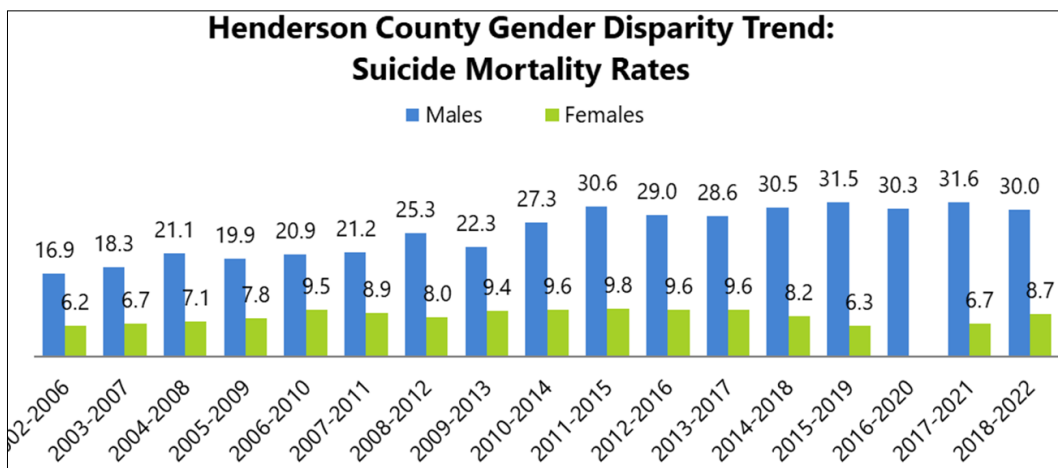
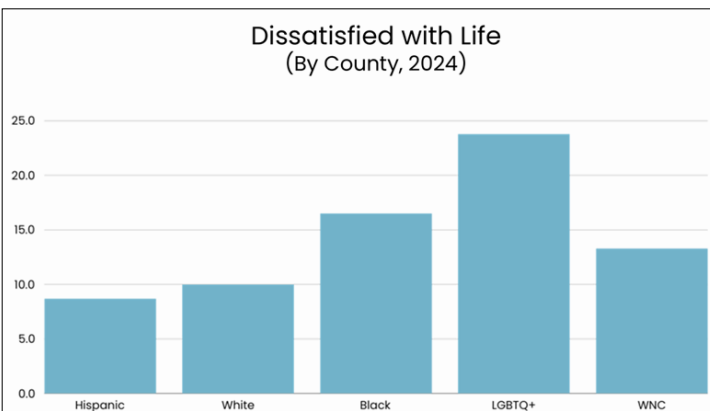
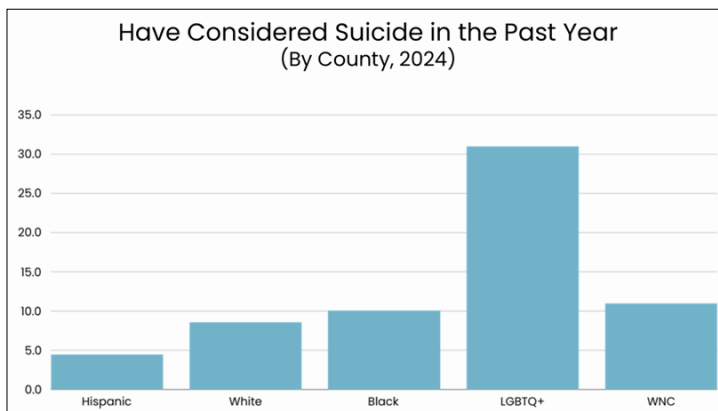
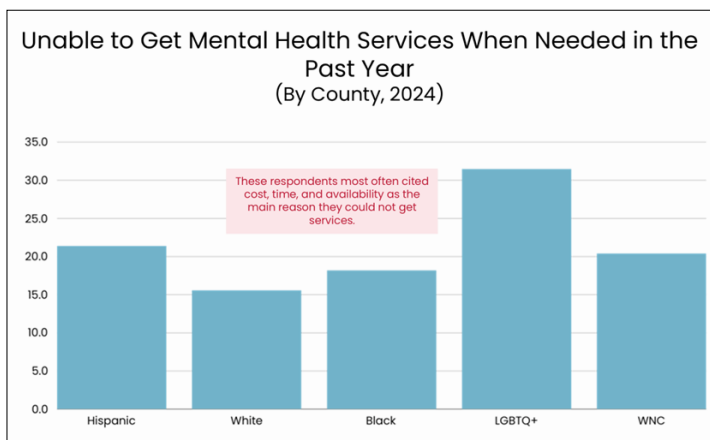
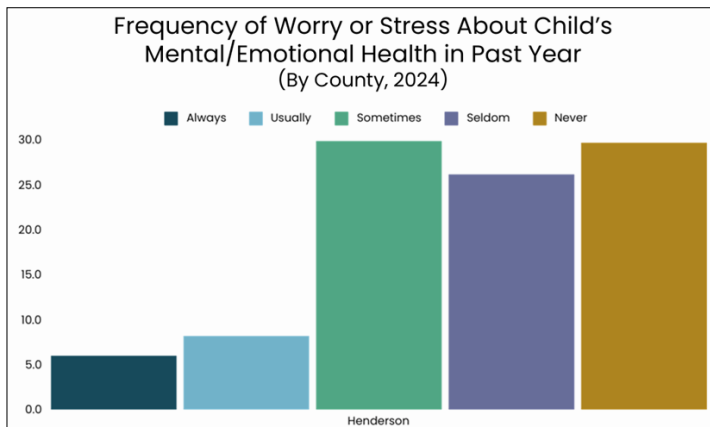
	FY 2022-2023						
	Rape	Adult Survivor of CSA	Child Sex Offense	Incest	Human Trafficking	Type of Assault Other	Type of Assault Total
Henderson	178	9	102	2	2	89	382
WNC Regional Average	53	34	16	6	8	51	169
North Carolina	4,004	1,474	2,072	372	373	2,675	10,970



# Henderson County 2024 CHA Summary Sheet

## Mental Health/Suicide

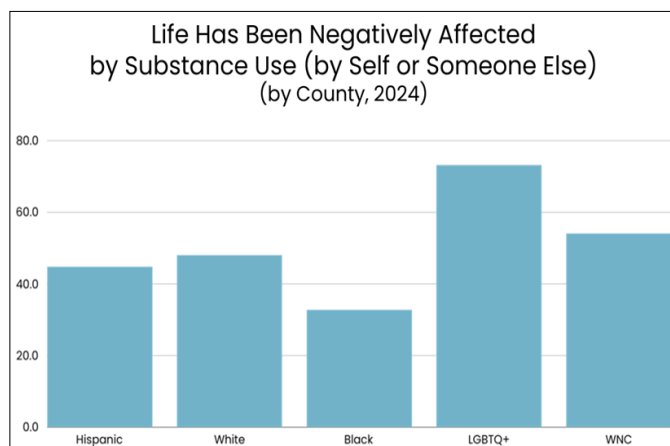
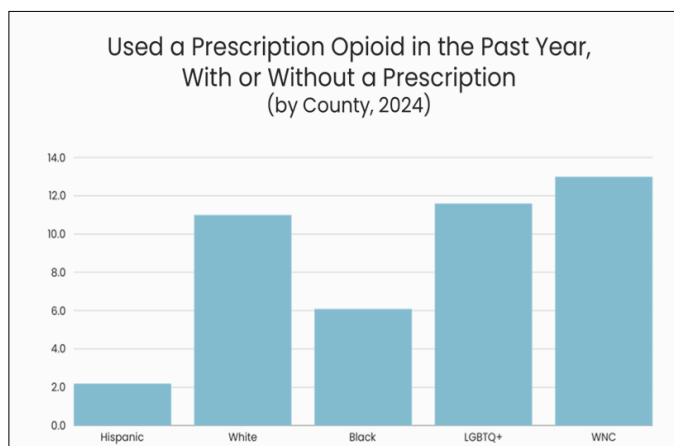
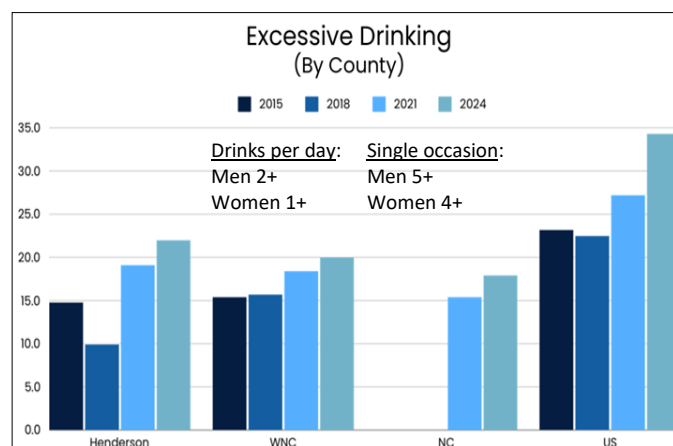
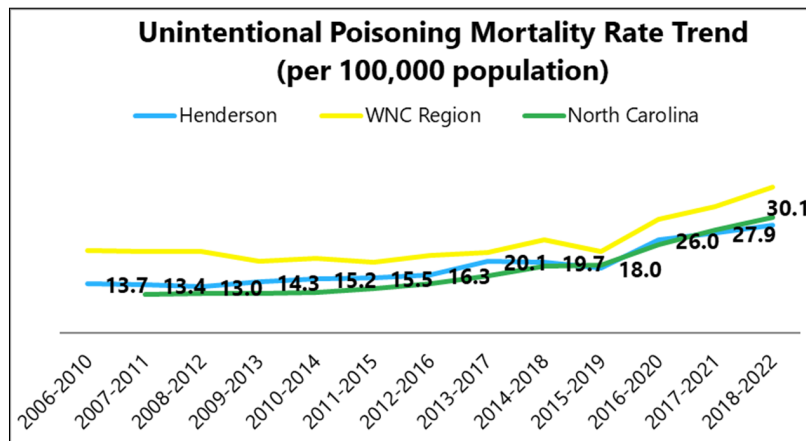
- Suicide 6th Leading Cause of Death
  - 2nd leading cause of death ages 20-39
- Suicide Identified by OKIS as a moderate to major health problem — 96.8%
- Mental Health Identified by OKIS as a moderate to major health problem — 100%
- 2024 CHA Survey reports high rates of poor mental health, stress, and suicide risk
- Increase in number of people considering suicide and in deaths by suicide
- Teen deaths by suicide increasing: 2019-2023, 8 children aged 10-17 died by suicide
  - 4 firearm related and 4 were hangings
  - 3 of 8 were in 2023
- In the 2024 CHA Survey many report “difficulty accessing mental health services”
- Lack of access to mental health care leads to higher rates of crisis interventions and self-harm
- LGBTQ+ and Black more likely to report “dissatisfied with life”
- Men are much more likely to die by suicide



# Henderson County 2024 CHA Summary Sheet

## Substance Use

- 2021 CHA Health Priority
- Identified by OKIS as a moderate to major health problem — 100%
- Is a Healthy NC 2030 Indicator
- High rates of opioid misuse and overdose deaths — 84.4% overdose deaths in 2023 involved an illicit opioid
- In the 2024 CHA Survey many residents report substance use negatively impacts their lives
- 76.6% of children in foster care due to parental substance use in 2023
- Increase in alcohol-related motor vehicle crashes and fatalities — 31% of Motor Vehicle Fatalities in 2023 were alcohol related
- Leads to premature death, economic burdens, and social instability
- Black more likely to report higher vaping, and excessive drinking in the 2024 CHA Survey
- White reports higher use of prescription opioids in the 2024 CHA Survey



# Rating & Prioritizing of Key Health Issues

On your own, rate each of the 5 health issues for each of the 3 selection criteria—relevant, impactful, feasible. Add the 3 scores for each health issue from left to right. Enter the total score into the “Total Rating” column. Using the health issues total rating score, rank them in order of highest priority at the top (highest score = #1 rank, next highest score = #2 rank, etc. )

Virtual Voting/Prioritization: Scan the QR code below to enter in your ranking of the 5 health issues. The top 2-3 health issues will be the health priorities for the next 3 years. Please put your phone away or face down on the table once you’ve submitted your answers.

1 = lowest priority    2 = medium    3 = high    4 = highest priority				
RELEVANT <i>How important is this issue?</i>	IMPACTFUL <i>What will we get out of addressing</i>		FEASIBLE <i>Can we adequately address this</i>	
<ul style="list-style-type: none"> <li>• Size of the problem (e.g. % of population affected)</li> <li>• Severity of the problem (e.g. cost to treat, lives lost, etc.)</li> <li>• Focus on equity</li> <li>• Aligned with HNC 2030</li> <li>• Linked to other important issues</li> <li>• Urgency to solve problem; community concern (e.g. as identified by key informants/ OKIS data)</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of solutions/proven strategies</li> <li>• Builds on or enhances current work</li> <li>• Significant consequences of not addressing issue now</li> </ul>		<ul style="list-style-type: none"> <li>• Availability of resources (staff, community partners, time, money, equipment) to address the issue</li> <li>• Political capacity/will</li> <li>• Community/social acceptability</li> <li>• Appropriate socio-culturally</li> <li>• Can identify easy, short-term wins</li> </ul>	
Health Issue	Relevant	Impactful	Feasible	Total Rating
<b>Chronic Disease:</b> includes: Cancer, Cardiovascular Diseases, Dementia/Cognitive Decline, Diabetes, Obesity, and Respiratory Disease				
<b>Housing</b>				
<b>Interpersonal Violence</b>				
<b>Mental Health &amp; Suicide</b>				
<b>Substance Use</b>				

Rank	Health Issue
1	
2	
3	
4	
5	



<https://forms.office.com/g/5fven308WS>

## Appendix G—Chart of CHA Process Participants

*See attached for:*

- Complete list of CHA process Participants

## 2024 CHA Process Participants

*We would like to thank and acknowledge several agencies and individuals for their contributions in conducting this health assessment:*

Name	Agency	Role/Contribution	Duration
Alicia Evans	Council on Aging	CHA Forum	May 2025
Amanda Goumas	Habitat for Humanity	CHA Forum	May 2025
Angie Pena	Pisgah Legal Services / Latino Advocacy Coalition	CHA Forum	May 2025
Belem Solanp	Interfaith Assistance Ministry	CHA Forum	May 2025
Bridgette Thompson	Henderson County Parks and Recreation	CHA Forum	May 2025
Charley Thompson	Blue Ridge Health / Partnership for Health	CHA Team, CHA Forum	Ongoing
Chira "Asher" Tandaira	Community Member	CHA Forum	May 2025
Christopher Parker	Thrive / Partnership for Health	CHA Team, CHA Forum	Ongoing
Cindy Conner	AdventHealth Hendersonville	CHA Forum	May 2025
Clint Holt	Children and Family Resource Center	CHA Forum	May 2025
David Jenkins	Henderson County Dept. Public Health / Partnership for Health	CHA Team, CHA Data Team, CHA Forum	Ongoing
DeLaina Lewkowicz	AdventHealth Hendersonville / Partnership for Health	CHA Team, CHA Data Team, CHA Forum	Ongoing
Diana Curran	Henderson County Dept. Public Health	CHA Data Team	January 2024-March 2025
Donal Wilkie	Blue Ridge Health	CHA Data Team, CHA Forum	January 2024-May 2025
Ed Hudgins	Thrive	CHA Forum	May 2025
Elizabeth Moss	Interfaith Assistance Ministry / Partnership for Health	CHA Team	Ongoing
Elizabeth Williams	Council on Aging / Partnership for Health	CHA Team, CHA Forum	Ongoing
Fabian Moreno	UNC MPH Student	CHA Forum	May 2025
Graham Fields	AdventHealth Hendersonville / Partnership for Health	CHA Team, CHA Data Team	Ongoing
Jamie Wiener	Children and Family Resource Center / Partnership for Health	CHA Data Team, CHA Forum	Ongoing
Jessica Perkins	The Free Clinics	CHA Forum	May 2025
Jimmy Brissie	Henderson County Emergency Management	CHA Forum	May 2025
Jodi Grabowski	Henderson County Dept Strategic Behavioral Health / Partnership for Health	CHA Team, CHA Data Team, CHA Forum, Action Team Lead	Ongoing
Johnna Reed	Pardee UNC Health Care	CHA Forum	Ongoing
Jose Infanzon	UNETE, INC	CHA Forum	May 2025
Joseph Knight	HandsOn! Children's Museum / Partnership for Health	CHA Team	Ongoing

Juliana Whitaker	Henderson County Dept. Public Health / Partnership for Health	CHA Lead, Author	Ongoing
Julie Huneycutt	Hope Coalition / Partnership for Health	CHA Team, CHA Forum	Ongoing
Kat Carlton	United Way of Henderson County / Partnership for Health	CHA Team, CHA Forum	Ongoing
Katrina McGuire	Hendersonville Family YMCA / Partnership for Health	CHA Team, CHA Forum	Ongoing
Kristen Bunch	Blue Ridge Community College	CHA Forum	May 2025
Kylee Rose Frye	Boys and Girls Club	CHA Forum	May 2025
Lauren Wilkie	Safelight / Partnership for Health	CHA Team, CHA Forum, Action Team Lead	Ongoing
Linda Saturno	Henderson County & Thermal Belt Habitat for Humanity / Partnership for Health	CHA Team, CHA Forum	Ongoing
Lorie Horne	Henderson County Dept. of Social Services / Partnership for Health	CHA Team, CHA Forum	Ongoing
Margaret Fenton Lebeck	Housing Assistance Corporation / Partnership for Health	CHA Team, CHA Forum	Ongoing
Martha Romero	Hendersonville Family YMCA	CHA Forum	May 2025
Mary Ellen Kustin	United Way of Henderson County	CHA Forum	May 2025
Melisa Soto Escobar	True Ridge / Partnership for Health	CHA Team, CHA Data Team	Ongoing
Melissa Witmeier	Henderson County Dept. Public Health / Partnership for Health	CHA Team, CHA Forum, Action Team Lead	Ongoing
Michelle Geiser	Hope Coalition	CHA Data Team	January 2024-March 2025
Milton Butterworth	Pardee UNC Health Care / Partnership for Health	CHA Team, CHA Data Team, CHA Forum	Ongoing
Nancy Diaz	El Centro Hendersonville	CHA Forum	May 2025
Noelle McKay	Housing Assistance Corporation	CHA Forum	May 2025
Pauline Carpenter	The Free Clinics / Partnership for Health	CHA Team, CHA Forum	Ongoing
Richard Hudspeth	Blue Ridge Health	CHA Forum	May 2025
Roxanna Pepper	Children and Family Resource Center	CHA Forum	May 2025
Sarah Kowalak	Henderson County Public Library	CHA Forum	May 2025
Scott Galloway	Henderson County Sheriff's Office	CHA Forum	May 2025
Shannon Auten	Henderson County Public Schools / Partnership for Health	CHA Team	Ongoing
Shawn Anderson	Community Member	CHA Forum	May 2025
Sonya Jones	Henderson County Dept. Public Health / Partnership for Health	CHA Team, CHA Data Team, CHA Forum, Action Team Lead	Ongoing

Stacy Nash	Henderson County Dept. Public Health / Partnership for Health	CHA Team, CHA Data Team, CHA Forum	Ongoing
Tanya Blackford	Crossnore Communities for Children / Partnership for Health	CHA Team, CHA Forum	Ongoing
Trina Stokes	Blue Ridge Community College / Partnership for Health	CHA Team, CHA Forum	Ongoing